

Medicaid Adult Dental Benefits

Offered to Specific Beneficiary Groups as of December 2022

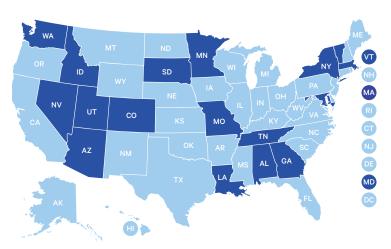
Medicaid adult dental benefits are classified as "optional" by the Centers for Medicare and Medicaid Services (CMS). This means that states can limit the type and/or number of services they cover as well as the beneficiary groups they cover. States can also exclude adult dental services entirely.

While many states offer dental benefits to all adult Medicaid beneficiaries ages 21–64, some states provide coverage or expanded coverage only to specific beneficiary groups such as pregnant and postpartum adults within this age group. In other states, additional benefits are provided to specific beneficiary groups, such as more frequent periodontal treatments for adults who are intellectually or developmentally disabled.

The 2022 Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits ("Rubric") assesses coverage within eight service categories. Please see Appendix A for additional information. Seventeen states reported that they offer different coverage (i.e., it varies in amount, duration, and scope) to specific groups of beneficiaries than they offer to other adult beneficiaries ages 21–64. Please see Appendix B for more information on coverage offered to specific groups of adult beneficiaries by service category.

Among the 17 states offering different coverage, the beneficiary groups most commonly covered 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), those experiencing homelessness and/or substance use disorder or mental health conditions (Utah), former foster youth (Maryland), and adults who are dually eligible for Medicaid and Medicare (Marylandⁱⁱⁱ).



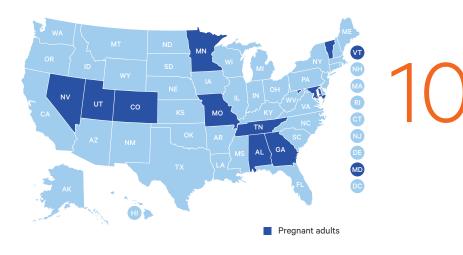
States offering Medicaid dental coverage to certain groups of beneficiaries that differs from coverage offered to other adult beneficiaries ages 21–64 (2022)

i The 2022 Rubric for Assessing Extensiveness of State Medicaid Adult Dental Benefits (Rubric) assessed coverage in place as of December 31, 2022. Service categories assessed in the Rubric include 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 the Centers for Medicare and Medicaid Services. A person is considered Categorically Needy if they are a member of certain categories of groups eligible to receive public assistance and meet the specified income and resources requirements for Medicaid coverage in their state. List of Medicaid Eligibility Groups: Mandatory Categorically Needy. Centers for Medicare and Medicaid Services, accessed July 15, 2022, 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 (<u>Targeted Adult Medicaid</u> (<u>TAM</u>) program) as well as adults who are 65 years of age and older. Please note that the Rubric does not assess coverage provided to adults over the age of 64. Additional information regarding coverage for adults 65 and older can be found here.

iii Maryland reports covering one or more services to adults enrolled in the Rare and Expensive Case Management (REM) program, former foster youth, pregnant and postpartum adults, and adults enrolled in the <u>Adult Dental Pilot Program</u>. Effective <u>January 1, 2023</u>, all adult beneficiaries are covered for diagnostic, preventive, restorative, endodontic, periodontal, and oral surgery services.

Coverage in place as of December 31, 2022



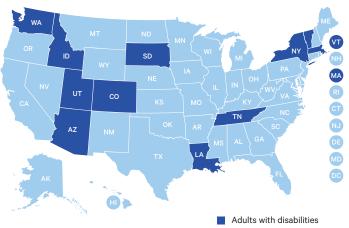
Ten states (Alabama, Colorado, Georgia, Maryland, Minnesota, Missouri, Nevada, Tennessee, Utah, Vermont) reported covering one or more services for pregnant adults that are generally not provided to other adult beneficiaries ages 21–64.

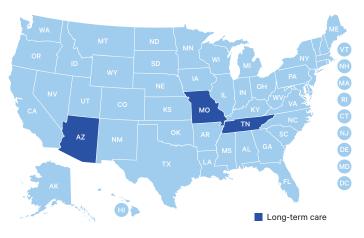
Three states (Alabama, iv Maryland, Tennessee) reported that they also provide these services to postpartum adults.

11

Eleven states (Arizona, Colorado, Idaho, Louisiana, Massachusetts, New York, South Dakota, Tennessee, 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 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 services for adults with intellectual or developmental disabilities.





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

iv 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.

v <u>Louisiana's Act 450 of the 2021 Regular Session</u> 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.

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.

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), National Academy for State Health Policy (NASHP), 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 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 Developmentally Disabled Medicaid Expansion Long-Term Care Pregnant Women Other (please list):

Appendix B

States offering different coverage to specific groups of adult beneficiaries by 2022 Rubric question

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
Alabama		PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum	PregnantPostpartum			PregnantPostpartum
Arizona			I/DDLTC	I/DDLTC	I/DDLTC					I/DDLTC	I/DDLTC	I/DDLTC		
Colorado	• I/DD									PregnantI/DD				
Georgia						 Pregnant 				 Pregnant 				
Idaho					• I/DD									
Louisiana		• I/DD	• I/DD	• I/DD	• I/DD	• I/DD	• I/DD	• I/DD	• I/DD	• I/DD				• I/DD
Maryland	• ADP	PregnantPostpartumADPFFYREM	PregnantPostpartumADPFFYREM	PregnantPostpartumADPFFYREM	PregnantPostpartumREM	PregnantPostpartumADPFFYREM	PregnantPostpartumFFYREM	PregnantPostpartumFFYREM	PregnantPostpartumFFYREM	PregnantPostpartumFFYREM				PregnantPostpartumADPFFYREM
Massachusetts					 Adults with medical/ dental conditions that significantly interrupt the flow of saliva 		• I/DD							
Minnesota					 Pregnant 		 Pregnant 							
Missouri			PregnantLTCBlind		PregnantLTCBlind		PregnantLTCBlind	PregnantLTCBlind	PregnantLTCBlind		PregnantLTCBlind	PregnantLTCBlind	PregnantLTCBlind	PregnantLTCBlind
Nevada			 Pregnant 	 Pregnant 	 Pregnant 	 Pregnant 	 Pregnant 			 Pregnant 				
New York					• I/DD									
South Dakota					• I/DD									
Tennessee		PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	PregnantPostpartumI/DDLTC	• I/DD • LTC
Utah			PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM	PregnantI/DDBlindTAM
Vermont	PregnantPostpartum										PregnantPostpartumI/DD	PregnantPostpartumI/DD	PregnantPostpartumI/DD	
Washington					• I/DD					• I/DD				

I/DD — Intellectual and/or Developmental Disabilities LTC — Long-Term Care ADP — Adult Dental Pilot FFY — Former Foster Youth

REM — Rare and Expensive Case Management Program

TAM — Targeted Adult Medicaid

Endnotes

	Thuriotes
1	2022 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, Maryland, Vermont.
	Colorado: State Plan adults ages 21–64 have an annual benefit of \$1,500. Dentures and emergency visits are not applied toward the annual benefit. 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).
	Maryland: The Adult Dental Pilot Program began on June 1, 2019, and sunset on December 31, 2022. The statewide pilot provided access to diagnostic, preventive, and basic restorative dental services, as well as extractions, to the nearly 40,000 individuals between the ages of 21 and 64 who are dually eligible for both Medicare and Medicaid, up to an annual cap of \$800.
	Vermont: The Adult Program is limited to \$1,000 per individual per calendar year (annual cap). The benefit is considered exhausted if the total reimbursement is greater than or equal to \$1,000 and will not begin again until the start of the new calendar year. Exception to Adult Program Limit for Pregnancy: Pregnant women receiving benefits under the Dr. Dynasaur/Vermont Medicaid program receive the same dental benefits that are available for children on the program and will be excluded from the application of the adult dental cap. This benefit will be in effect for the duration of the pregnancy and through the end of the calendar month during which the 60th day following the end of pregnancy occurs. At the end of this period the benefit returns to the standard annual cap. The adult dental cap applies through the end of the current calendar year.
2	2022 Rubric Question 2a — Diagnostic Services: Limited Oral Evaluation 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 nine states that reported no coverage of the diagnostic codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, <u>four</u> states (AL, LA, MD, TN) reported that they provide coverage to specific groups of adult beneficiaries.
3	2022 Rubric Question 2b — Diagnostic Services: Periodic Oral Evaluation and Comprehensive Oral Evaluation 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 14 states that reported no coverage of the diagnostic codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, eight states (AL, AZ, LA, MD, MO, NV, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.
4	2022 Rubric Question 3a — Preventive Services: Cleanings 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.

Of the 12 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, LA, MD, NV, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.

 \square No coverage for the largest group of Categorically Needy Medicaid adults ages 21–64.

5	2022 Rubric Question 3b — Preventive Services: Fluoride Application 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 33 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>fourteen</u> states (AL, AZ, ID, LA, MD, MA, MN, MO, NV, NY, SD, TN, UT, WA) reported that they provide coverage to specific groups of adult beneficiaries.
6	2022 Rubric Question 4a — Restorative Services: Fillings 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 12 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, GA, LA, MD, NV, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.
7	2022 Rubric Question 4b — Restorative Services: Crowns 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 23 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>nine</u> states (AL, LA, MD, MA, MN, MO, NV, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.
8	2022 Rubric Question 5a — Endodontic Services: Anterior Root Canal Therapy 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 22 states that reported no coverage of the endodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, six states (AL, LA, MD, MO, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.
9	2022 Rubric Question 5b — Endodontic Services: Posterior Root Canal Therapy 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 29 states that reported no coverage of the endodontic services codes listed here for the largest group of Categorically Needy Medicaid adults ages 21–64, six states (AL, LA, MD, MO, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.
10	2022 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 24 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, GA, LA, MD, NV, TN, UT, 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 19 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>six</u> states (AL, AZ, MO, TN, UT, VT) reported that they provide coverage to specific groups of adult beneficiaries.
12	2 2022 Rubric Question 7B — Prosthodontic Services: Partial Dentures Assess coverage for resin-based partial dentures. All codes within range D5211–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 24 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, TN, UT, VT) reported that they provide coverage to specific groups of adult beneficiaries.
13	2022 Rubric Question 7C — Prosthodontic Services: Reline and Rebase 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 (36 months) for the largest group of Categorically Needy Medicaid adults ages 21–64. Covered once every 3 years (36 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 27 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>four</u> states (MO, TN, UT, VT) reported that they provide coverage to specific groups of adult beneficiaries.
14	2022 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 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, six states (AL, LA, MD, MO, TN, UT) reported that they provide coverage to specific groups of adult beneficiaries.

11 2022 Rubric Question 7A — Prosthodontic Services: Complete Dentures

Suggested Citation:

CareQuest Institute for Oral Health. *Medicaid Adult Dental Benefits Offered to Specific Beneficiary Groups as of December 2022.* Boston, MA: October 2023. Copyright © 2023 CareQuest Institute for Oral Health, Inc.

