



## MARYLAND Department of Health

### **Adult Dental Pilot Program Overview**

On May 15, 2018, Governor Hogan signed Senate Bill 284—*Maryland Medical Assistance Program – Dental Coverage for Adults – Pilot Program* (Chapter 621 of the Acts of 2018) into law. The bill requires the Maryland Department of Health (the Department) to apply for a waiver from the Centers for Medicare and Medicaid Services (CMS) if necessary and to implement an adult dental pilot. The Department submitted an amendment to its §1115 waiver to CMS on July 2, 2018. Subject to the approval of CMS, the adult dental pilot program will go into effect in Spring 2019. The Department’s objective in seeking this amendment is to determine whether offering an adult dental benefit will improve health outcomes for vulnerable adults.

The statewide pilot program will serve individuals between the ages of 21 and 64 who are dually eligible for both Medicare and Medicaid. The Department estimates approximately 38,510 participants are eligible to gain dental coverage under the pilot. Dual eligible individuals do not currently receive dental benefits through Medicaid and coverage for dental services through Medicare is extremely limited.<sup>1</sup>

The proposed dental package includes coverage for diagnostic, preventive, and restorative services in addition to extractions. The proposed dental benefit package reflects the comments received from the Maryland Dental Action Coalition (MDAC) at the MDAC Summit held on June 18, 2018. The proposed dental fee schedule and procedure codes covered under the pilot benefit package are included in the table below; these fees are consistent with the fees on the current Maryland Medicaid Dental Fee Schedule. Benefits will be subject to an \$800 per person maximum benefit allowance per calendar year for the first year of the pilot, which may be subject to review for subsequent demonstration years. These benefits will be carved out and overseen by a dental benefits administrator called SKYGEN USA (formerly Scion Dental), which also administers the dental benefit to REM adults, pregnant women, former foster care youth, and children.

A copy of the Department’s §1115 waiver amendment to CMS, which includes a more extensive discussion of the proposed pilot, can be found online, <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. For additional information, please contact [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov).

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<sup>1</sup> Medicare does not cover most dental care, dental procedures, or supplies, such as cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices. Medicare Part A pays for certain dental services that are obtained when a Medicare participant is in a hospital.

**Maryland Medicaid Adult Dental Pilot Fee Schedule**

<b>Code</b>	<b>Description</b>	<b>Fee</b>
<b>Diagnostic</b>		
D0120	Periodic oral evaluation - established patient	\$29.08
D0140	Limited oral evaluation	\$43.20
D0150	Comprehensive oral evaluation - new or established patient	\$51.50
	<b>Note: Limit one (1) D0120 or D0150 per patient per 6 month period.</b>	
	<b>Note: Limit one (1) D0140 per patient per 12 month period.</b>	
	<b>Note: Limit one (1) D0150 per patient per 36 month period.</b>	
<b>Diagnostic Imaging</b>		
D0270	Bitewing- Single Radiographic Image	\$9.00
D0272	Bitewings- Two Radiographic Images	\$15.00
D0273	Bitewings- Three Radiographic Images	\$18.00
D0274	Bitewings- Four Radiographic Images	\$22.00
	<b>Note: Limit one (1) per patient per 12 months period for D0270, D0272, D0273, and D0274.</b>	
D0210	Intraoral - Complete Series of Radiographic Images	\$57.00
D0220	Intraoral – Periapical First Radiographic Image	\$9.00
D0230	Intraoral – Periapical Each Additional Radiographic Image	\$6.00
D0330	Panoramic Radiographic Image	\$42.00
	<b>Note: Limit six (6) per patient per 12 month period for D0230.</b>	
	<b>Note: Limit one (1) per patient per 36 month period for D0210 and D0330.</b>	
<b>Preventive Care</b>		
D1110	Prophylaxis – Adult (Permanent Dentition)	\$58.15
	<b>Note: Limit one (1) D1110 per Patient per 6 month period.</b>	
<b>Restorative Care</b>		
D2140	Amalgam – One Surface, Permanent	\$70.00
D2150	Amalgam – Two Surfaces, Permanent	\$88.00
D2160	Amalgam – Three Surfaces, Permanent	\$104.00
D2161	Amalgam – Four or More Surfaces, Permanent	\$104.00
D2330	Resin-Based Composite - One Surface, Anterior	\$84.00
D2331	Resin-Based Composite – Two Surfaces, Anterior	\$102.00
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$125.00
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)	\$151.00
D2391	Resin-Based Composite – One Surface, Posterior	\$93.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$120.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$150.00
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$150.00
	<b>Note: Limit one (1) restoration per patient per tooth per surface per 36 months.</b>	
<b>Non-Surgical Periodontal Service</b>		

<b>Code</b>	<b>Description</b>	<b>Fee</b>
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis On a Subsequent Visit	\$100.00
	<b>Note: Limit one (1) full mouth debridement per patient per twenty four (24) month period</b>	
	<b>Oral Surgery</b>	
D7140	Extraction, Erupted Tooth Or Exposed Root	\$103.01
D7210	Surgical Removal – Erupted Tooth, Removal of Bone/Sectioning of Tooth	\$103.01
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$18.00