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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. **2887**

03/10/2014 Authored by Norton

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

1.1 A bill for an act
1.2 relating to human services; prohibiting the use of prior authorization for specified
1.3 dental services; amending Minnesota Statutes 2013 Supplement, section
1.4 256B.0625, subdivision 9.

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

1.6 Section 1. Minnesota Statutes 2013 Supplement, section 256B.0625, subdivision 9,
1.7 is amended to read:

1.8 Subd. 9. **Dental services.** (a) Medical assistance covers dental services.

1.9 (b) Medical assistance dental coverage for nonpregnant adults is limited to the
1.10 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;

- 2.1 (11) endodontics, limited to root canals on the anterior and premolars only;
- 2.2 (12) removable prostheses, each dental arch limited to one every six years;
- 2.3 (13) oral surgery, limited to extractions, biopsies, and incision and drainage of
- 2.4 abscesses;
- 2.5 (14) palliative treatment and sedative fillings for relief of pain; and
- 2.6 (15) full-mouth debridement, limited to one every five years.

2.7 (c) In addition to the services specified in paragraph (b), medical assistance

2.8 covers the following services for adults, if provided in an outpatient hospital setting or

2.9 freestanding ambulatory surgical center as part of outpatient dental surgery:

- 2.10 (1) periodontics, limited to periodontal scaling and root planing once every two 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 adults:

- 2.22 (1) house calls or extended care facility calls for on-site delivery of covered services;
- 2.23 (2) behavioral management when additional staff time is required to accommodate
- 2.24 behavioral challenges and sedation is not used;
- 2.25 (3) oral or IV sedation, if the covered dental service cannot be performed safely
- 2.26 without it or would otherwise require the service to be performed under general anesthesia
- 2.27 in a hospital or surgical center; and
- 2.28 (4) prophylaxis, in accordance with an appropriate individualized treatment plan, but
- 2.29 no more than four times per year.

2.30 (f) The commissioner shall not require prior authorization for the services included

2.31 in paragraph (e), clauses (1) to (3), and shall prohibit managed care and county-based

2.32 purchasing plans from requiring prior authorization for those services when provided

2.33 under sections 256B.69, 256B.692, and 256L.12.