

# 2023 Medicaid & CHIP Beneficiaries at a Glance: Oral Health

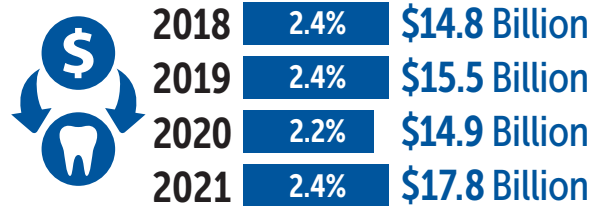
## KEY FACTS

Oral health is vital to overall health and well-being. Dental caries is the most common chronic disease among children and adults in the United States. Oral diseases like tooth decay, gum disease, and oral cancer greatly impact daily life, including speaking, eating, and interacting with others.<sup>1</sup>

### Impact of Poor Oral Health Across the Lifespan<sup>1</sup>

Children and Adolescents	Adults	Pregnant Individuals	Older Adults
<ul style="list-style-type: none"> <li>Delayed growth and development</li> <li>Impaired school attendance and academic performance</li> </ul>	<ul style="list-style-type: none"> <li>Increased risk of chronic health conditions</li> <li>Lower work productivity and employability</li> </ul>	<ul style="list-style-type: none"> <li>Increased risk of health complications</li> <li>Preterm birth and low birth weight</li> </ul>	<ul style="list-style-type: none"> <li>Nutritional deficiencies due to trouble eating</li> <li>Declining overall health and longevity</li> </ul>

### Medicaid and CHIP Expenditures for Dental Services, 2018-2021<sup>2</sup>

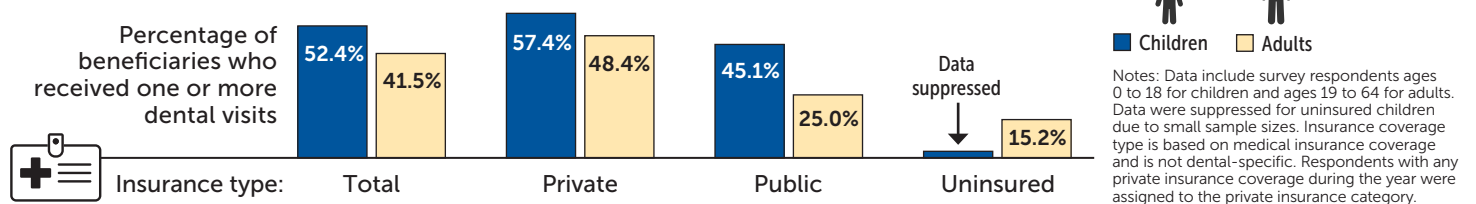


■ Dental service expenditures as a percentage of total expenditures

Note: Dental expenditures in this exhibit do not include spillover medical costs such as dental-related visits to hospital emergency departments, inpatient admissions, or exacerbation of conditions such as diabetes attributable to poor oral health.

### DISPARITIES IN DENTAL CARE USE BY INSURANCE TYPE

#### Dental Visit Utilization by Type of Medical Insurance Coverage, 2019<sup>3</sup>



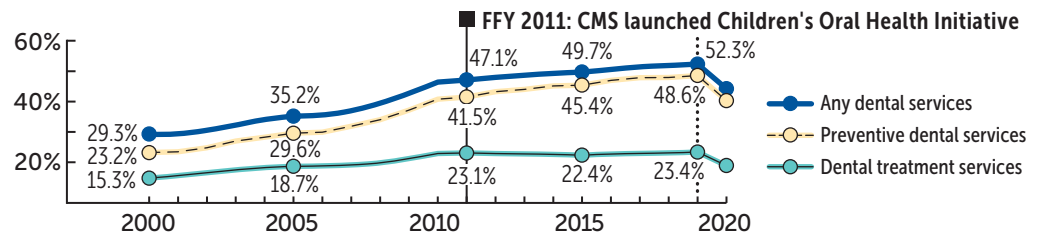
Notes: Data include survey respondents ages 0 to 18 for children and ages 19 to 64 for adults. Data were suppressed for uninsured children due to small sample sizes. Insurance coverage type is based on medical insurance coverage and is not dental-specific. Respondents with any private insurance coverage during the year were assigned to the private insurance category.

### Child and Adolescent Oral Health

States are required to provide dental benefits to children covered by Medicaid and CHIP.

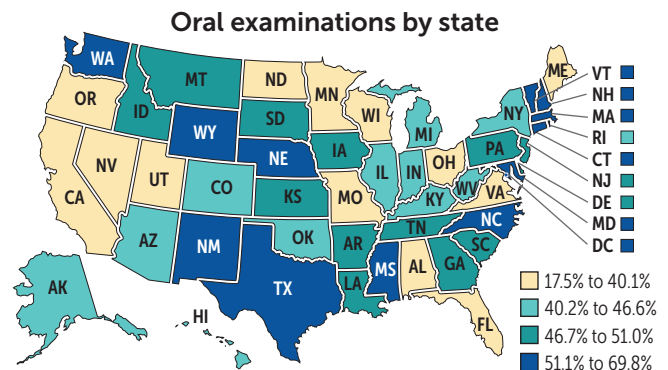
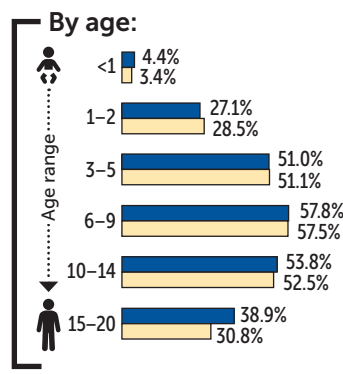
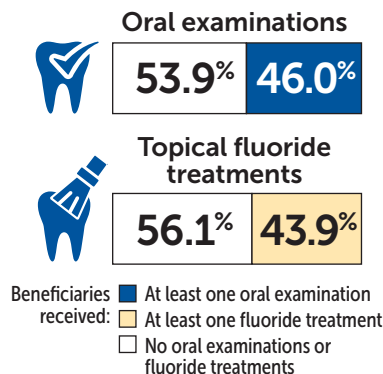
#### ACCESS/UTILIZATION OF CHILDREN AND ADOLESCENTS' ORAL HEALTH CARE SERVICES

#### Percentage of Children and Adolescents, Ages 1 to 20, Enrolled in Medicaid for at Least 90 Continuous Days Who Received Dental Services, FFY 2000-2020<sup>4</sup>



Notes: Federal fiscal year (FFY) 2011-2020 percentages include data reported by states to CMS as of March 4, 2022. The data reflect the national percentage of children receiving selected dental services across states from FFY 2000 to FFY 2020. The highest rates of dental service use occurred in FFY 2019, as indicated by the dotted line in the exhibit. Rates of service use fell in FFY 2020 due to disruptions in care during the COVID-19 public health emergency.

#### Percentage of Medicaid Children and Adolescents Under Age 21 Who Received Oral Examinations\* or Topical Fluoride Treatments,\*\* 2018<sup>5</sup>




\*Oral examinations are defined according to logic adapted from the 2021 Oral Evaluation, Dental Services (OEV-CH-A) measure in the Dental Quality Alliance (DQA) Pediatric Measure Set. Due to concerns with the quality of Provider Taxonomy information in the T-MSIS Analytic Files (TAF), this exhibit does not require the service be rendered by or under the supervision of a dentist and instead counts all services billed with a Current Dental Terminology (CDT) code indicating an oral examination (D0120, D0145, D0150).

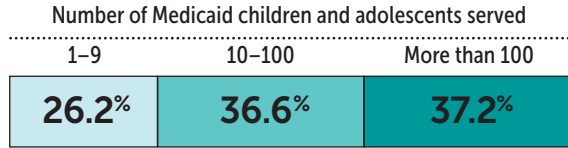
\*\* Topical fluoride treatments are defined according to logic adapted from the 2021 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental or Oral Health Services (TFL-CH-A(D/OH)) measure in the DQA Pediatric Measure Set, which identifies services with CDT codes D1206 and D1208. We also identify services with the Current Procedural Terminology (CPT) code 91188 for fluoride varnish application. This exhibit does not require the service be rendered by or under the supervision of a dentist and instead counts all services billed with a CDT or CPT code indicating a fluoride treatment.

Notes: The exhibits include beneficiaries under age 21 who were enrolled in Medicaid (including Medicaid expansion CHIP (M-CHIP)) with comprehensive benefits for at least 6 continuous months in 2018. Totals may not sum to 100% due to rounding.

## Dental Provider Participation by Number of Medicaid Children and Adolescents Served, 2018<sup>5</sup>



**2.7**  
Median Number of Preventive Dental Providers per 1,000 Beneficiaries

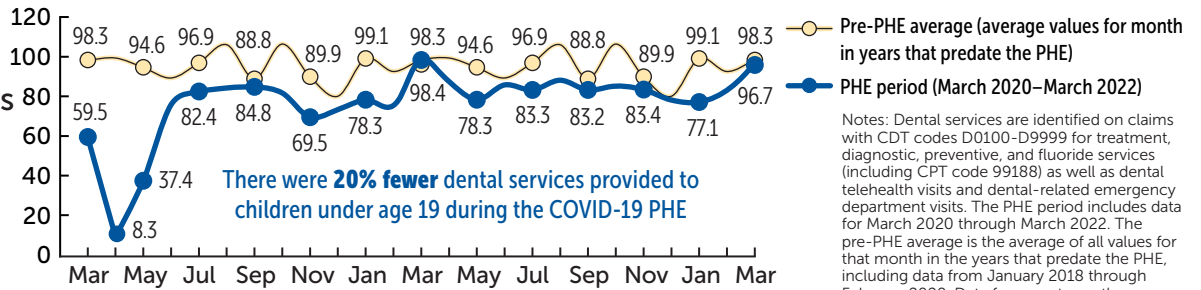


**87,419 dental providers delivered primary dental care to at least one Medicaid beneficiary under age 21**

Notes: This analysis includes beneficiaries under age 21 who were enrolled in Medicaid with comprehensive benefits for at least 6 continuous months in 2018. Participating dental providers are defined as those who provided at least one oral examination or fluoride treatment to at least one Medicaid beneficiary under age 21 in 2018. These results do not include providers who were not Medicaid-enrolled or who were Medicaid-enrolled but did not serve at least one Medicaid beneficiary under age 21. Dental services billed with a CDT code were assumed to be provided by or under the supervision of a dentist unless the provider taxonomy code indicated a physician, nurse practitioner, or clinical nurse specialist. Fluoride treatment services billed with CPT code 99188 were assumed to be provided by a non-dental provider unless the provider taxonomy code indicated a dental provider.

### IMPACT OF COVID-19 ON CHILDREN AND ADOLESCENTS' DENTAL SERVICES

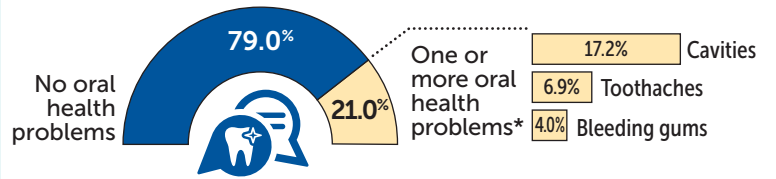
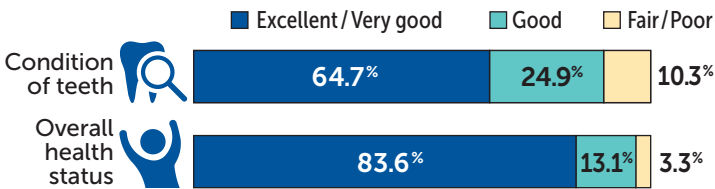
Number of Dental Services per 1,000 Medicaid Beneficiaries Under Age 19 During the COVID-19 Public Health Emergency (PHE)<sup>6</sup>



Notes: Dental services are identified on claims with CDT codes D0100-D9999 for treatment, diagnostic, preventive, and fluoride services (including CPT code 99188) as well as dental telehealth visits and dental-related emergency department visits. The PHE period includes data for March 2020 through March 2022. The pre-PHE average is the average of all values for that month in the years that predate the PHE, including data from January 2018 through February 2020. Data for recent months are likely to be understated due to claims lag.

### CHILDREN AND ADOLESCENTS' ORAL HEALTH STATUS

## Oral Health and Overall Health for Publicly Insured Children and Adolescents Under Age 18, 2020<sup>7</sup>



Notes: These exhibits include survey respondents with any public insurance coverage (alone or in combination with private insurance) at the time of the survey. Reported condition of teeth includes respondents ages 1 to 17 and does not include children without any teeth at the time of the survey. Reported health status includes respondents ages 0 to 17. All survey responses are provided by parents or guardians of the children represented in the data. Totals may not sum to 100% due to rounding.

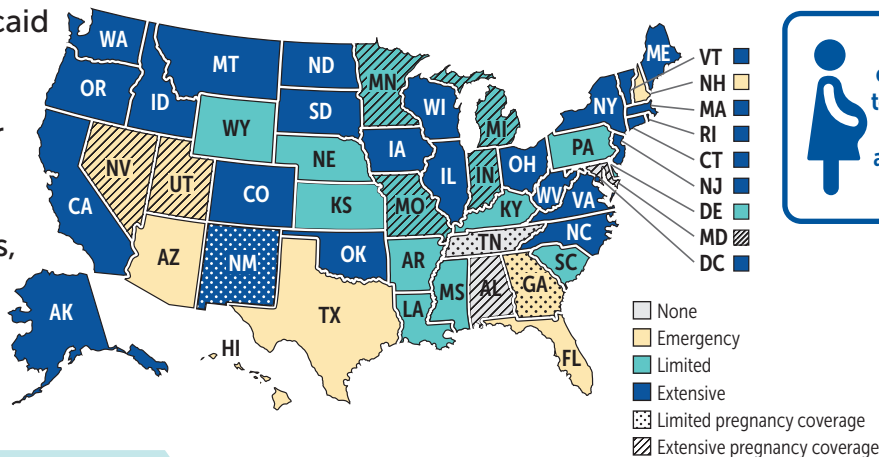
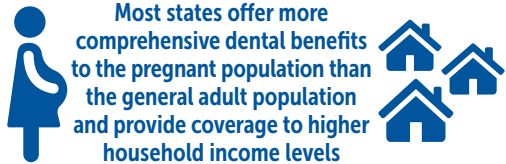
\* Detailed oral health problem percentages do not sum to 21.0% because respondents can report more than one type of oral health problem.

### Adult Oral Health

#### MEDICAID COVERAGE FOR ADULTS' DENTAL CARE

Dental care for adult beneficiaries is an optional benefit for state Medicaid programs.

State Medicaid Coverage of Dental Services for Adult and Pregnant Populations, 2022<sup>8</sup>

**Most states offer more comprehensive dental benefits to the pregnant population than the general adult population and provide coverage to higher household income levels**

Notes: The none category indicates no dental services covered for adults. The emergency category includes coverage for services provided for the relief of pain and infection under defined emergency situations. The limited category includes coverage for fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure cap for care is \$1,000 or less. The extensive category includes a comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA; per-person annual expenditure cap is at least \$1,000. States that offer a different level of dental coverage for pregnant populations than the general adult population are identified with a dotted or hatched overlay corresponding to the coverage assignment for pregnant populations. The National Academy for State Health Policy regularly updates this information according to changes in Medicaid dental coverage policies; this map reflects active state dental program policies as of October 20, 2022.

### ADULTS' ORAL HEALTH STATUS

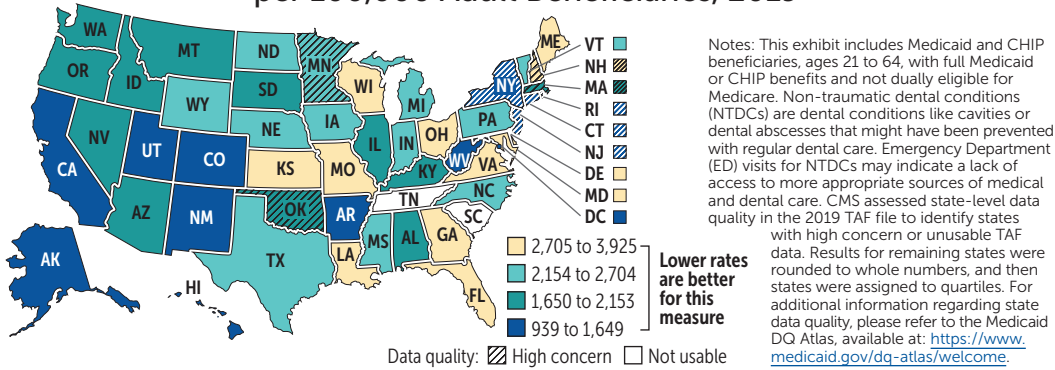


**8.8%**

Publicly Insured Adults, Ages 18 to 64, Reported Loss of All Natural Teeth, 2018<sup>9</sup>

Note: Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans.

## Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, 2019<sup>10</sup>



25.0%

Publicly Insured Adults, Ages 19 to 64, Had at Least One Dental Care Visit, 2019<sup>3</sup>

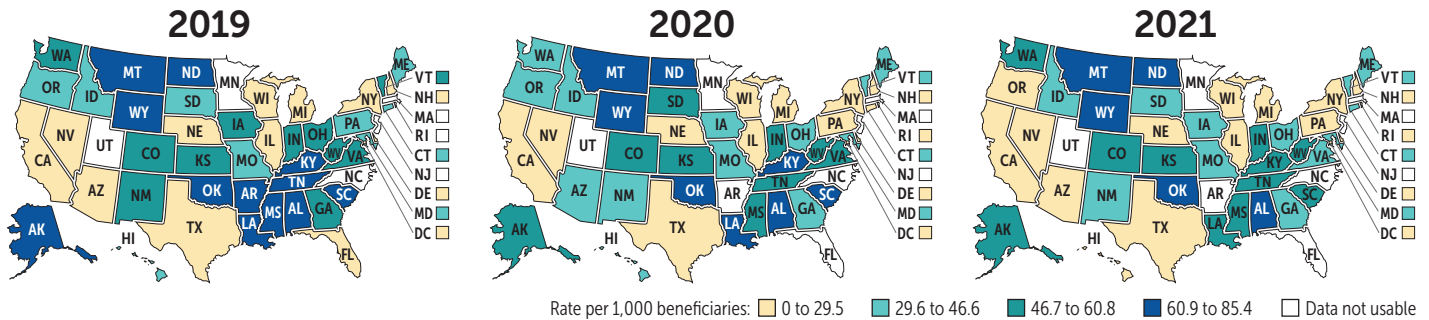
Note: Data include survey respondents ages 19 to 64 with Medicaid or other public insurance coverage at the time of the survey.

## Dental-Related Opioid Prescriptions

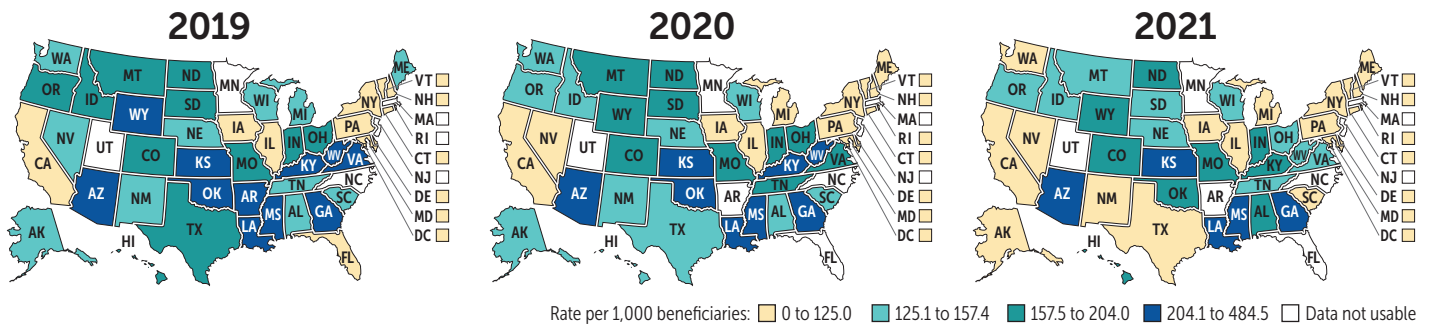
From 2019 to 2021, rates of adult Medicaid beneficiaries receiving a dental opioid prescription fell from 134 to 105 per 1,000 beneficiaries. Rates declined for adolescents, from 38 to 33 per 1,000 beneficiaries.

### Rate of Beneficiaries Receiving an Opioid Prescription After a Dental Visit, 2019-2021<sup>11</sup>

Adolescents ages 12 to 20



Adults ages 21 to 64



Notes: This exhibit includes adolescents (ages 12 to 20) and adults (ages 21 to 64) who were enrolled in Medicaid and CHIP and had a dental visit in 2019-2021. Beneficiaries were identified as having an opioid prescription if they received a prescription within seven days of a dental visit. Any opioid prescriptions within seven days of a medical visit were excluded from the analysis since these prescriptions could not be attributed exclusively to a dental visit. CMS assessed state-level data quality in the 2019-2021 TAF to identify states with high concern or unusable TAF data. Quartiles for 2019 were assigned among remaining states, and the 2019 quartiles were applied for the 2020 and 2021 maps to show changes in opioid prescriptions for adolescents and adults over time.

For additional information regarding state data quality, please refer to the Medicaid DQ Atlas, available at: <https://www.medicaid.gov/dq-atlas/welcome>.

## DATA SOURCES

1. National Institutes of Health. Oral Health in America: Advances and Challenges. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2021.
2. Based on 2021 National Health Expenditures data from the National Health Statistics Group, Office of the Actuary, Centers for Medicare & Medicaid Services.
3. Based on Mathematica analysis of 2019 Medical Expenditure Panel Survey data, obtained through the IPUMS Health Surveys: MEPS Version 2.1 at <https://meps.ipums.org/meps/>.
4. FFY 2000-2020 CMS-416 reports, Lines 1b, 12a, 12b, and 12c, as of March 4, 2022. The FFY 2020 percentages include data from the CMS-generated report using T-MSIS for states that selected the option for T-MSIS Analytic File (TAF) reporting.
5. Based on Mathematica analysis of TAF 2018 version 4 data.
6. Based on Mathematica analysis of TAF 2018-2022 version 7 data.
7. Based on Mathematica analysis of 2020 National Survey of Children's Health data.
8. State Medicaid Coverage of Dental Services for General Adult and Pregnant Populations, National Academy for State Health Policy (NASHP), updated on October 20, 2022.
9. Based on Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2018.
10. Based on CMS analysis of TAF 2019 version 5 data.
11. Based on CMS analysis of TAF 2019-2021 version 7 data.

**Suggested Citation: Center for Medicaid and CHIP Services, Division of Quality and Health Outcomes. 2023 Medicaid & CHIP Beneficiaries at a Glance: Oral Health. Centers for Medicare & Medicaid Services. Baltimore, MD. Released March 2023.**

If you would like more information about the Medicaid and CHIP programs and their beneficiaries, please see the **2022 Medicaid and CHIP Beneficiary Profile** which provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of the beneficiaries covered by Medicaid and CHIP. It is available at: <https://www.medicaid.gov/medicaid/quality-of-care/index.html>.