

# **Dental Executive Summary and Background**

### **Summary**

Based on the rate research, Utah Medicaid reimbursement for dental services is similar to the average reimbursement levels of the other states surveyed. It should be noted that a comparison of fee schedule reimbursement rates does not provide a complete representation of reimbursement levels between Utah Medicaid and the other states in the research sample. For example, a comparatively high or low Utah Medicaid rate when compared to other states may signify a rate that is updated more frequently by Utah Medicaid than the other states. In addition, payment polices are often designed to address specific policy initiatives, so a Utah rate that appears higher than the comparison rate may result from a particular policy initiative designed to encourage access to or use of a particular service. Alternatively, a Utah rate that appears lower than the comparison rate may result because other states may have made targeted increases for specific services. Lastly, the impact of a high or low rate for a code is less meaningful if the code has low utilization. To understand the impact on reimbursement, the rates or the rate differential would need to be applied to utilization. Utah Medicaid utilization was not considered in this comparative analysis.

### **Background**

The Utah Department of Health and Human Services, Division of Integrated Healthcare engaged Myers and Stauffer LC (Myers and Stauffer) to review and compare Utah Medicaid reimbursement rates to Medicare reimbursement rates (if applicable) and reimbursement rates from a sample of other state Medicaid programs for certain provider types and service categories. As part of this project, we have prepared a series of separate reports by service category. This report provides the results for dental services (services of dentists and oral surgeons), and is supported by a Microsoft Excel exhibit containing rate comparisons for the services analyzed.

The dental services rate comparison applies to dental procedure codes provided to us by Utah Medicaid. Because Medicare does not cover routine dental care (including procedures and supplies such cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices), this rate comparison study does not include Medicare rates. The comparison to other state rates is based on a sample of five other states—Colorado, Kentucky, Montana, Nevada, and New Mexico. These states were selected due to their proximity to Utah, with the exception of Kentucky, which was included in the study due to the availability of its rates to our research team. We attempted to obtain rates from Idaho, but the dental fee schedule is on a vendor's website and requires a provider login.

For dental services, we compared rates by Current Dental Terminology code. Utah Medicaid provided a list of the top 25 dental codes based on Medicaid expenditures. Myers and Stauffer relied on the most recent publicly-available information regarding fee schedules from Utah and the sample of other states. Other state Medicaid rates are from published fee schedules obtained in March 2023, and the Utah Medicaid rates are rates effective July 1, 2023.

It is important to consider the following limitations when comparing reimbursement rates:

- Government payers maintain more detailed information about fee schedules and underlying payment policies that may not be reflected in the information obtained from published fee schedules. Methodologies that Medicare and other state Medicaid programs use, and the resulting rates, are specific to their overall policies and economic environment, and it is important to understand there are policy decisions and unpublished context underlying the rate values. For example, a state may intentionally have a low rate for a certain procedure code to encourage utilization of another code or another service. The rate comparisons presented in this report did not include a comparison of underlying rate assumptions for rates from other payers or an analysis of broader state economic factors, as doing so would have been outside the scope of this project. The rate comparison serves to identify where Utah Medicaid rates fall in comparison to rates from a selection of other government payers.
- Information regarding the costs of dental services are not included in this analysis and report.

  There is limited information available on provider costs for services reimbursed on a fee schedule basis. Cost information is more readily available for institutional services, such as hospital services.
- Differences in rate levels may not always be meaningful; they could be due to limited sample sizes, and/or differences in payment methodologies, and/or services covered. Additional research may be necessary to understand these variations.
- We could not provide a comparison for every service because of differences in covered benefits or how services are organized. A rate value was not included in the rate comparison if the service did not have a Medicare rate or a rate from the sample of other states.
- The rate comparison was limited in scope to comparing reimbursement rates. The rate comparisons and this report make no conclusions regarding the sufficiency of Utah Medicaid reimbursement rates, or recommendations that Utah Medicaid take any specific action. Information is presented for comparison purposes only.

## **Reimbursement Rate Comparisons**

The dental services rate comparisons are summarized in this section. These rate comparisons serve as points of reference only, providing the opportunity to identify those services where Utah Medicaid rates appear high or low when compared to rates for similar services paid by the comparison Medicaid states, where rates appear high or low as compared to rates for services in other service categories, or where rates within a service category vary significantly from one another. As noted above, if a state did not have a rate or had a rate of zero, the code is not included in the average in order to avoid distorting the results.

The comparison of Utah rates to a sample of other states is not intended to suggest a desired fee schedule amount or level of reimbursement. Health care payers, including state Medicaid agencies, differ in how they determine benefits and define services, the limitations they place on services, who is eligible for the services, who the providers are that deliver the services, and numerous other factors that affect reimbursement methodologies and fees.

State legislation determines Medicaid agency budgets based on state revenues, and appropriations are authorized by the legislature and provide agencies with authority to expend funds. Therefore, state agencies are limited in amounts for reimbursement rates based on state budgets. In addition, the federal government's share of a state's expenditures through the Federal Medical Assistance Percentage (FMAP) varies by state and provides differing levels of federal support across states. Of the states included in the research sample, the highest FMAP rate for federal fiscal year 2023 is 72.59 percent for New Mexico, and the lowest is 50.00 percent for Colorado (the FMAP for Utah is 65.90 percent). Factors relating to state budgetary levels and federal financial assistance are not considered in this analysis.

We calculated a comparison rate of the average of the five comparison state Medicaid program rates. This information made it possible to quantify how Utah Medicaid rates across services compare to other rates in the research sample by calculating the Utah Medicaid rate as a percent of the comparison rates.

It should be noted that Utah Medicaid pays rural dentists, as defined by the county in which the dentist is located, at 120 percent of the published Medicaid fee schedule rates. This rate enhancement also applies to urban dentists who sign an attestation that they are willing to see 100 or more Medicaid patients annually.

Table 1 compares the average dental reimbursement rate for Utah Medicaid to the sample of other states. Column C contains the Medicaid comparison percentage (Utah Medicaid as a percentage of each state). Note that Kentucky Medicaid has separate dental rates for adult and pediatric patients.

Table 1. Dental Services Rate Comparison: State Averages

Dental Services									
А	В	С	D	Е					
	Medicaid Comparison								
State	Average of State Medicaid Rates	Utah as % of Other State Medicaid Average Rates	Highest State Rate	Lowest State Rate					
Utah	\$253.47		\$782.51	\$10.85					
Colorado	\$271.67	93%	\$811.86	\$12.57					
Kentucky Under 21	\$234.76	108%	\$656.11	\$9.75					
Kentucky Over 21	\$221.82	114%	\$656.11	\$7.50					
Montana	\$316.27	80%	\$1,064.40	\$8.87					
Nevada	\$193.83	131%	\$615.00	\$5.89					
New Mexico	\$248.59	102%	\$789.59	\$8.89					

*Table 2* summarizes the comparison results by dental procedure code. Column E contains the Medicaid comparison percentage.

Table 2. Dental Services Rate Comparisons by Code

Dental Services						
А	В	С	D	E		
			Medicaid Comparison			
Procedure Code	Description	Utah Medicaid Rate	Average of Other State Medicaid Rates	Utah as % of Other State Medicaid Rates		
D0120	PERIODIC ORAL EVALUATION	\$24.08	\$26.14	92%		
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$27.96	\$34.64	81%		
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR EST PATIENT	\$35.71	\$34.98	102%		
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$13.98	\$14.06	99%		
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$10.85	\$8.74	124%		
D0274	BITEWINGS FOUR IMAGES	\$35.71	\$29.29	122%		
D0330	PANORAMIC IMAGE	\$63.26	\$55.32	114%		
D1110	PROPHYLAXIS - ADULT	\$49.67	\$47.39	105%		
D2150	AMALGAM TWO SURFACES PERMANE	\$71.40	\$84.06	85%		
D2331	RESIN TWO SURFACES-ANTERIOR	\$85.68	\$89.77	95%		
D2392	RESIN-BASED COMPOSITE, TWO SURFACES, POSTERIOR	\$85.68	\$91.69	93%		
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$501.12	\$522.03	96%		

Dental Services						
А	В	С	D	Е		
			Medicaid Comparison			
Procedure Code	Description	Utah Medicaid Rate	Average of Other State Medicaid Rates	Utah as % of Other State Medicaid Rates		
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$501.12	\$521.63	96%		
D2950	CORE BUILD-UP INCL ANY PINS	\$85.39	\$121.20	70%		
D3310	END THXPY, ANTERIOR TOOTH	\$330.00	\$294.89	112%		
D3320	END THXPY, PREMOLAR TOOTH	\$394.00	\$355.74	111%		
D3330	END THXPY, MOLAR TOOTH	\$487.00	\$452.93	108%		
D4341	PERIODONTAL SCALING/ROOT PLANING-4 OR>CONTIG,QUAD COMPLETE UPPER DENTURES(INCLUD POSTDELIVERY	\$146.11	\$118.47	123%		
D5110	CARE)	\$731.48	\$743.38	98%		
D5120	COMPLETE LOWER DENTURES(INCLUD POSTDELIVERY CARE)	\$731.48	\$734.79	100%		
D5213	UPPER PARTIAL-CAST METAL FRAME W RESIN DENTURE BAS	\$782.51	\$762.86	103%		
D5214	LOWER PARTIAL-CAST METAL FRAME W RESIN DENTURE BAS	\$782.51	\$768.15	102%		
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$71.40	\$75.04	95%		
D7210	SURG REMOVAL ERUPTED TOOTH REQ ELEV FLAP, BONE RMVL	\$94.71	\$131.01	72%		
D7240	REMOVAL OF IMPACTED TOOTHCOMPLETELY BONY	\$194.06	\$208.28	93%		
Overall Average		\$253.47	\$253.06	100%		

#### Observations from the dental services rate comparisons include:

- Utah Medicaid rates are an average of 100 percent of the other state rates across the codes in the sample, with the highest rate at 124 percent for D0230, and the lowest rate at 70 percent for D2950.
- When averaging the reimbursement rates for the sampled states, Utah Medicaid rates are higher than three states and lower than two states. At the highest end, Utah Medicaid rates are an average of 131 percent of dental rates in Nevada, and at the lowest end, 80 percent of the dental rates in Montana.

The accompanying exhibit (Microsoft Excel workbook titled "Dental Exhibit A Utah Rate Study") contains the complete list of the procedure codes in this comparison along with the Utah Medicaid rates and the other state Medicaid rates for each code.