

TN: 21-22

Approved: December 17, 2021

Supersedes: 13-12 (11-15, 10-14b, 10-14a, 10-04, 08-13, 06-14, 06-05, 03-37)

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10. Dental services.

- 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. Treatment for periodontal disease
  - ~~15~~16. 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~~17. House calls or extended care facility calls for on-site delivery of covered services
  - ~~17~~18. Behavioral management when additional staff time is required to accommodate behavioral challenges and sedation is not used

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12.a. Prescribed drugs. (continued)

2. A prescribed drug must be dispensed in the quantity specified on the prescription unless the pharmacy is using unit dose dispensing, the specified quantity is not available in the pharmacy when the prescription is dispensed, or the specified quantity exceeds a 34-day supply.
3. The dispensed quantity of a prescribed drug must not exceed a 34-day supply, unless authorized by the Department. Refill prescriptions for a 90-day supply of maintenance drugs in specific therapeutic classes identified by the Department may be dispensed without prior authorization. Contraceptive drugs dispensed in quantities not exceeding a three-month supply do not require prior authorization.

Retrospective billing is a billing practice in which the pharmacy bills only for the quantity of medication actually used by the recipient during the retrospective billing cycle established by the pharmacy. A retrospective billing cycle must be between 30 and 34 days in length.

4. An initial or refill prescription for a maintenance drug shall be dispensed in not less than a 30-day supply unless the pharmacy is using unit dose dispensing, or is billing retrospectively for a quantity dispensed to a resident in a long-term care facility via unit dose or an automated dispensing system. No additional professional dispensing fee shall be paid until that quantity is used by the recipient. The pharmacy dispensing drugs to a resident in a long-term care facility must credit the state for the actual acquisition cost of all unused drugs that are eligible for reuse if the pharmacy is not using a retrospective billing process.
5. Except as provided in item (6), coverage of the professional dispensing fee for a particular pharmacy or dispensing physician for a ~~maintenance~~ drug for a recipient is limited to one professional dispensing fee per 30- to 34-day supply, or 90 day supply as described in #3.
6. More than one professional dispensing fee per calendar month for a maintenance drug for a recipient is allowed if:
  - a) the record kept by the pharmacist or dispensing physician documents that there is a significant chance of overdose by the recipient if a larger quantity of drug is dispensed, and if the pharmacist or dispensing physician writes a statement of this reason on the prescription; or
  - b) the drug is clozapine.

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12.a. Prescribed drugs. (continued)

advice message, or in a Department-issued provider update. The following over-the-counter drugs are covered only when prescribed by a licensed practitioner or a licensed pharmacist who meets standards established by the Department, in consultation with the Board of Pharmacy:

- a) antacids;
- b) acetaminophen;
- c) aspirin;
- d) family planning products;
- e) insulin;
- f) products for the treatment of lice;
- g) vitamins for adults with documented vitamin deficiencies;
- h) vitamins for children under the age of seven and pregnant or nursing women; and
- i) any other drug identified by the Department, in consultation with the Drug Formulary Committee.

1. The following categories of drugs are not covered pursuant to §1927(d)(2):

- ~~a) Drugs or active pharmaceutical ingredients used for weight loss, except that medically necessary lipase inhibitors may be covered for recipients with type 2 diabetes.~~
- ba) Agents or active pharmaceutical ingredients when used to promote fertility.
- eb) Agents or active pharmaceutical ingredients when used for cosmetic purposes or hair growth.
- ec) Covered outpatient drugs that the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- ed) Drugs described in §107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of 21 CFR §310.6(b)(1) (DESI drugs)).
- fe) Drugs or active pharmaceutical ingredients for which medical value has not been established.

Approved: December 17, 2021  
Supersedes: 06-12 (05-01, 04-08, 03-26)

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### 13.d. Rehabilitative Services

Rehabilitative services are limited to:

- (1) Except as otherwise noted, services provided under the recommendation of a physician. The therapeutic treatment must be a part of the recipient's plan of care; and
- (2) Services that are medically necessary and the least expensive, appropriate alternative.

Mental health rehabilitative services are the following:

- Community mental health center (CMHC) services provided by a facility that meets the requirements of applicable state law. Minnesota Statutes ~~§256B.0625, subdivision 5~~
- The CMHC must be licensed certified as a mental health clinic under applicable state law Minnesota Rules, parts 9520.0750 to 9520.0870. The CMHC must ~~to provide mental health services under the clinical supervision oversight of a mental health professional who is licensed for independent practice at the doctoral level, or a psychiatrist who is eligible for board certification a doctoral level psychologist or a board certified or board eligible psychiatrist. A CMHC's mental health team includes at least a:~~
  1. ~~Licensed physician who has completed an approved residency program in psychiatry;~~
  2. ~~doctoral clinical, counseling, or health care psychologist; and~~
  3. ~~clinical social worker with a master's degree in social work from an accredited college or university and/or a clinical psychiatric nurse with a master's degree in psychiatric nursing or a related psychiatric nursing program from an accredited college or university.~~

A CMHC's mental health team must include mental health professionals as described in item 6.D.A. A CMHC's mental health team may include clinical trainees as described in item 6.D.A as well as ~~As needed, the mental health team may also consist of~~ other professionals, paraprofessionals and disciplines. Staff qualifications are consistent with the specific service listed, below.

CMHC services are furnished by a private nonprofit corporation or a governmental agency that has a

13.d. Rehabilitative services. (continued)

community board of directors. Providers must be capable of providing the services to recipients who are diagnosed with both mental illness or emotional disturbance and chemical dependency, and to recipients dually diagnosed with a mental illness or emotional disturbance and ~~mental retardation or a related condition~~ developmental disability.

The following are included in the **CMHC services** payment:

1. Diagnostic assessment
2. Explanation of findings
3. Family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, and medication management
4. Adult day treatment services provided as described below.
5. Professional home-based mental health services
6. For Medicare-certified centers, partial hospitalization for mental illness, as defined at §1861(ff) of the Act
7. Neuropsychological services provided as described below.

Adult day treatment includes at least one hour of group psychotherapy and must include group time focused on rehabilitative interventions or other therapeutic services that are provided by a multidisciplinary staff. Rehabilitative interventions are linked to goals and objectives identified in an individual's treatment plan which will lead to improvement in functioning that has been impaired by the symptoms of individual's mental illness or emotional disturbance. Other therapeutic services may include such services as harm reduction or cognitive behavior therapy. Coverage is limited to services provided up to 15 hours per week.

Individual members of the adult day treatment multidisciplinary team must meet, at a minimum, the standards for a mental health practitioner that apply to adult rehabilitative mental health services as defined in this item. Members of the multidisciplinary team provide only those day treatment services that are within their scope of practice.

The following agencies may apply to become adult day treatment providers:

- o Licensed outpatient hospitals with JCAHO accreditation;
- o MHCP-enrolled community mental health centers; or
- o Entities under contract with a county to operate a day treatment program.

Neuropsychological services include neuropsychological assessment and neuropsychological testing.

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  4. ~~licensed physician who has completed an approved residency program in psychiatry;~~
  5. ~~doctoral clinical, counseling, or health care psychologist; and~~
  6. ~~clinical social worker with a master's degree in social work from an accredited college or university and/or a clinical psychiatric nurse with a master's degree in psychiatric nursing or a related psychiatric nursing program from an accredited college or university.~~

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