

- 4 Dental services.** Amends § 256B.0625, subd. 9. (a) Eliminates coverage for fixed bridges.
- (b) Specifies dental coverage for nonpregnant adults. Limits coverage to:
- (1) comprehensive exams, limited to once every five years;
 - (2) periodic exams, once per year;
 - (3) limited exams;
 - (4) bitewing x-rays, once per year;
 - (5) periapical x-rays;
 - (6) panoramic x-rays, once every five years and only if certain conditions are met. Allows panoramic x-rays to be provided once every two years to certain patients who cannot cooperate for intra-oral film;
 - (7) prophylaxis, once per year;
 - (8) application of fluoride varnish, once per year;
 - (9) posterior fillings at the amalgams rate;
 - (10) anterior fillings;
 - (11) endodontics, limited to root canals on the anterior and premolars only;
 - (12) removable prostheses, each dental arch limited to one every six years;
 - (13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;
 - (14) palliative treatment and sedative fillings for relief of pain; and
 - (15) full mouth debridement, once every five years.
- (c) Provides that MA also covers the following services for adults, if provided in an outpatient hospital setting or freestanding ambulatory surgical center as part of outpatient dental surgery:
- (1) periodontics, limited to periodontal scaling and root planing once every two years;
 - (2) general anesthesia; and
 - (3) full mouth survey once every five years.
- (d) States that MA covers dental services for children that are medically necessary, and that the following guidelines apply:
- (1) posterior fillings are paid at the amalgam rate;
 - (2) application of sealants once every five years per permanent molar; and
 - (3) application of fluoride varnish is limited to once every six months.

Provides a January 1, 2010, effective date.

- 5 **Critical access dental providers.** Amends § 256B.76, subd. 4. Requires the commissioner to administer the MA critical access dental program within the limits of available appropriations.
- 6 **Designation and termination of critical access dental providers.** Amends § 256B.76, by adding subd. 4a. Lists grounds under which the commissioner is prohibited from designating a dentist or clinic as a critical access dental provider, or is required to terminate such a provider's designation. These grounds include, but are not limited to, being subject to disciplinary or corrective action by the board of dentistry and being subject to post investigation action by the commissioner or a contracted health plan. Allows provider appeals through the contested hearing process. Provides an immediate effective date.
- 7 **Critical access dental providers.** Amends § 256L.11, subd. 7. Effective January 1, 2010, provides that critical access dental providers are reimbursed under MinnesotaCare at 30 percent above the payment rate that would otherwise be paid (the reimbursement level under current law is 50 percent above regular rates). Requires the commissioner to administer the subdivision within the limits of available appropriations.
- 8 **Expenditure limit.** For calendar years beginning on or after January 1, 2010, requires the commissioner of human services to limit annual expenditures for the critical access dental program to 75 percent of the CY 2008 expenditure level.