

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: September 1, 2011

Page 40

TN: 11-15

Approved:

**MAY 17 2012**

Supersedes: 10-14b (10-14a, 10-04, 08-13, 06-14, 06-05, 03-37)

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

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10. Dental services.

15. The following services only when provided in conjunction with dental surgery provided in an outpatient hospital setting or by a freestanding ambulatory surgical center:

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

10. Dental services. (continued)

F. Dental therapist services are provided as designated in collaborative management agreements with dentists who authorize and assume full professional responsibility for the services performed.

Dental therapist services are limited to:

1. Services performed by a dental therapist licensed by the Minnesota Board of Dentistry and provided within the scope of practice of the dental therapist's license as identified in Minnesota law; and
2. The types of dental services described in paragraphs A, B and C of this item that are within the scope of the therapist's license as a dental therapist.

G. Advanced dental therapist services are provided as designated in collaborative management agreements with dentists who authorize and assume full professional responsibility for the services performed. Advanced dental therapist 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 advanced dental therapist and without a dentist's diagnosis and treatment plan, unless specified in the collaborative agreement.

Advanced dental therapist services are limited to:

1. Services performed by a therapist licensed and certified by the Minnesota Board of Dentistry and provided within the scope of practice of the advanced dental therapist's license as identified in Minnesota law; and
2. The types of services described in paragraphs A, B and C of this item that are within the scope of the therapist's license as an advanced dental therapist.

STATE: MINNESOTA

ATTACHMENT 3.1-A

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Page 40c

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10. Dental services. (continued)

H. 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
- 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

I. Critical access dental providers receive an increased payment pursuant to Attachment 4.19-B, item 10. The following providers who apply are granted critical access dental provider

1) 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;

STATE: MINNESOTA

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Page 40d

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10. Dental services. (continued)

- 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 as needed.
- 2) Federally qualified health centers, rural health clinics, and public health clinics;
  - 3) 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) ~~Dental clinics associated with an oral health or dental education program~~ owned and operated by the University of Minnesota or ~~an institution within~~ the Minnesota State Colleges and Universities system; and
  - 5) County owned and operated hospital-based dental clinics.

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ATTACHMENT 3.1-B

Page 39d

10. Dental services. (continued)

- 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 as needed.
- 2) Federally qualified health centers, rural health clinics, and public health clinics;
  - 3) 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) ~~Dental clinics associated with an oral health or dental education program~~ owned and operated by the University of Minnesota or ~~an institution within~~ the Minnesota State Colleges and Universities system; and
  - 5) County owned and operated hospital-based dental clinics.

STATE: MINNESOTA

ATTACHMENT 4.19-B

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Page 31a

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10. Dental services (continued):

Services provided on or after September 1, 2011, by an enrolled **dental therapist or advanced dental therapist** are paid using the same methodology as listed above.

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. 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