

10. Dental services.

Some services and procedures require prior authorization.

- 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.
- 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, no more than once every five years.
Panoramic x-rays may be provided more frequently when medically necessary for diagnosis and follow-up of pathology and trauma. For recipients who cannot cooperate for intraoral film due to a disability or medical condition that does not allow for intraoral film placement, panoramic x-rays are covered no more frequently than once every two years.
 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 no more than once every five years
 12. Removable partial and full dentures, one appliance per dental arch every 6 years
 13. Palliative treatment and sedative fillings for relief of pain
 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 provided in an outpatient hospital setting or by a freestanding ambulatory surgical center:
 - a. intraoral complete ~~services~~ series of x-rays, once every five years;

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- b. scaling and root planning, once every two years;
- c. general anesthesia.

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;
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.

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

- Pulp caps
- Local anesthetic that is used in conjunction with a 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

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- Replacement of a denture when a reline or rebase would correct the problem.
- Duplicate x-rays
- Gold restoration, inlay or onlay, including nonprecious and semiprecious metals
- Dental services for cosmetic or aesthetic purposes

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 critical access dental provider 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 designated for calendar year 2008.~~ Nonprofit community clinics that meet all of the following criteria:

a) have nonprofit status in accordance with the Minnesota revenue law;

b) have tax exempt status in accordance with 26 U.S.C. §501(c)(3);

c) are established to provide oral health services to low income, uninsured, special needs, and underserved individuals;

d) have staff familiar with the cultural background of the clinic's patients;

e) have a sliding fee scale based on current federal poverty income guidelines;

f) do not restrict access or services because of a patient's financial limitations or public assistance status; and

g) have free care available to the uninsured as needed.

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- 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%. Federally qualified health centers, rural health clinics, and public health clinics;~~
- 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. A dental clinic or group owned and operated by a nonprofit corporation with more than 10,000 patient encounters per year with patients who are uninsured or covered by medical assistance, general assistance medical care, or MinnesotaCare;~~
- 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. Dental clinics associated with an oral health or dental education program operated by the University of Minnesota or an~~

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institution within the Minnesota State Colleges and Universities system; and

5) ~~Dental practices eligible for critical access designation for 2008 and subsequent years must: County owned and operated hospital-based dental clinics.~~

~~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.~~

~~e) 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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