

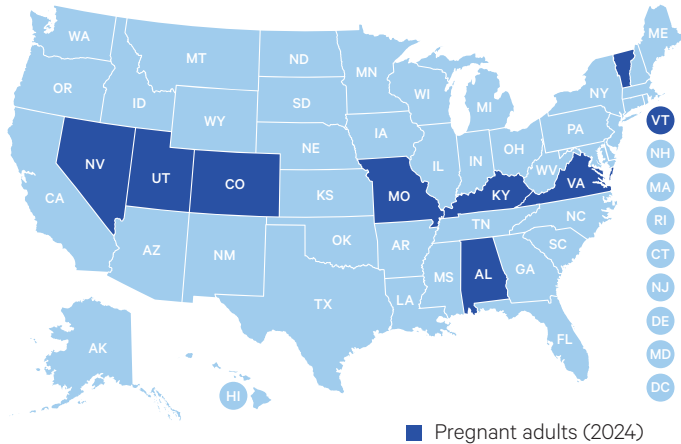
Offered to Specific Beneficiary Groups as of December 2024

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 with developmental and/or intellectual disabilities. In other states, coverage is only provided to specific beneficiary groups such as pregnant and postpartum adults.

The specific beneficiary groups most commonly covered by these 21 states are pregnant and postpartum adults, adults with developmental and/or intellectual disabilities, and adults utilizing long-term care services and benefits.

1 The 2024 *Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits* (Rubric) assessed coverage in place as of December 31, 2024. 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 meets the specified income and resource requirements for Medicaid in their state. See “List of Medicaid Eligibility Groups: Mandatory Categorically Needy,” Centers for Medicare & Medicaid Services, accessed June 1, 2025, <https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf>.

Coverage in place as of December 31, 2024



8

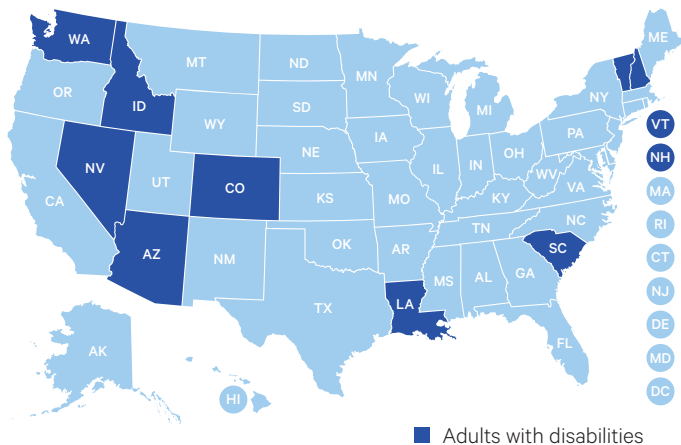
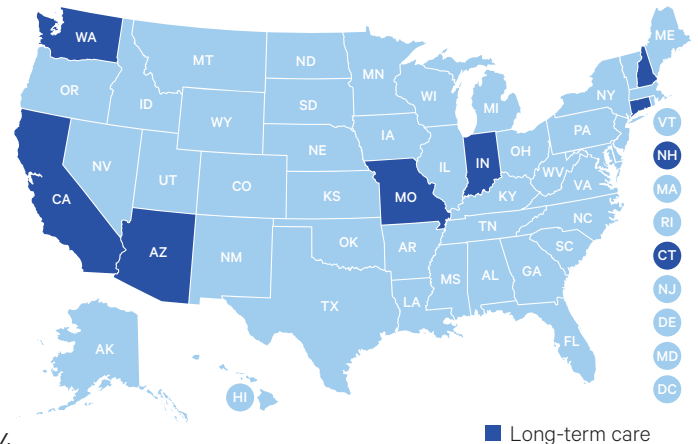
Eight states (Alabama, Colorado, Kentucky, Missouri, Nevada, Utah, Vermont, Virginia) reported covering one or more services for **pregnant adults** that are generally not provided to other adult beneficiaries ages 21–64.

Seven of these states (Alabama, Colorado, Kentucky, Missouri, Utah, Vermont, Virginia) reported that they also provide these services to **postpartum adults**.²

7

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

Four of these states (California, Connecticut, Indiana, Washington) reported covering one or more services at a greater frequency for adults utilizing long-term care than what is generally provided to other adult beneficiaries ages 21–64.



9

Nine states (Arizona, Colorado, Idaho, Louisiana, Nevada, New Hampshire, South Carolina, 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.

Please note that Utah covers additional services for adults who are blind and disabled. Missouri provides coverage for adults who are blind.

² Colorado, Kentucky, Missouri, Utah, Vermont, and Virginia cover dental services through 12 months postpartum. Alabama covers dental services for [60 days postpartum](#).

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 and fourth round

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.

of surveying launched in January 2024 and 2025 to assess Medicaid adult dental coverage as of December 31, 2023, and December 31, 2024, respectively.

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

2a 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.

- | | |
|--|--|
| <input type="checkbox"/> Parents of Medicaid–Enrolled Children | <input type="checkbox"/> Intellectually/Developmentally Disabled |
| <input type="checkbox"/> Medicaid Expansion | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Pregnant Women | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Postpartum Women | |

Appendix B

States Offering Different Coverage to Specific Groups of Adult Beneficiaries by 2024 Rubric Question

Please see endnotes for additional information.

State	Q1 Annual benefit maximum ⁱ	Q2a Limited oral evaluation ⁱⁱ	Q2b Periodic oral evaluation and comprehensive oral evaluation ⁱⁱⁱ	Q3a Cleanings ^{iv}	Q3b Fluoride application ^v	Q4a Fillings ^{vi}	Q4b Crowns ^{vii}	Q5a Anterior root canal therapy ^{viii}	Q5b Posterior root canal therapy ^{ix}	Q6 Periodontal services ^x	Q7a Complete dentures ^{xi}	Q7b Partial dentures ^{xii}	Q7c Reline and rebase ^{xiii}	Q8 Extractions ^{xiv}
Alabama		<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum	<ul style="list-style-type: none">PregnantPostpartum			<ul style="list-style-type: none">PregnantPostpartum
Arizona		<ul style="list-style-type: none">I/DDLTC		<ul style="list-style-type: none">I/DDLTC	<ul style="list-style-type: none">I/DDLTC					<ul style="list-style-type: none">I/DDLTC	<ul style="list-style-type: none">I/DDLTC	<ul style="list-style-type: none">I/DDLTC	<ul style="list-style-type: none">I/DDLTC	
California				<ul style="list-style-type: none">LTC (SNF, ICF)	<ul style="list-style-type: none">LTC (SNF, ICF)									
Colorado				<ul style="list-style-type: none">I/DDOther: Members who fall into high-risk category for caries, perio- dental disease, diabetes, or pregnant women with histories of periodontal disease	<ul style="list-style-type: none">I/DD					<ul style="list-style-type: none">PregnantPostpartumI/DD				
Connecticut					<ul style="list-style-type: none">LTC (SNF, ICF, other)					<ul style="list-style-type: none">LTC (SNF, ICF, other)				
Idaho					<ul style="list-style-type: none">I/DD									
Indiana				<ul style="list-style-type: none">LTC						<ul style="list-style-type: none">LTC				
Kentucky					<ul style="list-style-type: none">PregnantPostpartum									
Louisiana		<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)	<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)		<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)³		<ul style="list-style-type: none">I/DD (enrolled in New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver)
Massachusetts					<ul style="list-style-type: none">Other: Adults with medical/dental conditions that significantly interrupt the flow of saliva									
Maryland				<ul style="list-style-type: none">Other: REM Program beneficiaries	<ul style="list-style-type: none">Other: REM Program beneficiaries									

I/DD — Intellectual and/or Developmental Disabilities

LTC — Long-Term Care (includes Alternative Living Facilities [ALF], Intermediate Care Facilities [ICF], Skilled Nursing Facilities [SNF])

REM = Rare and Expensive Case Management Program

TAM — Targeted Adult Medicaid

3 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 2024 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
Missouri					<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind		<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind	<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind	<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind		<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind	<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind	<ul style="list-style-type: none">PregnantPostpartumLTCOther: Blind	
Nevada	<ul style="list-style-type: none">\$2,500 I/DD	<ul style="list-style-type: none">PregnantI/DD		<ul style="list-style-type: none">PregnantI/DD	<ul style="list-style-type: none">PregnantI/DD	<ul style="list-style-type: none">PregnantI/DD	<ul style="list-style-type: none">PregnantI/DD	<ul style="list-style-type: none">I/DD	<ul style="list-style-type: none">I/DD	<ul style="list-style-type: none">PregnantI/DD				
New Hampshire											<ul style="list-style-type: none">I/DDLTCOther: Adults who qualify for services through the Acquired Brain Disorder or Choices for Independence waivers	<ul style="list-style-type: none">I/DDLTCOther: Adults who qualify for services through the Acquired Brain Disorder or Choices for Independence waivers	<ul style="list-style-type: none">I/DDLTCOther: Adults who qualify for services through the Acquired Brain Disorder or Choices for Independence waivers	
New York					<ul style="list-style-type: none">Other: In cases where salivary gland function has been compromised through surgery, radiation, or disease									
South Carolina				<ul style="list-style-type: none">I/DD	<ul style="list-style-type: none">I/DD		<ul style="list-style-type: none">I/DD	<ul style="list-style-type: none">I/DD	<ul style="list-style-type: none">I/DD		<ul style="list-style-type: none">I/DD	<ul style="list-style-type: none">I/DD		
Texas	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs	<ul style="list-style-type: none">Other: Adults in LTSS Waiver programs
Utah ⁴		<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD		<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD	<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD		<ul style="list-style-type: none">PregnantPostpartumBlind & DisabledTAM SUD
Vermont	<ul style="list-style-type: none">PregnantPostpartumI/DDOther: Adults with serious mental illness										<ul style="list-style-type: none">PregnantPostpartumI/DDOther: Adults with serious mental illness	<ul style="list-style-type: none">PregnantPostpartumI/DDOther: Adults with serious mental illness	<ul style="list-style-type: none">PregnantPostpartumI/DDOther: Adults with serious mental illness	
Virginia					<ul style="list-style-type: none">PregnantPostpartum									
Washington				<ul style="list-style-type: none">I/DDLTC (ALF or SNF)	<ul style="list-style-type: none">I/DDLTC (ALF or SNF)					<ul style="list-style-type: none">I/DDLTC (ALF or SNF)Other: Clients with a diabetes diagnosis (type 1, 2, or gestational)				

I/DD — Intellectual and/or Developmental Disabilities LTC — Long-Term Care (includes Alternative Living Facilities [ALF], Intermediate Care Facilities [ICF], Skilled Nursing Facilities [SNF]) REM = Rare and Expensive Case Management Program TAM — Targeted Adult Medicaid

4 Utah: As of December 31, 2024, dental care is a covered service for Medicaid members who are pregnant, blind, or disabled, age 65 and older, enrolled in the Targeted Adult Medicaid [TAM] program and receiving treatment in a substance use treatment program, or enrolled in the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program. The Rubric does not assess coverage provided to adults over the age of 64 and therefore information on coverage offered to these adults is not included in this report. [Effective April 1, 2025](#), coverage was expanded to [all adult beneficiaries](#).

5

Endnotes

i 2024 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: Nevada, Texas, Vermont.

Nevada: Recipients of the state of Nevada's Home and Community Based Services Intellectual and Developmental (ID) Waiver are subject to a yearly hard cap of \$2,500 in dental benefits that is renewed January 1.

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: The Adult Program is limited to \$1,500 per individual per calendar year (annual cap). Members who are pregnant or in the 12-month postpartum eligibility period, or who are receiving services in the Department of Disabilities, Aging and Independent Living (DAI) Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program are not subject to the annual cap on dental services.

ii 2024 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 eight states that reported no coverage of the diagnostic codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, six states (AL, AZ, LA, NV, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.

iii 2024 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 four 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.

iv 2024 Rubric Question 3a — Preventive Services

Assess coverage for adult prophylaxis. Is this procedure covered with a frequency of at least twice 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 seven states that reported no coverage of the preventive services code listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, six states (AL, AZ, LA, NV, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.

Alabama: D1110 covered once per six months.

Nevada: D1110 is covered once per six months for pregnant patients (with prior authorization showing medical necessity) and I/DD patients (with no prior authorization requirement).

Six states (CA, CO, IN, MD, SC, WA) reported that they provide enhanced coverage to specific groups of adult beneficiaries beyond what they provide to the largest group of Categorically Needy Medicaid adults ages 21–64.

California: D1110 is covered once in a 12-month period for patients age 21 and older and once in a 4-month period for patients in Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).

Colorado: D1110 is covered for all adults twice per year. Members who fall into a high-risk category for caries, periodontal disease, or diabetes, as well as pregnant women with histories of periodontal disease, are entitled to four (D1110, D4910) per 12 months. Only allowed for cases with a history of surgical or non-surgical periodontal treatment, excluding D4355. For adults with I/DD, six of (D1110, D4910) per 12 months with a maximum of two of D4346. Only allowed for cases with a history of surgical or nonsurgical periodontal treatment, excluding D4355.

Indiana: D1110 covered for members from 12 months of age to their 21st birthday and for institutionalized members of all ages. Coverage is limited to once every six months. For non-institutionalized members 21 years and older, coverage is limited to once every 12 months.

Maryland: All adults are covered for D1110 twice per 12 months. Adults 21 and over enrolled in REM are covered for D1110 once per three months.

South Carolina: Cleanings — D1110 is covered once per 12 months for adults and once per six months for adults enrolled in ID/RD Waiver.

Washington: D1110 covered once per 12 months for clients age 19 and older; once per four months for clients of the Developmental Disabilities Administration (DDA); and once per six months for members residing in Alternative Living Facilities (ALF) or Skilled Nursing Facilities (SNF).

▼ **2024 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 25 states that reported no coverage of the preventive services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, 15 states (AL, AZ, CA, ID, KY, LA, MA, MO, NV, NY, SC, TX, UT, VA, WA) reported that they provide coverage to specific groups of adult beneficiaries.

Alabama: D1206 covered once per year beginning at age 3; D1208 covered once per six months.

California: D1206, D1208 are covered once in a 12-month period for patients age 21 and older, and once in a 4-month period for patients in Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).

Idaho: D1208 covered once per 12 months for developmentally disabled adults.

Kentucky: D1206, D1208 covered for pregnant and postpartum adults twice per 12 months. Additional allowed based on medical necessity by prior authorization.

Massachusetts: One of (D1206, D1208) per 90 days per provider or location. Only allowed for members 21 and older who have medical/dental conditions that significantly interrupt the flow of saliva.

Nevada: D1206, D1208 are covered once per six months for pregnant patients (with prior authorization showing medical necessity) and I/DD patients (with no prior authorization requirement).

New York: For individuals 21 years of age and older, D1206, D1208 is only approvable for those individuals identified with a Restriction Exemption code of RE 81 (“TBI Eligible”) or RE 95 (“OPWDD/Managed Care Exemption”), or in cases where salivary gland function has been compromised through surgery, radiation, or disease.

South Carolina: D1206, D1208 are not covered services for adults. D1206, D1208 are covered once per six months for adults enrolled in ID/RD Waiver.

Virginia: D1208 is allowed for pregnant and postpartum members once every six months when provided in conjunction with a prophylaxis. Treatment that incorporates fluoride with the polishing compound is considered part of the prophylaxis procedure and is not a separate topical fluoride treatment. Narrative of medical necessity is required.

Washington: D1206, D1208 covered once per 12 months for adults 19+, twice per 12 months for members residing in ALF or SNF, and three times per 12 months for clients of DDA.

Three states (CO, CT, MD) reported that they provide enhanced coverage to specific groups of adult beneficiaries beyond what they provide to the largest group of Categorically Needy Medicaid adults ages 21–64.

Colorado: Topical fluoride and fluoride varnish is only a covered benefit for high-risk adult members age 21 and older. Topical fluoride treatments are allowed twice per year for adult members considered high risk. For topical fluoride treatments (gel or varnish), high risk for adult members age 21 and over is indicated by (1) a history of dry mouth, (2) a history of head or neck radiation, or (3) indication of high risk for caries (please reference definition in section 15.01). For adults with I/DD: Six of D1206, D1208 per 12 months per patient.

Connecticut: Fluoride application — For clients age 21 and older, fluoride (D1206, D1208) is covered once per calendar year. Fluoride treatments are covered once every six months for clients in an acute care facility, an intermediate care facility, a large licensed boarding home, a large group home, a mental disease facility, a small licensed boarding home, or a skilled nursing facility. Prior authorization is not required. Additional fluoride treatments may be granted via prior authorization if medically necessary.

Maryland: Fluoride application — All adults are covered for D1206, D1208 once per six months. Adults 21 and over enrolled in REM are covered for D1208 once per three months.

vi **2024 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 seven states that reported no coverage of the restorative services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, **five** states (AL, LA, NV, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.*

vii **2024 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 14 states that reported no coverage of the restorative services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, **seven** states (AL, LA, MO, NV, SC, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.*

South Carolina: D2710–D2794 are not listed in provider manual. D2931, D2932 are covered once per 36 months per tooth only for adults enrolled in ID/RD Waiver.

viii **2024 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 17 states that reported no coverage of the endodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, **seven** states (AL, LA, MO, NV, SC, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.*

ix **2024 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 23 states that reported no coverage of the endodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, **seven** states (AL, LA, MO, NV, SC, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.*

x **2024 Rubric Question 6 — Periodontal Services**

Assess coverage for periodontal scaling and root planing with a frequency of at least once per year AND coverage for periodontal maintenance with a frequency of at least twice 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 21 states that reported no coverage of the periodontal services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, **10** states (AL, AZ, CO, CT, IN, LA, NV, TX, UT, WA) reported that they provide coverage to specific groups of adult beneficiaries.*

Colorado: One of (D4341, D4342) per 36 month(s) per patient per quadrant. A minimum of four affected teeth in the quadrant. Maximum of two quadrants per date of service in a non-hospital setting. Not paid on the same date as (D1110). Two of (D1110, D4346, D4910) per 12 month(s) per patient unless patient falls into a high-risk category for periodontal disease. Members with diabetes and pregnant women with histories of periodontal disease are entitled to four per 12 months. Only allowed for cases with a history of surgical or non-surgical periodontal treatment, excluding D4355. Subject to prepayment review. For IDD Members: One of (D4341, D4342) per 12 month(s) per patient per quadrant. Not reimbursed when billed on the same date of service as (D1110, D4341, D4342, D4355, D4910). Patients at high risk for caries or periodontal disease, four of (D1110, D4910, D4346) per 12 months.

Connecticut: D4341, D4342 are covered for adults 21 and over who have treatable periodontal disease and a diagnosis of at least one of the following medical conditions evidenced by medical claim history (please see page 18 of Dental Coverage Limitations by Program for full list). No more than two combinations per quadrant per visit. D4910 covered two times in 12 months period for both children and adults. Requires prior authorization.

Indiana: Periodontal services — covers periodontal scaling and root planing (D4341, D4342) for members 3 years of age and older. For members at least 3 years old and under 21 years old, and for all institutionalized members, coverage is limited to four units every two years. For noninstitutionalized members 21 years old and older, the IHCP limits periodontal scaling and root planing to four units per lifetime. Providers can perform the service for all four quadrants on the same date of service. Indiana covers periodontal maintenance (D4910) for all members 3 years of age and older to allow one periodontal maintenance service (D4910) once every three months for the whole mouth. The periodontal maintenance (D4910) cannot occur within the same three-month period as a prophylaxis service (D1110 or D1120).

Louisiana: Adult Waiver Members 21 and older and ICF/IDD Members 21 and older: D4341 covered once per 12 months; D4342, D4910 not covered.

Washington: Periodontal services — Covers D4341, D4342 once per quadrant in a two-year period for clients age 19 and older that meet certain guidelines; one time per quadrant in a 12-month period for clients of DDA and clients residing in an ALF or nursing facility. Covers D4910 once in a 12-month period for clients age 19 and older; for clients of DDA; for clients residing in an alternative living facility (ALF) or skilled nursing facility (SNF): periodontal maintenance (four quadrants) substitutes for an eligible periodontal scaling or root planing once every six months and periodontal maintenance is allowed six months after scaling or root planing. For clients 21 and older with a diagnosis of diabetes: periodontal maintenance (four quadrants) substitutes for an eligible periodontal scaling or root planing once every three months and periodontal maintenance allowed three months after scaling and root planing, and scaling and root planing may substitute for an eligible periodontal maintenance when medically necessary.

xi **2024 Rubric Question 7A — Prosthodontic Services**

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 12 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.*

Alabama: Complete dentures — D5110, D5120: Prosthetic treatment requires prior authorization and is covered only for closure of a space created by the removal of a lesion or due to congenital defects (permanent tooth congenitally missing).

Missouri: Complete dentures are covered for pregnant patients, blind patients, and Skilled Nursing Facility (SNF) residents. Codes D5110 and D5120 are covered once every 15 years.

New Hampshire: Complete dentures are covered for individuals who qualify for services under the following criteria: Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver, Choices for Independence (CFI) Waiver, Nursing facility residents.

South Carolina: Complete dentures — D5110, D5120 are not covered services for adults. D5110, D5120 are covered once per 60 months for adults enrolled in ID/RD Waiver.

Vermont: Complete dentures are covered for pregnant, postpartum, and individuals receiving services in the Department of Disabilities, Aging and Independent Living (DAIL) Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program. Codes 5110 and D5120 are covered one arch per five years.

xii **2024 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 14 states that reported no coverage of the prosthodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, **seven** states (AZ, MO, NH, SC, TX, UT, VT) reported that they provide coverage to specific groups of adult beneficiaries.*

Missouri: Partial dentures are covered for pregnant patients, blind patients, and Skilled Nursing Facility (SNF) residents. Codes D5211, D5212, D5213, D5214 are covered once every 15 years.

New Hampshire: Partial dentures are covered for individuals who qualify for services under the following criteria: Developmental Disability (DD) Waiver, Acquired Brain Disorder (ABD) Waiver, Choices for Independence (CFI) Waiver, Nursing facility residents.

South Carolina: Partial dentures — D5211, D5212 are not covered services for adults, D5211, D5212 are covered once per 60 months for adults enrolled in ID/RD Waiver. D5213, D5214 are not listed in provider manual.

Vermont: Partial dentures are covered for pregnant, postpartum, and individuals receiving services in the Department of Disabilities, Aging and Independent Living (DAIL) Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program. Codes D5211, D5212, D5213, D5214 are covered one arch per five years.

One state (LA) reported that they provide enhanced coverage to specific groups of adult beneficiaries beyond what they provide to the largest group of Categorically Needy Medicaid adults ages 21–64.

Louisiana: Partial dentures — D5211, D5212 are covered for all adults; D5213, D5214 are covered only for Adult Waiver Members 21 and older and ICF/IDD Members 21 and older.

xiii **2024 Rubric Question 7C — Prosthodontic Services**

Assess coverage for chairside relines of complete dentures; or laboratory relines 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 28 states that reported no coverage of the prosthodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, five states (AZ, MO, NH, TX, VT) reported that they provide coverage to specific groups of adult beneficiaries.

Vermont: Reline and rebase are covered for pregnant, postpartum, and individuals receiving services in the Department of Disabilities, Aging and Independent Living (DAIL) Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health (DMH) Community Rehabilitation and Treatment (CRT) Waiver Program. Codes D5750, D5751 and D5710–D5721 are covered one per denture per two years.

xiv **2024 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 10 states that reported no coverage of the extraction services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, four states (AL, LA, TX, UT) reported that they provide coverage to specific groups of adult beneficiaries.

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