

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

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

- 2.12 (1) periodontics, limited to periodontal scaling and root planing once every two
2.13 years;
2.14 (2) general anesthesia; and
2.15 (3) full-mouth survey once every five years.

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

- 2.18 (1) posterior fillings are paid at the amalgam rate;
2.19 (2) application of sealants are covered once every five years per permanent molar for
2.20 children only;
2.21 (3) application of fluoride varnish is covered once every six months; and
2.22 (4) orthodontia is eligible for coverage for children only.

2.23 Sec. 2. **[256B.7611] DENTAL SERVICES PROGRAM FOR AGED, BLIND,**
2.24 **OR DISABLED.**

2.25 Subdivision 1. Dental services; aged, blind, or disabled. Medical assistance
2.26 covers dental services for aged, blind, or disabled individuals through the dental services
2.27 program established in this section. The covered services provided under this section
2.28 must be at least equivalent to the covered services provided to children under medical
2.29 assistance, including population-appropriate services. Dental services must be provided
2.30 at intervals meeting reasonable dental standards and at all other intervals as medically
2.31 necessary to determine the existence of illness.

2.32 Subd. 2. Definitions. For the purposes of this section, the following definitions
2.33 apply.

2.34 (a) "Behavior management" means techniques or therapies used to alter or control
2.35 the actions of a patient who is receiving dental examination or treatment.

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3.1 (b) "House call" means the delivery of dental services in a long-term care facility
3.2 as defined under section 256.9741, intermediate care facilities, group homes, and adult
3.3 foster care homes. House calls may also be made to eligible individuals with traumatic
3.4 brain injuries or developmental disabilities in their homes.

3.5 Subd. 3. **Eligibility.** An individual is considered aged, blind, or disabled under this
3.6 section if the individual:

3.7 (1) is eligible for medical assistance or is receiving assistance under Medicare title I,
3.8 X, XIV, or XVI; and

3.9 (2) is considered an aged, blind, or disabled individual under Medicare title XVI
3.10 regardless of whether the individual satisfies the income and resource requirements for
3.11 receiving Supplemental Security Income benefits under Medicare title XVI.

3.12 Subd. 4. **Covered services.** The dental services program under this section covers
3.13 the following services:

3.14 (1) relief of pain and infections in the mouth;

3.15 (2) restoration or replacement of teeth;

3.16 (3) all periodontal treatment;

3.17 (4) dental health preventive services, including adult fluoride application;

3.18 (5) inpatient and outpatient dental surgical, evaluation, and examination services;

3.19 (6) dentures or partial denture care consistent with frequency limits under section
3.20 256B.0625, subdivision 9;

3.21 (7) patient house call and long-term care facility visits;

3.22 (8) sedation and general anesthesia; and

3.23 (9) behavior management services.

3.24 Subd. 5. **Duties of the commissioner.** The commissioner of human services shall:

3.25 (1) inform all eligible individuals in the state of the availability of dental services
3.26 under this section; and

3.27 (2) arrange for, directly or through referral to appropriate agencies, organizations, or
3.28 individuals, treatment for services covered under subdivision 4.

3.29 **EFFECTIVE DATE.** This section is effective January 1, 2012.