

97% of Medicaid members are enrolled in a managed care organization (MCO)

Expand access to care by:

- Serving a broader population base
- Promoting well-being for all members of your community

FINANCIAL IMPACT

No added cost to process payments

Diversify secured reimbursement

Credentialing times improved

Average wait times are currently

53 days

for a child with Medicaid to get a dental appointment

\$12 million+

added to select dental fees for 2025

190

dental codes covered on the state fee schedule



Flexible

fee schedules for each MCO

MEDICAID MYTHS

MYTH: *I have to accept everyone with that insurance if I sign up.*

FACT: You may choose how many patients to add under a particular insurance.

MYTH: *I can't make a difference just by seeing a few patients.*

FACT: You can set a 3-5% medicaid ratio and help a lot of people.

MYTH: *I can't afford all the no-shows.*

FACT: You can dismiss a patient if needed.

MYTH: *I don't want to sign up for all of the health plans. It's too much paperwork.*

FACT: You can participate in one MCO or up to all 5 in a region.

MYTH: *It's harder to sign up for Medicaid compared to private insurance plans.*

FACT: Most MCOs have live reps that can help you.

MYTH: *I can't afford to take the low fees.*

FACT: You can negotiate your own fee schedule with each MCO.

A New Look on Enrollment as a Medicaid Provider



Learn more about how you can help people in your community



Enroll Now!



Services covered by Medicaid

All medically necessary dental services for children 0-21 enrolled in Medicaid

Medically necessary dental services for adults 21+ enrolled in Medicaid:

- Diagnostic (exam & X-rays)
- Preventive
- Restorations (amalgam & composite)
- Extractions and other types of oral surgery
- Complete and partial dentures

Limited to one set per lifetime without an approved benefit limit exception (BLE) or program exception (PE)

Endodontic services, crowns, and periodontal services require a BLE or PE in order for the service to be covered. Refer to [Medicaid bulletin 08-21-01](#) for more information.



Recent Additions

\$12 million budget increase for select dental codes in 2024-2025

Postpartum eligibility extended up to one year after giving birth

Teledentistry coverage

D0140 - Emergency exams

D1206 - Topical fluoride varnish (Up to 6 times per year)

D1310 - Nutritional counseling

D1320 - Tobacco/Nicotine cessation

D1330 - Oral hygiene instruction

D3921 - Decoronation or submergence of an erupted tooth

D9947 - Custom sleep appliance fabrication and placement

D9948/9949 - Adjustment and repair of custom sleep apnea appliance

D4346 - therapeutic service performed after evaluation and diagnosis of gingivitis to remove all deposits and promote tissue healing



Included POS for dentist consultations in inpatient or observation settings

Dentists/dental specialists were added to render services for members experiencing unsheltered homelessness in their lived environment (“street medicine”).

In both the MA Fee-for-Service and Managed Care programs, there is an established process where a provider may request coverage for items or services which the MA program does not have an established fee or request coverage for services exceeding the established limits. The requests are known as Program Exceptions and providers should check with the MA Managed Care Organization for the process to request the exception.