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Subject: Medicaid Issues

Toi Hutchinson
State Senator
Illinois
President, NCSL

Jon Heining
General Counsel
Legislative Council
Texas
Staff Chair, NCSL

William Pound
Executive Director

Thank you for reaching out to NCSL with your questions regarding various Medicaid issues. Below we have compiled resources related to the topic areas you identified. As you go through this information, please let us know if there are areas where you would like additional, more in-depth research.

Please note, NCSL provides links to other websites for informational purposes only. Providing these links does not indicate NCSL's support or endorsement of the site or position.

Dental expenses incurred by Medicaid clients in nursing homes - how do other Medicaid programs address this?

Regarding the federal regulations on dental services, [the University of Minnesota School of Public Health](#) say, “the federal regulations on dental services ([483.55](#)), the facility must help the residents obtain routine dental services and 24-hour emergency dental care. As necessary, facilities must help the resident make dental appointments and arrange transportation to and from dentists' offices, and facilities must promptly refer residents with lost or damaged dentures to a dentist. **Medicaid residents must be assisted to secure routine dental care to the extent covered by the state plan.** Medicare residents may be charged extra for dental services, and the regulation clarifies that the facility is under no obligation to pay for routine dental services.”

[Incurred Medical Expenses: Suggested Steps for State and County Medicaid Caseworkers](#) – This resource from the American Dentists' Association illustrates how states can use federal programs to pay for dental services rendered in nursing facilities.

[Medicaid Benefits: Dental Services](#) – This resource from the Kaiser Family Foundation lists coverage codes, copayment information, prior approval requirements and limits on dental services for Medicaid enrollees. According to this resource, California, Indiana, Missouri and Pennsylvania have a policy that cover services for Medicaid enrollees in nursing homes.

- Please see the “Notes” section for more information about coverage codes (e.g. categorically needy, medically needy, etc.).
- CN = Categorically Needy – MN = Medically Needy

California – Specified services including periodontal, crowns and root canals, pre-denture services, services for nursing facility residents.

Indiana – Exam and cleaning 1/year (2/year for nursing facility residents), frequency of x-rays limited by type, periodontia limited, second opinions required for specified procedures.

Missouri - Adults who are not pregnant, blind or residing in nursing facilities are limited to trauma care related to facial injury or treatment of health-impacting disease or medical condition, orthodontia not covered.

Pennsylvania - CN: exam and cleaning 2/year; MN: preventive care not covered and medically necessary services limited to those provided in an inpatient, ambulatory surgery center (ASC) or short procedure unit (SPU) setting; CN & MN: crowns limited to 1/5 years for beneficiaries residing in a nursing facility or intermediate care facility; orthodontia not covered; services in outpatient hospital, ASC or SPU setting limited to \$500 unless fee schedule rate for procedure is higher; services in inpatient hospital setting limited to \$1,250 unless fee schedule rate for procedure is higher.

In addition, Senator Cardin (MD-D) introduced [S. 22, the Medicare Dental Benefit Act of 2019](#). This legislation would add a comprehensive dental benefit to Medicare Part B and serves as an important opportunity for Congress to improve the oral health, overall well-being, and financial security of seniors and people with disabilities in this country.