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State/Territory Name: MN

State Plan Amendment (SPA) #: 13-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

June 13, 2014

James Golden, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Golden:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #13-012 - Dental Rates and Services
--Effective Date: July 1, 2013

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

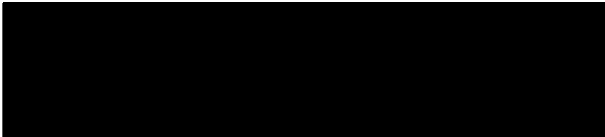
Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-12	2. STATE Minnesota
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTER FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§440.100		7. FEDERAL BUDGET IMPACT: a. FFY '14 \$1,305,000 b. FFY '15 \$1,455,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pages 40, 40a, 40d Attachment 3.1-B, pages 39, 39a, 39d Attachment 4.19-B, pages 31, 31a, 31b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Dental			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Sean Barrett Minnesota Department of Human Services Federal Relations Unit PO Box 64983 St. Paul, MN 55164-0983	
13. TYPED NAME: Ann Berg			
14. TITLE: Deputy Medicaid Director			
15. DATE SUBMITTED: September 12, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 12, 2013		18. DATE APPROVED: June 13, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-12

ATTACHMENT 3.1-A
Page 40

Approved: June 13, 2014

Supersedes: 11-15 (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~~four 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 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.
 - 16. House calls or extended care facility calls for on-site delivery of covered services
 - 17. Behavioral management when additional staff time is required to accommodate behavioral challenges and sedation is not used

STATE: MINNESOTA
Effective: July 1, 2013
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ATTACHMENT 3.1-A
Page 40a

Approved: June 13, 2014

Supersedes: 11-15 (10-14b, 10-14a, 10-04, 08-13, 06-14, 06-05, 03-37)

10. Dental services.

18. Oral or IV sedation, if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center

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.

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: July 1, 2013

Page 40d

TN: 13-12

Approved: June 13, 2014

Supersedes: 11-15 (10-14b,10-14a,10-04,08-13,06-14,06-05,03-37,03-24)

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 p~~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 owned and operated by the University of Minnesota or the Minnesota State Colleges and Universities system; ~~and~~
 - 5) County or city owned and operated hospital-based dental clinics; and
 - 6) Private practicing dentists if:
 - a) the dentist's office is located within a health professional shortage area as defined under Code of Federal Regulations, title 42, part 5, and United States Code, title 42, section 254E;
 - b) more than 50 percent of the dentist's patient encounters per year are with patients who are uninsured or covered by medical assistance or MinnesotaCare;
 - c) the dentist does not restrict access or services because of a patient's financial limitations or public assistance status; and
 - d) the level of service provided by the dentist is critical to maintaining adequate levels of patient access within the service area in which the dentist operates.

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Effective: July 1, 2013
TN: 13-12

ATTACHMENT 3.1-B
Page 39

Approved: June 13, 2014

Supersedes: 11-15 (10-14b, 10-14a, 10-04, 08-13, 06-14, 06-05, 03-37)

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~~Some services and procedures require prior authorization.~~

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 9. Fillings
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 11. Full mouth debridement no more than once every five years
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 13. Palliative treatment and sedative fillings for relief of pain
 14. Surgical services limited to:
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STATE: MINNESOTA
Effective: July 1, 2013
TN: 13-12

ATTACHMENT 3.1-B
Page 39a

Approved: June 13, 2014

Supersedes: 11-15 (10-14b, 10-14a, 10-04, 08-13, 06-14, 06-05, 03-37)

10. Dental services.

18. Oral or IV sedation, if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center

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.

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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)

- 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 p~~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 owned and operated by the University of Minnesota or the Minnesota State Colleges and Universities system; ~~and~~
 - 5) County or city owned and operated hospital-based dental clinics; and
 - 6) Private practicing dentists if:
 - a) the dentist's office is located within a health professional shortage area as defined under Code of Federal Regulations, title 42, part 5, and United States Code, title 42, section 254E;
 - b) more than 50 percent of the dentist's patient encounters per year are with patients who are uninsured or covered by medical assistance or MinnesotaCare;
 - c) the dentist does not restrict access or services because of a patient's financial limitations or public assistance status; and
 - d) the level of service provided by the dentist is critical to maintaining adequate levels of patient access within the service area in which the dentist operates.

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Effective: July 1, 2013
TN: 13-12

ATTACHMENT 4.19-B
Page 31

Approved: June 13, 2014

Supersedes: 10-24 (10-04, 07-12, 07-08, 06-14, 04-15(a), 03-37)

10. Dental services.

A. Effective for services provided on or after October 1, 1992,
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: July 1, 2013

Page 31a

TN: 13-12

Approved: June 13, 2014

Supersedes: 11-15 (10-24, 10-04, 08-13, 07-12, 07-08, 06-14, 04-15a, 03-37)

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.B.~~ 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.C.~~ 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~~

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: July 1, 2013

Page 31b

TN: 13-12

Approved: June 13, 2014

Supersedes: 12-25 (11-30b, 10-24, 10-04, 08-13, 06-14, 06-05, 03-37)

10. Dental services. (continued)

~~10(2) that would otherwise be paid for services provided from October 1, 2006, through June 30, 2007.~~

~~2-~~ Effective July 1, ~~2013~~²⁰⁰⁷, payment to critical access dental providers who qualify under the criteria at Attachment 3.1-A or B, item 10.~~GI.1-56~~, will be increased by ~~30~~⁵% above the base payment rate described in Attachment 4.19-B, item 10(~~2A~~), ~~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.~~