



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 31, 2025

The Honorable Pamela Beidle, Chair
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Joseline A. Peña-Melnyk, Chair
House Health and Government Operations
Committee
241 House Office Bldg
Annapolis, MD 21401-1991

RE: Report Required by SB 600, Ch. 903/HB 103, Ch. 904 of the Acts of 2024 on Maryland Medical Assistance Program - Dental Services - Coverage and Rate Study (MSAR #15643)

Dear Chair Beidle and Chair Peña-Melnyk:

In keeping with the requirements of SB 600, Ch. 903/HB 103, Ch. 904 of the Acts of 2024 - *Md. Medical Assistance Program - Dental Services - Coverage and Rate Study*, the Maryland Department of Health (MDH) respectfully submits this report on dental coverage and rates.

Specifically, this report details the feasibility of including certain dental services and certain reimbursements among the coverage offered by the Maryland Healthy Smile Dental Program, as well as a general coverage and rate study for these dental services. The proposed dental services include:

1. Removable full and partial dentures, and
2. Reimbursement for providers on a per-patient basis for home visits and extended care facility visits.

For purposes of this analysis, rates are assumed to be set at no less than 60 percent of the average rate based on a 2022 report by the American Dental Association regarding Current Dental Terminology codes of services.

MDH will continue to work with stakeholders and dental providers to improve dental access for Medicaid participants across Maryland. If further information about this program is needed, please contact Sarah Case-Herron, Director of Government Affairs at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

Enclosure

cc: Ryan Moran, Deputy Secretary, Health Care Financing and Medicaid
Tricia Roddy, Deputy Director, Office of Health Care Financing
Sarah Case-Herron, Director, Office of Governmental Affairs
Alyssa Brown, Director, Office of Innovation, Research, and Development
Debony Hughes, Director, Office of Oral Health
Sandy Kick, Director, Office of Medical Benefits Management
Sarah Albert, Department of Legislative Services (5 copies)

Report on Maryland Medical Assistance Program - Dental Services - Coverage and Rate Study

HB103 / SB600 - Ch. 903 and 904 of the Acts of 2024

Maryland Department of Health

December 2024

Introduction

Pursuant to Senate Bill 600/House Bill 103 (Ch. 903 and 904 of the Acts of 2024) the Maryland Medical Assistance Program within the Maryland Department of Health (MDH) is required to submit a report that addresses the fiscal and operational impact of the following:

1. The feasibility of including certain dental services and certain reimbursements among the coverage offered by the Maryland Healthy Smile Dental Program, as well as a general coverage and rate study for these dental services. The proposed dental services include:
 - a. Removable full and partial dentures, and
 - b. Reimbursement for providers on a per-patient basis for home visits and extended care facility visits.
2. The requirement that reimbursement rates for these services are at a level that ensures dental care providers are reimbursed adequately to deliver dental services, at a rate no less than 60 percent of the average commercial rate in the state, or at an equivalent benchmark for the American Dental Association Current Dental Terminology codes of services.

Medicaid Dental Care Access

Maryland's Medicaid dental benefits, collectively called the Maryland Healthy Smiles Dental Program, are administered by a single statewide dental administrative service organization (DASO). The DASO is responsible for coordinating all dental services for children, pregnant and postpartum individuals, adults in the Rare and Expensive Case Management (REM) Program, former foster care youth up to age 26, and as of January 1, 2023, adults 21 and older enrolled in full Medicaid coverage.

Additionally, the DASO is responsible for all functions related to the delivery of dental services for these populations, including provider network development and maintenance, claims processing, utilization review, authorization of services, outreach and education, and complaint resolution. SKYGEN USA (formerly Scion) has been serving as the DASO since calendar year (CY) 2016. Utilization rates have increased, and provider networks have expanded since MDH restructured its dental benefit as the Maryland Healthy Smiles Dental Program. Maryland dental utilization continues to outpace national averages.

Full and Partial Dentures

Maryland

Currently, Maryland Medicaid covers full or partial dentures for children up to age 21 and former foster care youth up to age 26 under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Under EPSDT, any code that is not covered under the traditional Medicaid benefit package may be utilized if the service is medically necessary. In this scenario, the provider must submit both the code and a medical necessity narrative for the participant in order

for it to be reimbursed.¹ Under current departmental policy, eligible participants may receive one set of full or partial dentures per 60 months of coverage.

While full and partial dentures themselves are not covered for adults 21 and older, denture adjustments are covered. These adjustments are not covered if the dentures are within six months of their placement.

Table 1. Current Denture Coverage in Maryland Medicaid

Children	Former Foster Care	Adults
Age 20 and younger	Up to age 26	Age 21 and older
Full or partial dentures once per 60 months of coverage	Full or partial dentures once per 60 months of coverage	Adjustments to existing dentures only
Must be medically necessary under EPSDT	Must be medically necessary under EPSDT	Not covered within 6 months of placement

Other States

The national landscape of dental coverage in Medicaid varies significantly from state to state. Appendix A compares Maryland’s current coverage of full and partial dentures to all other states and the District of Columbia. As of 2024, 44 states cover full dentures and 42 cover partial dentures. Of the 44 states that cover full dentures, 29 states cover one set every five years; 10 states cover full dentures once every six to ten years (the most common timeframe among these states being seven years); and three states only cover one set of dentures per the participant’s lifetime. Three states cover only repairs or replacements of existing dentures rather than the creation of new dentures. Finally, eight states specify that relining and/or rebasing may be covered.

Fiscal Estimate

For both fiscal estimates in this report, the Hilltop Institute at the University of Maryland, Baltimore County (Hilltop) used Maryland’s Medicaid Management Information System (MMIS) data from CY 2023 to estimate the number of individuals who would be newly eligible for the proposed dental benefits. Hilltop estimated that 842,529 Medicaid participants would be newly eligible for the service expansions.

Commercial data was not available for the reimbursement codes considered in this report. The American Dental Association (ADA) Health Policy Institute recently issued its 2024 update on Medicaid reimbursement for child and adult dental care services by state for select procedures.²

¹ This EPSDT policy applies to all eligible youth and is not restricted to dental services; any medically necessary service may be eligible.

²

<https://www.ada.org/resources/research/health-policy-institute/coverage-access-outcomes/medicaid-reimbursement-2022>. The analysis for child dental care services is based on: D0120, D0150, D0210, D0220, D0230, D0272, D1120,

The ADA found that Maryland’s Medicaid average reimbursement rates represented 47.2% of dentists' charges for children and 45.5% of charges for adults, compared to 39.2% of charges for children and 29.9% of charges for adults based on the national average across all Medicaid FFS Programs. As a percentage of the average private dental insurance payment rates, Maryland Medicaid’s average reimbursement rates compared favorably at 91.7% for children and 87.3% for adults, compared to 66.6% for children and 49.8% for adults nationally. MDH notes that Medicaid participants are not responsible for copays or cost-sharing for dental services and cannot be balanced billed.

In lieu of commercial rate data, Hilltop used ADA Current Dental Terminology (CDT) 2022 charges information. Hilltop evaluated the utilization data from three anonymized states to estimate Maryland’s utilization for a given code in order to determine the total cost to cover each code.³ Underlying the total cost of each code was that the reimbursement rate of each code was no less than 60 percent of American Dental Association (ADA) Current Dental Terminology (CDT) 2022 charges.⁴ The costliest codes were those for full dentures, with partial dentures costing less. Most other codes used for maintenance—such as repairs and rebasing—have a lower fiscal estimate.

Hilltop estimates that the cost to expand Medicaid dental coverage to include full and partial dentures would be \$28 million total funds (\$10.4 million state general funds, \$17.5 federal funds) for participants 21 years of age and older. The estimates for adults are driven by the benefit expansion and availability of these new services at a higher reimbursement rate. The fiscal impact for participants under age 21 and former foster care enrollees would be \$16.1 million (\$7.6 state general funds, \$8.4 federal funds). The costs for children and former foster care enrollees are associated with the proposed rate enhancement for services covered already today. The total cost for participants of all ages is \$44.2 million (see Table 2).

Table 2. Full and Partial Denture Rates Fiscal Estimates

Dental Code	Description	Cost to Expand for Individuals 21 and Up	Cost to Expand for Individuals 0 to 20 Years Old and Former Foster Care	Total Cost to Expand
D5110	Complete denture-maxillary	\$11,865,485	\$6,848,016	\$18,713,500
D5120	Complete denture-mandibular	\$8,650,771	\$4,992,684	\$13,643,454
D5211	Maxillary partial denture-resin base (including	\$2,177,184	\$1,384,857	\$3,562,040

D1206, D1351, D2391, D2392, D2393, D7210, D7240. The analysis for adult dental care services is based on: D0120, D0150, D0210, D0220, D0230, D0272, D0274, D1110, D2391, D2392, D2393, D7210, D7240.

³ Hilltop obtained 24 months of dental service utilization and enrollment data from three anonymized states from MDH’s contracted actuarial firm, Optumas, and estimated an average potential per member per month (PMPM) rate for each dental code in the proposed coverage expansion.

⁴ Prior to 2023, the ADA published a biennial study on the fee schedules for dental codes, providing a national average for each code. The ADA has since removed prior year studies and explains their rationale for no longer publishing this study here: <https://www.ada.org/resources/research/health-policy-institute/dental-care-market#:~:text=The%20ADA%20cannot%20quote%20fees,therefore%2C%20is%20now%20legally%20problematic.>

	any conventional clasps, rests and teeth)			
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$2,098,626	\$1,322,492	\$3,421,118
D5225	Maxillary partial denture-flexible base	\$292,209	\$183,317	\$475,526
D5226	Mandibular partial denture-flexible base	\$170,694	\$106,635	\$277,329
D5286***	Partial dentures (not listed in the Skygen Provider Manual)	N/A	N/A	N/A
D5410	Adjust complete denture-maxillary	\$41,659	\$0	\$41,659
D5411	Adjust complete denture-mandibular	\$44,110	\$0	\$44,110
D5421	Adjust partial denture-maxillary	\$18,367	\$0	\$18,367
D5422	Adjust partial denture-mandibular	\$28,450	\$0	\$28,450
D5511	Repair broken complete denture base, mandibular	\$35,797	\$11,809	\$47,606
D5512	Repair broken complete denture base, maxillary	\$46,599	\$15,373	\$61,972
D5520	Replace missing or broken teeth- complete denture (each tooth)	\$147,223	\$106,030	\$253,253
D5611	Repair resin partial denture base, mandibular	\$16,334	\$0	\$16,334
D5612	Repair resin partial denture base, maxillary	\$21,891	\$0	\$21,891
D5621	Repair cast partial framework, mandibular	\$2,123	\$0	\$2,123
D5622	Repair cast partial framework, maxillary	\$1,972	\$0	\$1,972
D5630	Repair or replace broken clasp	\$10,495	\$0	\$10,495
D5640	Replace broken teeth-per tooth	\$159,184	\$115,581	\$274,765
D5650	Add tooth to existing partial denture	\$448,441	\$241,996	\$690,437
D5660	Add clasp to existing partial denture	\$79,297	\$42,983	\$122,280
D5710	Rebase complete maxillary denture	\$32,109	\$16,286	\$48,395

D5711	Rebase complete mandibular denture	\$20,733	\$10,516	\$31,249
D5720	Rebase maxillary partial denture	\$7,318	\$3,435	\$10,753
D5721	Rebase mandibular partial denture	\$5,629	\$2,642	\$8,271
D5750	Reline complete maxillary denture (laboratory)	\$929,274	\$432,605	\$1,361,879
D5751	Reline complete mandibular denture (laboratory)	\$628,342	\$292,512	\$920,854
D5760	Reline maxillary partial denture (laboratory)	\$20,488	\$0	\$20,488
D5761	Reline mandibular partial denture (laboratory)	\$27,309	\$0	\$27,309
Total Cost		\$28,028,112	\$16,129,768	\$44,157,879

***This code is not listed in the Skygen Provider Manual and is not in the anonymized utilization data. As such, MDH was not able to estimate projected costs to include this code.

Home Visits and Extended Care Facility Visits

Maryland

Maryland Medicaid covers dental care in the home or an extended care facility (ECF) for children up to age 21 and former foster care participants up to age 26 under the EPSDT benefit. As previously mentioned, any code that is not covered under the benefit package may be utilized if a service is medically necessary. Home and ECF visits are currently not covered for adults 21 and older.

Mobile dentistry is a similar service that MDH does reimburse. At present, Maryland Medicaid covers mobile dentistry in three different settings: (1) self-contained mobile unit visits, (2) community locations such as schools or nursing homes, or (3) an appropriately equipped community location such as a school-based health center. Under the current Code of Maryland Regulations (COMAR), a mobile dental unit is defined as “any self-contained facility in which dental services will be provided and which may be moved, towed or transported from another location.” Although current COMAR regulations do not explicitly address the process for providing dental services at community locations, the Maryland Healthy Smiles Program is in the process of updating the regulations to formally incorporate these mobile dental practices.

All mobile dental services rendered must be medically necessary and provided by a licensed dental provider who has been credentialed by Maryland Medicaid. Services that are provided on self-contained mobile unit visits occur in a community location where participants board the unit to receive necessary dental services. Mobile dental services rendered in a community location such as a school or nursing home require a licensed dentist to transport the dental equipment needed to provide on-site dental care; mobile dental care that is rendered in community locations such as school-based health centers do not require dentists to transport dental equipment as the site is already equipped with the necessary dental equipment to safely render services in this

setting.

In addition, MDH reimburses teledentistry for limited oral evaluations (D0140 with a place of service code of 2 for “home”). MDH also reimburses for non-emergency medical transportation (NEMT) for Medicaid-covered services, including dental visits.

Table 3. Current Home and ECF Visit Coverage in Maryland Medicaid

Children	Former Foster Care	Adults
Age 20 and younger	Up to age 26	Age 21 and older
Covered in the home or an extended care facility under code D9410; requires prior authorization and documentation	Covered in the home or an extended care facility under code D9410; requires prior authorization and documentation	Not covered
Must be medically necessary under EPSDT	Must be medically necessary under EPSDT	

Other States

Thirty-one out of 50 states plus the District of Columbia and Puerto Rico allow for dental services to be rendered outside of the outpatient dental setting in some capacity, although no two Medicaid coverage packages are identical from state to state. Nine states that do not cover dental code D9410 - Home/ECF Calls, do cover D9420 - Hospital/Ambulatory Surgery Center Calls. Seventeen of the thirty-one states offer coverage of these codes without additional restrictions or limitations.⁵ Colorado offers comprehensive dental services to both adults and children within their Medicaid plan, including for D9410 and D9420, as well as enrollees in their Developmental Disabilities Waiver and their Supported Living Services Waiver.⁶ Nebraska allows for one instance of billing per facility per day regardless of the number of individuals seen, but also allows licensed public health dental hygienists to bill using this code when performing this service in a public health setting.⁷

Some states cover D9410 with restrictions, limitations, or the required additional provider documentation. Alaska, Massachusetts, and Wyoming, only allow for children aged 20 and under

⁵ California, Idaho, Kentucky, Maine, Missouri, Minnesota, North Carolina, North Dakota, New Jersey, New Mexico, Nevada, Oregon, Rhode Island, South Dakota, Texas, Virginia, and Washington cover D9410 and D9420 without stated limitations or restrictions according to their latest state dental fee schedules available on their state Medicaid websites.

⁶ “Health First Colorado Dental Benefits,” Colorado Department of Health Care Policy and Financing, October 4, 2024, <https://hcpf.colorado.gov/dental-benefits>, see also “HCBS for Persons with Developmental Disabilities (HCBS-DD) & Supported Living Services (HCBS-SLS) Waivers - Benefits Summary,” DentaQuest, October 22, 2024,

<https://www.dentaquest.com/content/dam/dentaquest/en/members/colorado/co-hcbs-didd-benefit-summary.pdf.coredownload.inline.pdf&sa=D&source=docs&ust=1729267196104112&usg=AOvVaw3tn8pGQfsKW0MwzXgKyUjh>.

⁷ “Medicaid Provider Rates and Fee Schedules,” Nebraska Department of Health and Human Services, November 4, 2024, <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>.

to receive dental services in the home or an ECF.^{8,9,10} One state, Arizona, covers home and ECF visits but limits participants to \$1,000 of covered dental services per year, with the participant responsible for any costs above this limit.¹¹ Connecticut limits the providers that are able to bill for D9410, allowing private practice dentists or public health hygienists not part of a clinic or group to render these services external to the office or clinic environment.¹² Kansas covers code D9410 but limits services to only those provided in ECFs, not home visits, and does not allow certain types of sedation to be administered as part of an ECF visit;¹³ Wisconsin does not allow for home visits but does cover ECF and skilled nursing facility visits.¹⁴ Other types of limitations include the requirement of documentation of medical necessity, annual coverage limits, limiting services to one unit per provider and participant per day, and prior authorization.

Additionally, some states provide coverage for both teledentistry visits and/or NEMT to dental visits for Medicaid participants. Since the COVID-19 Public Health Emergency, telehealth appointments for medical and dental services have increased nationally. As of 2023, 14 state Medicaid agencies reimburse for dental codes D9995 and D9996, synchronous and asynchronous teledentistry visits, respectively.¹⁵ As of 2018, most states report having Medicaid coverage for NEMT, although many states require prior authorization, physician certification, or only cover transport to and from medical appointments and are not inclusive of dental services.¹⁶

Fiscal Impact

For both fiscal estimates in this report, Hilltop used MMIS data from CY 2023 to estimate the number of individuals who would be newly eligible for the proposed dental benefits. Hilltop estimated that 842,529 Medicaid participants would be newly eligible for the service expansions, which is largely the 21 and older population.

⁸ “Alaska Medical Assistance: State Fiscal Year 2024 Fee Schedule - Dental Services,” Alaska Medicaid, November 4, 2024, <https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=144152>.

⁹ “MassHealth Dental Program,” MassHealth, November 4, 2024, <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

¹⁰ “Wyoming Medicaid 2024 Dental Fee Schedule,” Wyoming Medicaid, November 4, 2024, https://www.wyomingmedicaid.com/portal/sites/default/files/inline-files/Manuals_and_Bulletins/Wyoming_Medicaid_2024_Dental_Fee_Schedule.pdf.

¹¹ “Dental FFS Rates and Codes,” Arizona Health Care Cost Containment System, November 4, 2024, <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Dental.html>.

¹² “Dental Provider Manual,” Connecticut Dental Health Partnership, November 4, 2024, <https://ctdhp.org/wp-content/uploads/2023/02/Provider-Manual-v.4-2015-Chap-6.pdf>.

¹³ “Fee-for_Service Provider Manual,” Kansas Medical Assistance Program, November 4, 2024, https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Dental_Manual_21235_20238.pdf.

¹⁴ “BadgerCare Plus/Medicaid Diagnostic, Preventive, Restorative, Endodontics, Periodontics, General Codes,” ForwardHealth Wisconsin, November 4, 2024,

¹⁵ “Variation in Teledentistry Regulation by State,” Oral Health Workforce Research Center, April 18, 2023, https://www.chwsny.org/wp-content/uploads/2023/04/Variation-in-Teledentistry-Regulation-by-State_-NOHC_-TFermando_Final31.pdf.

¹⁶ “Medicaid Benefits: Non-Emergency Medical Transportation Services,” Kaiser Family Foundation, October 22, 2024, <https://www.kff.org/medicaid/state-indicator/non-emergency-medical-transportation-services/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

Hilltop then evaluated the utilization data from three anonymized states to estimate Maryland’s utilization for a given code in order to determine the total cost to cover each code.¹⁷ Underlying the total cost of each code was assuming that the reimbursement rate of each code was not less than 60 percent of average commercial rates or the benchmark charges for the American Dental Association (ADA) Current Dental Terminology (CDT) 2022 charges. Current Dental Terminology codes of service.¹⁸

MDH estimates that the fiscal impact of expanding Medicaid dental coverage to cover house or ECF calls would be \$1.7 million in total funds, with \$722,800 coming from General Funds (\$357,688 of that cost estimated for participants ages 20 and below and \$365,112 for ages 21 and older) and the remaining \$398,523 and \$613,741, respectively, coming from federal matching funds.. This estimate assumes a 52.7 percent FMAP for children and 62.7 percent FMAP for adults.

These cost increases are largely driven by rate increases. Currently, MDH reimburses \$15 for a house/extended care facility call or a hospital or ambulatory surgery center call. Using the benchmark rate of 60 percent, the codes would now cost \$136 and \$161 respectively.

Table 4. Non-Traditional Dental Setting Visits Rate Estimate

Dental Code	Description	Cost to Expand for Individuals 21 and Up	Cost to Expand for Individuals 0 to 20 Years Old and Former Foster Care	Total Cost to Expand
D9410	House/extended care facility call	\$501,018	\$383,444	\$884,462
D9420	Hospital or ambulatory surgery center call	\$477,835	\$372,768	\$850,603
Total Cost		\$978,853	\$756,211	\$1,735,065

Stakeholder Engagement

MDH met with stakeholders on September 18, 2024 to share MDH’s methodology for these estimates and to solicit feedback on how stakeholders would prioritize the proposed expansions. The meeting was held virtually to accommodate providers seeing patients during regular business hours. Participants at the meeting included dentists, hygienists, and administrators at dental practices including federally qualified health centers (FQHCs).

¹⁷ Hilltop obtained 24 months of dental service utilization and enrollment data from three anonymized states from MDH’s contracted actuarial firm, Optumas, and estimated an average potential per member per month (PMPM) rate for each dental code in the proposed coverage expansion.

¹⁸ Prior to 2023, the ADA would published a biennial study on the fee schedules for dental codes, providing a national average for each code every two years. The ADA has since removed prior year studies and explained their rationale for no longer publishing this study in their FAQ here: <https://www.ada.org/resources/research/health-policy-institute/dental-care-market#:~:text=The%20ADA%20cannot%20quote%20fees,therefore%2C%20is%20now%20legally%20problematic.>

Stakeholders had the opportunity to engage in an open discussion during the meeting and to provide written feedback following the meeting. While stakeholders expressed interest in all of the initiatives, the majority favored expanding Medicaid coverage to include dentures. Stakeholders emphasized that coverage for these services would improve health outcomes and quality of life while reducing disparities between Medicaid participants and individuals with commercial insurance. Stakeholders expressed concern about workforce shortages and how this shortfall could make delivery of the new coverage challenging.

In reflecting on enhancing coverage for delivery of dental services in the home or a nursing facility, stakeholders expressed concern that the expansion may not resolve access concerns in areas of the state where dental provider participation in Medicaid is more scarce. Stakeholders from Maryland's Eastern Shore and rural western region highlighted challenges regarding limited appointment slots and availability of dental specialists. Stakeholders also expressed interest in the wider application of mobile dental units, especially in underserved areas, as they may allow dental providers to travel from outside of their regions to patients who would not otherwise be able to see a dentist regularly.

Conclusion and Next Steps

Any expansion of dental services would require investment of state funds. Overall, dental stakeholders preferred expanding coverage to include dentures over coverage for home or ECF visits at this time. As noted by stakeholders, the success of any coverage expansion is contingent upon the availability of a sufficient provider network. MDH is committed to working alongside key stakeholders to improve the delivery of and access to dental services across the state and meet the needs of Maryland Medicaid participants.

Appendix A. Comparison of Maryland Medicaid and Other States’ Partial or Full Denture Adult Coverage

This data comes from several sources including the CareQuest Institute for Oral Health *Medicaid Adult Dental Coverage Tracker*¹⁹, the MACPAC Issue Brief, *Medicaid Coverage of Adult Dental Services*,²⁰ as well as state Medicaid program websites.

State	Full Dentures	Partial Dentures	Other Denture Services	Notes
Alabama*				
Alaska	One every five years	One every five years		
Arkansas*	One per lifetime	One per lifetime		
Arizona*	X	X		Covers dentures only for adults 65+ and adults with disabilities
California*	One per five years	One per five years		
Colorado**	X	X		
Connecticut**	X	X		
District of Columbia*	One per five years	One per five years		
Delaware*				
Florida*	One per lifetime	One per lifetime		

¹⁹ “Medicaid Adult Dental Benefit Expansion,” CareQuest Institute for Oral Health, October 4, 2024, <https://www.carequest.org/Medicaid-Adult-Dental-Coverage-Checker>.

²⁰ “Medicaid Coverage of Adult Dental Services,” MACPAC Issue Brief, January 2021, <https://www.macpac.gov/wp-content/uploads/2021/01/Medicaid-Coverage-of-Adult-Dental-Services.pdf>.

Georgia*				
Hawaii**	X	X		
Iowa*	X	X	Fabrication of dentures	
Idaho*	One per seven years	One per seven years		
Illinois*	X			
Indiana*	One per six years	One per six years		
Kansas**	Denture repairs only	Denture repairs only		
Kentucky**	X	X		
Louisiana*	One per eight years	One per eight years		
Massachusetts*	One per seven years	One per seven years		
Maryland**				
Maine*	One per five years	One per five years		
Michigan**	X	X	Reline and rebase	
Missouri*				
Minnesota ^{21***}	One per three years	One per three years	Adjustments and repairs, rebase and relines, interim prosthesis, and other prosthetic services	

²¹ “Dental Benefits” Minnesota Department of Human Services. Last revised October 17, 2024.

https://www.dhs.state.mn.us/main/idcplg/Dental-Services-Overview.doc?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_148002#Prosthodontics.

Mississippi ^{22***}				
Montana ^{23***}	Replacements covered every 10 years.	Replacements covered every five years.	One lost set of dentures in a person's lifetime is covered.	
North Carolina ^{24***}	One per 10 years	One per eight years	Requests to override year limitation periods are considered.	
North Dakota ^{25***}	One per seven years	One per seven years		
Nebraska*	Prior authorization required.	Prior authorization required.	Reline, rebase, replacement**	
New Hampshire**			Reline and rebase	Partial and full dentures are covered for seniors, adults with developmental disabilities, chronic conditions or disabilities.
New Jersey ^{26***}	Prior authorization may be required.	Prior authorization may be required.	Denture repairs, relines, rebase	
New Mexico*	One per five years	One per five years		

²² “Covered Services” Mississippi Division of Medicaid, <https://medicaid.ms.gov/medicaid-coverage/covered-services/>.

²³ “Dental” Montana Healthcare Programs, <https://dphhs.mt.gov/MontanaHealthcarePrograms/dental>.

²⁴ “NC Medicaid Dental Services” North Carolina Department of Health and Human Services, January 10, 2020. <https://medicaid.ncdhhs.gov/documents/files/4a-1/open>.

²⁵ “Provider Manual for Dental Services” North Dakota Department of Health & Human Services, July 2024. <https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/dental-manual.pdf>.

²⁶ “NJ FamilyCare Dental Services for Adults” New Jersey Department of Human Services, https://www.nj.gov/humanservices/dmahs/clients/adult%20healthy_smile.pdf.

Nevada*	One per five years	One per five years		
New York ^{27****}	One per eight years	One per eight years		
Ohio ^{28****}	One per eight years	One per eight years		Copayment of \$3 for visit for non-pregnant and not residing in a nursing facility, aged 21 or older
Oklahoma ^{29****}				Partials are covered for adults with disabilities.
Oregon ^{30****}	One per 10 years	One per five years	Limitations on reline, rebase, repair.	
Pennsylvania ^{31**} *	One per lifetime	One per lifetime		
Rhode Island ^{32****}	One per five years	One per five years		
South Carolina ^{33****}	One per five years	One per five years		Only covered for adults with disabilities.

²⁷ “Expanded Medicaid Dental Benefits - Effective 1/31/24” NY Health Access, December 18, 2023. <http://health.wnyc.com/health/entry/250/>.

²⁸ “Dental” Ohio Department of Medicaid, <https://medicaid.ohio.gov/families-and-individuals/srvcs/dental>.

²⁹ “Adult Limited Dental Benefit”, Oklahoma Health Care Authority, <https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/dental/Adult%20Limited%20Dental%20Benefit.pdf>.

³⁰ “Oregon Health Plan (OHP) Dental Benefits” Oregon Health Authority, <https://www.oregon.gov/oha/hsd/ohp/pages/dental-care.aspx>.

³¹ “Does Medicaid Cover Dental Work?” and More Answers for PA” University of Pennsylvania Penn Dental Medicine, May 23, 2023. <https://pennidentalmedicine.org/blog/medicaid-covers-pennsylvania-dental-work/>.

³² “RI Medicaid Dental Benefit Package for Adults” Rhode Island Executive Office of Health and Human Services, August 2022. https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/Dental_Benefits_for_Adults_-2022.pdf.

³³ “South Carolina Medicaid Healthy Connections” DentaQuest. <https://www.dentaquest.com/en/members/south-carolina-medicaid-dental-coverage/healthy-connections>.

South Dakota ^{34***}	One per five years	One per five years		
Tennessee**	X	X	Complete relines	
Texas***				
Utah ^{35***}	X	X		Only covered for participants in nursing facilities, the refugee, or SUD program.
Virginia	One per five years	One per five years		
Vermont**	One per five years	One per five years		Only covered for pregnant, postpartum, adults with disabilities under certain waiver programs.
Washington ^{36***}	Prior authorization required.	Prior authorization required.	Rebase and reline once in a three-year period. Replacement of partial dentures at least 3 years old.	
Wisconsin**	X	X		
West Virginia*	X		May be part of dental financial limit (\$2,000 cap)	Effective July 1, 2024, WV will allow beneficiaries to receive both an upper and lower set of dentures at the same time.
Wyoming*	Only covers repair	Only covers repair or	Does not cover new dentures.	

³⁴ “Medicaid Recipient Dental Services” South Dakota Department of Social Services, <https://dss.sd.gov/medicaid/recipients/dental.aspx>.

³⁵ “Medicaid Dental Benefits” Utah Department of Health & Human Services. <https://medicaid.utah.gov/medicaid-dental-benefits/>

³⁶ “Adult Dental” Washington Apple Health and Washington Health Care Authority. <https://www.insurance.wa.gov/sites/default/files/documents/adult-dental-apple-health.pdf>.

	or reline of existing dentures or partial dentures.	reline of existing dentures or partial dentures.		
Total	44	42		

Note:

* Indicates the information was sourced from CareQuest.

** Indicates the information was sourced from MACPAC.

*** Indicates the information as sourced from the state's Medicaid program website.

Appendix B. Minimum Reimbursement Required by Coverage Expansion

Dental Code	Description	Maryland Fee	Benchmark Fee	Minimum Fee Required
D5110	Complete denture-maxillary	\$375	\$1,900	\$1,140
D5120	Complete denture-mandibular	\$375	\$1,900	\$1,140
D5211	Maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$225	\$1,440	\$864
D5212	Mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$225	\$1,403	\$842
D5225	Maxillary partial denture-flexible base	\$275	\$1,694	\$1,016
D5226	Mandibular partial denture-flexible base	\$275	\$1,675	\$1,005
D5286****	Partial dentures	N/A	\$124	\$74
D5410	Adjust complete denture-maxillary	\$20	\$20	\$12
D5411	Adjust complete denture-mandibular	\$20	\$20	\$12
D5421	Adjust partial denture-maxillary	\$20	\$20	\$12
D5422	Adjust partial denture-mandibular	\$20	\$20	\$12
D5511	Repair broken complete denture base, mandibular	\$40	\$108	\$65
D5512	Repair broken complete denture base, maxillary	\$40	\$108	\$65
D5520	Replace missing or broken teeth- complete denture (each tooth)	\$20	\$205	\$123
D5611	Repair resin partial denture base, mandibular	\$63	\$51	\$30
D5612	Repair resin partial denture base, maxillary	\$63	\$51	\$30
D5621	Repair cast partial framework, mandibular	\$70	\$73	\$44
D5622	Repair cast partial framework, maxillary	\$70	\$73	\$44
D5630	Repair or replace broken clasp	\$63	\$70	\$42

D5640	Replace broken teeth-per tooth	\$20	\$214	\$128
D5650	Add tooth to existing partial denture	\$57	\$255	\$153
D5660	Add clasp to existing partial denture	\$65	\$293	\$176
D5710	Rebase complete maxillary denture	\$160	\$650	\$390
D5711	Rebase complete mandibular denture	\$160	\$650	\$390
D5720	Rebase maxillary partial denture	\$160	\$587	\$352
D5721	Rebase mandibular partial denture	\$160	\$587	\$352
D5750	Reline complete maxillary denture (laboratory)	\$150	\$545	\$327
D5751	Reline complete mandibular denture (laboratory)	\$150	\$545	\$327
D5760	Reline maxillary partial denture (laboratory)	\$150	\$132	\$79
D5761	Reline mandibular partial denture (laboratory)	\$150	\$132	\$79
D9410	House/extended care facility call	\$15	\$227	\$136
D9420	Hospital or ambulatory surgery center call	\$15	\$269	\$161

***This code is not listed in the Skygen Provider Manual.