



**S.F. No. 2259, as introduced - 87th Legislative Session (2011-2012) [12-5611]**

2.1 (12) removable prostheses, ~~each dental arch limited to one every six years~~ limited  
2.2 to repairing of a removable prosthetic and the replacement of each dental arch to one  
2.3 every eight years;

2.4 (13) oral surgery, limited to extractions, biopsies, and incision and drainage of  
2.5 abscesses;

2.6 (14) palliative treatment and sedative fillings for relief of pain; and

2.7 (15) full-mouth debridement, limited to one every five years.

2.8 (c) In addition to the services specified in paragraph (b), medical assistance  
2.9 covers the following services for adults, if provided in an outpatient hospital setting or  
2.10 freestanding ambulatory surgical center as part of outpatient dental surgery:

2.11 (1) periodontics, limited to periodontal scaling and root planing once every two  
2.12 years;

2.13 (2) general anesthesia; and

2.14 (3) full-mouth survey once every five years.

2.15 (d) Medical assistance covers medically necessary dental services for children and  
2.16 pregnant women. The following guidelines apply:

2.17 (1) posterior fillings are paid at the amalgam rate;

2.18 (2) application of sealants are covered once every five years per permanent molar for  
2.19 children only;

2.20 (3) application of fluoride varnish is covered once every six months; and

2.21 (4) orthodontia is eligible for coverage for children only.