

# Medicaid Coverage for Preventative vs Restorative vs Space Maintenance Services in Pediatric Dentistry in Pennsylvania

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## PURPOSE

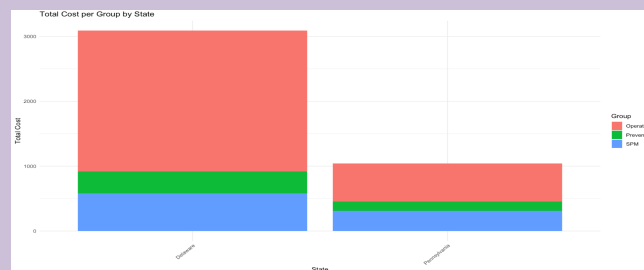
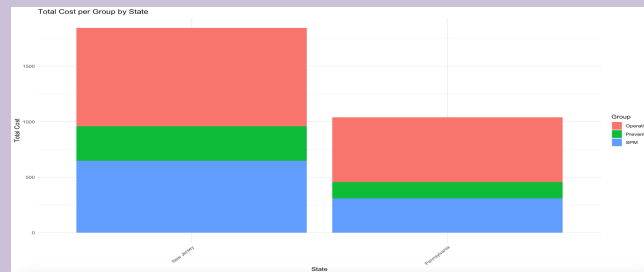
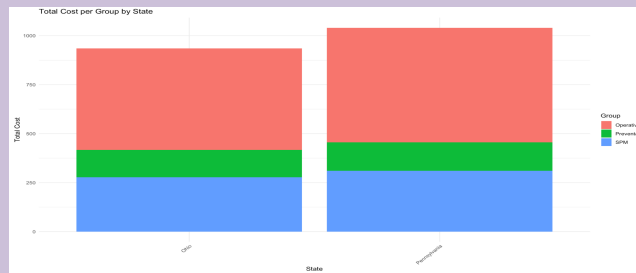
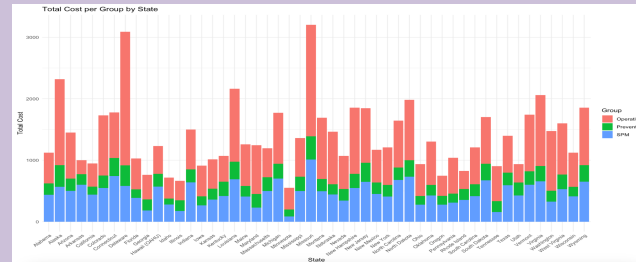
The purpose of this research project was to compare Medicaid reimbursement rates for preventative vs restorative vs space maintenance procedures in Pennsylvania and other states.

## INTRODUCTION

Pediatric dental caries is the most common chronic disease among youth, affecting 46% of children ages two-19 years old. Children, therefore, deserve access to the prevention and treatment of dental caries as well as access to space maintainers which are necessary in maintaining proper oral health by preventing complications like crowding and misalignment in those affected by the dental caries disease process. Early childhood caries affects the general population, but are 32 times more likely to occur in infants who are of low socioeconomic status (SES), who consume a diet high in sugar, and whose mothers have a low education level. The prevalence of total and untreated dental caries increases as family income levels decrease. Youth in families with incomes greater than 300% of the federal poverty level have the lowest prevalence of both untreated and total dental caries. Many of these children of low SES are enrolled in Medicaid. Medicaid provides free or low-cost medical benefits to adults and children with limited income and resources. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid and at a minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health. The aim of the study is to analyze financial compensation for various types of pediatric dental services including preventative, restorative, and space maintenance using government insurance in different states of the United States of America.

## METHODS

1. We reviewed Medicaid dental fee schedules of all 50 states to compare preventative vs restorative vs space maintenance coverage using CDT codes.
2. Preventative services include sealants, comprehensive exam, prophylaxis, fluoride varnish, BW, panoramic.
3. Restorative services which include SSC, resin crown, 1 surface resin, 2 surface resin, pulpotomy, pulpectomy, zirconia crown.
4. Space maintenance services which included unilateral SPM, bilateral SPM, distal shoe.
5. We separated each service into one of three categories: operative, preventative or space maintenance to compare priorities of the state allocation of funds.
6. Specifically we were interested in how Medicaid reimbursement rates compare when looking at Pennsylvania and surrounding states with these categories.
7. Pennsylvania is very similar to Ohio, but varies greatly compared to Delaware and New Jersey, showing that states in the same region can vary greatly with priorities for dental reimbursement



## RESULTS

By using descriptive statistics, there is quite a bit of range and distribution difference in these states with regards to each of our categories and overall reimbursement rates. However, using statistical analysis to determine variance and significance, the only statistical differences noted via p values are when comparing preventative procedures between Pennsylvania and New Jersey ( $p = 0.003$ ), and all of the comparisons from Pennsylvania to Delaware (restorative  $p = 0.001$ ; preventative  $p = 0.03$ ; space maintenance  $p = 0.001$ ). Greater statistical analysis could be performed since the data is not necessarily normal or comprehensive (in that some states cover procedures that others don't). However, as costs of procedures do not vary to the level that pricing does, there can still be impact on the access to care and reimbursement rates that are not captured in statistical analyses.

## DISCUSSION

Medicaid reimbursement for dental procedures is impacted by many inputs, including state budgets, number of participants on Medicaid, youth population and regionality. Reimbursement for dental procedures varies greatly amongst states, and doesn't seem to be affected by just one of these factors, as seen with the variety of total reimbursement for procedures and proportions each state allocates to the types of procedures. Medicaid is a state run program that uses both state and federal funds, which leads to great differences in programming.

## CONCLUSIONS

This pilot project comparing reimbursement for specific procedures shows the vast range for how reimbursement varies amongst states, even in the same region. It can be the basis for future projects gauging more specifics with regards to reimbursement. More analysis on how state budgets and regionality affects priorities with reimbursement would be helpful.

## REFERENCES

1. American Academy of Pediatric Dentistry. Guideline on Perinatal and Infant Oral Health. *Pediatr Dent* 2016;38:150-4.
2. Fleming E, Afful J. Prevalence of total and untreated dental caries among youth: United States, 2015-2016. *NCHS Data Brief*. 2018;307:1-8.