From a Dentist - Common Medicaid Misconceptions

Medicaid dental coverage is only for children: Medicaid dental coverage varies from state to state. South Dakota recognizes the value of oral health and its connection to overall health, so offers a comprehensive adult dental benefit.

Medicaid reimbursement rates are too low: It is true that Medicaid reimbursement rates are often lower than private insurance reimbursement rates. However, I have found that accepting Medicaid is financially beneficial. Medicaid provides a steady stream of patients who often have larger treatment plans leading to less operatory turnover. There are also supplemental programs like Access to Baby and Child Dentistry (ABCD) that offer add-on payments for certain services.
We do our best to complete as much treatment as possible per visit and provide same-day dentistry. For example, if a new Medicaid patient presents with a chief complaint we will complete the comp exam, prophy, radiographs, fluoride, and restore or complete as much treatment as possible in that one visit.

Medicaid patients have poor oral health: We all know that people who can't afford the dentist only go when they are in pain. People are also more likely to go to the dentist when they have insurance. When a person first gets Medicaid coverage, it may be the first time they've had dental insurance. The initial exam, treatment and education might be time consuming but in my experience the patients are extremely grateful and do their best to maintain their oral health.

Medicaid is too bureaucratic and time-consuming: Medicaid can take a little more work than other types of coverage. As my office and I have become more familiar with Medicaid coverage and documentation requirements, it has gotten easier and faster. I have found that comprehensive documentation is key.

It will take a long time to get paid: Fundamentally untrue. Medicaid is one of the fastest payers.

Medicaid patients don't value their dental care: Some patients covered by Medicaid face financial difficulties and have competing priorities that can make it challenging for them to prioritize dental care. I find that Medicaid patients value their dental care just as much as patients with private insurance.

Medicaid patients are more likely to miss appointments: If you are worried about any patients missing appointments, make sure your front desk clearly verbalizes the missed appointment policy and communicates clearly with patients about the importance of attending appointments. Use every resource to remind patients (what's app, text, phone) and work with them to find solutions to barriers they face. Our office has found using what's app and other mobile apps to be very effective in reaching patients.

Medicaid patients are less likely to comply with treatment recommendations: It is acceptable and normal to have new patients or existing patients that never become a good dental patient and only seek care when symptoms arise. Regardless if the patient comes back for comprehensive care and becomes the perfect dental patient, we believe offices have provided a good service by educating the patient on oral health, thus increasing their dental IQ, while treating the patient's chief concern or pain.
Once I have fully explained the treatment plan and what, if anything, it will cost the patient, most of my Medicaid patients do move forward with treatment. Those who don't may have other barriers.

Accepting Medicaid patients will negatively impact my office's reputation: I have many private pay and commercially insured patients because they know I take care of their Medicaid friends and family. Treating the Medicaid population has been a practice builder by strengthening my rapport in my community.
More patients comment in a positive fashion, rather than negative. They will notice that my staff spent more time with someone who needed extra help, or mention that they had a nice conversation with a young mother or elderly person in the waiting room. Many of my patients comment that they appreciate that we take special needs patients when they hear a ruckus in the room next to them.

From a Dentist – Tips about Medicaid Coverage

Adult Medicaid Dental Coverage Tips

- **Check for active coverage on each patient coming into the office.** A patient's coverage can change month to month, so making sure that they have active coverage will prevent getting burned if a patient's coverage has ended.
- **Annual Maximum.** Adults are eligible for up to $2,000 of dental services per benefit year (July to June). Many services are exempt from the max, so patients rarely max out. There is no annual max for kids.
- **Two periodic exams, two cleanings per year, radiographs once every year (July to June), and panoramic films every 5 years. One Limited Exam per year covered.** Medicaid values preventive services, so two preventive visits every year are exempt from the annual max.
- **Gross Debridement and Periodontal scaling and root planning is covered; Perio maintenance is covered for patients with a history of SRP or perio surgery.** I recommend pre-auth for this prior to accomplishing. Probe depths required for scaling approval.
- **Sealants on decay free teeth are covered.** This is on permanent bicuspids and molars for adults and kids. Also covered on primary molars for kids.
- **Fillings are generally always covered**. Interproximal decay requires a bitewing in the posterior, and PA in the anterior to show that the decay is present.
- **Stainless steel crowns are covered on posterior primary and permanent teeth; Porcelain crowns are covered on anterior teeth.** Decay needs to involve a significant number of tooth surfaces (generally including interproximal and facial or lingual decay). PA required. If a RCT is accomplished, final radiograph required for approval. Pre-auth recommended.
- **RCT's can be covered on anterior teeth.** If one tooth that requires RCT, generally approved. Be careful if multiple teeth require RCT's, as the consultant may only approve extraction and partial. Patients' oral hygiene status needs to be acceptable overall. Restoration after RCT will be filling if possible, crown if not. This can be exempt from the adult annual maximum if it is causing pain or swelling at the time of treatment planning or treatment.
- **Extractions are generally always covered.** If no bone removed to extract the tooth, regular extraction. If bone removed, then surgical can be billed but note must reflect this. Radiograph and reason for extraction required for claim. All wisdom teeth are covered if there is a medically necessary reason to extract one (pericoronitis, mesial angulation, pain etc.). Exempt from adult annual maximum if causing pain or swelling at the time of treatment planning or treatment.
- **Alveoloplasties are generally covered.** This requires a note stating that the bone reduction that was done was more than is done in a standard surgical extraction and was done to smooth the bone so that a prosthesis could be worn in the future. Pan required.
- **Partials –** Recommend pre-auth every time. There is a tricky rule about the number of teeth not in posterior occlusion to be covered. If covered, exempt from the adult annual max.
- **Dentures –** Almost always covered if no partial or denture has been accomplished in the last 5 years. This is exempt from the adult annual maximum.
- **Bridges –** Very limited coverage and only if teeth #5-12 and 21-28 are missing. Pre-auth required with reason why a partial or flipper are not viable options. PA required.
- **Ortho** – ortho is not covered for adults, but kids may be eligible. There are specific eligibility criteria that must be met. As long as a kid gets braces before they turn 21, they can continue treatment until it's completed.