



# Commonwealth of Virginia Department of Medical Assistance Services

## 2022–23 Dental Utilization in Pregnant Women Data Brief

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## 1. Overview and Methodology

The Commonwealth of Virginia Department of Medicaid Assistance Services (DMAS) contracted with Health Services Advisory Group, Inc. (HSAG) to assess dental utilization and birth outcomes among pregnant women covered by Virginia Medicaid or the Family Access to Medical Insurance Security (FAMIS) MOMS program through the Virginia Medicaid Smiles For Children (SFC) program that is administered by DentaQuest.<sup>1-1</sup>

The assessment includes all women with deliveries during calendar year (CY) 2022 (i.e., January 1 through December 31, 2022).<sup>1-2</sup> HSAG used deterministic and probabilistic data linking to match eligible members with birth registry records to identify births paid by Virginia Medicaid during CY 2022 provided by DMAS and the Virginia Department of Health (VDH). HSAG included women of any age at the time of conception in this analysis. Since women less than 21 years of age are eligible for dental services under a separate benefit, HSAG reported this age group separately from the 21 years of age and older group.

HSAG used dental encounter data to identify which dental services, if any, were utilized during the preconception, prenatal, and postpartum periods for women during CY 2022.<sup>1-3</sup> Dental services were identified and grouped according to DentaQuest's covered services and categories. Please see Appendix A for further details. Since the SFC program expansion did not start until July 1, 2021, HSAG only evaluated preconception dental services for women who had a conception date on or after January 1, 2022, and were continuously enrolled for six months prior to the date of conception. Additionally, on July 1, 2022, DMAS expanded postpartum benefits from 60 days to 12 months after delivery for women enrolled in FAMIS MOMS and Medicaid for Pregnant Women.<sup>1-4</sup> Since postpartum coverage was expanded in the middle of the evaluation period, HSAG expanded the postpartum window to six months after delivery, up from 60 days in prior reports. Postpartum data for deliveries at the end of the measurement year may be incomplete and women with deliveries prior to April 2022 may have a gap in coverage between the end of their 60 days postpartum coverage and the expansion of postpartum benefits.

In addition to calculating dental utilization rates, HSAG also performed a statistical analysis related to the association of the receipt of dental health services and the following birth outcomes:

- Relationship between dental utilization and preterm birth (<37 weeks gestation)

<sup>1-1</sup> Historically, the SFC program covered most dental services for children under 21 years of age and pregnant women 21 years of age and older through their pregnancy and postpartum period. Starting July 1, 2021, the SFC program also began covering comprehensive dental services for adults, 21 years of age and older, who are receiving full Medicaid benefits. Further information about the program is available at:

<https://www.dentaquest.com/getattachment/State-Plans/Regions/Virginia/Dentist-Page/VA-Smiles-For-Children-ORM.pdf/?lang=en-US>.

<sup>1-2</sup> A women's pregnancy would begin during March 2021 for a live birth delivered on January 1, 2022. Therefore, all women with deliveries beginning in CY 2022 would have been eligible for the SFC program, contingent upon their enrollment in Medicaid or FAMIS MOMS.

<sup>1-3</sup> The analysis only includes paid claims. All zero-paid claims were excluded.

<sup>1-4</sup> Virginia's Department of Medical Assistance Services. *Virginia Medicaid Announces 12-Month Postpartum Coverage*. Available at: <https://www.dmas.virginia.gov/media/4123/virginia-medicaid-announces-12-month-postpartum-coverage.pdf>. Accessed on: Sep 6, 2023.

- Relationship between dental utilization and newborns with low birth weight (<2,500 grams)
- Relationship between dental utilization and postpartum emergency department (ED) utilization for non-traumatic dental-related services
  - For this analysis, HSAG also evaluated the top primary diagnoses for the ED visit and timing of the ED visit in relation to the delivery.
- Relationship between dental utilization and postpartum ambulatory care utilization
- Relationship between dental utilization and timely prenatal care

To evaluate differences for each birth outcome for those who received dental health services and those who did not, HSAG used Pearson's Chi-square test with a  $p$ -value of 0.05 to determine significance between the two rates. Additionally, HSAG compared the utilization of dental services to each birth outcome for any dental service received as well as preventive services received.<sup>1-5</sup>

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<sup>1-5</sup> Please note that the analysis does not account for when visits are allowed by doctors; however, the results are stratified by overall dental utilization and preventive visits.

## 2. Findings

Overall, HSAG identified 37,260 deliveries during CY 2022 among 37,219 women. Of the 37,260 deliveries, 3,922 were to women less than 21 years of age and 33,338 were to women 21 years of age and older.

### Dental Utilization

Table 2-1 displays the count of deliveries from the study population wherein perinatal dental services were received (Num), the percentage of the study population wherein perinatal dental services were received (Rate), and percentage of deliveries that received any perinatal dental services (Percent of Num) for each age group (i.e., less than 21 years of age and 21 years of age and older), stratified by dental service category. Please note that a delivery is counted once for each applicable dental service category; thus, the same delivery may be included in more than one dental service category.

**Table 2-1—Distribution of Women With Perinatal Dental Utilization, by Dental Service Category**

Dental Service Category	Less Than 21 Years of Age			21 Years of Age and Older		
	Num*	Rate	Percent of Num	Num*	Rate	Percent of Num
Any Dental Service	1,010	25.75%	100.00%	6,938	20.81%	100.00%
Adjunctive General Services	305	7.78%	30.20%	1,285	3.85%	18.52%
Diagnostic Services	967	24.66%	95.74%	6,583	19.75%	94.88%
Endodontics	132	3.37%	13.07%	1,296	3.89%	18.68%
Oral and Maxillofacial Surgery	141	3.60%	13.96%	1,561	4.68%	22.50%
Periodontics	52	1.33%	5.15%	1,145	3.43%	16.50%
Preventive Services	745	19.00%	73.76%	3,538	10.61%	50.99%
Prosthodontics	S	S	S	130	0.39%	1.87%
Restorative	397	10.12%	39.31%	3,268	9.80%	47.10%

\*Because a woman may have had more than one dental service during the perinatal period, the count of deliveries for each dental service category may not sum to the overall number of deliveries among women with any dental service. S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.

As shown in Table 2-1, 25.75 percent (n=1,010) of deliveries to women less than 21 years of age received any perinatal dental service compared to 20.81 percent (n=6,938) of deliveries to women 21 years of age and older. For women less than 21 years of age, a larger proportion of deliveries that received any dental service were for Adjunctive General Services (30.20 percent) and Preventive Services (73.76 percent) compared to women 21 years of age and older. For women 21 years of age

and older, a larger proportion of deliveries that received any dental service were for Endodontics (18.68 percent), Oral and Maxillofacial Surgery (22.50 percent), Periodontics (16.50 percent), and Restorative (47.10 percent) compared to women less than 21 years of age.

Of the deliveries among women less than 21 years of age, 9.82 percent were deliveries wherein services were received during the prenatal period only and 8.36 percent were deliveries wherein services were received during the postpartum period. Additionally, 7.57 percent were deliveries wherein services were received during both the prenatal and postpartum periods. Of the deliveries among women 21 years of age and older, 7.56 percent were deliveries wherein services were received during the prenatal period only and 7.21 percent were deliveries wherein services were received during the postpartum period. Additionally, 6.04 percent were deliveries wherein services were received during both the prenatal and postpartum periods.

Table 2-2 displays the count of deliveries from the study population that received preconception dental services (Num), the percentage of deliveries from the study population that received preconception dental services (Rate), and percentage of deliveries wherein preconception dental services were received (Percent of Num) for each age group, stratified by dental service category. Please note that a delivery is counted once for each applicable dental service category; thus, the same delivery may be included in more than one dental service category. Women who were continuously enrolled for six months prior to conception and had a conception date later than January 1, 2022, are included in the results.

**Table 2-2—Distribution of Women With Preconception Dental Utilization, by Dental Service Category**

Dental Service Category	Less Than 21 Years of Age			21 Years of Age and Older		
	Num*	Rate	Percent of Num	Num*	Rate	Percent of Num
Any Dental Service	142	21.42%	100.00%	637	12.43%	100.00%
Adjunctive General Services	61	9.20%	42.96%	114	2.23%	17.90%
Diagnostic Services	127	19.16%	89.44%	553	10.79%	86.81%
Endodontics	15	2.26%	10.56%	73	1.42%	11.46%
Oral and Maxillofacial Surgery	26	3.92%	18.31%	161	3.14%	25.27%
Periodontics	S	S	S	61	1.19%	9.58%
Preventive Services	106	15.99%	74.65%	270	5.27%	42.39%
Prosthodontics	0	0.00%	0.00%	S	S	S
Restorative	46	6.94%	32.39%	265	5.17%	41.60%

*\*Because a woman may have had more than one dental service during the preconception period, the count of deliveries for each dental service category may not sum to the overall number of deliveries among women with any dental service. S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.*

As shown in Table 2-2, women less than 21 years of age received preconception dental services in 21.42 percent (n=142) of deliveries, while women 21 years of age and older received preconception dental services in 12.43 percent (n=637) of deliveries. Of the deliveries among women less than 21 years of age who received preconception dental services, 54.93 percent also received dental services during the perinatal period. Of the deliveries among women 21 years of age and older who received preconception dental services, 57.14 percent also received dental services during the perinatal period.

The distribution of deliveries among women receiving perinatal dental services varied widely by Medicaid program (i.e., Medicaid for Pregnant Women, Medicaid Expansion, FAMIS MOMS,<sup>2-1</sup> Low-Income Families with Children [LIFC], Other Medicaid,<sup>2-2</sup> or not enrolled); managed care program (i.e., Medallion 4.0 [Acute], Commonwealth Coordinated Care [CCC] Plus Managed Long Term Services and Supports [MLTSS], FAMIS, or not enrolled); and delivery system (i.e., managed care, fee-for-service [FFS], or not enrolled). Table 2-3 presents the count of deliveries from the study population (Denom), the percentage of deliveries from the study population (Percent of Denom), the count of deliveries from the study population wherein perinatal dental services were received (Num), and percentage of deliveries that received any perinatal dental services (Rate) for each group, stratified by Medicaid program, managed care program, and delivery system as of the woman’s date of delivery.

**Table 2-3—Distribution of Women With Perinatal Dental Utilization, by Medicaid Program at Time of Delivery**

Stratification	Less Than 21 Years of Age				21 Years of Age and Older			
	Denom	Percent of Denom	Num	Rate	Denom	Percent of Denom	Num	Rate
Any Program	3,922	100.00%	1,010	25.75%	33,338	100.00%	6,938	20.81%
<b>Medicaid Program</b>								
Medicaid for Pregnant Women	952	24.27%	177	18.59%	12,192	36.57%	2,616	21.46%
Medicaid Expansion	533	13.59%	142	26.64%	7,417	22.25%	1,566	21.11%
FAMIS MOMS	448	11.42%	103	22.99%	5,300	15.90%	1,337	25.23%
LIFC	116	2.96%	S	S	4,054	12.16%	813	20.05%
Other Medicaid	1,823	46.48%	562	30.83%	3,064	9.19%	574	18.73%
Not Enrolled	50	1.27%	S	S	1,311	3.93%	32	2.44%

<sup>2-1</sup> Starting on July 1, 2021, DMAS began enrolling pregnant women who do not meet immigration status rules for other coverage into the FAMIS Prenatal Coverage program. Within this year’s report, these members are included in the FAMIS MOMS Medicaid program.

<sup>2-2</sup> Other Medicaid includes all other births not covered by Medicaid for Pregnant Women, Medicaid Expansion, FAMIS MOMS, and LIFC. Please note that Other Medicaid excludes births to women in Plan First and the Department of Corrections, which are included in the Not Enrolled category.



Stratification	Less Than 21 Years of Age				21 Years of Age and Older			
	Denom	Percent of Denom	Num	Rate	Denom	Percent of Denom	Num	Rate
<b>Medicaid Managed Care Program</b>								
Medallion 4.0 (Acute)	2,948	75.17%	824	27.95%	23,195	69.58%	5,141	22.16%
CCC Plus (MLTSS)	73	1.86%	S	S	927	2.78%	252	27.18%
FAMIS	492	12.54%	125	25.41%	4,959	14.87%	1,287	25.95%
Not Enrolled	50	1.27%	S	S	1,311	3.93%	32	2.44%
<b>Medicaid Delivery System</b>								
Managed Care	3,513	89.57%	978	27.84%	29,081	87.23%	6,680	22.97%
FFS	359	9.15%	S	S	2,946	8.84%	226	7.67%
Not Enrolled	50	1.27%	S	S	1,311	3.93%	32	2.44%

S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.

As shown in Table 2-3, most of the study population was covered by managed care regardless of age, with 89.57 percent (n=3,513) of deliveries to women less than 21 years and 87.23 percent (n=29,081) of deliveries to women 21 years of age and older covered by managed care. Deliveries covered by managed care for women less than 21 years of age had higher rates of receiving any perinatal dental service (27.84 percent) compared to women 21 years of age and older age (22.97 percent). Of note, deliveries covered by FFS had low rates of receiving perinatal dental services for women 21 years of age and older (7.67 percent). Within the managed care program, similar distributions were seen between women less than 21 years of age and women 21 years of age and older, with 75.17 percent (n=2,948) of deliveries covered by Medallion 4.0 (Acute) for women less than 21 years of age and 69.58 percent (n=23,195) for women 21 years of age and older. Women less than 21 years of age had higher rates of receiving any perinatal dental services compared to women 21 years of age and older for Medallion (Acute) 4.0 (27.95 percent compared to 22.16 percent). For deliveries covered by FAMIS, women less than 21 years of age had similar rates of receiving any perinatal dental services compared to women 21 years of age and older (25.41 percent and 25.95 percent, respectively). Additionally, approximately 46 percent (n=1,823) of deliveries to women less than 21 years of age were enrolled in the Other Medicaid program, with 30.83 percent (n=562) receiving any perinatal dental services. For women 21 years of age and older, most deliveries were to women enrolled in Medicaid for Pregnant Women (36.57 percent; n=12,192), with 21.46 percent (n=2,616) receiving any perinatal dental services. Of note, the highest rate (25.23 percent) of receiving any perinatal dental service for the 21 years of age and older group was for women enrolled with FAMIS MOMS.

The length of time a woman was continuously enrolled in Medicaid during pregnancy may have also contributed to the ability to obtain perinatal dental services through the SFC program. Of the overall



study population, 72.26 percent (n=2,834) of women less than 21 years of age and 71.61 percent (n=23,872) of women 21 years of age and older were continuously enrolled in Medicaid for at least 90 days prior to and including the day of the delivery. Among the deliveries for continuously enrolled women, 29.25 percent (n=829) of women less than 21 years of age and 23.17 percent (n=5,531) of women 21 years of age and older received one or more dental services during the perinatal period. In contrast, 16.64 percent (n=181) of women less than 21 years of age and 14.86 percent (n=1,407) of women 21 years of age and older who were not continuously enrolled for at least 90 days prior to and including the day of delivery received perinatal dental services.

Table 2-4 presents the number of deliveries among continuously enrolled women (Denom), as well as the count (Num) and percentage of deliveries (Rate) wherein women received any dental services and preventive dental services in the perinatal period for each age group, stratified by managed care region of residence.

**Table 2-4—Perinatal Dental Utilization Among Continuously Enrolled Women, by Managed Care Region of Residence**

Managed Care Region of Residence	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Total	2,831	829	29.28%	622	21.97%	23,546	5,528	23.48%	2,840	12.06%
Central	767	218	28.42%	174	22.69%	6,270	1,552	24.75%	825	13.16%
Charlottesville/Western	401	122	30.42%	83	20.70%	2,832	481	16.98%	207	7.31%
Northern & Winchester	570	238	41.75%	191	33.51%	6,106	2,198	36.00%	1,285	21.04%
Roanoke/Alleghany	287	71	24.74%	56	19.51%	2,136	326	15.26%	119	5.57%
Southwest	165	40	24.24%	29	17.58%	650	121	18.62%	62	9.54%
Tidewater	641	140	21.84%	89	13.88%	5,550	849	15.30%	341	6.14%

Table 2-4 shows the highest rate of perinatal dental utilization occurred in deliveries among women residing in Northern & Winchester for both the less than 21 years of age group (41.75 percent; n=238) and the 21 years of age and older group (36.00 percent; n=2,198). The lowest rate of perinatal dental utilization occurred in deliveries among women residing in Tidewater for the less than 21 years of age group (21.84 percent; n=140) and among women residing in Roanoke/Alleghany for the 21 years of age and older group (15.26 percent; n=326). Additionally, women less than 21 years of age had higher

perinatal dental and preventive dental utilization rates than women 21 years of age and older when comparing each regional rate.

Table 2-5 presents the number of deliveries among continuously enrolled women (Denom), as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service and preventive dental services, stratified by maternal age at the time of delivery.

**Table 2-5—Dental Utilization Among Continuously Enrolled Women, by Maternal Age at Delivery**

Stratification	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate
Total	26,377	6,357	24.10%	3,462	13.13%
<b>Age at Delivery</b>					
15 Years and Younger	86	S	S	S	S
16–17	336	138	41.07%	118	35.12%
18–20	2,409	659	27.36%	475	19.72%
21–24	5,683	1,172	20.62%	640	11.26%
25–29	7,896	1,828	23.15%	936	11.85%
30–34	6,240	1,565	25.08%	782	12.53%
35–39	2,985	759	25.43%	373	12.50%
40–44	705	194	27.52%	105	14.89%
45 Years and Older	37	S	S	S	S

*S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.*

Table 2-5 shows that perinatal dental utilization rates were highest among deliveries to women 16 to 17 years of age (41.07 percent; n=138) and lowest among deliveries to women 21 to 24 years of age (20.62 percent; n=1,172). There was a decrease of approximately 14 and 15 percentage points in perinatal and preventive dental utilization, respectively, between the 16 to 17 years of age group and the 18 to 20 years of age group, with an additional decrease of approximately 7 and 8 percentage points, respectively, between the 18 to 20 years of age group and the 21 to 24 years of age group.

Table 2-6 presents the number of deliveries among continuously enrolled women (Denom), as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service and preventive dental services for each age group, stratified by maternal race and ethnicity.

**Table 2-6—Dental Utilization Among Continuously Enrolled Women, by Maternal Race and Ethnicity**

Race and Ethnicity	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Total	2,831	829	29.28%	622	21.97%	23,546	5,528	23.48%	2,840	12.06%
White, Non-Hispanic	1,481	455	30.72%	343	23.16%	11,869	2,959	24.93%	1,538	12.96%
Black, Non-Hispanic	1,058	268	25.33%	193	18.24%	8,092	1,616	19.97%	745	9.21%
Asian, Non-Hispanic	32	S	S	S	S	1,163	443	38.09%	256	22.01%
Hispanic, Any Race	170	66	38.82%	56	32.94%	1,228	292	23.78%	168	13.68%
Other/Unknown	90	S	S	S	S	1,194	218	18.26%	133	11.14%

S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.

Table 2-6 shows that perinatal dental utilization rates were highest among deliveries to Hispanic, Any Race women for the less than 21 years of age group (38.82 percent; n=66) and Asian, Non-Hispanic women for the 21 years of age and older group (38.09 percent; n=443). Preventive dental utilization rates were lowest among deliveries to Black, Non-Hispanic women for the less than 21 years of age group (18.24 percent; n=193) and the 21 years of age and older group (9.21 percent; n=745).

Table 2-7 presents the number of deliveries among continuously enrolled women (Denom), as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service and preventive dental services for each age group, stratified by managed care region of residence and maternal race and ethnicity.

**Table 2-7—Dental Utilization Among Continuously Enrolled Women, by Managed Care Region of Residence and Maternal Race and Ethnicity**

Race and Ethnicity by Managed Care Region	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
<b>Central</b>										
White, Non-Hispanic	300	91	30.33%	73	24.33%	2,649	688	25.97%	388	14.65%
Black, Non-Hispanic	386	104	26.94%	78	20.21%	2,785	656	23.55%	318	11.42%
Asian, Non-Hispanic	13	S	S	S	S	222	84	37.84%	41	18.47%
Hispanic, Any Race	40	13	32.50%	13	32.50%	305	72	23.61%	42	13.77%
Other/Unknown	28	S	S	S	S	309	52	16.83%	36	11.65%
<b>Charlottesville/Western</b>										
White, Non-Hispanic	240	69	28.75%	47	19.58%	1,766	300	16.99%	129	7.30%
Black, Non-Hispanic	132	42	31.82%	30	22.73%	784	140	17.86%	58	7.40%
Asian, Non-Hispanic	S	S	S	0	0.00%	49	S	S	S	S
Hispanic, Any Race	17	S	S	S	S	115	19	16.52%	13	11.30%
Other/Unknown	S	S	S	S	S	118	S	S	S	S
<b>Northern &amp; Winchester</b>										
White, Non-Hispanic	400	167	41.75%	131	32.75%	3,598	1,344	37.35%	761	21.15%

Race and Ethnicity by Managed Care Region	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Black, Non-Hispanic	74	25	33.78%	21	28.38%	1,008	285	28.27%	167	16.57%
Asian, Non-Hispanic	12	S	S	S	S	704	315	44.74%	196	27.84%
Hispanic, Any Race	49	26	53.06%	24	48.98%	403	137	34.00%	86	21.34%
Other/Unknown	35	S	S	S	S	393	117	29.77%	75	19.08%
<b>Roanoke/Alleghany</b>										
White, Non-Hispanic	205	52	25.37%	39	19.02%	1,512	242	16.01%	96	6.35%
Black, Non-Hispanic	61	12	19.67%	11	18.03%	403	55	13.65%	S	S
Asian, Non-Hispanic	S	S	S	S	S	46	S	S	S	S
Hispanic, Any Race	17	S	S	S	S	90	S	S	S	S
Other/Unknown	S	S	S	S	S	85	11	12.94%	S	S
<b>Southwest</b>										
White, Non-Hispanic	159	37	23.27%	26	16.35%	605	114	18.84%	57	9.42%
Black, Non-Hispanic	S	0	0.00%	0	0.00%	18	S	S	S	S
Asian, Non-Hispanic	S	S	S	S	S	S	S	S	0	0.00%
Hispanic, Any Race	S	S	S	S	S	S	S	S	S	S

Race and Ethnicity by Managed Care Region	Less Than 21 Years of Age					21 Years of Age and Older				
	Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received		Denom	Deliveries Wherein Any Perinatal Dental Service Was Received		Deliveries Wherein Preventive Dental Services Were Received	
		Num	Rate	Num	Rate		Num	Rate	Num	Rate
Other/Unknown	0	0	0.00%	0	0.00%	S	S	S	0	0.00%
<b>Tidewater</b>										
White, Non-Hispanic	177	39	22.03%	27	15.25%	1,738	271	15.59%	107	6.16%
Black, Non-Hispanic	404	85	21.04%	53	13.12%	3,093	475	15.36%	188	6.08%
Asian, Non-Hispanic	S	0	0.00%	0	0.00%	137	22	16.06%	S	S
Hispanic, Any Race	43	S	S	S	S	304	54	17.76%	22	7.24%
Other/Unknown	S	S	S	S	S	278	27	9.71%	S	S

S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.

Though several rates in Table 2-7 are suppressed, the rate of deliveries wherein any perinatal dental service was received was highest among Hispanic, Any Race women in three of the six managed care regions (Central, Northern & Winchester, and Roanoke/Alleghany) for the less than 21 years of age group. For women 21 years of age and older, the rate of deliveries wherein any perinatal dental service was received was highest among Asian, Non-Hispanic women in three of the six managed care regions (Central, Charlottesville/Western, Northern & Winchester, and Roanoke/Alleghany).

Table 2-8 presents the number of deliveries (Denom) among continuously enrolled women, the percentage of the study population (Percent of Denom) as well as the number (Num) and percentage (Rate) of deliveries wherein women received any perinatal dental service for each age group, stratified by whether prenatal care was received, trimester of prenatal care initiation, and adequacy of prenatal care.

**Table 2-8—Dental Utilization Among Continuously Enrolled Women by Prenatal Care, Trimester of Prenatal Care Initiation, and Adequacy of Prenatal Care**

Stratification	Less Than 21 Years of Age				21 Years of Age and Older			
	Denom	Percent of Denom	Num	Rate	Denom	Percent of Denom	Num	Rate
Total	2,831	100.00%	829	29.28%	23,546	100.00%	5,528	23.48%
<b>Prenatal Care*</b>								
Received Prenatal Care	2,721	96.11%	793	29.14%	22,655	96.22%	5,311	23.44%
Did Not Receive Prenatal Care	77	2.72%	26	33.77%	613	2.60%	143	23.33%
<b>Trimester of Prenatal Care Initiation*</b>								
1st	2,063	72.87%	614	29.76%	18,165	77.15%	4,294	23.64%
2nd	551	19.46%	148	26.86%	3,764	15.99%	875	23.25%
3rd	107	3.78%	31	28.97%	726	3.08%	142	19.56%
No Prenatal Care	77	2.72%	26	33.77%	613	2.60%	143	23.33%
<b>Adequacy of Prenatal Care</b>								
Adequate Prenatal Care	2,006	70.86%	587	29.26%	17,587	74.69%	4,176	23.74%
Intermediate Prenatal Care	289	10.21%	94	32.53%	2,150	9.13%	538	25.02%
Inadequate Prenatal Care	425	15.01%	111	26.12%	2,911	12.36%	594	20.41%
Unknown/Missing	111	3.92%	37	33.33%	898	3.81%	220	24.50%

\*Unknown/Missing prenatal care and trimester of prenatal care initiation are included in the totals.

Table 2-8 shows that 96.11 percent (n=2,721) of continuously enrolled women less than 21 years of age received prenatal care, with 29.14 percent (n=793) receiving perinatal dental services. Similarly, 96.22 percent (n=22,655) of continuously enrolled women 21 years of age and older received prenatal care, with 23.44 percent (n=5,311) receiving perinatal dental services. Most women initiated prenatal care in the first trimester, with 72.87 percent (n=2,063) of women less than 21 years of age and 77.15 percent (n=18,165) of women 21 years of age and older initiating prenatal care in the first trimester. However, for the less than 21 years of age group, women with no prenatal care had the highest rate of receiving perinatal dental services (33.77 percent; n=26).

Most women, 70.86 percent (n=2,006) for women less than 21 years of age and 74.69 percent (n=17,587) for women 21 years of age and older, received adequate prenatal care. However, for



women less than 21 years of age, women with unknown or missing prenatal care information had the highest rate of receiving perinatal dental services (33.33 percent, n=37). For women 21 years of age and older, women with intermediate prenatal care had the highest rate of receiving perinatal dental services (25.02 percent, n=538).

## Birth Outcomes

As previously mentioned, HSAG performed a statistical analysis related to the association of the receipt of prenatal dental health services and birth outcomes. Table 2-9 presents the total number of deliveries among continuously enrolled women (Denom) and the number (Num) and percentage (Rate) of deliveries with any dental service during the prenatal period for both age groups, by birth outcome. Additionally, Table 2-9 presents the results of the Pearson’s Chi-square test with significance between the two rates for each birth outcome indicated by an up arrow (i.e., the Any Dental Services group’s rate is significantly higher than the No Dental Services group’s rate) or a down arrow (i.e., the Any Dental Services group’s rate is significantly lower than the No Dental Services group’s rate) on the Any Dental Services group’s rate.

**Table 2-9—Prenatal Dental Utilization and Birth Outcomes Chi-Square Analysis—Any Dental Services**

	Less Than 21 Years of Age			21 Years of Age and Older		
	Denom	Num	Rate	Denom	Num	Rate
<b>Preterm Births (&lt;37 Weeks Gestation)*</b>						
Any Dental Services	682	50	7.33%	4,534	385	8.49% ↓
No Dental Services	3,240	279	8.61%	28,798	2,865	9.95%
<b>Newborns With Low Birth Weight (&lt;2,500 grams)*</b>						
Any Dental Services	682	51	7.48% ↓	4,532	323	7.13% ↓
No Dental Services	3,240	326	10.06%	28,794	2,701	9.38%
<b>Births With Adequate Prenatal Care</b>						
Any Dental Services	648	482	74.38% ↑	4,357	3,380	77.58% ↑
No Dental Services	3,102	2,143	69.08%	27,543	20,572	74.69%

	Less Than 21 Years of Age			21 Years of Age and Older		
	Denom	Num	Rate	Denom	Num	Rate
<b>Postpartum ED Utilization for Non-Traumatic Dental Services*</b>						
Any Dental Services	681	S	S	4,532	13	0.29%
No Dental Services	3,191	S	S	27,495	89	0.32%
<b>Postpartum Ambulatory Care Utilization</b>						
Any Dental Services	681	449	65.93% ↑	4,532	3,098	68.36% ↑
No Dental Services	3,191	1,825	57.19%	27,495	15,283	55.58%

\*a lower rate indicates better performance for this indicator.

↓ indicates that the Any Dental Services group's rate was significantly lower than the No Dental Services group's rate within the birth outcome.

↑ indicates that the Any Dental Services group's rate was significantly higher than the No Dental Services group's rate within the birth outcome.

S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.

Table 2-9 shows that women less than 21 years of age had statistically significant differences in rates for deliveries that received any dental services versus those that received no dental services for four of the birth outcomes: *Newborns With Low Birth Weight (<2,500 grams)*, *Births With Adequate Prenatal Care*, *Postpartum ED Utilization for Non-Traumatic Dental Services*, and *Postpartum Ambulatory Care Utilization*. The percentage of deliveries for *Newborns With Low Birth Weight (<2,500 grams)* was significantly lower for those who received at least one prenatal dental service (7.48 percent) compared to those who received no prenatal dental services (10.06 percent). For measures with non-suppressed rates, *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization*, women who received at least one prenatal dental service had significantly higher rates (74.38 percent and 65.93 percent, respectively) compared to women who received no dental services (69.08 percent and 57.19 percent, respectively).

For women 21 years of age and older, there were statistically significant differences in rates for deliveries that received any dental services versus those that received no dental services for four of the birth outcomes: *Preterm Births (<37 Weeks Gestation)*, *Newborns With Low Birth Weight (<2,500 grams)*, *Births With Adequate Prenatal Care*, and *Postpartum Ambulatory Care Utilization*. The percentages of deliveries for *Preterm Births (<37 Weeks Gestation)* and *Newborns With Low Birth Weight (<2,500 grams)* were significantly lower for those who received at least one prenatal dental service (8.49 percent and 7.13 percent, respectively) compared to those who received no prenatal dental services (9.95 percent and 9.38 percent, respectively). For *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization*, women who received at least one prenatal dental service had significantly higher rates (77.58 percent and 68.36 percent, respectively) compared to women who received no dental services (74.69 percent and 55.58 percent, respectively).

Table 2-10 presents the total number of deliveries with preventive dental services during the prenatal period for each age group, by birth outcome. Additionally, Table 2-10 presents the results of the Pearson’s Chi-square test with significance between the two rates for each birth outcome indicated by an up arrow (i.e., the Preventive Services group’s rate is significantly higher than the No Preventive Services group’s rate) or a down arrow (i.e., the Preventive Services group’s rate is significantly lower than the No Preventive Services group’s rate) on the Preventive Services group’s rate.

**Table 2-10—Prenatal Dental Utilization and Birth Outcomes Correlation Analysis—Preventive Dental Services**

	Less Than 21 Years of Age			21 Years of Age and Older		
	Denom	Num	Rate	Denom	Num	Rate
<b>Preterm Births (&lt;37 Weeks Gestation)*</b>						
Preventive Services	500	34	6.80%	2,203	152	6.90% ↓
No Preventive Services	3,422	295	8.62%	31,129	3,098	9.95%
<b>Newborns With Low Birth Weight (&lt;2,500 grams)*</b>						
Preventive Services	500	39	7.80%	2,202	123	5.59% ↓
No Preventive Services	3,422	338	9.88%	31,124	2,901	9.32%
<b>Births With Adequate Prenatal Care</b>						
Preventive Services	476	354	74.37% ↑	2,128	1,686	79.23% ↑
No Preventive Services	3,274	2,271	69.36%	29,772	22,266	74.79%
<b>Postpartum ED Utilization for Non-Traumatic Dental Services*</b>						
Preventive Services	499	S	S	2,202	S	S
No Preventive Services	3,373	S	S	29,825	99	0.33%
<b>Postpartum Ambulatory Care Utilization</b>						
Preventive Services	499	334	66.93% ↑	2,202	1,508	68.48% ↑
No Preventive Services	3,373	1,940	57.52%	29,825	16,873	56.57%

\*a lower rate indicates better performance for this indicator.

↓ indicates that the Any Dental Services group’s rate was significantly lower than the No Dental Services group’s rate within the birth outcome.

↑ indicates that the Any Dental Services group’s rate was significantly higher than the No Dental Services group’s rate within the birth outcome.

S indicates that the data were suppressed due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for the second smallest population was also suppressed, even if the value was 11 or more.

Table 2-10 shows that women less than 21 years of age had statistically significant differences in rates for deliveries that received preventive dental services versus those that did not receive any preventive services for two of the birth outcomes: *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization*. The percentage of deliveries for *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization* was significantly higher for those who received at least one preventive service (74.37 percent and 66.93 percent, respectively) compared to those who did not receive any preventive services (69.36 percent and 57.52 percent, respectively).

For women 21 years of age and older, there were statistically significant differences in rates for deliveries that received any preventive services versus those that did not receive any preventive services for four of the birth outcomes: *Preterm Births (<37 Weeks Gestation)*, *Newborns With Low Birth Weight (<2,500 grams)*, *Births With Adequate Prenatal Care*, and *Postpartum Ambulatory Care Utilization*. The rates for *Preterm Births (<37 Weeks Gestation)* and *Newborns With Low Birth Weight (<2,500 grams)* were significantly lower for those who received at least one preventive dental service (6.90 percent and 5.59 percent, respectively) compared to those who did not receive any preventive dental services (9.95 percent and 9.32 percent, respectively). For *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization*, women who received at least one preventive dental service had significantly higher rates (79.23 percent and 68.48 percent, respectively) compared to women who did not receive any preventive dental services (74.79 percent and 56.57 percent, respectively).

To further understand the *Postpartum ED Utilization for Non-Traumatic Dental Services* results, HSAG determined the most common International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes included on the ED claim/encounter. Table 2-11 presents the count and rate for the most common non-traumatic dental diagnoses that postpartum women receive when admitted to the ED.

**Table 2-11—Most Common Postpartum Non-Traumatic ED Dental Diagnoses**

ICD-10 Diagnosis Code	ICD-10 Diagnosis Description	Numerator	Rate
K08.89	Other specified disorders of teeth and supporting structures	112	47.06%
K04.7	Periapical abscess without sinus	41	17.23%
K02.9	Dental caries, unspecified	21	8.82%
R22.0	Localized swelling, mass and lump, head	20	8.40%
R68.84	Jaw pain	13	5.46%

Table 2-11 shows the most common diagnoses for non-traumatic dental services in the ED were for other specified disorders of teeth and supporting structures (47.06 percent); periapical abscess without sinus (17.23 percent); dental caries, unspecified (8.82 percent); and localized swelling, mass and lump, head (8.40 percent). These four conditions account for more than 80 percent of ED visits for non-

traumatic dental services. Additionally, for the 112 ED visits for other specified disorders of teeth and supporting structures, 42.86 percent of these visits had a secondary diagnosis code for dental caries, unspecified or periapical abscess without sinus.

To understand the timing of postpartum, non-traumatic dental ED visits, HSAG assessed several different time periods for the ED visit following delivery. Table 2-12 displays the number of postpartum, non-traumatic dental ED visits stratified by when the visits occurred during the postpartum period.

**Table 2-12—Timing of Postpartum, Non-Traumatic Dental ED Visits**

Timing of ED Visit	Numerator	Rate
Within 7 days of delivery date	15	6.30%
8 to 14 days after delivery date	19	7.98%
15 to 30 days after delivery date	63	26.47%
31 to 60 days after delivery date	141	59.24%

Table 2-12 shows most postpartum, non-traumatic dental ED visits occurred 31 to 60 days after delivery (59.24 percent, n=141). Conversely, the lowest percentage of non-traumatic dental ED visits occurred within seven days of delivery (6.30 percent, n=15).

## 3. Additional Considerations and Conclusions

### Additional Considerations

This study considered perinatal dental utilization data for all women with a delivery during CY 2022. HSAG used deterministic and probabilistic data linking to match eligible members with birth registry records to identify births paid by Virginia Medicaid during CY 2022 provided by DMAS and VDH. Enrollment was determined by matching these birth records to Medicaid enrollment data provided by DMAS. Methodological or data-related factors may influence the identification of dental services utilized during the perinatal period. This year's report assessed whether dental services were received prior to conception for those women eligible for Medicaid prior to becoming pregnant, and it will be important to continue to monitor whether members who received dental care during the preconception period also received dental services during the perinatal period. Additionally, HSAG's dental utilization results were derived from dental encounter data provided by DMAS.

Prior to this year's report, HSAG limited results to women 21 years of age and older. Therefore, results for women less than 21 years of age are not available historically.

Starting July 1, 2022, postpartum coverage was expanded from 60 days to 12 months after delivery. Postpartum data for deliveries at the end of the measurement year may be incomplete and women with deliveries prior to April 2022 may have a gap in coverage between the end of their 60 days postpartum coverage and the expansion of postpartum benefits.

### Conclusions

Enhanced oral healthcare among pregnant women is essential for both mother and baby. Pregnancy may result in changes in oral health (e.g., pregnancy gingivitis, periodontic disease). Poor oral health is associated with cardiovascular disease and diabetes, and periodontic disease is associated with an increased risk for preterm birth.<sup>3-1</sup> Therefore, delaying necessary dental treatment could result in significant risk for mother and baby (e.g., an infection of a tooth could spread throughout the body).<sup>3-2</sup> The SFC program provides women who become eligible for Medicaid when they become pregnant with a critically important opportunity to receive dental services prior to becoming pregnant and during the prenatal and postpartum periods, and VDH offers guidance for providers providing dental services to pregnant women.<sup>3-3</sup> Further, given that all Medicaid adults receive dental services under the SFC

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- <sup>3-1</sup> The American College of Obstetricians and Gynecologists. Oral Health Care During Pregnancy and Through the Lifespan. Committee Opinion No. 569. *Obstet Gynecol* 2013;122:417–22. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/08/oral-health-care-during-pregnancy-and-through-the-lifespan>. Accessed on: Sep 6, 2023.
- <sup>3-2</sup> Oral Health Care During Pregnancy Expert Workgroup. 2012. Oral Health Care During Pregnancy: A National Consensus Statement. Washington, DC: National Maternal and Child Oral Health Resource Center. Available at: <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>. Accessed on: Sep 6, 2023.
- <sup>3-3</sup> Virginia Department of Health, Dental Health Program. Oral Health During Pregnancy: Practice Guidance for Virginia's Prenatal and Dental Providers. Available at: <https://www.vdh.virginia.gov/content/uploads/sites/30/2019/03/PracticeGuideforVirginiaPrenatalDentalProvidersWEB.pdf>. Accessed on: Sep 6, 2023.



program, it is also an opportunity for adult women to receive dental services prior to conception. Recent studies have shown that increased access to dental care, like the dental coverage to all Medicaid adults in Virginia, can lead to lower medical costs for individuals who are pregnant or have chronic conditions (e.g., diabetes, heart disease).<sup>3-4</sup> This is because poor oral health is associated with poor birth outcomes (e.g., preterm births, low birth weight infants) and can result in worse diabetes and hypertension, all of which can increase the medical costs during a woman's pregnancy and post-delivery.<sup>3-5</sup> In CY 2022, younger women (i.e., less than 21 years of age) received dental services at higher rates than all other women (i.e., 21 years of age and older) in both the preconception and perinatal periods. Overall, 21.42 percent of women less than 21 years of age and 12.43 percent of women 21 years of age and older received dental services prior to conception; however, this analysis was limited to a subset of eligible women based on when dental coverage was made available to all women (i.e., women with deliveries in the first quarter of 2022 may not have had dental coverage prior to becoming pregnant). Women less than 21 years of age had higher rates of dental utilization (25.75 percent; n=1,010) than women 21 years of age and older (20.81 percent; n=6,938) during or after pregnancy.

Health insurance coverage and other access to care considerations (e.g., provider availability) play a role in whether women access dental services for which they are eligible. This is demonstrated by the finding that 22.97 percent (n=6,680) of deliveries to women 21 years of age and older covered by managed care on their date of delivery had perinatal dental utilization, compared to 7.67 percent (n=226) of deliveries among women with FFS coverage. Overall, dental utilization varied by Medicaid program and age group. For women less than 21 years of age, the Other Medicaid and Medicaid Expansion programs had the highest rates of women receiving perinatal dental services (30.83 percent and 26.64 percent, respectively). For women 21 years of age and older, FAMIS MOMS had the highest rate of receiving perinatal dental services (25.23 percent).

Overall, perinatal dental utilization and the receipt of preventive dental services varied by managed care region and age group. Among women of all ages with continuous enrollment, utilization was highest in the Northern & Winchester region, and lowest in the Tidewater region for women less than 21 years of age and Roanoke/Alleghany region for women 21 years of age and older. Perinatal dental utilization was highest for deliveries among Hispanic, Any Race women for the less than 21 years of age group (38.82 percent; n=66) and Asian, Non-Hispanic women for the 21 years of age and older group (38.09 percent; n=443). Preventive dental utilization rates were lowest among deliveries to Black, Non-Hispanic women for the less than 21 years of age group (18.24 percent; n=193) and the 21 years of age and older group (9.21 percent; n=745). The statewide patterns for race/ethnicity varied within each managed care region. It should be noted that women may have received services that DMAS did not cover (e.g., the services were covered by other public health initiatives);<sup>3-6</sup> however, the regional distribution of perinatal dental utilization may be indicative of regional differences in women's access to dental providers.

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<sup>3-4</sup> Auger S, Preston R, Tranby EP, et al. The Role of Medicaid Adult Dental Benefits During Pregnancy and Postpartum. CareQuest Institute. Available at: [https://www.carequest.org/system/files/CareQuest\\_Institute\\_The-Role-Medicaid-Adult-Dental-Benefits-During-Pregnancy\\_4.10.23.pdf](https://www.carequest.org/system/files/CareQuest_Institute_The-Role-Medicaid-Adult-Dental-Benefits-During-Pregnancy_4.10.23.pdf). Accessed on: Sep 6, 2023.

<sup>3-5</sup> Ibid.

<sup>3-6</sup> Perinatal and Infant Oral Health Quality Improvement Expansion Program 2019 Final Progress Narrative. Richmond, VA: Virginia Department of Health. Available at: <https://www.mchoralhealth.org/PDFs/H47MC28478.pdf>. Accessed on: Sep 6, 2023.



When reviewing the relationship between birth outcomes and dental utilization for women less than 21 years of age, deliveries that received any dental service (including preventive services) during the prenatal period had significantly higher rates for *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization* than those who did not receive any services. Additionally, those who received preventive services during the prenatal period also had a significantly lower rate of *Newborns With Low Birth Weight (<2,500 grams)* than deliveries that did not receive preventive services during the prenatal period. For women 21 years of age and older, deliveries that received any dental services (including preventive services) during the prenatal period had significantly higher rates for *Births With Adequate Prenatal Care* and *Postpartum Ambulatory Care Utilization* than those who did not receive any services. Additionally, those who received preventive services during the prenatal period also had significantly lower rates of *Preterm Births (<37 Weeks Gestation)* and *Newborns With Low Birth Weight (<2,500 grams)* than deliveries that did not receive preventive services during the prenatal period. It is important to note that this analysis focuses on the relationship between dental utilization and birth outcomes. While the rates were significantly different for several birth outcomes between deliveries that received dental services and those that did not, many additional factors can contribute to each birth outcome.

For the *Postpartum ED Utilization for Non-Traumatic Dental Services*, four conditions (other specified disorders of teeth and supporting structures; periapical abscess without sinus; dental caries, unspecified; and localized swelling, mass and lump, head) accounted for 80 percent of ED visits for non-traumatic dental services. Further, most ED visits for non-traumatic dental services occurred 31 to 60 days after delivery.

## Appendix A. Covered Dental Services Included in Analysis

Appendix A provides the list of the Current Dental Terminology procedure codes for dental benefits covered by the SFC program from the January 1, 2022, and April 22, 2022, DentaQuest SFC Office Reference Manuals,<sup>A-1,A-2</sup> which aligns with the CY 2022 births addressed in this data brief.

- **Adjunctive General Services**
  - D9110, D9222, D9223, D9230, D9239, D9243, D9248, D9310, D9410, D9420, D9440, D9610, D9612, D9630, D9910, D9920, D9930, D9944, D9945, D9946, D9990, D9992, D9994, D9995, D9996, D9999
- **Diagnostic Services**
  - D0120, D0140, D0145, D0150, D0170, D0210, D0220, D0230, D0240, D0250, D0251, D0270, D0272, D0273, D0274, D0330, D0340, D0470
- **Endodontics**
  - D3110, D3120, D3220, D3221, D3230, D3310, D3320, D3330, D3346, D3347, D3348, D3351, D3352, D3353, D3410, D3410, D3421, D3425, D3426, D3430
- **Oral and Maxillofacial Surgery**
  - D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7280, D7282, D7283, D7285, D7286, D7288, D7310, D7311, D7320, D7321, D7450, D7451, D7471, D7472, D7473, D7485, D7510, D7511, D7880, D7961, D7962, D7963, D7970, D7971, D7972
- **Periodontics**
  - D4210, D4211, D4249, D4260, D4261, D4263, D4264, D4270, D4273, D4277, D4278, D4283, D4322, D4323, D4341, D4342, D4346, D4355, D4910
- **Preventive Services**
  - D1110, D1120, D1206, D1208, D1351, D1354, D1355, D1510, D1516, D1517, D1520, D1526, D1527, D1551, D1552, D1553, D1556, D1557, D1558, D1575
- **Prosthodontics**
  - D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5725, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765, D5850, D5851, D6205, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, D6545, D6548, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6784, D6790, D6791, D6792, D6794, D6930

<sup>A-1</sup> DentaQuest, LLC. *Office Reference Manual Smiles for Children Commonwealth of Virginia Medicaid, FAMIS, FAMIS Plus, Dental Program.* January 1, 2022.

<sup>A-2</sup> DentaQuest, LLC. *Office Reference Manual Smiles for Children Commonwealth of Virginia Medicaid, FAMIS, FAMIS Plus, Dental Program.* April 22, 2022.

- Restorative
  - D2140, D2141, D2142, D2143, D2144, D2145, D2146, D2147, D2148, D2149, D2150, D2151, D2152, D2153, D2154, D2155, D2156, D2157, D2158, D2159, D2160, D2161, D2162, D6123, D2164, D2165, D2166, D2167, D2168, D2169, D2170, D2171, D2172, D2173, D2174, D2175, D2176, D2177, D2178, D2179, D2180, D2181, D2182, D2183, D2184, D2185