

This Document can be made available in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 2571

02/29/2012 Authored by Norton, Liebling and Benson, M.,
The bill was read for the first time and referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; expanding dental services for the disabled; amending
1.3 Minnesota Statutes 2010, section 256B.0625, subdivision 9.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. Minnesota Statutes 2010, section 256B.0625, subdivision 9, is amended to
1.6 read:

1.7 Subd. 9. **Dental services.** (a) Medical assistance covers dental services.
1.8 (b) Medical assistance dental coverage for nonpregnant adults is limited to the
1.9 following services:

- 1.10 (1) comprehensive exams, limited to once every five years;
- 1.11 (2) periodic exams, limited to one per year;
- 1.12 (3) limited exams;
- 1.13 (4) bitewing x-rays, limited to one per year;
- 1.14 (5) periapical x-rays;
- 1.15 (6) panoramic x-rays, limited to one every five years except (1) when medically
1.16 necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma
1.17 or (2) once every two years for patients who cannot cooperate for intraoral film due to
1.18 a developmental disability or medical condition that does not allow for intraoral film
1.19 placement;
- 1.20 (7) prophylaxis, limited to one per year;
- 1.21 (8) application of fluoride varnish, limited to one per year;
- 1.22 (9) posterior fillings, all at the amalgam rate;
- 1.23 (10) anterior fillings;
- 1.24 (11) endodontics, limited to root canals on the anterior and premolars only;

2.1 (12) removable prostheses, each dental arch limited to one every six years;

2.2 (13) oral surgery, limited to extractions, biopsies, and incision and drainage of
2.3 abscesses;

2.4 (14) palliative treatment and sedative fillings for relief of pain; and

2.5 (15) full-mouth debridement, limited to one every five years.

2.6 (c) In addition to the services specified in paragraph (b), medical assistance
2.7 covers the following services for adults, if provided in an outpatient hospital setting or
2.8 freestanding ambulatory surgical center as part of outpatient dental surgery:

2.9 (1) periodontics, limited to periodontal scaling and root planing once every two
2.10 years;

2.11 (2) general anesthesia; and

2.12 (3) full-mouth survey once every five years.

2.13 (d) Medical assistance covers medically necessary dental services for children and
2.14 pregnant women. The following guidelines apply:

2.15 (1) posterior fillings are paid at the amalgam rate;

2.16 (2) application of sealants are covered once every five years per permanent molar for
2.17 children only;

2.18 (3) application of fluoride varnish is covered once every six months; and

2.19 (4) orthodontia is eligible for coverage for children only.

2.20 (e) In addition to the services specified in paragraphs (b) and (c), medical assistance
2.21 covers the following services for disabled adults who are served by residential services
2.22 licensed on January 1, 2012, under section 256B.097:

2.23 (1) house calls or extended care facility calls for on-site delivery of covered services;

2.24 (2) behavioral management when additional staff time is required to accommodate
2.25 behavioral challenges and sedation is not used;

2.26 (3) oral or IV conscious sedation, if the covered dental service cannot be performed
2.27 safely without it or would otherwise require the service to be performed under general
2.28 anesthesia in a hospital or surgical center; and

2.29 (4) prophylaxis, in accordance with an appropriate individualized treatment plan
2.30 formulated by a licensed dentist, but no more than four times per year.