

Medicaid Adult Dental Benefits

Offered to Specific Beneficiary Groups as of December 2023

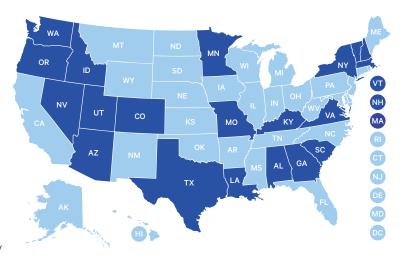


Many states offer dental benefits to all adult Medicaid beneficiaries ages 21–64. Some of these states also provide additional benefits to specific beneficiary groups, such as more frequent periodontal treatments for adults who are intellectually or developmentally disabled. In other states, coverage is only provided to specific beneficiary groups, such as pregnant and postpartum adults.

The 2023 Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits (Rubric) assesses coverage within eight service categories (see Appendix A). Its findings show that 20 states reported that they offer different coverage (i.e., it varies in amount, duration, and/or scope) to specific groups of beneficiaries (see Appendix B) than they offer to other adult beneficiaries ages 21–64.

Among the 20 states offering different coverage, the beneficiary groups they most commonly cover differently are pregnant and postpartum adults, adults with developmental and/or intellectual disabilities, and adults utilizing long-term care.

Additionally, some states offer coverage to adults who are blind (Missouri and Utahⁱⁱ), and those experiencing homelessness and/or substance use disorder or mental health conditions (Utah and Vermont).

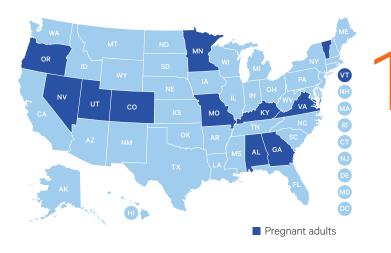


 States offering Medicaid dental coverage to certain groups of beneficiaries that differs from coverage offered to other adult beneficiaries ages 21–64 (2023)

The 2023 Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits (Rubric) assessed coverage in place as of December 31, 2023. It assessed the following service categories: annual benefit maximum, diagnostic services, preventive services, restorative services, endodontic services, periodontal services, prosthodontic services, and extraction services. "Categorically Needy" is a term used by CMS in reference to a person who is a member of certain categories of groups eligible to receive public assistance and meet the specified income and resource requirements for Medicaid in their state. See "List of Medicaid Eligibility Groups: Mandatory Categorically Needy," Centers for Medicaire & Medicaid Services, accessed July 15, 2024, https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf.

ii Utah reports covering one or more services to adults experiencing homelessness and/or substance use disorder or mental health conditions as well as adults who are 65 years of age and older. The Rubric does not assess coverage provided to adults over the age of 64. See here for information on coverage for adults 65 and older.

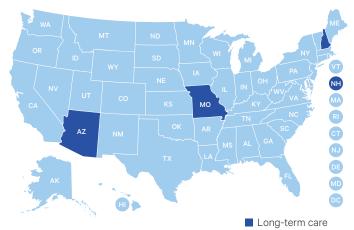
Coverage in place as of December 31, 2023

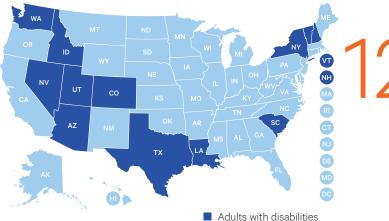


Eleven states (Alabama, Colorado, Georgia, Kentucky, Minnesota, Missouri, Nevada, Oregon, Utah, Vermont, Virginia) reported covering one or more services for **pregnant adults** that are generally not provided to other adult beneficiaries ages 21–64.

Seven states (Alabama,ⁱⁱⁱ Colorado, Georgia, Minnesota, Missouri, Vermont, Virginia) reported that they also provide these services to postpartum adults.

Three states (Arizona, Missouri, New Hampshire) reported covering one or more services for adults utilizing long-term care that are generally not provided to other adult beneficiaries ages 21–64.





Twelve states (Arizona, Colorado, Idaho, Louisiana, iv Nevada, New Hampshire, New York, South Carolina, Texas, Utah, Vermont, Washington) reported covering one or more services for **adults with intellectual or developmental disabilities** that are generally not provided to other adult beneficiaries ages 21–64.

Utah covers additional services for both adults with intellectual or developmental disabilities and adults who are blind. Missouri provides coverage for adults who are blind but does not provide additional services for adults with intellectual or developmental disabilities.

iii Effective October 1, 2022, Alabama Medicaid began reimbursing for dental services rendered to pregnant recipients who are ages 21 and older during pregnancy, and during the postpartum period, in accordance with 42 CFR § 440.210(a)(3), when the services are rendered by Alabama Medicaid—enrolled dental providers.

iv Louisiana's Act 450 of the 2021 Regular Session was signed into law on June 23, 2021. The Act provides for the coverage of comprehensive dental care for adults 21 years of age and older with developmental or intellectual disabilities who are enrolled in the New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver. Coverage began on July 1, 2022.

v New Hampshire expanded its Medicaid adult dental benefits on April 1, 2023. Covered services include X-rays and examinations, cleanings, fillings, limited gum-related treatment, tooth extractions and other oral surgeries, and other appropriate general services such as anesthesia. Removable partial and full dentures are available for individuals who qualify for services under the following criteria: Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver, Choices for Independence (CFI) Waiver, and Nursing facility residents. There is a \$1,500 yearly limit on dental services, with the exception of preventive services.

Appendix A

About the Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits (Rubric)

The Rubric is a point-in-time survey designed to assess the extensiveness of Medicaid adult dental benefits in each state. The survey defines an extensive dental benefit and evaluates coverage within eight service categories:

- Annual benefit maximum
- Diagnostic services
- Preventive services
- Restorative services
- Endodontic services
- Periodontal services
- · Prosthodontic services
- Extraction services

Coverage within these service categories is evaluated by a point system.

The Rubric distinguishes coverage that applies to the largest group of Categorically Needy Medicaid adults ages 21–64 from coverage that applies to specific groups of beneficiaries only.

The Rubric survey was first released to state Medicaid dental directors or their staff in the spring of 2020. A second round of surveying launched in January 2023 to assess Medicaid adult dental benefit coverage as of December 31, 2022. A third round of surveying launched in January 2024 to assess Medicaid adult dental coverage as of December 31, 2023.

The Rubric defines an extensive dental benefit as one that provides coverage for a range of dental procedures considered adequate for the prevention of disease and promotion of oral health, the restoration of oral structures to health and function; and the treatment of emergency/urgent conditions for the largest group of Categorically Needy Medicaid adult beneficiaries ages 21–64.

The survey was developed in partnership with the American Dental Association Health Policy Institute (ADA HPI), Center for Health Care Strategies (CHCS), CareQuest Institute for Oral Health, and an advisory committee of experts in oral health care and state policy. The results of the Rubric will enable the further development of the Medicaid Adult Dental Coverage Checker, an overview of the national landscape of adult Medicaid dental benefits.

SAMPLE QUESTION 2b Diagnostic Services: Periodic Oral Evaluation and Comprehensive Oral Evaluation Assess coverage of both examination codes, D0120 AND D0150. [0] No coverage for the largest group of Categorically Needy Medicaid adults ages 21-64. [1] Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21-64. [2] Covered for the largest group of Categorically Needy Medicaid adults ages 21-64. Covered only for certain groups of adult Medicaid beneficiaries. Check all that apply. Parents of Medicaid-Enrolled Children Intellectually/Developmentally Disabled Medicaid Expansion Long-Term Care Pregnant Women Other (please list): Postpartum Women

Appendix B

States offering different coverage to specific groups of adult beneficiaries by 2023 Rubric question

State	Q1 Annual benefit maximum ¹	Q2a Limited oral evaluation ²	Q2b Periodic oral evaluation and comprehensive oral evaluation ³		Q3b Fluoride application ⁵	Q4a Fillings ⁶	Q4b Crowns ⁷	Q5a Anterior root canal therapy ⁸	Q5b Posterior root canal therapy ⁹	Q6 Periodontal services ¹⁰	Q7a Complete dentures ¹¹	Q7b Partial dentures ¹²	Q7c Reline and rebase ¹³	Q8 Extractions ¹⁴
Alabama		PregnantPostpartum	 Pregnant Postpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	 Pregnant Postpartum	PregnantPostpartum			PregnantPostpartum
Arizona		• I/DD • LTC		• I/DD • LTC	• I/DD • LTC					• I/DD • LTC	• I/DD • LTC	• I/DD • LTC	• I/DD • LTC	
Colorado	• I/DD				• I/DD ^{vi}					PregnantPostpartumI/DD				
Georgia		PregnantPostpartum		PregnantPostpartum	PregnantPostpartum	PregnantPostpartum				 Pregnant Postpartum				
Idaho					• I/DD									
Kentucky					 Pregnant 									
Louisiana		• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)		• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)vii		• I/DD (enrolled New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)
Massachusetts					Other: Adults with medical/dental conditions that significantly interrupt the flow of saliva									
Minnesota					PregnantPostpartum		PregnantPostpartum							
Missouri		PregnantPostpartumLTCOther: Blind			PregnantPostpartumLTCOther: Blind		PregnantPostpartumLTCOther: Blind	PregnantPostpartumLTCOther: Blind	PregnantPostpartumLTCOther: Blind		PregnantPostpartumLTCOther: Blind	PregnantPostpartumLTCOther: Blind	PregnantPostpartumLTCOther: Blind	
Nevada	-	PregnantI/DD		PregnantI/DD	PregnantI/DD	PregnantI/DD	PregnantI/DD	PregnantI/DD	• I/DD	PregnantI/DD				

I/DD — Intellectual and/or Developmental Disabilities

LTC — Long-Term Care TAM — Targeted Adult Medicaid

vi Please note that in Colorado, D1206 and D1208 are covered for all adults. Adults with I/DD have enhanced coverage of these codes and may receive six per 12 months.

vii Please note that in Louisiana, D5211 and D5212 are covered for all adults. Adults with I/DD also have coverage of D5213 and D5214.

States offering different coverage to specific groups of adult beneficiaries by 2023 Rubric question (continued)

State	Q1 Annual benefit maximum ¹	Q2a Limited oral evaluation ²	Q2b Periodic oral evaluation and comprehensive oral evaluation ³	Q3a Cleanings ⁴	Q3b Fluoride application ⁵	Q4a Fillings ⁶	Q4b Crowns ⁷	Q5a Anterior root canal therapy ⁸	Q5b Posterior root canal therapy ⁹	Q6 Periodontal services ¹⁰	Q7a Complete dentures ¹¹	Q7b Partial dentures ¹²	Q7c Reline and rebase ¹³	Q8 Extractions ¹⁴
New Hampshire											 I/DD LTC Other: Adults who qualify for services through the Acquired Brain Disorder or Choices for Independence waivers 	 I/DD LTC Other: Adults who qualify for services through the Acquired Brain Disorder or Choices for Independence waivers 	I/DD LTC Other: Adults who qualify for services through the Acquired Brain Disorder or Choices for Independence waivers	
New York					I/DD Other: In cases where salivary gland function has been compromised through surgery, radiation, or disease									
Oregon									Pregnant					
South Carolina					• I/DD		• I/DD	• I/DD	• I/DD		• I/DD			
Texas	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs 	 Other: Adults in LTSS Waiver programs
Utah		PregnantI/DDOther: Blind, TAM	. 0	PregnantI/DDOther: Blind, TAM	PregnantI/DDOther: Blind, TAM	PregnantI/DDOther: Blind, TAM	PregnantI/DDOther: Blind, TAM	PregnantI/DDOther: Blind, TAM	PregnantI/DDOther: Blind, TAM	. 0	PregnantI/DDOther: Blind, TAM	PregnantI/DDOther: Blind, TAM	1 0	PregnantI/DDOther: Blind, TAM
Vermont	PregnantPostpartumI/DDOther: Adults with serious mental illness										PregnantPostpartumI/DDOther: Adults with serious mental illness	PregnantPostpartumI/DDOther: Adults with serious mental illness	PregnantPostpartumI/DDOther: Adults with serious mental illness	
Virginia					PregnantPostpartum									
Washington					• I/DD					I/DD Other: Clients with a diabetes diagnosis (Type I, II, or Gestational) may qualify for up to 4 periodontal maintenances per year				

Endnotes

1	2023 Rubric Question 1 — Annual Benefit Maximum Assess annual dollar cap/benefit maximum on adult dental benefits for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Response options: ☐ No annual limit on dental service spending ☐ Annual limit ≥ \$1,000 ☐ Annual limit < \$1,000 ☐ No coverage
	Three states reported that they maintain a different annual benefit maximum for specific groups of adult beneficiaries: Colorado, Texas, Vermont.
	Colorado: Effective July 1, 2023, the previous \$1,500 adult annual benefit maximum was removed, and there is now no annual benefit limit for adults. In addition to the State Plan adult benefit, members with intellectual and/or developmental disabilities (I/DD) ages 21 and over may receive up to \$2,000 in basic/preventive dental benefits per individualized service plan year and have access to additional services through waivers. Division for I/DD adult waiver participant members may also receive up to \$10,000 in major dental benefits over the five-year span of the waivers (July 1, 2019, through June 30, 2024).
	Texas: Dental services are available for adults enrolled in one of the state's long-term services and supports waiver programs. The annual benefit maximums vary by program.
	Vermont: Effective 2023: 1) The annual benefit maximum was increased from \$1,000 to \$1,500 for adults who are not pregnant or in the postpartum period, or who are not in the Department of Disabilities, Aging, and Independent Living Developmental Disability Services (DDS) Waiver Program or the Department of Mental Health Community Rehabilitation and Treatment (CRT) Waiver Program. 2) The annual benefit maximum was <u>eliminated</u> for those in the DDS and CRT Waiver Programs. Adults who are pregnant or in the postpartum period are not subject to the limit. 3) The pregnancy and postpartum coverage period extends through 12 months postpartum.
2	2023 Rubric Question 2a — Diagnostic Services Assess coverage of both examination codes, D0120 and D0150.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection, or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the ten states that reported no coverage of the diagnostic codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>eight</u> states (AL, AZ, GA, LA, MO, NV, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.
3	2023 Rubric Question 2b — Diagnostic Services Assess coverage of examination code D0140 only when used for evaluation of a specific problem and/or dental emergencies or for relief of acute pain, infection, or trauma.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the five states that reported no coverage of the diagnostic codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, three states (AL, LA, TX) reported that they provide coverage to specific groups of adult beneficiaries.
4	2023 Rubric Question 3a — Preventive Services Assess coverage for adult prophylaxis. Is this procedure covered with a frequency of <u>at least twice</u> per year? D1110.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the nine states that reported no coverage of the preventive services code listed here for the largest group of Categorically Needy Medicaid adults ages

21-64, seven states (AL, AZ, GA, LA, NV, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.

5	2023 Rubric Question 3b — Preventive Services
	Application of fluoride: D1206 or D1208. Is at least one of these procedures covered with a frequency of at least twice per year for patients at moderate to high risk for caries?
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the twenty-eight states that reported no coverage of the preventive services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>sixteen</u> states (AL, AZ, GA, ID, KY, LA, MA, MN, MO, NV, NY, SC, TX, UT, VA, WA) reported that they provide coverage to specific groups of adult beneficiaries.
6	2023 Rubric Question 4a — Restorative Services Fillings: Assess coverage for amalgam and resin-based composite restorations. All codes within range D2140–D2161 and/or all codes within range D2330–D2394.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the eight states that reported no coverage of the restorative services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>six</u> states (AL, GA, LA, NV, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.
7	2023 Rubric Question 4b — Restorative Services Crowns: Assess coverage for crowns. Is at least one procedure in this code range covered? All codes within range D2710–D2794 or D2931 or D2932.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the eighteen states that reported no coverage of the restorative services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, eight states (AL, LA, MN, MO, NV, SC, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.
8	2023 Rubric Question 5a — Endodontic Services Anterior Root Canal Therapy: Assess coverage for anterior root canal therapy. D3310.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the seventeen states that reported no coverage of the endodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>seven</u> states (AL, LA, MO, NV, SC, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.
9	2023 Rubric Question 5b — Endodontic Services Posterior Root Canal Therapy: Assess coverage for posterior root canal therapy. D3320 and/or D3330.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64. Of the twenty-five states that reported no coverage of the endodontic services codes listed here for the largest group of Categorically Needy Medicaid
10	adults ages 21–64, eight states (AL, LA, MO, NV, OR, SC, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.
TC	2023 Rubric Question 6 — Periodontal Services Assess coverage for periodontal scaling and root planing with a frequency of <u>at least once</u> per year AND coverage for periodontal maintenance with a frequency of <u>at least twice</u> per year. D4341 or D4342; and D4910.
	Response options: D4341 or D4342 covered for the largest group of Categorically Needy Medicaid adults ages 21–64 at least once every year and D4910 covered for the largest group of Categorically Needy Medicaid adults ages 21–64 at least two times per year. D4341 or D4342 covered for the largest group of Categorically Needy Medicaid adults ages 21–64 at least once every two years and D4910 covered for the largest group of Categorically Needy Medicaid adults ages 21–64 at least two times per year. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the twenty-one states that reported no coverage of the periodontal services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, eight states (AL, AZ, CO, GA, LA, NV, TX, WA) reported that they provide coverage to specific groups of adult beneficiaries.

	Assess coverage for complete dentures. D5110 and D5120.
	Response options: Covered more than once per five years (60 months) for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered one per five years (60 months) or less frequently for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the thirteen states that reported no coverage of the prosthodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, eight states (AL, AZ, MO, NH, SC, TX, UT, VT) reported that they provide coverage to specific groups of adult beneficiaries.
12	2023 Rubric Question 7B — Prosthodontic Services Assess coverage for resin-based partial dentures. D5211 or D5213 and D5212 or D5214.
	Response options: Covered more than once per five years (60 months) for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered once per five years (60 months) or less frequently for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the fourteen states that reported no coverage of the prosthodontic services codes listed here for the largest group of Categorically Needy Medical adults ages 21–64, <u>six</u> states (AZ, MO, NH, TX, UT, VT) reported that they provide coverage to specific groups of adult beneficiaries. Louisiana provid coverage of D5211 and D5212 for all adult beneficiaries, and coverage of D5213 and D5214 for adults 21 years of age and older with developmental or intellectual disabilities who are enrolled in the New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver.
13	2023 Rubric Question 7C — Prosthodontic Services Assess coverage for chairside reline of complete dentures; or laboratory reline of complete denture; and rebase. D5730 and D5731; or D5750 and D5751;
	and all codes within range D5710–D5721.
	Response options: Covered more than once per three years (thirty-six months) for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered once every three years (thirty-six months) or less frequently for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the twenty-four states that reported no coverage of the prosthodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>five</u> states (AZ, MO, NH, TX, VT) reported that they provide coverage to specific groups of adult beneficiaries.
14	2023 Rubric Question 8 — Extraction Services Assess coverage of single tooth extraction; and single tooth surgical extraction; and removal of impacted tooth — soft tissue; and removal of impacted tooth — partially bony; and removal of impacted tooth — completely bony; and removal of impacted tooth — completely bony with unusual surgical complications. All codes within range D7140–D7241.
	Response options: Covered for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered only in emergencies/for relief of acute pain, infection or trauma for the largest group of Categorically Needy Medicaid adults ages 21–64. No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.
	Of the nine states that reported no coverage of the extraction services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>four</u> states (AL, LA, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.

Suggested Citation:

11 2023 Rubric Question 7A — Prosthodontic Services

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