



Medicaid Oversight & Advisory Board

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Overview

- Kentucky Oral Health
- Medicaid Dental Reimbursement
 - History
 - Dental Cost of Care
 - Preventative vs. Restorative
- Network Adequacy
- Policy Considerations

Kentucky Oral Health

- Kentucky ranks 45th - 49th nationally in oral health
- Dental Medicaid rates are lower than 60% of commercial rate.
- Dentists face rising costs, but Medicaid rates have stayed the same for over two decades (20 years).
- As a result, many providers are limiting or leaving Medicaid.
- Dental care makes up less than 2% of Kentucky's Medicaid budget, compared to the 3.5% national average.
- Low reimbursement / limited network =
 - Rural access gaps
 - Longer wait times
 - Higher ER utilization

Medicaid Dental Rate Changes

Year	Action	Notes
1997	Reimbursement levels set at 75% of 1987 UCR.	
2002	Pediatric increase in reimbursements for individuals under 18 years of age	
2011 - 2014	Initial MCO Contracts Signed ACA Expansion added adult preventive benefit.	Dentists saw a rate decrease to dentist by about 10% during this time period.
2022	DMS expanded adult dental coverage (implants, dentures, etc.)	No additional funding for this expansion
2024	Oral Surgery code reimbursement increase & Adult prophylaxis increase HB 6: The final budget bill included language directing the Legislative Research Commissioner to conduct a rebasing study.	

Kentucky dentists are working from a reduced 1997 fee schedule while costs have risen 60–80%.

Example of Dental Procedure Cost

Microbrushes (X2)	\$0.30
Chair Cover	\$0.15
Masks (for operator and assistant)	\$0.30
Saliva Ejector	\$0.03
HVE	\$0.01
Barrier tape (x4)	\$0.03
Microprime	\$0.54
SDR Flow (bulk fill)	\$6.20
Protector/Needle recapping protector	\$0.18
TPH spectra (packable composite)	\$7.50
Patient Bib	\$0.07
Bib Holder (disposable)	\$0.04
30 gauge needle	\$0.14
Prime and Bond elect	\$1.75
Optim Wipes	\$0.14
Cotton Rolls/Dry angle	\$0.80
Air Water syringe tip (x2)	\$0.53
Anesthetic	\$2.50
Sterilization pouches	\$0.23
Sterilizatons wraps	\$0.14
Burs (prepping/finishing/polishing)	\$35.97
2x2s (x5)	\$2.20
Gloves (for operator and assistant)	\$2.00
Etch	\$1.14
Total without Assistant Time	\$63.20
Assistant's time/hour	\$26.00
Total with 1 hour of Assistant Time	\$89.20

Preventative vs. Restorative

Filling (The goal is to save the tooth and prevent further decay)

Code	Description	Kentucky	Missouri	Ohio	Indiana	Virginia	West Virginia
D2140	Amalgam, 1-surface	\$38.00	\$132.00	\$78.60	\$63.47	\$77.19	\$80.30
D2150	Amalgam, 2-surface	\$50.00	\$165.60	\$103.19	\$80.30	\$98.19	\$97.90
D2160	Amalgam, 3-surface	\$59.00	\$202.40	\$124.22	\$98.14	\$115.93	\$113.30
D2161	Amalgam, 4+ surface	\$72.00	\$236.00	\$146.27	\$115.90	\$130.47	\$127.60

Root Canal (The Goal is to save a tooth to prevent an extraction)

Code	Description	Kentucky	Missouri	Ohio	Indiana	Virginia	West Virginia
D3310	Anterior Root Canal	\$274.30	\$695.20	\$473.22	\$517.30	\$487.50	\$445.50
D3320	Bicuspid Root Canal	\$344.50	\$787.20	\$569.67	\$594.87	\$559.00	\$548.99
D3330	Molar Root Canal	\$481.00	\$956.00	\$724.00	\$719.77	\$559.00	\$693.00

Extraction (A tooth is pulled when it can no longer be saved)

Code	Description	Kentucky	Missouri	Ohio	Indiana	Virginia	West Virginia
D7140	Extraction	\$82.50	\$52.29	\$113.36	\$137.15	\$89.70	\$88.00
D7210	Surgical Extraction	\$148.50	\$89.83	\$113.36	\$200.86	\$166.40	\$143.00

Kentucky pays more to extract a tooth than to prevent the tooth from being lost or to save the tooth.

Dental Medicaid Reimbursement Takeaways

Reimbursement Rates Are Unsustainably Low

- Kentucky Medicaid dental rates are among the lowest in the nation—often lower than 60% of commercial rate and in many cases below the actual cost of providing care.
- Most dental practices lose money on Medicaid patients, forcing them to limit or stop participation.
- This directly impacts access, especially for adults, seniors, and individuals with disabilities.

Rates Haven't Been Updated in Over 20 Years

- Inflation, staffing shortages, and supply cost increases have eroded the real value of reimbursement.
- Kentucky's rates no longer reflect modern costs of care or workforce realities.
- Unlike medical services tied to Medicare rates, dental lacks that reference.

Dental Medicaid Reimbursement Takeaways Continued

Access to Care and Network Adequacy Are Declining

- Dental Medicaid participation is shrinking..
- Longer wait times and travel distances are now common for Medicaid patients.
- Limited access leads to higher emergency room utilization — Kentucky still spends about \$9 million per year on ER dental visits.

Low Rates Cost the State More in the Long Run

- Preventive care reduces costly ER visits and hospitalizations..
- Investing in reimbursement stability saves money by preventing untreated infections, tooth loss, and secondary health complications (e.g., diabetes, heart disease).
- Every dollar invested in dental prevention yields \$3–\$4 in avoided medical costs.

Workforce Recruitment and Retention

- New dental graduates carry high student debt.
- Competitive rates help offices hire hygienists, expand hours, and serve more patients.
- Without updates, Kentucky risks further provider attrition and worsening health disparities.

Network Adequacy Impacts

- **Unsustainable reimbursement:** Most Kentucky dental practices lose money treating Medicaid patients because rates for exams, cleanings, and fillings fall below the actual cost of care — often less than 60% of commercial rates.
- **Eroding provider network:** When reimbursement doesn't cover costs, many providers limit or stop accepting Medicaid, reducing access for both adults and children.
- **Widening access gaps:** In rural and underserved counties, patients face months-long waits or must travel hours for basic dental care.
- **Emergency room reliance:** Without a stable network, preventable oral health issues escalate — leading to \$9 million in ER visits annually for dental pain and infections.
- **Downstream costs:** Each ER visit for dental pain can cost significantly more than a preventive visit, straining both state and federal Medicaid budgets.
- **Network adequacy depends on reimbursement stability:** Adequate rates ensure providers can hire hygienists, invest in modern equipment, and accept new patients — sustaining a functional dental home network.

Considerations Reimbursement & Network Adequacy

- **Unsustainable rates** — Current Medicaid reimbursement covers less than 60% of commercial rates, below the cost of providing care.
- **Provider attrition** — Practices reduce or stop accepting Medicaid patients, shrinking the provider network.
- **Access inequity** — Rural and underserved counties experience months-long waits and long travel distances for basic care.
- **Emergency department reliance** — Limited preventive access drives ~\$9 million annually in ER dental visits.
- **System strain** — Each ER visit for dental pain costs several times more than preventive care, burdening Medicaid budgets.
- **Stable reimbursement = stable network** — Sustainable rates support hiring, technology, and patient capacity—core components of network adequacy.

Policy Considerations

- Complete the rate rebasing study (HB 6, 2024) and act on recommendations in 2026 Budget Session.
- Increase Dental Reimbursement in the upcoming legislative session.
- Establish a recurring rate review mechanism tied to inflation, cost-of-care data, and network adequacy metrics.
- Adopt benchmark alignment.
- Prioritize prevention — incentivize preventive and restorative care over extractions and ER visits.
- Support workforce stability — ensure reimbursement supports dental hygienists and new graduates entering Medicaid practice.



THANK YOU!

QUESTIONS