

SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION

S.F. No. 782

(SENATE AUTHORS: BOLDON, Utke, Morrison and Abeler)

DATE	D-PG	OFFICIAL STATUS
01/26/2023	411	Introduction and first reading Referred to Health and Human Services
03/15/2023	1799	Author added Abeler

1.1 A bill for an act

1.2 relating to human services; expanding medical assistance coverage for adult dental

1.3 services; amending Minnesota Statutes 2022 Supplement, section 256B.0625,

1.4 subdivision 9, as amended.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2022, section 256B.0625, subdivision 9, is amended to read:

1.7 Subd. 9. **Dental services.** (a) Medical assistance covers medically necessary dental

1.8 services.

1.9 ~~(b) Medical assistance dental coverage for nonpregnant adults is limited to the following~~

1.10 ~~services:~~

1.11 ~~(1) comprehensive exams, limited to once every five years;~~

1.12 ~~(2) periodic exams, limited to one per year;~~

1.13 ~~(3) limited exams;~~

1.14 ~~(4) bitewing x-rays, limited to one per year;~~

1.15 ~~(5) periapical x-rays;~~

1.16 ~~(6) panoramic x-rays, limited to one every five years except (1) when medically necessary~~

1.17 ~~for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once~~

1.18 ~~every two years for patients who cannot cooperate for intraoral film due to a developmental~~

1.19 ~~disability or medical condition that does not allow for intraoral film placement;~~

1.20 ~~(7) prophylaxis, limited to one per year;~~

1.21 ~~(8) application of fluoride varnish, limited to one per year;~~

- 2.1 ~~(9) posterior fillings, all at the amalgam rate;~~
- 2.2 ~~(10) anterior fillings;~~
- 2.3 ~~(11) endodontics, limited to root canals on the anterior and premolars only;~~
- 2.4 ~~(12) removable prostheses, each dental arch limited to one every six years;~~
- 2.5 ~~(13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;~~
- 2.6 ~~(14) palliative treatment and sedative fillings for relief of pain;~~
- 2.7 ~~(15) full-mouth debridement, limited to one every five years; and~~
- 2.8 ~~(16) nonsurgical treatment for periodontal disease, including sealing and root planing~~
- 2.9 ~~once every two years for each quadrant, and routine periodontal maintenance procedures.~~
- 2.10 ~~(e) In addition to the services specified in paragraph (b), medical assistance covers the~~
- 2.11 ~~following services for adults, if provided in an outpatient hospital setting or freestanding~~
- 2.12 ~~ambulatory surgical center as part of outpatient dental surgery:~~
- 2.13 ~~(1) periodontics, limited to periodontal sealing and root planing once every two years;~~
- 2.14 ~~(2) general anesthesia; and~~
- 2.15 ~~(3) full-mouth survey once every five years.~~
- 2.16 ~~(d) Medical assistance covers medically necessary dental services for children and~~
- 2.17 ~~pregnant women. The following guidelines apply:~~
- 2.18 (1) posterior fillings are paid at the amalgam rate;
- 2.19 (2) application of sealants are covered once every five years per permanent molar ~~for~~
- 2.20 ~~children only;~~
- 2.21 (3) application of fluoride varnish is covered once every six months; and
- 2.22 (4) orthodontia is eligible for coverage for children only.
- 2.23 ~~(e) (b)~~ In addition to the services specified in ~~paragraphs (b) and (c)~~ paragraph (a),
- 2.24 medical assistance covers the following services for adults:
- 2.25 (1) house calls or extended care facility calls for on-site delivery of covered services;
- 2.26 (2) behavioral management when additional staff time is required to accommodate
- 2.27 behavioral challenges and sedation is not used;

3.1 (3) oral or IV sedation, if the covered dental service cannot be performed safely without  
3.2 it or would otherwise require the service to be performed under general anesthesia in a  
3.3 hospital or surgical center; and

3.4 (4) prophylaxis, in accordance with an appropriate individualized treatment plan, but  
3.5 no more than four times per year.

3.6 ~~(f)~~ (c) The commissioner shall not require prior authorization for the services included  
3.7 in paragraph ~~(e)~~ (b), clauses (1) to (3), and shall prohibit managed care and county-based  
3.8 purchasing plans from requiring prior authorization for the services included in paragraph  
3.9 ~~(e)~~ (b), clauses (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.