

## ADULT<sup>1</sup> DENTAL BENEFITS IN MEDICAID: FY 2000, 2002, 2003, 2004 & 2005

	00 <sup>2</sup>	02 <sup>3</sup>	03	04	05		00	02	03	04	05
Alabama	None					Nebraska	Limited				
Alaska	Emergency					Nevada	"Palliative"				
Arizona	Lim	Emergency				New Hamp	Emergency				
Arkansas	None					New Jersey	Full				
California	Full					New Mexico	Full			Lim	
Colorado	None					New York	Full				
Connecticut	Full					N Carolina	Limited				
Delaware	None					N Dakota	Full				
Florida	Lim	Emergency				Ohio	Limited				
Georgia	Emergency					Oklahoma	Emerg	None	Emerg		
Hawaii	Emergency					Oregon	Limited				
Idaho	Lim	Emergency				Pennsylvania	Full				
Illinois	Limited					Rhode Island	Limited				
Indiana	Full		Limited			S Carolina	Emergency				
Iowa	Full	Limited				S Dakota	Limited				
Kansas	Limited					Tennessee	Emergency				
Kentucky	Limited					Texas	None				
Louisiana	Limited to dentures + pregnant women					Utah	Lim	Emergency			Lim
Maine*	"Urgent" Care					Vermont	Limited				
Maryland	Emergency					Virginia**	None				
Mass	Full	Limited	Emerg			Washington	Full		Limited		
Michigan	Full		Emerg/ limited.			W Virginia	Emergency				
Minnesota	Full		Limited			Wisconsin	Full				
Mississippi	Emergency					Wyoming	Emergency				
Missouri	Limited				none	Dist of Col	None				
Montana	Limited										
As of 9/25/03- and 7/12/04											
Key:	Full	"Limited" <sup>4</sup>	"Emergency"	"None"	"P"= Proposed	"U"= Proposed, but Unlikely					

Status of Adult Medicaid Dental Services, State-by-State

**Alabama:** No dental services for adults.

**Alaska:** Dental services limited to relief of pain and treatment of infections associated with fillings and extractions.

**Arizona:** Dental services limited to emergencies, medically-necessary dentures, and pre-transplant services. Proposal to eliminate all adult dental care has been made.

**Arkansas:** Dental services are limited to treatment of life-threatening conditions.

**California:** Governor had proposed elimination of all dental services beginning in the 4<sup>th</sup> quarter 2003. The proposal, however, gained no momentum among lawmakers; adult services remain intact. An across-the-board 5 percent reduction appears to be likely for all providers in January 2004. Initially, the governor had proposed elimination of all dental services beginning in the 4<sup>th</sup> quarter 2003. **The proposal faced legal challenges and then stalled. Then in early 2004, the governor took all specific proposals for Medicaid off the table when he proposed that the entire Medi-Cal program be redesigned. That process has been in effect for several months now and results are expected to be presented in January 2005.**

**Colorado:** No dental services for adults.

**Connecticut:** Periodontia, fixed bridges, and several other services are not covered. State planned to eliminate adult care, redirecting funds to a new children's dental care model. The planned elimination of benefits for 23,000 adults was blocked on March 31, 2003, by issuance of a temporary restraining order. Dentists fervently edified their elected officials on the negative ramifications of adult cuts. The proposed service reduction has been quelled; adult services remain as they were prior to the proposed cuts, at this writing.

**Delaware:** No dental services for adults.

**Florida:** Effective July 2002, adult benefits are limited to medically necessary, emergency dental procedures to alleviate pain or infections (i.e., emergency examinations, necessary radiographs, extractions, and incision and drainage of abscesses). Governor's 2003 budget does not include any funding for dental services, but legislature may not agree and indeed may add back some adult dental services (dentures). **A 2005 enactment eliminated expiration of adult Medicaid dental service program.**

**Georgia:** Dental services are limited to emergency services such as limited examination, related x-rays, extractions, and surgical procedures related to pain, infection or trauma.

**Hawaii:** Dental services are limited to palliative and emergency care, including extractions, incision and drainage, some surgical services and medically necessary emergency services.

**Idaho:** Effective April 2002, only emergency services included for adults.

**Illinois:** No preventive services, or periodic exams available for adults.

**Indiana:** \$600 cap on expenditures, effective March 2003, excludes surgical procedures and two periodontal services. Denture/partial fees were reduced by 50%. Some of the non-covered codes were effective November 2002 (same time rates for dentures and partials were reduced); other eliminated codes are dependent upon a rule change to take effect June 2003. **(Dentures added back as a covered service for adults with prior authorization – as of 9/03)**

**Iowa:** Effective March 2002, adult care is limited to exams, x-rays, amalgam/composites, dentures, partials, bridges, and oral surgery. Eliminated services include: crowns, posts and cores, periodontal, endodontic and orthodontic services.

**Kansas:** Dental extractions with associated exam and x-rays are covered for adults, if medically necessary.

**Kentucky:** Coverage is limited, but includes oral exams, emergency visits, x-rays, extractions, fillings, for all ages. Root canal therapy, crowns, sealants and braces (for severe malocclusions) are limited to eligible recipients under age 21 meeting prior-authorization criteria. Dentures and partials are not covered. Denture repair, limited to recipients under age 21. Elimination of dental coverage is being discussed for July 2003.

**Louisiana:** Only dentures, denture relines and denture repairs are covered. Examination is covered, if in conjunction with denture construction. **Added extended dental services for categorically eligible pregnant women as of 2/04.**

**Maine\*:** GAO categorized Maine adult dental care in 2000 as including "full" benefits; however, this may have been overstated, or in error. The basis benefit package remains: adults "receive selected procedures as necessary to relieve or eradicate acute pain, control bleeding, eliminate acute infection and prevent imminent tooth loss. Adult dental care procedures do not include ongoing comprehensive dental treatment, treatment of the dentition and gingiva, and routine treatment of incipient decay." Adults with "qualifying

medical conditions also may receive services, including dentures. (From Section 25.04.1, MaineCare Benefits Manual).

**Maryland:** No emergency or other dental care included in the state-operated fee-for-service program; however about 90% of adult Medicaid beneficiaries are enrolled in the HealthChoice managed care organizations which may provide a variable degree of emergency, preventive and other dental services.

**Massachusetts:** Effective March 15, 2002, Massachusetts eliminated preventive and restorative services for adult MassHealth members. Adults were then covered for emergency services (includes oral surgery) and prosthetics. Also, adults having a severe disability, for example, could be designated (for three years) as "Special Circumstances" (SC) which entitles them to continue to receive preventive and restorative services. There are currently 20,000 members designated as SC. Effective January 1, 2003, adult prosthetics was eliminated for adults, except for those designated with SC, and the MassHealth Adult Dental Program became an Emergency Only Program.

**Michigan:** October 1, 2003 marks a substantial cut dental services for adults, leaving only emergency services, such as exams, x-rays and extractions; this action ends non-emergency dental care for Medicaid beneficiaries 21 and over. About 600,000, including low-income mothers, destitute nursing home residents, and developmentally disabled and mentally ill people, will lose routine dental. The adult dental program reportedly cost the state about \$20 million annually. Similar cuts were halted in the early 1990s by a group of dental providers in Ingham County; the county circuit court enjoined dental reductions after evidence showed potential cost increases from adults who would use hospital emergency rooms for dental care.

**Minnesota:** A comprehensive array of dental services is available currently. On April 8, 2003, a budget revision was introduced in the legislature to eliminate all but preventive services and dentures for adults, with a limit of up to \$500/year.

**Mississippi:** Emergency care for the relief of pain and infection including emergency extractions, palliative care, and dental care related to treatment of an acute medical or surgical condition. Dental care for pregnant adults was reduced.

**Missouri:** In August 2002, a court issued a temporary injunction halting a planned reduction in adult dental services that was to begin July 2002, and would have retained only dentures and services related to dental trauma. The Governor's proposed budget for 2003 eliminates adult dental services; however, on March 18, 2003, the legislature passed emergency funding to continue the dental program, as enjoined, through 2003. [Signed into law April 2005, S 539 eliminates adult dental services in Medicaid.](#)

**Montana:** Beginning February 2003, dental service for adults was reduced to emergency dental services only. This reduction, which affected 70,000 adults, was a temporary measure that was reversed in 2003. Although the adult dental program has been restored (**with some limitations**) effective July 1, 2003, it is anticipated that inadequate funding will lead to significant reductions to the adult program at some point during the coming biennium if the number of adults eligible for Medicaid services remains at the present high level.

**Nebraska:** Adult coverage is fairly comprehensive and covers routine examinations and prophylaxis yearly, preventive services (fluoride, x-rays, sealants) restorations, extractions, endodontics, dentures (complete and partials), periodontal services, and crowns for anterior and endodontically treated posterior teeth. Orthodontic services are not covered. In the fall 2002, the Nebraska legislature passed a bill that ended Medicaid eligibility, including dental services, for 25,350 clients (12,750 adults and 12,600 children). In January 2003, legislation was proposed to reduce the adult benefit to emergency services only. In conjunction with state dentists' urgings, the legislature's Health and Human Services Committee, however, sent the bill forward without the provision to eliminate the adult program, and the appropriations committee left money for the program in the Medicaid budget. If the adult program was eliminated it would impact 28,000 adults.

**Nevada:** Emergency services were limited further in February '02 to include only "palliative care," defined as treatment to control pain, bleeding and infection. Covered services include limited evaluations, x-rays, sedative and temporary restorations, extractions, and fillings/crowns only for abutment teeth for existing partial dentures, and related services.

**New Hampshire:** Dental emergency services, including extractions, and medically necessary treatments for trauma are covered.

**New Jersey:** A wide range of dental services were saved through an all-out defense program. The New Jersey Dental Association expended a great amount of resources to defend adult dental services in

Medicaid. The governor proposed to eliminate adult dental Medicaid early in 2003. Dentists had to educate lawmakers about the value of oral care, and its relationship to overall health.

**New Mexico:** Services in all categories are available, but endodontics, sealants, and topical fluoride are not generally covered for adults.

**New York:** A wide range of dental services are available.

**North Carolina:** Covered services generally are comprehensive, but preventive services are not available for adults. In 2003, the state has proposed elimination of adult dental services, but the legislature is proposing a different set of cuts, such as elimination of services for the medically needy population. As of this writing, there have been no reductions to dental services in Medicaid.

**North Dakota:** Medicaid covers exams, x-rays, cleaning, fillings, surgery, extractions, crowns, root canals, dentures (partial and full) and anesthesia. A proposal to eliminate dental services for adults was made, but in the last weeks, the legislature restored basic adult services for the 2003-2005 biennium. Final decisions may not be made until the end of April, 2003. **Additional coverage of anterior crowns necessary where endodontics has occurred with prior approval, posterior teeth limited to SS crowns, partial dentures can now include anterior teeth with prior approval, all added as of 10/03.**

**Ohio:** A fairly comprehensive array of services is offered to adults, although topical fluorides and sealants are not available, and periodontal services are restricted. In 2003, the governor proposed to discontinue dental and other optional services in Medicaid order to curb state spending growth. If not for the full dedication of Ohio dentists to educate lawmakers of the residual costs that result from dental cuts, adult services would have been eliminated. The effort from the dental community resulted in the continuation of adult dental services.

**Oklahoma:** Dental coverage for adults was limited to emergency extractions and reconstructive surgery when medically necessary; however, these emergency dental services were eliminated, effective October 2002. Under SoonerCare Plus, some Medicaid enrollees had some dental benefits; these were eliminated in January 2003. **Coverage added back for emergency extractions as of 10/03.**

**Oregon:** A substantial array of services is covered in the "Oregon Health Plan Plus," with some limits. There is a \$3 copayment for restorative, but not diagnostic dental services. Effective March 2003, however, dental services for all "Oregon Health Plan Standard" beneficiaries (adults and children) are eliminated.

**Oregon restored of some prior benefits that had been cut. Emergency dental, and some medical equipment will be part of the standard package. The changes affect only the 50,000 people on the standard plan, not the 300,000 people on the plus plan.**

**Pennsylvania:** Dental coverage is comprehensive.

**Rhode Island:** Dental coverage for adults is limited in the areas of endodontics, fixed prosthodontics, and orthodontics.

**South Carolina:** Adult coverage is limited to emergency services.

**South Dakota:** Covers exams, X-rays, cleanings, fillings, and provides limited coverage for endodontics, crowns, partial dentures, complete dentures and anesthesia.

**Tennessee:** Adult coverage is limited to emergency services.

**Texas:** No coverage for adults, except for dental services which are provided by a dentist who is functioning as a physician, and then only for services that are secondary to a life-threatening medical problem.

**Utah:** Effective June 2002, adult dental services were limited to emergency examinations, x-rays and extractions for the relief of pain and infection. **A 2005 enactment states the legislative intent is to restore Medicaid adult dental services. A spokesman for Gov. Jon Huntsman Jr. (R) called the restoration of funding one of the governor's chief health care priorities.**

**Vermont:** Services include emergency dental care for relief of pain, bleeding and infection, selected preventive and restorative procedures rendered to limit disease progression, and necessary diagnostic and consultative services. Services not covered include sealants, periodontal surgery, comprehensive periodontal care, orthodontia and prosthodontics, however the denture benefit was eliminated September 2002. There is an annual benefit maximum of \$475 per person.

**Virginia\*\*:** GAO categorized Virginia adult dental care in 2000 as including "partial" benefits; however, this may have been overstated or in error. Virginia covers dental services only when the service is covered under Medicare; Medicare specifically excludes services connected with the dentition or structures supporting the dentition. Emergency dental services are not covered. Dental services related to an underlying medical condition may be covered.

**Washington:** In July 2003 the state eliminated most dental benefits, maintaining partial dentures and preventive services. The Washington State Medicaid program sent a letter to the state's dental providers and stakeholders, requesting feedback on a restructured adult dental program that fits new operating budget for the 2003-05 biennium.

**West Virginia:** Dental coverage is limited to emergency services only, i.e., emergency examination and associated x-rays, along with incision and drainage, or extractions.

**Wisconsin:** The state currently has comprehensive dental services.

**Wyoming:** Coverage is available for emergency relief of pain and/or infections and includes limited oral evaluation, palliative treatment, extractions, and excision and drainage.

**District of Columbia:** No dental services are covered for the adult population.

**\*\* Update made as of 5/18/05.**

<b>ADULT DENTAL BENEFITS IN MEDICAID: 50 STATES &amp; Dist. of Columbia FY2000, FY2002, FY2003, &amp; CY2004 As of July 12, 2004</b>					
<b>BENEFIT STATUS</b>	<b>2000</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Full</b>	<b>14</b>	<b>12</b>	<b>8</b>	<b>7</b>	<b>7</b>
<b>Limited</b>	<b>17</b>	<b>14</b>	<b>16</b>	<b>18</b>	<b>18</b>
<b>Emergency</b>	<b>13</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>18</b>
<b>None</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>7</b>	<b>8</b>

<sup>1</sup> Adults are defined as individuals over 21 years of age. Information provided in this chart concerns the main Medicaid program, and does not address dental benefits in Medicaid participating nursing facilities, intermediate care facilities, pregnancy-related services programs for adults, or other Medicaid program components.

<sup>2</sup> Oral health: Dental disease is a chronic problem among low income populations. GAO/HEHS-00-72. Apr 2000:44p. United States General Accounting Office. <http://www.gao.gov/new.items/he00072.pdf>

<sup>3</sup> Adult dental coverage under state Medicaid programs: Interested parties. Mar 28, 2003. Department of State Government Affairs. American Dental Association.

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<sup>4</sup> The definition of “partial/limited” dental benefits has been adopted from the GAO’s report of Apr 2000, and is defined as follows: “States do not cover particular [categories of] services (preventive, diagnostic, restorative or more complex) or impose other limitations on coverage, such as a \$475 annual ceiling.”