

JUN 29 2010

10. Dental services.

Some services and procedures require ~~requiring~~ prior authorization ~~are published in the State Register.~~

A. Medically necessary dental services for children under 21 years of age are covered in accordance with EPSDT requirements as described in section 1905(r) of the Social Security Act.

B. Coverage of dental services for pregnant women is limited to medically necessary dental services as defined in 42 CFR § 440.100. ~~within the scope of practice of a dentist, with examples as listed below.~~

- ~~• Oral hygiene instruction~~
- ~~• Reline or rebase of a removable denture~~
- ~~• Fluoride treatment~~
- ~~• Full mouth or panoramic x-ray~~
- ~~• Full mouth debridment~~
- ~~• Fillings~~
- ~~• Oral evaluation~~
- ~~• Prophylaxis~~
- ~~• Bitewing series~~
- ~~• Palliative treatment~~
- ~~• Sealant application~~
- ~~• Removable partial and full dentures~~
- ~~• Root canal treatment~~
- ~~• Inpatient hospitalization for dental services, subject to utilization review procedures~~
- ~~• Surgical services and extractions~~
- ~~• Periodontal sealing and root planing, if:
a) evidence of bone loss must be present on current radiographs to support the diagnosis of periodontis;~~

10. Dental services. (continued)

- ~~b) there is a current periodontal charting with six point and mobility noted, including the presence of pathology and periodontal prognosis;~~
- ~~c) the pocket depths must be greater than four millimeters; and~~
- ~~d) classification of the periodontology case type is in accordance with documentation established by the American Academy of Periodontology.~~
- ~~Orthodontic treatment, if:~~
 - ~~a) there is a disfigurement of the patient's face, including protrusion of upper or lower jaws or teeth;~~
 - ~~b) there is spacing between adjacent teeth that interferes with the biting function;~~
 - ~~c) there is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites;~~
 - ~~d) positioning of jaws or teeth impairs chewing or biting function; or~~
 - ~~e) based on a comparable assessment of a) through d), there is an overall orthodontic problem that interferes with the biting function.~~
- ~~Space maintainers~~
- ~~Crowns, if made of prefabricated stainless steel, prefabricated resin, or laboratory resin. An exception applies for a crown fitted in conjunction with a fixed bridge or a dental implant.~~
- ~~Dental implants, if:~~
 - ~~a) there is bone and tooth loss that compromises chewing or breathing; and~~
 - ~~b) a complete treatment plan, including prosthesis and all related services, is approved before the start of treatment.~~
- ~~Removal of impacted teeth~~
- ~~Fixed bridges~~

STATE: MINNESOTA

ATTACHMENT 3.1-A

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10. Dental services. (continued)

~~Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every three years per recipient, unless the prosthesis:~~

~~a) was misplaced, stolen, or damaged due to circumstances beyond the recipient's control; or~~

~~b) cannot be modified or altered to meet the recipient's dental needs.~~

~~A metal removable prosthesis is covered if:~~

~~a) the crown to root ratio is better than 1:1;~~

~~b) the surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and~~

~~e) the abutment teeth do not have large restorations or stainless steel crowns.~~

C. Coverage of dental services for adults other than pregnant women is limited to the following medically necessary services:

1. Periodic oral evaluation once per calendar year

2. Limited oral evaluation

3. Comprehensive oral evaluation once every five years

4. Bite wing x-rays, one series per calendar year

5. Periapical x-rays

6. Panoramic x-rays, once per calendar year

7. Prophylaxis, once per calendar year

8. Fluoride varnish, once per calendar year

9. Fillings

10. Root canals for anterior and premolar teeth

11. Full mouth debridement

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10. Dental services. (continued)

12. Removable partial and full dentures, one appliance per dental arch every 6 years

13. Palliative treatment

14. Surgical services limited to:

a. extractions

b. biopsies

c. incise and drain

15. The following services only when provided in conjunction with hospital outpatient dental surgery:

a. intraoral complete services of x-rays, once every five years;

b. scaling and root planning, once every two years;

c. general anesthesia.

B-D. Supervised dental services are provided by enrolled community health workers educating patients to promote good oral health and self-management of dental conditions.

E. Collaborative practice dental hygienist services are provided as designated in collaborative agreements with dentists who authorize and assume full professional responsibility for the services performed. Collaborative practice dental hygienist services may be performed without the presence of a dentist and may be performed at a location other than the usual place of practice of the dentist or dental hygienist and without a dentist's diagnosis and treatment plan, unless specified in the collaborative agreement.

Collaborative practice dental hygienist services are limited to:

1. Oral health promotion and disease prevention education;

2. Removal of deposits and stains from the surfaces of teeth;

10. Dental services. (continued)

3. Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;

4. Polishing and smoothing restorations;

5. Removal of marginal overhangs;

6. Performance of preliminary charting;

7. Taking of radiographs; and

8. Performance of scaling and root planning.

B F. The following dental services are not eligible for payment for any recipient:

- Pulp caps
- Local anesthetic that is used in conjunction with asurgical dental procedure and billed as a separate procedure
- Hygiene aids, including toothbrushes
- Medication dispensed by a dentist that a recipient is able to obtain from a pharmacy
- Acid etch for a restoration that is billed as a separate procedure
- Prosthesis cleaning
- Removable unilateral partial denture that is a one-piece metal including clasps and teeth
- Replacement of a denture when a reline or rebase would correct the problem.
- Duplicate x-rays;
- ~~Fixed partial denture or fixed bridge, unless it is medically necessary and cost-effective for a recipient who cannot use a removable prostheses~~
- Gold restoration, inlay or onlay, including nonprecious and semiprecious metals
- Dental services for cosmetic or aesthetic purposes

E G. Critical access dental providers receive an increased payment pursuant to Attachment 4.19-B, item 10. Designation as a critical access dental provider to be eligible for these payments is granted on a time-limited basis. The following providers who apply are granted designation:

- 1) Those who applied before December 14, 2007, whose practice patient base between January 1, 2006 and December 31, 2006 consisted of 20% or more Minnesota Health Care Program patients, were

10. Dental services. (continued)

designated for calendar year 2008.

2) Those who applied before December 14, 2007 whose practice patient base between January 1, 2006 and December 31, 2006 consisted of less than 20% Minnesota Health Care Program patients, and who had indicated their intent to meet or exceed a patient base of 20% in the period January 1, 2008 to June 30, 2008, were designated for the period July 1, 2008 to December 31, 2008, if the practice submitted documentation by June 15, 2008, to confirm that its practice patient base had reached or exceeded 20%.

3) Those whose practice patient base between January 1, 2006 and December 31, 2006 was less than 20% Minnesota Health Care Program patients who served specified areas of the state with low access to dental care for

Minnesota Health Care Program patients and agreed to increase the number of Minnesota Health Care Program patients seen in 2008 to 20% or accept all Minnesota Health Care Program patients seeking care until the 20% level has been reached, were designated for calendar year 2008. Areas with low access to dental care are those counties in which fewer than 30 percent of Medical Assistance eligibles had one or more dental visit in a recent 12-month period of time.

4) Those dental specialty practices that applied before December 14, 2007, that agreed to increase the number of Minnesota Health Care Program patients seen in 2008 to 20% or accept all Minnesota Health Care Program patients seeking care until the 20% level was reached were designated for calendar year 2008.

5) Dental practices eligible for critical access designation for 2008 and subsequent years must:

a) Be in good standing with the Minnesota Board of Dentistry and not currently subject to any form of corrective or disciplinary action by the Minnesota Board of Dentistry.

b) Be in good standing with the Department of Human Services and any managed care organizations under contract with the Department. "Good standing" means the absence of any abuse of billing practices, crime or ineffective and inappropriate use of medical assistance funds.

c) If good standing described in a) or b) above is lost, the Department has the authority to cancel a provider's critical access designation.

STATE: MINNESOTA

ATTACHMENT 3.1-A

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12.b. Dentures.

Medically necessary denture services for children under 21 years of age are covered in accordance with EPSDT requirements as described in section 1905(r) of the Social Security Act.

For pregnant women:

- Initial placement or replacement of removable dentures is limited to one time every three years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.
- Replacement of dentures less than three years old requires prior authorization.
- The payment rate for dentures includes instruction for the use and care of the dentures and any adjustment necessary during the first six months immediately following the provision of the dentures.

For adults other than pregnant women:

- Removable partial and full dentures are limited to one appliance per dental arch every six years.
- The payment rate for dentures includes payment for instruction on the use and care of the dentures and any adjustment necessary during the first six months immediately following the provision of the dentures.

10. Dental services.

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A. Medically necessary dental services for children under 21 years of age are covered in accordance with EPSDT requirements as described in section 1905(r) of the Social Security Act..

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10. Dental services. (continued)

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 - ~~e) there is an overbite to the extent that the lower anterior teeth impinge on the roof of the mouth when the person bites;~~
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- ~~Space maintainers~~
- ~~Crowns, if made of prefabricated stainless steel, prefabricated resin, or laboratory resin. An exception applies for a crown fitted in conjunction with a fixed bridge or a dental implant.~~
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 - ~~a) there is bone and tooth loss that compromises chewing or breathing; and~~
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- ~~Removal of impacted teeth~~
- ~~Fixed bridges~~

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ATTACHMENT 3.1-B

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10. Dental services. (continued)

- ~~• Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every three years per recipient, unless the prosthesis:~~

- ~~a) was misplaced, stolen, or damaged due to circumstances beyond the recipient's control; or~~
- ~~b) cannot be modified or altered to meet the recipient's dental needs.~~

~~A metal removable prosthesis is covered if:~~

- ~~a) the crown to root ratio is better than 1:1;~~
- ~~b) the surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and~~
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7. Prophylaxis, once per calendar year
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9. Fillings
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10. Dental services. (continued)

12. Removable partial and full dentures, one appliance per dental arch every 6 years

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2. Removal of deposits and stains from the surfaces of teeth;

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10. Dental services. (continued)

3. Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
4. Polishing and smoothing restorations;
5. Removal of marginal overhangs;
6. Performance of preliminary charting;
7. Taking of radiographs; and
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- Removable unilateral partial denture that is a one-piece metal including clasps and teeth
- Replacement of a denture when a reline or rebase would correct the problem.
- Duplicate x-rays;
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- Dental services for cosmetic or aesthetic purposes

E G. Critical access dental providers receive an increased payment pursuant to Attachment 4.19-B, item 10. Designation as a critical access dental provider to be eligible for these payments is granted on a time-limited basis. The following providers who apply are granted designation:

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ATTACHMENT 3.1-B

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10. Dental services. (continued)

designated for calendar year 2008.

2) Those who applied before December 14, 2007 whose practice patient base between January 1, 2006 and December 31, 2006 consisted of less than 20% Minnesota Health Care Program patients, and who had indicated their intent to meet or exceed a patient base of 20% in the period January 1, 2008 to June 30, 2008, were designated for the period July 1, 2008 to December 31, 2008, if the practice submitted documentation by June 15, 2008, to confirm that its practice patient base had reached or exceeded 20%.

3) Those whose practice patient base between January 1, 2006 and December 31, 2006 was less than 20% Minnesota Health Care Program patients who served specified areas of the state with low access to dental care for

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4) Those dental specialty practices that applied before December 14, 2007, that agreed to increase the number of Minnesota Health Care Program patients seen in 2008 to 20% or accept all Minnesota Health Care Program patients seeking care until the 20% level was reached were designated for calendar year 2008.

5) Dental practices eligible for critical access designation for 2008 and subsequent years must:

a) Be in good standing with the Minnesota Board of Dentistry and not currently subject to any form of corrective or disciplinary action by the Minnesota Board of Dentistry.

b) Be in good standing with the Department of Human Services and any managed care organizations under contract with the Department. "Good standing" means the absence of any abuse of billing practices, crime or ineffective and inappropriate use of medical assistance funds.

c) If good standing described in a) or b) above is lost, the Department has the authority to cancel a provider's critical access designation.

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12.b. Dentures.

Medically necessary denture services for children under 21 years of age are covered in accordance with EPSDT requirements as described in section 1905(r) of the Social Security Act.

For pregnant adult women:

- Initial placement or replacement of removable dentures is limited to one time every three years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.
- Replacement of dentures less than three years old requires prior authorization.
- The payment rate for dentures includes instruction for the use and care of the dentures and any adjustment necessary during the first six months immediately following the provision of the dentures.

For adults who are not pregnant women:

- Removable partial and full dentures are limited to one appliance per dental arch every six years.
- The payment rate for dentures includes payment for instruction on the use and care of the dentures and any adjustment necessary during the first six months immediately following the provision of the dentures.

10. Dental services.

Payment is the lower of:

- (1) submitted charge; or
- (2) (a) 91.6% of the 50th percentile of the charges submitted by all dental service providers in the calendar year specified in legislation governing maximum payment rates. Effective July 1, 1997, this is increased by five percent, effective January 1, 1999, by three percent, and effective January 1, 2000, by three percent; or
- (b) State agency established rate.

All posterior fillings are reimbursed at the amalgam rate, which follows the above methodology.

The agency has established rates for the following services:

Procedure Code	5/14/93	7/1/97	7/1/98	1/1/00
D5211	\$294.50	\$309.22	\$318.49	\$328.04
D5212	\$342.00	\$359.10	\$369.87	\$380.96

Procedure Code	6/1/94	7/1/97	7/1/98	1/1/00
D5510	\$71.94	\$75.53	\$77.79	\$80.12
D5520	\$70.57	\$74.09	\$76.31	\$78.59
D5610	\$71.94	\$75.53	\$77.79	\$80.12
D5620	\$105.37	\$110.63	\$113.94	\$117.35
D5630	\$84.51	\$88.73	\$91.39	\$94.13
D5640	\$70.57	\$74.09	\$76.31	\$78.59
D5650	\$110.21	\$115.72	\$119.19	\$122.76
D5660	\$84.51	\$88.73	\$91.39	\$94.13

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ATTACHMENT 4.19-B

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10. Dental services (continued):

A. Critical access dental providers include public and private dental providers. The State agency established rate is the same for both public and private dental providers.

1. Effective October 1, 2006, payment to critical access dental providers who qualify under the criteria at Attachment 3.1-A or B, item 10.C.1-6. will be increased by 38% above the base payment rate described in item 10(2) that would otherwise be paid for services provided from October 1, 2006, through June 30, 2007.

2. Effective July 1, 2007, payment to critical access dental providers who qualify under the criteria at Attachment 3.1-A or B, item ~~10.C.1-6-5~~ G.1-5, will be increased by 30% above the base payment rate described in Attachment 4.19-B, item 10(2), that would otherwise be paid for services provided on or after July 1, 2007, except that for services rendered on or after April 1, 2010 and through June 30, 2010, payment to critical access dental providers will not be increased above the base payment rate.

B. Medical Assistance provides for an additional annual payment for: 1) State Fiscal Year 2006 (July 1, 2005 through June 30 2006), which includes a Department payment made for that state fiscal year and distributed by a sponsoring institution prior to October 1, 2006; 2) State Fiscal Year 2007 (July 1, 2006 through June 30, 2007), which includes a Department payment made for that state fiscal year and