



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

March 15, 2022

GCR 21-087
FINAL

Dental Services Rate Change

Policy Summary:

Vermont Medicaid increased rates for 22 dental services with the intent of increasing access to dental care for Medicaid members. The services were selected in consultation with a stakeholder group of dental providers. The proposed rate increases will complete Phase I of changes to the Dental Fee Schedule.

For the 22 Medicaid dental service codes being changed, the increase in rates is based on 60% of regional commercial rates for 2022. Due to the utilization associated with comprehensive oral evaluation services, the rate for that code will be 50% of regional commercial rates for 2022.

This policy change is in accordance with the recommendations from the [Dental Access and Reimbursement Working Group report](#) (2019) to implement a methodology for annual rate adjustments for the Dental Fee Schedule in a phased approach.

Effective Date:

February 1, 2022

Authority/Legal Basis:

This change 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 #29.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$1,054,622.

Public Comment Period:

The public comment period ended February 28, 2022. No comments were received.

Additional Information:

The following State Plan pages were amended:

- Attachment 4.19-B Page 3a(1)
- Attachment 4.19-B Page 4

Click here for the [Medicaid State Plan](#) on the AHS website.

Dental Service Procedure Description	Dental Service Procedure Code	60% of Regional Commercial Rate as of 2/1/22	50% of Regional Commercial Rate as of 2/1/22
COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	D0150		✓
AMALGAM- ONE SURFACE, PRIMARY OR PERMANENT	D2140	✓	
AMALGAM- TWO SURFACES, PRIMARY OR PERMANENT	D2150	✓	
AMALGAM- THREE SURFACES, PRIMARY OR PERMANENT	D2160	✓	
AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	D2161	✓	
RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	D2330	✓	
RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	D2331	✓	
RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	D2332	✓	
RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	D2335	✓	
RESIN-BASED COMPOSITE CROWN, ANTERIOR	D2390	✓	
RESIN-BASED COMPOSITE, TWO SURFACES, POSTERIOR	D2392	✓	
RESIN-BASED COMPOSITE, FOUR OR MORE SURFACES, POSTERIOR	D2394	✓	
CROWN - PORCELAIN/CERAMIC	D2740	✓	
THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL *SEE BOOK	D3220	✓	
ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	D3310	✓	
PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	D4341	✓	
PERIODONTAL SCALING AND ROOT PLANING, ONE TO THREE TEETH, PER QUADRANT	D4342	✓	
EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	D7140	✓	
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVA(SEE BOOK)	D7210	✓	
REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	D7220	✓	
REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	D7230	✓	
REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	D7240	✓	