

FEB - 8 201210. 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

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: October 1, 2010

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10. Dental services (continued):

- A. Effective for services provided on or after October 1, 2010, services provided by State Operated Services shall be reimbursed on a reasonable cost basis.

INTERIM RATE METHODOLOGY

Interim payment rates will be equal to 150 percent of fee schedule rates. Interim payments shall be finalized to actual costs.

FINAL RATE METHODOLOGY

Costs will be determined using the "Medicaid Reimbursement Department of Human Services Medicaid Cost Report for State Operated Dental Clinics." This CMS-approved cost reporting protocol collects cost data from the State Operated Services dental providers and allocates the costs as allowable or unallowable using Medicare principles of reimbursement. The cost report also allocates allowable costs among payers using total billed charges.

Final payment rates will be equal to total costs multiplied by the result of Medicaid fee-for-service charges divided by total charges.

The Department will settle-up with State Operated Services dental providers within 18 months following the receipt of clean and correct cost data reported by the SOS dental providers for the rate year. If the interim payments exceeded the final rate, the Department will recover the overpayment within 60 days from determination of the final rate.

B.-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.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.

C. 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 distributed by a sponsoring institution prior to October 1, 2007; and State Fiscal Year 2008 and thereafter, which includes a Department medical education payment made for each fiscal year and distributed by a sponsoring institution prior to October 1 of each year, for the previous state fiscal year, to Medical Assistance-enrolled dentists. Effective July 1, 2007, the Medical Assistance payment is increased in an amount equal to:

- (1) \$7,575,000 multiplied by a proportion equal to the dentist's public program revenue divided by the total amount of public program revenue of all eligible training sites. Public program revenue is the sum of a provider's revenue from medical assistance, prepaid medical assistance, general assistance medical care and, prepaid general assistance medical care.
- (2) For dentists with public program revenue equal to or greater than 0.98 percent of the total public program revenue of all eligible training sites, payments are increased by 20 percent.

(3) Payments to training sites with public program revenue less than 0.98 percent of the total public program revenue of all training eligible sites are reduced proportionately to fund the payment increases described in sub-item (2).

(4) ~~Effective July 1, 2007 and additional annual payment of \$2,075,000 is made to the University of Minnesota School of Dentistry. Training sites with no public program revenue are not eligible for increased payments.~~

X-ray services are paid according to the dental services methodology listed above. Effective for services provided on or after January 1, 2002, payment for x-ray services provided to recipients under age 21 are paid the lower of:

- (1) the submitted charge; or
- (2) 85% of the median charges submitted in 1999.

Diagnostic examinations are paid according to the dental services methodology listed above. Effective for services provided on or after January 1, 2002, payment for diagnostic examinations provided to recipients under age 21 are paid the lower of:

- (1) the submitted charge; or
- (2) 85% of the median charges submitted in 1999.

Tooth sealants and fluoride treatments are paid at the lower of:

- (1) submitted charge; or
- (2) 80% of the median charges submitted in 1997.

Effective for services provided on or after January 1, 2000, the rate is increased by three percent.

Medical and surgical services (as defined by the Department) furnished by dentists are paid using the same methodology as item 5.a., Physicians' services.

Community health worker services educating patients to promote good oral health and self-management of dental conditions when supervised by a dentist ~~is~~ are paid using the same methodology that applies to community health workers in item 5.a., Physicians' services.