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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. **3147**

02/03/2022 Authored by Reyer and Bierman  
The bill was read for the first time and referred to the Committee on Health Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to human services; expanding medical assistance coverage for adult dental
- 1.3 services; amending Minnesota Statutes 2021 Supplement, section 256B.0625,
- 1.4 subdivision 9, as amended.
- 1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.6 Section 1. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 9, is
- 1.7 amended to read:
- 1.8 Subd. 9. **Dental services.** (a) Medical assistance covers medically necessary dental
- 1.9 services.
- 1.10 ~~(b) Medical assistance dental coverage for nonpregnant adults is limited to the following~~
- 1.11 ~~services:~~
- 1.12 ~~(1) comprehensive exams, limited to once every five years;~~
- 1.13 ~~(2) periodic exams, limited to one per year;~~
- 1.14 ~~(3) limited exams;~~
- 1.15 ~~(4) bitewing x-rays, limited to one per year;~~
- 1.16 ~~(5) periapical x-rays;~~
- 1.17 ~~(6) panoramic x-rays, limited to one every five years except (1) when medically necessary~~
- 1.18 ~~for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once~~
- 1.19 ~~every two years for patients who cannot cooperate for intraoral film due to a developmental~~
- 1.20 ~~disability or medical condition that does not allow for intraoral film placement;~~
- 1.21 ~~(7) prophylaxis, limited to one per year;~~

- 2.1 ~~(8) application of fluoride varnish, limited to one per year;~~
- 2.2 ~~(9) posterior fillings, all at the amalgam rate;~~
- 2.3 ~~(10) anterior fillings;~~
- 2.4 ~~(11) endodonties, limited to root canals on the anterior and premolars only;~~
- 2.5 ~~(12) removable prostheses, each dental arch limited to one every six years;~~
- 2.6 ~~(13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;~~
- 2.7 ~~(14) palliative treatment and sedative fillings for relief of pain;~~
- 2.8 ~~(15) full-mouth debridement, limited to one every five years; and~~
- 2.9 ~~(16) nonsurgical treatment for periodontal disease, including scaling and root planing~~
- 2.10 ~~once every two years for each quadrant, and routine periodontal maintenance procedures.~~
- 2.11 ~~(e) In addition to the services specified in paragraph (b), medical assistance covers the~~
- 2.12 ~~following services for adults, if provided in an outpatient hospital setting or freestanding~~
- 2.13 ~~ambulatory surgical center as part of outpatient dental surgery:~~
- 2.14 ~~(1) periodontics, limited to periodontal scaling and root planing once every two years;~~
- 2.15 ~~(2) general anesthesia; and~~
- 2.16 ~~(3) full-mouth survey once every five years.~~
- 2.17 ~~(d) Medical assistance covers medically necessary dental services for children and~~
- 2.18 ~~pregnant women. The following guidelines apply:~~
- 2.19 (1) posterior fillings are paid at the amalgam rate;
- 2.20 (2) application of sealants are covered once every five years per permanent molar for
- 2.21 children only;
- 2.22 (3) application of fluoride varnish is covered once every six months; and
- 2.23 (4) orthodontia is eligible for coverage for children only.
- 2.24 ~~(e) (b)~~ In addition to the services specified in ~~paragraphs (b) and (c)~~ paragraph (a),
- 2.25 medical assistance covers the following services ~~for adults~~:
- 2.26 (1) house calls or extended care facility calls for on-site delivery of covered services;
- 2.27 (2) behavioral management when additional staff time is required to accommodate
- 2.28 behavioral challenges and sedation is not used;

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

3.4 (4) prophylaxis, in accordance with an appropriate individualized treatment plan, but  
3.5 no more than four times per year.

3.6 ~~(f)~~ (c) The commissioner shall not require prior authorization for the services included  
3.7 in paragraph ~~(e)~~ (b), clauses (1) to (3), and shall prohibit managed care and county-based  
3.8 purchasing plans from requiring prior authorization for the services included in paragraph  
3.9 ~~(e)~~ (b), clauses (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.