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1.1 1.2	moves to amend H.F. No. 927, the delete everything amendment (A11-0177), as follows:
1.3	Page 129, after line 23, insert:
1.4	"Sec. 25. Minnesota Statutes 2010, section 256B.0625, subdivision 9, is amended to
1.5	read:
1.6	Subd. 9. Dental services. (a) Medical assistance covers <u>appropriate and necessary</u>
1.7	dental services.
1.8	(b) Medical assistance dental coverage for nonpregnant adults is limited to the
1.9	following services:
1.10	(1) comprehensive exams, limited to once every five years;
1.11	(2) periodic exams, limited to one per year;
1.12	(3) limited exams;
1.13	(4) bitewing x-rays, limited to one per year;
1.14	(5) periapical x-rays;
1.15	(6) <u>full-mouth survey</u> , <u>limited to once every five years</u> ;
1.16	(7) panoramic x-rays, limited to one every five years except (1) (i) when medically
1.17	necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma
1.18	or (2) (ii) once every two years for patients who cannot cooperate for intraoral film due
1.19	to a developmental disability or medical condition that does not allow for intraoral film
1.20	placement;
1.21	(7) (8) prophylaxis, limited to one per year; except for patients with a major medical
1.22	or dental risk factor, who are limited to a maximum of four per year based upon the
1.23	severity of their medical or dental risk factors, such as:
1.24	(i) diabetes;
1.25	(ii) heart disease; and
1.26	(iii) other similar oral and systemic conditions designated by the commissioner;

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2.1	(9) periodontal scaling and root planing, limited to a maximum of four quadrants
2.2	per year;
2.3	(8) (10) application of fluoride varnish, limited to one per year;
2.4	(9) (11) posterior fillings, all at the amalgam rate;
2.5	(10) (12) anterior fillings;
2.6	(11) (13) endodontics, limited to root canals on the anterior and premolars only;
2.7	(12) (14) removable prostheses, each dental arch limited to one every six years;
2.8	(13) (15) oral surgery, limited to extractions, biopsies, and incision and drainage
2.9	of abscesses;
2.10	(14) (16) palliative treatment and sedative fillings for relief of pain; and
2.11	(15) (17) full-mouth debridement, limited to one every five years.
2.12	(c) In addition to the services specified in paragraph (b), medical assistance
2.13	covers the following services for adults, if provided in an outpatient hospital setting or
2.14	freestanding ambulatory surgical center as part of outpatient dental surgery:
2.15	(1) periodontics, limited to periodontal scaling and root planing once every two
2.16	years;
2.17	(2) general anesthesia; and
2.18	(3) full-mouth survey once every five years.
2.19	(d) Medical assistance covers medically necessary dental services for children and
2.20	pregnant women. The following guidelines apply:
2.21	(1) posterior fillings are paid at the amalgam rate;
2.22	(2) application of sealants are covered once every five years per permanent molar for
2.23	children only;
2.24	(3) application of fluoride varnish is covered once every six months; and
2.25	(4) pediatric prophylaxis, limited to one per year for patients without a major
2.26	medical or dental risk factor, paid at 50 percent of the applicable medical assistance
2.27	payment rate in effect on June 30, 2011; and
2.28	(5) orthodontia is eligible for coverage for children only.
2.29	EFFECTIVE DATE. This section is effective July 1, 2011."
2.30	Page 166, line 33, delete " <u>ten</u> " and insert " <u>10.1</u> "
2.31	Renumber the sections in sequence and correct the internal references
2.32	Amend the title accordingly

Sec. 25. 2