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Minnesota Medicaid

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.[i] One in five Americans are enrolled in Medicaid[ii]. In Minnesota, the Department of Human Services (DHS) is the Medicaid agency.

States are required to provide dental benefits to children covered by Medicaid, but states choose whether to provide dental benefits for adults. Required dental services for children must minimally include:

- Relief of pain and infections
- Restoration of teeth
- Maintenance of dental health

States have flexibility to determine what dental benefits are provided to adult Medicaid enrollees. While most states provide at least emergency dental services for adults, less than half of the states currently provide comprehensive dental care. There are no minimum requirements for adult dental coverage.[iii] The 2023 Minnesota legislature approved expansion of the non-pregnant adult dental benefit to "match" that of the children and pregnant women benefit.

The Centers for Medicare and Medicaid Services (CMS) defines three levels of dental coverage:

1. Emergency Only: Relief of pain in defined emergency situations
2. Limited: Fewer than 100 CDT codes for diagnostic, preventive, and minor restorative procedures identified by the American Dental Association (ADA)
3. Extensive: A comprehensive mix of more than 100 CDT codes

Medicaid in Minnesota is known as Medical Assistance, or MA. The Minnesota Medical Assistance dental benefit provides medically necessary, cost-effective care. The Minnesota legislature has guidelines for Medical Assistance dental coverage in state statute and rule[iv], which DHS administers as the state's Medicaid Agency.

For Dental Providers

This briefing aims to clarify Medicaid regulations for dentists related to billing of patients. DHS intends that individuals with Medicaid insurance receive services from a Medicaid enrolled provider so that the individual can utilize their Medicaid benefits.

Medicaid regulations only apply to providers who have chosen to participate, even if the patient being treated is enrolled with Medicaid. Medicaid requires providers to be enrolled to receive Medicaid dollars for reimbursement of covered services rendered[v] [vi] If your non-enrolled office treats a Medicaid-enrolled patient,

your office is not bound by Medicaid rules. A non-enrolled provider follows their office's standard billing practices for the patient even when the patient has Medicaid dental benefits. Medicaid does not have any authority over a non-enrolled provider's billing practices.

Any dental service that is not included in the Medicaid benefit set can be billed to the patient by an enrolled provider, as long as financial consent has been obtained from the patient BEFORE treatment is started. Medical Assistance calls this form the "Advance Recipient Notice of Non-covered Service/Item" and can be found here. As defined in the DHS manual:

"A service is not covered if: a. It is never covered by MHCP; or b. MHCP does not cover the service under the member's major program benefit or the member does not meet MHCP criteria for the service; or c. It is being provided by a provider that is out of network and a single case agreement has not been established."

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_146878#ncs

This "Advance Recipient Notice of Non-covered Service/Item" form is only required when the following three conditions exist concurrently:

1. The dental provider is enrolled with Medicaid
2. The patient is enrolled in Medicaid
3. The treatment recommended is not contained in the Medicaid benefit set.

Non-enrolled providers do not need to use the Advance Recipient Notice and may follow their office's standard billing practices.

CMS prohibits a Medicaid-enrolled dentist from balance billing the Medicaid-enrolled patient for services included in the Medicaid dental benefit. This means the payment by Medicaid to the dentist for a covered service is considered "payment in full." This only applies when the provider and the patient are both enrolled in Medicaid.

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[i] Medicaid | Medicaid

[ii] 10 Things to Know about Medicaid: Setting the Facts Straight | KFF

[iii] Dental Care | Medicaid

[iv] Minnesota Rules, 9505.0270 (Dental Services) Minnesota Rules, 9505.0445 (Payment Rates) Minnesota Statutes, 256B.0625, subdivision 9 (Covered services; Dental services)

[v] 42 CFR §455. [Minnesota Statutes, §256B.69, subd. 37; and 42 CFR §438.602(b)]

[vi] Sec. 256B.0625 MN Statutes, subd 55