

State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-SEVENTH SESSION

H. F. No. 1962

01/26/2012 Authored by Nornes

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; modifying dental coverage for certain medical
1.3 assistance enrollees; amending Minnesota Statutes 2010, section 256B.0625,
1.4 subdivision 9.
1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

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

1.8 Subd. 9. **Dental services.** (a) Medical assistance covers dental services.
1.9 (b) Medical assistance dental coverage for nonpregnant adults who are not described
1.10 in paragraph (e) is limited to the following services:
1.11 (1) comprehensive exams, limited to once every five years;
1.12 (2) periodic exams, limited to one per year;
1.13 (3) limited exams;
1.14 (4) bitewing x-rays, limited to one per year;
1.15 (5) periapical x-rays;
1.16 (6) panoramic x-rays, limited to one every five years except (1) when medically
1.17 necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma
1.18 or (2) once every two years for patients who cannot cooperate for intraoral film due to
1.19 a developmental disability or medical condition that does not allow for intraoral film
1.20 placement;
1.21 (7) prophylaxis, limited to one per year;
1.22 (8) application of fluoride varnish, limited to one per year;
1.23 (9) posterior fillings, all at the amalgam rate;
1.24 (10) anterior fillings;

(11) endodontics, limited to root canals on the anterior and premolars only;
(12) removable prostheses, each dental arch limited to one every six years;
(13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;

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

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

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

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

(2) general anesthesia; and

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

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

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

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

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

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

(e) Medical assistance dental coverage for nonpregnant adults with a diagnosis of developmental disability, severe and persistent mental illness, or traumatic brain injury is as provided in paragraph (b), except that prophylaxis is not limited to one per year, if the additional prophylaxis is medically necessary.

EFFECTIVE DATE. This section is effective July 1, 2012, or upon federal approval, whichever is later.

Sec. 2. CONTINGENT ESTABLISHMENT OF BENCHMARK BENEFIT SET.

If the federal Center for Medicare and Medicaid Services does not approve the amendment to Minnesota Statutes, section 256B.0625, subdivision 9, related to elimination of the medical assistance annual limit on prophylaxis for certain nonpregnant adults, the commissioner of human services shall establish a benchmark benefit set under the authority of section 1937 of the Social Security Act as a coverage option for nonpregnant adults with a diagnosis of developmental disability, severe and persistent mental illness, or traumatic brain injury that expands current medical assistance coverage for these individuals to be consistent with the amendment changes.