



Global Commitment Register

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GCR 23-071
FINAL

Medicaid Dental Benefit and Rate Changes

Policy Summary:

The Vermont Medicaid program made the following changes to dental coverage and dental reimbursement. These changes are being made in response to statewide dental access challenges with the intent to expand access to dental care for all Vermont Medicaid members.

1. Update the reimbursement rates for Medicaid covered dental services to 75% of regional commercial dental rates and increase the annual cap on dental expenditures to \$1,500 to coincide with the rate increase. This reimbursement methodology change represents an approximate 50% increase in reimbursement for Medicaid dental services provided. Medicaid beneficiaries under the age of 21, and those who are pregnant or in the 12-month postpartum eligibility period, are not subject to the annual cap for dental services.
2. Cover emergency dental services for adults aged 21 and older after the annual cap on dental expenditures has been used. Emergency dental services are those to treat acute pain, infection, or bleeding that can be delivered in a dental office rather than an emergency setting. Medically necessary emergency dental services include the [dental service codes](#) currently covered under the [General Assistance \(GA\) Voucher Program](#). These service codes will now be covered under the dental benefit and Medicaid beneficiaries will not need approval via the General Assistance Voucher Program administered by the Department for Children and Families. Medicaid beneficiaries under the age of 21, and those who are pregnant or in the 12-month postpartum eligibility period, are not subject to the annual cap on dental services.
3. Cover adult dental services without an annual cap on expenditures for individuals in the Department of Disabilities, Aging, and Independent Living Developmental Disability Services (DDS) Waiver Program, or the Department of Mental Health Community Rehabilitation and Treatment (CRT) Waiver Program. Vermont Medicaid is also adding coverage for medically necessary denture services for these groups. Adults in these programs often have an increased need for dental services that exceeds the annual cap on dental expenditures.

The Vermont Medicaid Dental Supplement outlines the coverage information and billing instructions for dental claims, and the Vermont Medicaid fee schedule lists the reimbursement

rates. See additional information included below for links to the Vermont Medicaid Dental Supplement and Vermont Medicaid Fee Schedule.

This dental benefit update will be submitted to CMS as State Plan Amendment (SPA) #23-0033.

Effective Date:

July 1, 2023

Authority/Legal Basis:

[H.206 \(Act 51 of 2023\)](#) An act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access.

[H.494](#) An act relating to making appropriation for the support of government

[Medicaid State Plan](#)

[Global Commitment to Health Waiver](#)

This dental reimbursement update is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #6.8.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$13,109,475.

Public Comment Period:

The public comment period ended July 26, 2023. [A copy of comments received, and the state response can be found here.](#)

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

[Vermont Medicaid Dental Supplement](#) Dental Provider Manual with coverage information and billing instructions for dental claims.

[Vermont Medicaid Fee Schedule](#) Includes rates for D codes.

The draft SPA pages provide additional details on the proposed changes; copies of the draft SPA can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the [Agency of Human Services website](#).

The following State Plan pages were amended:

- Attachment 4.19-B pages 3a(1), 4, and 5