Reimbursement for Dental Services for Children Covered by Medicaid

An Update to AAPD's *Are Your Kids Covered?* (1st edition • 2017 | 2nd edition • 2021)

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AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

research & policy center

Introduction

Oral health care is a vitally important service for children's health, development, and well-being. In both public and private insurance programs, coverage for dental services is key to ensuring access. This brief describes the variation across states in the recognition and reimbursement of select dental services. The contents of this brief build upon the prior work of two editions of AAPD's resource, *Are Your Kids Covered?*[1,2]

Additional dental services were included in this analysis, including caries risk assessment and documentation; caries preventive medicament application; COVID-19 vaccine administration; Human papillomavirus (HPV) vaccination; and dental case management for patients with special health care needs. Some of these codes existed in the Current Dental Terminology (CDT)[3] code set in 2021, and some have since been added.

For the dental services included in the 2021 AAPD resource, we provided time trends in map form to indicate any changes in recognition of that service and associated code from 2021 to 2023. Fees associated with the services were not collected in the 2021 resource, so we could not assess time trends in the fees over that time period.

The analysis by dental service and its associated code provided is two-fold. (Please note that when we use the terminology "code," we are most commonly referring to the service associated with that procedure code.) We assessed whether the code is "recognized" by the state Medicaid agency, which we defined as being present in the Medicaid fee schedule or provider manual. Additionally, we assessed whether the code was "reimbursed," which we defined as being present in the fee schedule – or provider manual if additional investigation was necessary – with a specified, non-zero dollar amount associated for the provision of the service.

Who can use this resource?

We hope this resource is useful to a broad audience, including but not limited to:

- State-level policymakers, Medicaid administrators, and state dental directors
- Medicaid managed care entities and other private payers
- Dental and oral health organizations: Oral health coalitions, AAPD state and district pediatric dentistry chapters, and state and local dental associations
- Pediatric dentists, general dentists, and other dental specialists, dental teams, and dental professionals
- Parents, caregivers, and families
- Other advocates in children's health and wellbeing

State Recognition of & Reimbursement for Select Dental Services for Children (2023)

General Format

Recognized and Reimbursed	Y, $xx.xx
Recognized but Not Reimbursed	Y, $0
Not Recognized	N

Table 1 (Part 1)

State	**D0145** (primary care eval <3 yo)	D0601-D0603 (caries risk assessment)	**D1310** (nutritional counseling)	**D1320** (tobacco counseling)	**D1354** (caries arrest)	D1355 (caries prevention)	D1701-D1714 (COVID-19 vaccine)	D1781-D1783 (HPV vaccine)
Alabama	Y, $26.40	N	N	N	Y, $40.00	N	N	N
Alaska	Y, $57.72	N	N	N	N	N	N	N
Arizona	Y, $34.24	N	N	Y, $14.08	Y, $22.12	Y, $22.12	N	N
Arkansas	N	N	N	Y, $25.00	N	N	N	N
California	Y, $20.00	Y, $15.00	Y, $46.00	Y, $10.00	Y, $12.00	Y, $0	Y, $0	N
Colorado	Y, $32.59	N	N	N	Y, $5.71	N	Y, $63.01	N
Connecticut*	N	Y, $22.54	N	Y, $6.37	Y, $28.42	N	N	N
Delaware	Y, $58.56	Y, $0	Y, $0	Y, $0	Y, $63.44	Y, $0	Y, $0	Y, $0
Florida	Y, $23.78	N	N	N	Y, $6.44	Y, $6.44	N	N
Georgia	N	N	N	N	Y, $15.00	Y, $10.70	N	N
Hawaii*	Y, $29.54	N	N	N	Y, $6.33	N	N	N
Idaho	Y, $27.90	N	N	N	N	N	N	N
Illinois	N	Y, $0	N	N	Y, $14.85	N	N	N
Indiana	Y, $35.50	Y, $0	Y, $0	Y, $64.00	Y, $98.50	Y, $0	Y, $0	Y, $0
Iowa	Y, $23.54	Y, $0	N	N	Y, $3.58	N	Y, $40.00	N
Kansas	Y, $87.55	Y, $0	Y, $58.36	Y, $62.85	Y, $0	N	N	N
Kentucky	Y, $32.50	N	N	N	Y, $12.00	N	N	N
Louisiana	Y, $48.49	N	N	N	N	N	N	N
Maine	Y, $50.21	Y, $0	Y, $26.58	Y, $30.72	Y, $27.82	Y, $20.54	N	N
Maryland	Y, $43.76	N	N	N	Y, $10.00	N	N	N
Massachusetts*	Y, $0	Y, $0	Y, $0	Y, $0	Y, $15.00	Y, $0	N	N
Michigan	Y, $29.50	N	N	N	Y, $27.81	N	N	N

Table 1 (Part 1) continued

State	D0145 (primary care eval <3 yo)	D0601-D0603 (caries risk assessment)	D1310 (nutritional counseling)	D1320 (tobacco counseling)	D1354 (caries arrest)	D1355 (caries prevention)	D1701-D1714 (COVID-19 vaccine)	D1781-D1783 (HPV vaccine)
Minnesota	Y, $26.58	Y, $0	Y, $0	Y, $0	Y, $14.50	Y, $0	Y, $39.79	Y, $0
Mississippi	Y, $41.75	N	N	N	N	N	N	N
Missouri	Y, $63.20	Y, $0	Y, $0	Y, $0	Y, $59.20	Y, $10.50	N	Y, $0
Montana	Y, $35.48	Y, $10.64	Y, $42.58	Y, $39.03	Y, $21.29	N	N	N
Nebraska	Y, $43.19	N	N	N	Y, $11.67	Y, $11.67	N	N
Nevada	Y, $20.50	N	N	N	Y, $13.53	Y, $61.50	N	N
New Hampshire	Y, $47.84	N	Y, $0	N	Y, $31.89	N	N	N
New Jersey	Y, $50.00	N	N	N	N	N	N	N
New Mexico	N	N	N	N	N	N	Y, $40.00	N
New York	Y, $30.30	N	N	Y, $10.10	Y, $15.15	N	N	N
North Carolina	Y, $38.01	N	N	N	Y, $11.00	Y, $11.00	N	N
North Dakota	Y, $43.68	N	N	N	Y, $13.17	Y, $13.17	N	N
Ohio	N	N	N	Y, $15.00	Y, $15.00	Y, $0	N	N
Oklahoma	Y, $30.49	Y, $9.15	N	Y, $33.54	Y, $76.22	N	Y, $40.00	N
Oregon	Y, $26.03	N	N	Y, $11.20	Y, $14.27	Y, $21.24	N	N
Pennsylvania	Y, $20.00	N	Y, $10.87	Y, $19.33	Y, $25.00	N	N	N
Rhode Island	N	Y, $0.01	N	N	N	N	N	N
South Carolina	Y, $63.00	N	N	N	N	N	N	N
South Dakota	Y, $47.12	Y, $10.49	N	N	Y, $19.76	N	N	N
Tennessee	Y, $23.00	N	N	Y, $0	N	N	N	N
Texas	Y, $144.97	N	N	N	N	N	N	N
Utah	Y, $0	Y, $0	Y, $0	Y, $0	Y, $6.00	Y, $0	Y, $40.00	Y, $0
Vermont	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Virginia	Y, $26.20	N	N	N	Y, $15.60	Y, $15.60	N	N
Washington	N	N	N	N	Y, $4.20	N	N	N
West Virginia	Y, $27.50	N	N	Y, $31.87	Y, $56.10	N	N	Y, $12.00
Wisconsin	N	N	N	N	Y, $9.10	N	N	N
Wyoming	Y, $48.75	Y, $0	Y, $12.19	Y, $16.50	Y, $34.13	Y, $0	N	N
District of Columbia	Y, $40.00	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0

Table 1 (Part 2)

State	D9311 (behavior management)	D9920 (physician consultation)	D9991 (appointment compliance)	D9992 (care coordination)	D9993 (motivational interviewing)	D9994 (oral health literacy)	D9995 (teledentistry, synchronous)	D9996 (teledentistry, asynchronous)	D9997 (patients with SHCN)
Alabama	N	N	N	N	N	N	N	N	N
Alaska	N	Y, $53.44	N	N	N	N	N	N	N
Arizona	N	N	N	N	N	N	N	N	N
Arkansas	N	Y, $20.00	N	N	N	N	N	N	N
California	Y, $0	Y, $100.00	Y, $0	Y, $0	Y, $0	N	Y, $0.24/mi up to 90min	Y, $0	Y, $0
Colorado	Y, $43.18	N	N	N	N	N	Y, $17.20	Y, $0	N
Connecticut*	N	Y, $0	N	Y, $0	N	N	Y, $0	Y, $0	Y, $60.00
Delaware	Y, $0	Y, $145.20	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Florida	N	Y, $35.67	N	N	N	N	Y, $0	Y, $0	N
Georgia	N	Y, $56.92	N	N	N	N	Y, $0	Y, $0	N
Hawaii*	N	N	N	N	N	N	Y, $0	Y, $0	N
Idaho	N	N	N	N	N	N	N	N	N
Illinois	N	N	N	N	N	N	Y, $13.19	Y, $9.25	N
Indiana	Y, $0	Y, $46.75	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Iowa	N	N	N	N	N	N	Y, $0	Y, $0	N
Kansas	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	N
Kentucky	N	N	N	N	N	N	N	N	N
Louisiana	N	Y, $68.87	N	N	N	N	N	N	N
Maine	N	Y, $67.43	N	Y, $24.59	N	N	Y, $0	Y, $0	N
Maryland	N	N	N	N	N	N	N	N	N
Massachusetts*	Y, $0	Y, $86.00	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Michigan	N	N	N	N	N	N	N	N	N
Minnesota	Y, $0	Y, $28.51	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Mississippi	N	N	N	N	N	N	N	N	N
Missouri	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $14.82	Y, $14.82	Y, $12.36
Montana	N	Y, $56.77	N	Y, $35.48	N	N	Y, $26.92	Y, $26.92	N
Nebraska	N	N	N	N	N	N	N	N	Y, $0
Nevada	Y, $36.90	N	Y, $10.25	Y, $20.50	Y, $10.25	Y, $10.25	N	N	Y, $0
New Hampshire	N	N	N	N	N	N	Y, $0	Y, $0	N

Table 1 (Part 2) continued

State	D9311 (behavior management)	D9920 (physician consultation)	D9991 (appointment compliance)	D9992 (care coordination)	D9993 (motivational interviewing)	D9994 (oral health literacy)	D9995 (teledentistry, synchronous)	D9996 (teledentistry, asynchronous)	D9997 (patients with SHCN)
New Jersey	N	Y, $95.00	N	N	N	N	N	N	N
New Mexico	N	Y, $0	N	N	N	N	Y, $28.94	N	N
New York	N	N	N	N	N	N	Y, $0	Y, $0	Y, $29.29
North Carolina	N	N	N	N	N	N	Y, $62.50	Y, $22.00	N
North Dakota	N	Y, $162.26	N	N	N	N	Y, $18.97	N	N
Ohio	N	N	N	N	N	N	Y, $0	Y, $0	N
Oklahoma	N	N	N	N	N	N	N	N	N
Oregon	N	Y, $9.50	N	Y, $11.25	N	Y, $11.25	Y, $29.00	Y, $29.00	Y, $11.25
Pennsylvania	N	Y, $125.00	N	N	N	N	N	N	N
Rhode Island	N	Y, $86.00	N	Y, $0	N	N	N	N	N
South Carolina	N	Y, $52.00	N	N	N	N	N	N	N
South Dakota	N	Y, $113.45	N	N	N	N	N	N	N
Tennessee	N	Y, $0	N	N	N	N	N	N	N
Texas	N	Y, $47.78	N	N	N	N	N	N	N
Utah	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Vermont	Y, $0	Y, $52.00	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
Virginia	N	Y, $89.05	N	Y, $10.76	N	Y, $10.76	Y, $45.50	Y, $19.50	N
Washington	N	Y, $30.91	N	N	N	N	Y, $14.00	Y, $14.00	N
West Virginia	N	N	N	N	N	N	Y, $38.50	N	N
Wisconsin	N	N	N	N	N	N	Y, $0	Y, $0	N
Wyoming	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0
District of Columbia	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0	Y, $0

Notes:

Hawaii has different provider manuals and fee schedules for Oahu and the Neighboring Islands. Documents pertaining to Oahu were used in this analysis.

California directs users to "refer to MOC."

Connecticut lists some codes as "Market Price."

Massachusetts lists some codes as "Individually Considered."

Unless a non-zero monetary value is explicitly stated in the fee schedule, codes were deemed "recognized but not reimbursed."

Table 2: Summary Information of State Recognition and Reimbursement of Select Dental Services

	Recognized and Reimbursed	Recognized but Not Reimbursed	Not Recognized	Highest Rate	Lowest Rate	Median Rate	Mean Rate
D0145 (primary care eval <3 yo)	39	3	9	$ 144.97	$ 20.00	$ 35.50	$ 42.27
D1354 (caries arrest)	38	3	10	$ 98.50	$ 3.58	$ 15.00	$ 23.77
D9920 (physician consultation)	23	8	20	$ 162.26	$ 9.50	$ 56.92	$ 71.17
D1320 (tobacco counseling)	15	8	28	$ 64.00	$ 6.37	$ 19.33	$ 25.97
D9995 (teledentistry, synchronous)	12	19	20	$ 62.50	$ 13.19	--	--
D1355 (caries prevention)	11	10	30	$ 61.50	$ 6.44	--	--
D9996 (teledentistry, asynchronous)	7	20	24	$ 29.00	$ 9.24	--	--
D0601-D0603 (caries risk assessment)	6	13	32	$ 22.54	$ 0.01	--	--
D1310 (nutritional counseling)	6	9	36	$ 58.36	$ 10.87	--	--
D1701-D1714 (COVID-19 vaccine)	6	5	40	$ 42.00	$ 39.79	--	--
D9992 (care coordination)	5	13	33	$ 35.48	$ 10.76	--	--
D9997 (patients with SHCN)	4	11	36	--	--	--	--
D9994 (oral health literacy)	3	10	38	--	--	--	--
D9311 (behavior management)	2	11	38	--	--	--	--
D9991 (appointment compliance)	1	11	39	--	--	--	--
D9993 (motivational interviewing)	1	11	39	--	--	--	--
D1781-D1783 (HPV vaccine)	1	7	43	--	--	--	--

Highest and lowest rates were only calculated for codes where at least five states recognize and reimburse for the service.
Median and mean rates were only calculated for codes where at least 15 states recognize and reimburse for the service.
All rates are unadjusted.

The Importance of the Selected Dental Services

Procedure Code / Code Series[3]	Nomenclature[i]	New in 2023 publication?[ii]
D0145	Oral evaluation for a patient under three years of age and counseling with a primary caregiver	No
D0601 – D0603	Caries risk assessment and documentation, with a finding of [01: low; 02: moderate; 03: high] risk	Yes
D1310	Nutritional counseling for control of dental disease	No
D1320	Tobacco counseling for the control and prevention of oral disease	No
D1354	Application of caries arresting medicament – per tooth	No
D1355	Caries preventive medicament application – per tooth	Yes
D1701 – D1714	Covid-19 vaccine administration (from various manufacturers and for different doses in series)	Yes
D1781 – D1783	Vaccine administration – human papillomavirus	Yes
D9311	Behavior management, by report	No
D9920	Consultation with a medical health care professional	No
D9991	Dental case management - addressing appointment compliance barriers	No
D9992	Dental case management - care coordination	No
D9993	Dental case management - motivational interviewing	No
D9994	Dental case management - patient education to improve oral health literacy	No
D9995	Teledentistry – synchronous; real-time encounter	No
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	No
D9997	Dental case management - patients with special health care needs	Yes

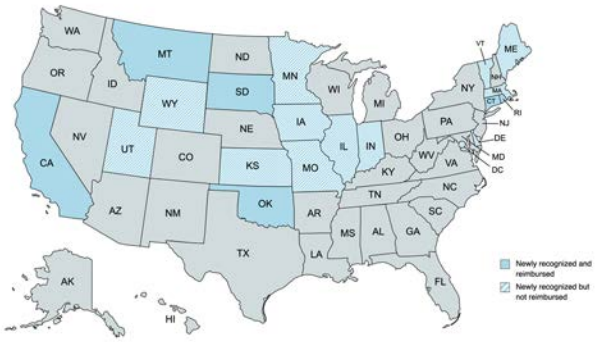
Note: Hyperlinks direct users to a description of the rationale for the newly assessed codes.

[i] "Nomenclature" is the written title of the procedure code. All codes and nomenclature are from CDT 2023.

[ii] "Yes" indicates that the code is a new addition to this AAPD Medicaid coverage publication, and it was not included in the *"Are Your Kids Covered?"* AAPD 2021 and/or 2017 publications. As such, rationale for the inclusion of the code in the assessment is provided. This does not necessarily indicate the code was a new addition to the CDT code set in 2023. "No" indicates this code was included in the previous AAPD publications and an update is provided. Rationale for the inclusion of these codes is available in the 2021 edition of *Are Your Kids Covered?*.

D0601-D0603 Caries risk assessment and documentation, with a finding of [01: low; 02: moderate; 03: high] risk

Rationale: Caries risk assessment (CRA) is determining and documenting the risk of dental decay for a patient based on a series of protective and risk factors for decay.[4] Patients are classified as low, moderate, or high risk. This aids a dentist in tailoring, individualizing, and determining the frequency of preventive and restorative treatment for a patient as well as anticipating the progression or stabilization of the dental disease process.[4] There are numerous caries risk assessment tools, most of which include elements on past caries history, diet, fluoride exposure, bacteria in the mouth, and social, cultural, and behavioral factors. Dental caries is largely preventable. Risk assessment with a tailored dental care approach can help prevent disease and promote optimal oral health.[5]



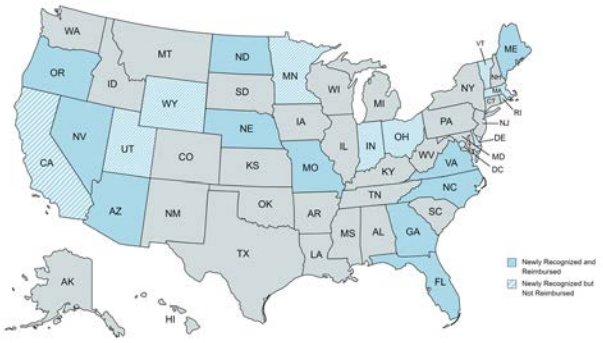
Results: The CDT code for caries risk assessment and documentation was recognized and reimbursed in six states, recognized but not reimbursed in 13 states, and not recognized in 32 states in 2023.

Recommendation: When risk assessment is performed, patients with the highest risk can receive individualized care to result in the greatest likelihood of preventing disease. Performing risk assessments takes time. It results in better treatment plans. Caries risk assessment (D0601-D0603) should be not only recognized, but also reimbursed in dental plans.

D1355 Caries preventive medicament application – per tooth

Descriptor: The application of caries prevention medicaments for primary prevention or remineralization as reported per tooth and does not include topical fluorides.[iii]

Rationale: This code is to be used when agents are applied for primary prevention to prevent disease or to reduce the risk of disease progressing from subclinical to clinical presentation. Primary prevention can promote the preservation of optimal oral health, and it can be economically advantageous. Based on provider expertise and preference, code D1355 may involve the use of silver nitrate, thymol-chlorhexidine varnish, topical povidone iodine, or silver diamine fluoride (SDF).[6,7]



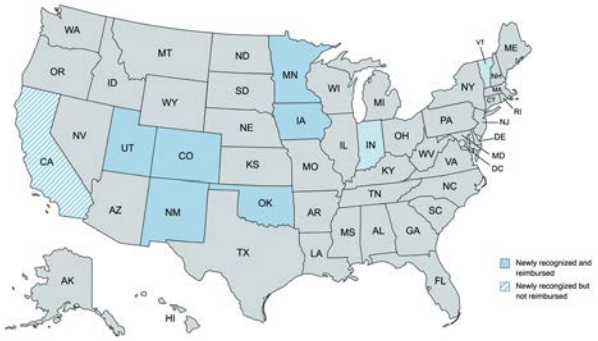
Results: The CDT code for caries preventive medicament application was recognized and reimbursed in 11 states, recognized but not reimbursed in 10 states, and not recognized in 30 states in 2023.

Recommendation: Expanded coverage for the Code D1355 will encourage dentists to provide primary prevention to reduce the incidence of disease and improve oral health. This is a cost-effective measure. The CDT code does not dictate reapplication time limits, as that varies by medicament and should be at the discretion of the dentist based on the patient's caries risk.

[iii]CDT 2023

D1701-D1714 Covid-19 vaccine administration (from various manufacturers and for different doses in series)

Rationale: COVID-19 was and remains a serious public health concern. Vaccination is available to reduce the incidence and severity of disease. While financial and logistical barriers exist for dental practices considering the provision of this service, dentists have vast experience administering injections and have experience counseling patients on issues related to overall health.[8,9] This is an important public health measure in preventing the spread of and morbidity from COVID-19.



Results: The CDT code for COVID-19 vaccine administration was recognized and reimbursed in six states, recognized but not reimbursed in five states, and not recognized in 40 states in 2023.

Recommendation: The AAPD supports the role of dentists in counseling and providing their patients with the COVID-19 vaccine. Dentists, as oral health providers, play a very important role in the overall health of their patients, and prevention against COVID-19 is an important public health preventative measure. Expanded coverage for codes D1701- D1714 is important to encourage providers to administer COVID-19 vaccines, increase vaccine uptake, and reduce the spread and systemic consequences of contracting the COVID-19 virus.

D1781-D1783 Vaccine administration – human papillomavirus

Descriptor: Administration of the Human papillomavirus (HPV) vaccine by dental providers to increase vaccine compliance and reduce the risk of developing cancers.[iv]

Rationale: Approximately 13 million Americans become infected with HPV each year, and roughly 85% of individuals will be infected with HPV in their lifetime. Although a large proportion of infections resolve spontaneously, those that do not can develop into cancer of the cervix, vagina, vulva, penis, anus, and/or oropharynx.[10] Since a vaccine became available and was recommended, HPV infections that cause cancers and genital warts have dropped by 88% among teen girls.

The HPV vaccine involves a two-dose series for most individuals initiating vaccination through age 14, and a three-dose series for those who initiate at ages 15 and older. As of 2020, 58.6% of adolescents were up to date with the HPV vaccine, and roughly 20-30% of 13-17 year old boys were vaccinated against HPV.[11]

Following the first year of life, dental practitioners on average have more frequent interactions with their patients than primary care physicians.[12] Given that the first dose HPV vaccine is recommended at age 11-12 (or as early as 9 years old), dental practitioners are in an optimal position to vaccinate patients.[13]

Results: The CDT code for Human Papillomavirus vaccination was recognized and reimbursed in one state, recognized but not reimbursed in seven states, and not recognized in 43 states in 2023.

Recommendation: The AAPD supports reimbursement for dental practitioners to administer the HPV vaccine to increase vaccine compliance and uptake. Dentists are encouraged to provide documentation to the patient's primary care provider. Coverage of codes D1781, D1782, and D1783 may increase HPV vaccination uptake and help educate patients, parents, and caregivers about the prevention of the Human Papillomavirus. Some states may be directing authorized vaccination providers to file claims with medical insurance instead of dental insurance.

[iv] *CDT 2023*

D9997 Dental case management - patients with special health care needs

Descriptor: The modification of treatments for patients with physical, medical, developmental, or cognitive conditions that result in substantial limitations.[v]

Rationale: Individuals with special health care needs and people with disabilities encounter more challenges accessing and receiving dental care than the general population. Nationally, nearly one in four adults has some form of disability,[14] and up to 18% of children are living with a developmental disability.[15] Children with special health care needs are found to have more untreated dental caries and more missing teeth than other children.[16]

Patients with disabilities, their families, caregivers, and healthcare providers benefit from flexibilities that account for the time, effort, and team expertise needed to serve this patient population appropriately. Additionally, consultation with physicians and other medical and social service providers is often needed and can improve care. If used properly, this code could ease barriers to dental care commonly experienced by people with disabilities.

Results: The CDT code for dental case management of patients with special health care needs was recognized and reimbursed in 4 states, recognized by not reimbursed in 11 states, and not recognized in 36 states in 2023.

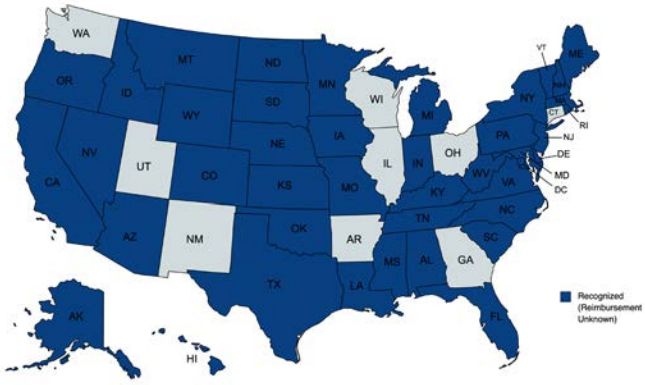
Recommendation: More widespread recognition and reimbursement for code D9997 will support dental providers trying to alleviate barriers to care for their patients with disabilities.

For rationale on the inclusion of the other codes, please refer to: Are Your Kids Covered? Medicaid Coverage for the Essential Oral Health Benefits. 2nd ed. Chicago, IL: Pediatric Oral Health Research and Policy Center, American Academy of Pediatric Dentistry; 2021. Available at https://www.aapd.org/globalassets/media/policy-center/areyourkidscovered-ii.pdf.

[v] *CDT 2023*

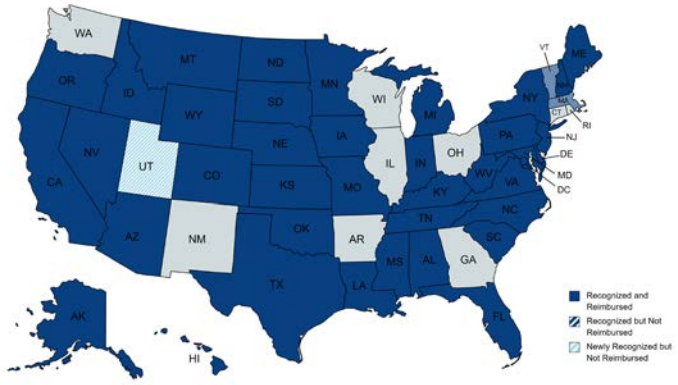
Time Trends in State Coverage for Select Dental Services for Children

D0145 Oral evaluation for a patient under three years of age and counseling with a primary caregiver



2021

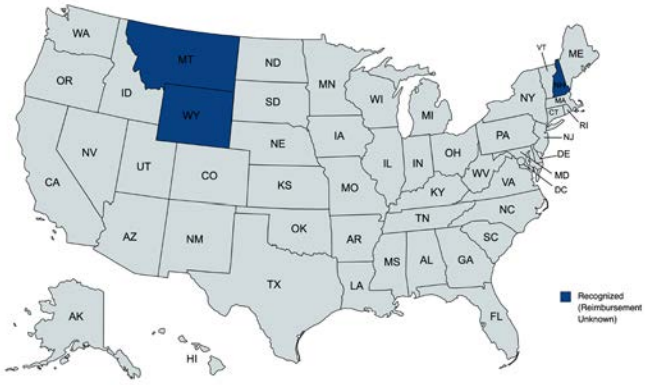
Recognized (Reimbursement Unknown):	42
Not Recognized (in 2021):	9



2023

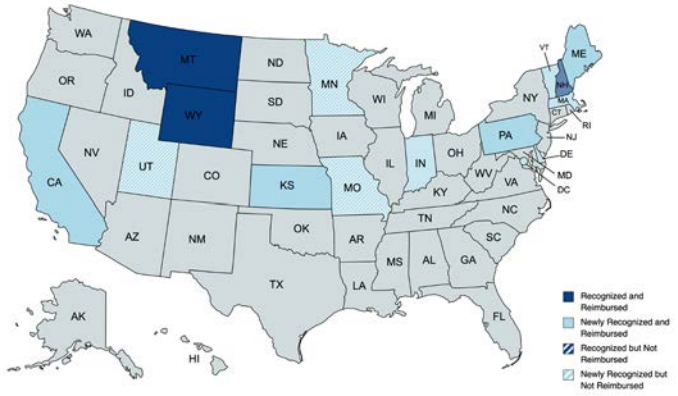
Recognized and Reimbursed:	39
Recognized but Not Reimbursed:	3
Not Recognized:	9

D1310 Nutritional counseling for control of dental disease



2021

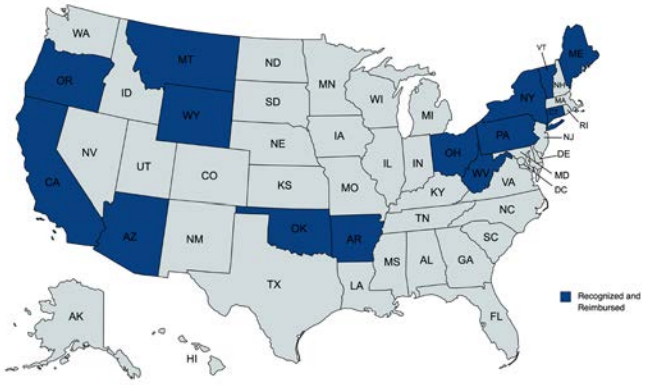
Recognized (Reimbursement Unknown):	3
Not Recognized (in 2021):	48



2023

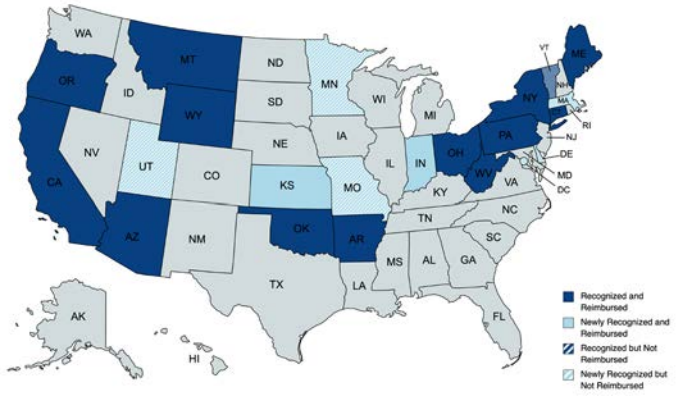
Recognized and Reimbursed:	6
Recognized but Not Reimbursed:	9
Not Recognized:	36

D1320 Tobacco counseling for the control and prevention of oral disease



2021

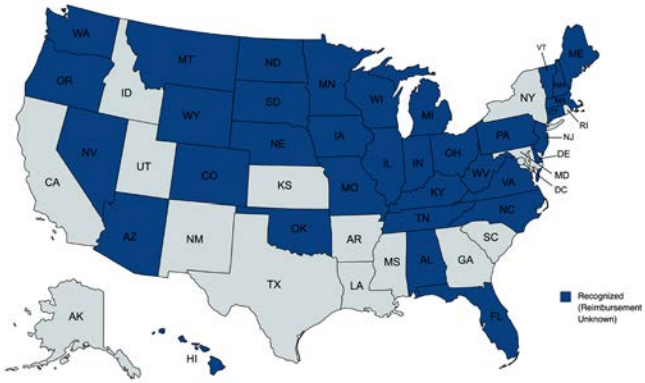
Recognized (Reimbursement Unknown):	14
Not Recognized (in 2021):	37



2023

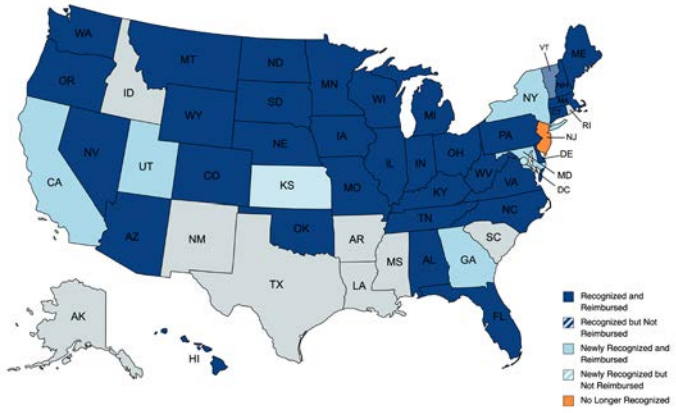
Recognized and Reimbursed:	15
Recognized but Not Reimbursed:	8
Not Recognized:	28

D1354 Application of caries arresting medicament – per tooth



2021

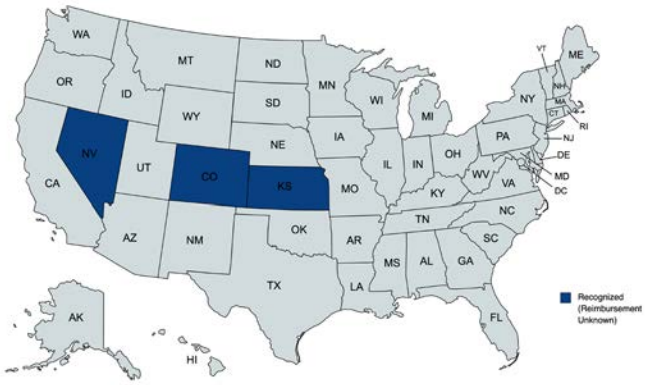
Recognized (Reimbursement Unknown):	35
Not Recognized (in 2021):	16

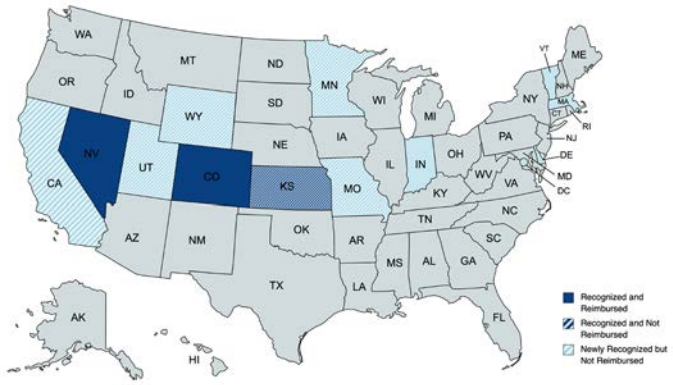


2023

Recognized and Reimbursed:	38
Recognized but Not Reimbursed:	3
Not Recognized:	10

D9311 Behavior management, by report





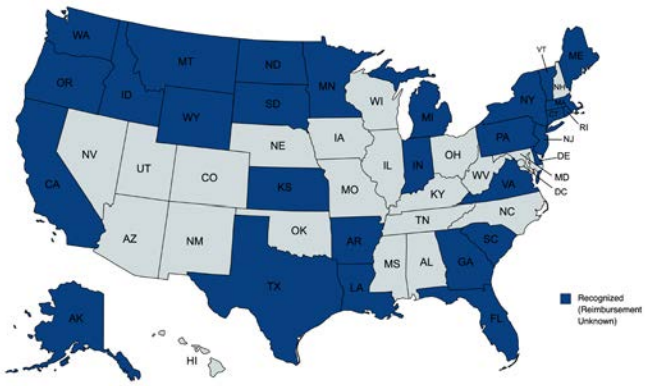
2021

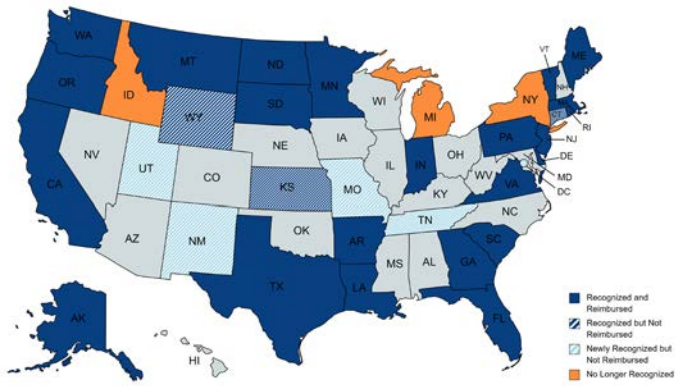
Recognized (Reimbursement Unknown):	3
Not Recognized (in 2021):	48

2023

Recognized and Reimbursed:	2
Recognized but Not Reimbursed:	11
Not Recognized:	38

D9920 Consultation with a medical health care professional 2021





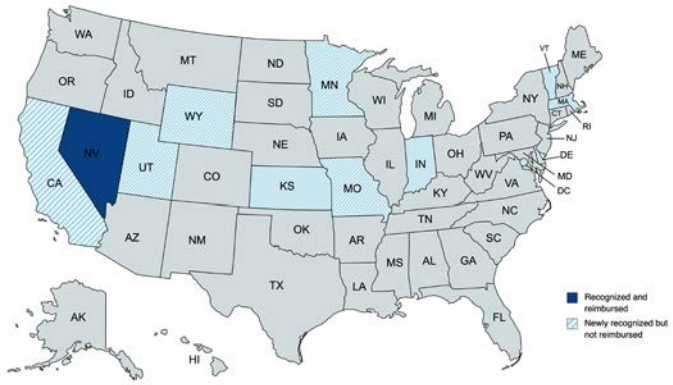
2021

Recognized (Reimbursement Unknown):	29
Not Recognized (in 2021):	22

2023

Recognized and Reimbursed:	23
Recognized but Not Reimbursed:	8
Not Recognized:	20

D9991 Dental case management - addressing appointment compliance barriers



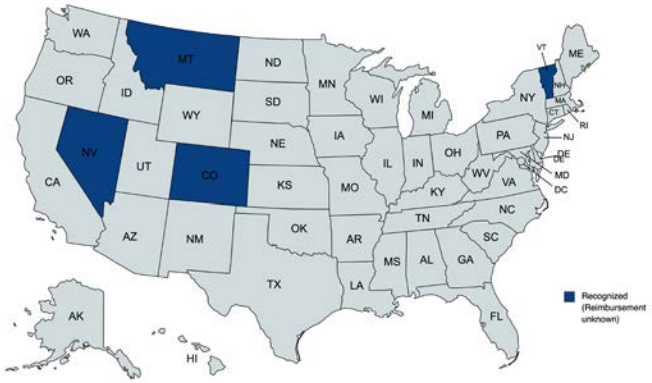
2021

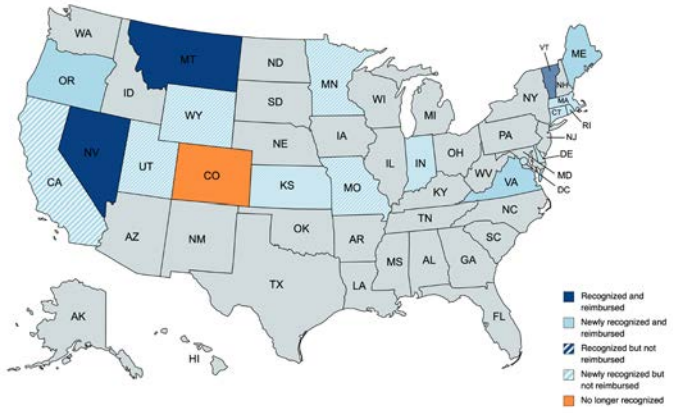
Recognized (Reimbursement Unknown):	1
Not Recognized (in 2021):	50

2023

Recognized and Reimbursed:	1
Recognized but Not Reimbursed:	11
Not Recognized:	39

D9992 Dental case management - care coordination





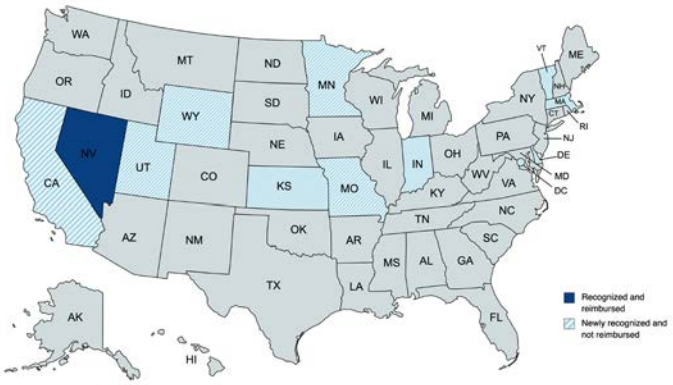
2021

Recognized (Reimbursement Unknown):	4
Not Recognized (in 2021):	47

2023

Recognized and Reimbursed:	5
Recognized but Not Reimbursed:	13
Not Recognized:	33

D9993 Dental case management - motivational interviewing



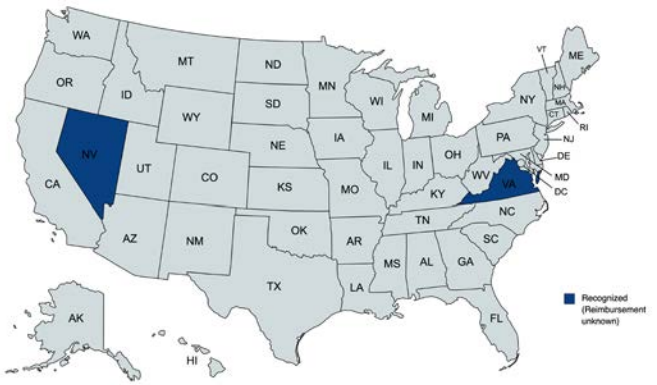
2021

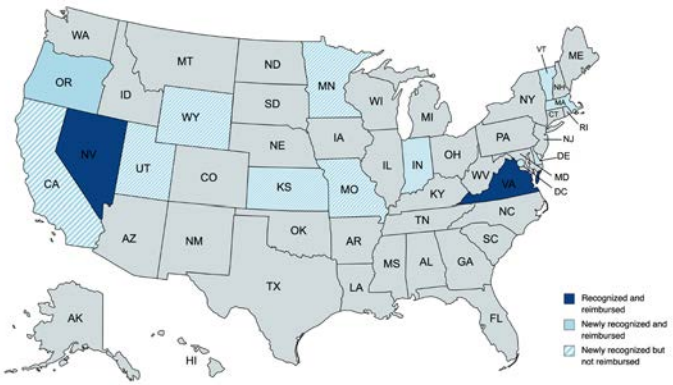
Recognized (Reimbursement Unknown):	1
Not Recognized (in 2021):	50

2023

Recognized and Reimbursed:	1
Recognized but Not Reimbursed:	11
Not Recognized:	39

D9994 Dental case management - patient education to improve oral health literacy





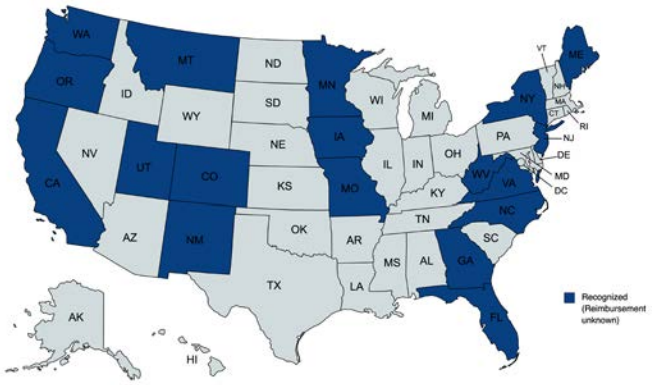
2021

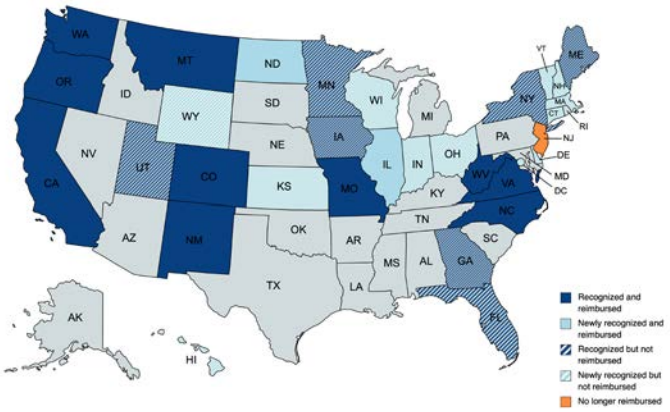
Recognized (Reimbursement Unknown):	2
Not Recognized (in 2021):	49

2023

Recognized and Reimbursed:	3
Recognized but Not Reimbursed:	10
Not Recognized:	38

D9995 Teledentistry – synchronous; real-time encounter





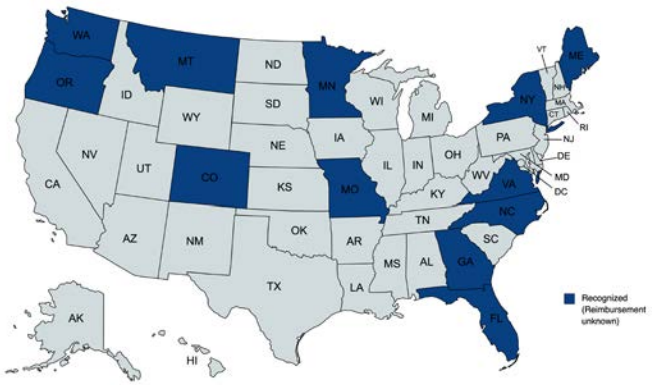
2021

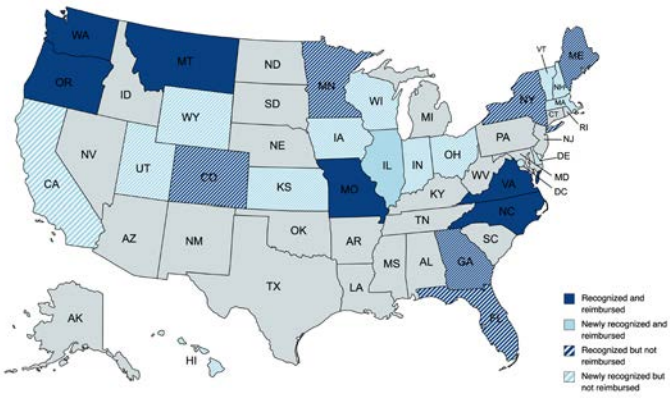
Recognized (Reimbursement Unknown):	18
Not Recognized (in 2021):	33

2023

Recognized and Reimbursed:	12
Recognized but Not Reimbursed:	19
Not Recognized:	20

D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review





2021

Recognized (Reimbursement Unknown):	12
Not Recognized (in 2021):	39

2023

Recognized and Reimbursed:	7
Recognized but Not Reimbursed:	20
Not Recognized:	24

Data & Methods

From June to July 2023, investigators (DN, LR) located dental provider manuals and fee schedules from state Medicaid agencies relying predominantly upon structured internet searches. The search term "[state] Medicaid dental provider manual" was used to reach landing pages where the documents could be found. There was substantial variation in the structure and organization of the Medicaid dental-related web pages of each state, as well as the ease of navigation and ability to locate the documents. In a few cases, we were unable to locate the materials on an accessible, public web page online and relied upon a professional network and outreach to state Medicaid officials to obtain the documents.

For each of the CDT procedure codes representing dental services of interest in this study, the state dental fee schedule was assessed. If the CDT code was present in the fee schedule and had an associated non-zero fee, that was indicated as "recognized and reimbursed." If the CDT code was present in the fee schedule but did not have a specified monetary fee associated, it was indicated as "recognized, but not reimbursed." Similarly, states that indicated reimbursement rates as "individually considered" or "market price" were considered "recognized, but not reimbursed" unless the provider manual mentioned a specific monetary value when cross-referenced for the code, in which case they were considered "recognized and reimbursed." If the CDT code was absent from the fee schedule, it was indicated as "Not recognized." If multiple rates were included in the fee schedules, the lower rate was recorded. For the purposes of this document, the District of Columbia was classified as a state to result in a total of 51 states recorded.

Limitations

Nationally, the majority of Medicaid beneficiaries are now enrolled in managed care plans that are administered by private entities, rather than the traditional model where the plan was administered directly by the state. Managed care contracts with dental providers – including fee schedules – are proprietary documents. As such, we were not able to access those to assess the fees representative of the managed care delivery system. While there is certainly variation in the actual fees paid for these services – even within a single state – the state-provided fee schedule is the best currently available resource to ascertain a general sense of what the fee may be – say, on average – in the state.

Additionally, reimbursement rates are provided as listed (raw) in the fee schedules and/or provider manuals; they were not adjusted for cost of living by state. We acknowledge there is variation in the costs of delivering care. Comparing and contrasting the fee levels across states was beyond the scope of this study.

We relied exclusively on the researchers' interpretation of the Medicaid manuals and fee schedules in this analysis. In a few instances, state-level policy leaders were contacted for clarification on the contents of their Medicaid dental provider manuals and fee schedules. This is largely because we believe the administrative documents provided by state Medicaid agencies – include provider manuals and fee schedules – should stand on their own right and be easily interpretable by dentists and dental teams.

About this Publication, the Research & Policy Center, and AAPD

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Are Your Kids Covered? Medicaid Coverage for the Essential Oral Health Benefits. 2nd ed. Chicago, IL: Pediatric Oral Health Research and Policy Center, American Academy of Pediatric Dentistry; 2021. Available at *https://www.aapd.org/globalassets/media/policy-center/areyourkidscovered-ii.pdf*.

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Are Your Kids Covered? Medicaid Coverage for the Essential Oral Health Benefits. 1st ed. Chicago, IL: Pediatric Oral Health Research and Policy Center, American Academy of Pediatric Dentistry; 2017. Available at *https://www.aapd.org/assets/1/7/areyourkidscoveredfinal.pdf*.

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