Incurred Medical Expenses
Paying for Dental Care: A How-To Guide

American Dental Association, National Elder Care Advisory Committee, Council on Access, Prevention and Interprofessional Relations

Suggested Steps for State and County Medicaid Caseworkers

Overview
The Incurred Medical Expense regulations\(^1\) can help most nursing facility residents who are enrolled in Medicaid pay for dental care.\(^2\) Medicaid residents with Social Security or other retirement income\(^3\) may be able to pay for medically necessary dental care that is not covered by Medicaid.\(^4\)

The following illustrates how the Incurred Medical Expense regulations may operate in practice:

Paying the Nursing Facility’s Bill: Upon admission to a nursing facility, a Medicaid Caseworker determines how much income a resident receives each month and applies that income to pay their Nursing Facility’s bill, except for an amount for personal needs and certain other required deductions. Generally, residents on Medicaid don’t have enough income to pay the total amount of the Nursing Facility’s bill, so the Caseworker notifies Medicaid to pay the remaining balance each month.

Paying the Dental Bill: When a resident receives a Dental Bill for services that are not covered by Medicaid or another third party payer, the bill may qualify as an Incurred Medical Expense. The resident’s Medicaid Caseworker plays an important role in this process. He or she would review the Dental Bill, approve it as an Incurred Medical Expense, and then notify the resident or the resident’s financial representative to pay the Dental Bill instead of the portion of the Nursing Facility’s bill, so the Caseworker notifies Medicaid to pay the remaining balance each month.

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Each state will have variations in the procedures. Refer to your state’s own policies for details.

Caseworker Considerations:
When a Dental Bill is presented for a Medicaid recipient:
1. Verify that dental services listed in the Dental Bill are not covered by Medicaid or any other third party payer, and that the dental services are medically necessary. These points may be highlighted in the Dental Bill. If not, the dental office could be contacted for information about these two requirements.
2. Confirm that the nursing facility resident has applicable income that is currently used to pay for some or all of the resident’s nursing facility care. Some states refer to this as Patient Liability Income (PLI).
   a. Residents without such income will not be able to use this method to pay for dental services. Inform the resident and/or the dental office. Other arrangements will need to be made regarding this bill.
   b. Residents with applicable income can use that income to pay the dental bill.
3. If the resident has applicable income, speak with the resident or the resident’s financial representative about how to pay the Dental Bill.
   a. If the Dental Bill is less than or equal to the resident’s monthly income, the Dental Bill should be paid in full. Adjust the amount to be paid by Medicaid towards the Nursing Facility’s Bill by an amount equal to the Dental Bill, so the nursing facility is paid in full.
   b. If the Dental Bill is greater than the resident’s monthly income, several monthly payments may be needed to pay the Dental Bill in full. Regular monthly payments can be made until the Dental Bill is paid in full. In each of these months, increase the amount paid by Medicaid towards the Nursing Facility’s Bill by an equal amount.

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2. If the resident has applicable income and pays for medically necessary dental care that is not covered by Medicaid or another third party payer, the state Medicaid agency may be permitted to increase its payment to the institution in the amount that the resident incurred for the care
3. Medicaid beneficiaries with certain forms of income must generally apply that income, less certain deductions, to the cost of institutional care. The state Medicaid agency reduces its payment to the facility in the amount of such income less the deductions.
4. One required deduction is for expenses that the patient incurred for certain non-covered dental care. The agency may establish reasonable limits on the amounts of these expenses.