

Title of Rule: Revision to the Medical Assistance Provider Relations and Dental Program Division Rule Concerning Dental Services for Children, Section 8.202  
Rule Number: MSB 14-07-03-A  
Division / Contact / Phone: Medicaid Programs & Services / Max Salazar / 3289

**STATEMENT OF BASIS AND PURPOSE**

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Colorado currently provides a dental benefit to children 20 years of age and younger in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. However, the Department engaged in a Benefits Collaborative Process to define the amount, scope and duration of Dental Services for Children. This rule therefore implements the recommendations and policies that were developed through that process.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
- for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

42 U.S.C. §§1396d(a)(4)(B), 1396d(r)(1)(A)(i), and 1396d(r)(3).

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2013);  
§§ 25.5-1-301-303, C.R.S. (2013); § 25.5-5-102(1)(g)

Initial Review **08/08/2014**  
Proposed Effective Date **11/30/2014**

Final Adoption **10/10/2014**  
Emergency Adoption

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## **REGULATORY ANALYSIS**

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Colorado currently provides a dental benefit to children 20 years of age and younger in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Children who accessed those services will likely experience an increase in the level of services they are receiving.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

Clients will be positively impacted by this rule. Where dental benefits for children were defined in a very basic manner, there is now a much more robust and thorough explanation of benefits.

The purpose of this rule change is to ensure that children's dental policies and procedures are based on current best practice and are clearly defined because an Administrative Services Organization was hired to manage the Children's Dental benefit starting July 1, 2014. The Department was given financial resources by the Joint Budget Committee in the FY 13-14 budget to hire a dental ASO vendor specifically to improve the management of the Medicaid children's dental benefit and to demonstrate cost savings by employing a proprietary utilization management system.

All revisions to this children's dental rule were initially proposed by our consultants (Dr. Randi Tillman and Kevin Klein, MBA of Adroit Consulting). These recommendations were then shared with the public and dental program stakeholders, including several pediatric dental providers and organizations in Colorado, and other key stakeholders such as the Colorado Dental Association. Further revisions were made through the Dental Benefits Collaborative Process (from August 2013 through February 2014). The revised children's dental rule clearly defines covered and non-covered services, frequency and service limitations. Some prominent examples of where consensus was reached and the types of revisions being made to children's dental rule after significant stakeholder input include: increasing the frequency of x-rays allowed for high-risk children ages 2 to 20 (i.e. every six months if evidence of active decay); allowing oral health risk assessments for children above the age of 5 to be performed by dental or qualified medical personnel three (3) times per year without requiring it to be part of a well-child visit (which allows for treatment at a school-based health clinic); the inclusion of coverage for risk-based services for clients allow those who are at increased risk of periodontal disease due to diabetes, pregnancy, or history of periodontal treatment to be eligible for any combination of up to four (4) cleanings or four (4) periodontal maintenance visits per year; and adding fluoride varnish

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applications for high-risk children above the age of 5, up to 3 times per year (this change was included in the FY 14-15 Long Bill).

The development and revisions process has had several iterations in order to ensure the revised children's dental rule is clear and concise and to include current practices missing from earlier drafts. These recent revisions have been circulated via email to the dental stakeholders' distribution group which includes interested clients, dental providers, professional dental association representatives and advocates, clients, and community partners and educators in oral health. Thus far, the revisions have not met opposition and none of the revisions increase costs to clients, providers or the state.

In FY 12-13, utilization and associated benefit costs for the Children's Dental (EPSDT) benefit were as follows:

1. 368,079 Eligible Children accessed this benefit:
2. Total expenditures were \$95,487,025; and
3. Per capita expenditure averaged \$259.42.

3. Discuss the probable costs to the Department and to any other agency of the implementation

This benefit was already offered through Early Periodic Screening, Diagnosis, and Treatment (EPSDT). Since the purpose of this rule is simply to define the benefit in full, the Department will likely experience little to no additional costs by the implementation of this benefit.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

See items #2 and #3.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

This rule is legislatively mandated and therefore less costly methods are unavailable.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There were no alternative methods for achieving the purpose of this proposed rule as it was legislatively mandated.

## 1 8.202 DENTAL SERVICES FOR CHILDREN

### 2 8.202.1 DEFINITIONS

3 Apexication is a method of inducing a calcified barrier at the apex of a nonvital tooth with incomplete root  
4 formation.

5 Apexogenesis refers to a vital pulp therapy procedure performed to encourage physiological development  
6 and formation of the root end.

7 Child Client means an individual who is age 20 years or under and eligible for medical assistance  
8 benefits.

9 Comprehensive Oral Evaluation means a thorough evaluation and documentation of a client's dental and  
10 medical history to include extra-oral and intra-oral hard and soft tissues, dental caries, missing or  
11 unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal  
12 charting), hard and soft tissue anomalies, and oral cancer screening, as defined by the Current Dental  
13 Terminology (CDT) (2014).

14 Comprehensive Periodontal Evaluation means the procedure that is indicated for patients showing signs  
15 or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It  
16 includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the  
17 patient's dental and medical history and general health assessment. It may include the evaluation and  
18 recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer  
19 evaluation, as defined by the Current Dental Terminology (CDT) (2014).

20 Dental Caries is a common chronic infectious transmissible disease resulting from tooth-adherent specific  
21 bacteria that metabolize sugars to produce acid which demineralizes tooth structure over time (tooth  
22 decay).

23 Dental professional means licensed dentist or dental hygienist enrolled with Colorado Medicaid.

24 Detailed and Extensive Oral Evaluation – Problem Focused, By Report means a detailed and extensive  
25 problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of  
26 a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a  
27 treatment plan for a specific problem is required. The condition requiring this type of evaluation should be  
28 described and documented. Examples of conditions requiring this type of evaluation may include  
29 dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction,  
30 facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc., as defined by the  
31 Current Dental Terminology (CDT) (2014).

32 Diagnostic Imaging means a visual display of structural or functional patterns for the purpose of  
33 diagnostic evaluation, as defined by the Current Dental Terminology (CDT) (2014).

34 Early, Periodic Screening, Diagnosis and Treatment (EPSDT) Services means services that are available  
35 to clients 20 and under which are determined to be medically necessary and offered through the State  
36 Plan even if not available to other eligibility categories.

37 Endodontic services means services which are concerned with the morphology, physiology and pathology  
38 of the human dental pulp and periradicular tissues.

39 Emergency Services means the need for immediate intervention by a physician, osteopath or dental  
40 professional to stabilize an oral cavity condition.

- 1 Evaluation means a patient assessment that includes gathering of information through interview,  
2 observation, examination, and use of specific tests to diagnose existing conditions, as defined by the  
3 Current Dental Terminology (CDT) (2014).
- 4 High Risk of Caries is indicated in Child Clients who present with demonstrable caries, a history of  
5 restorative treatment, dental plaque, and enamel demineralization; or Child Clients of mothers with a high  
6 caries rate, especially with untreated caries; or Child Clients who sleep with a bottle containing anything  
7 other than water, or who breastfeed throughout the night (at-will nursing); or Child Clients with special  
8 health care needs.
- 9 Immediate Intervention or Treatment is when a patient presents with symptoms and/or complaints of pain,  
10 infection or other conditions that would require immediate attention.
- 11 Limited Oral Evaluation – Problem Focused means an evaluation limited to a specific oral health problem  
12 or complaint, as defined by the Current Dental Terminology (CDT) (2014).
- 13 Oral Cavity means the jaw, mouth or any structure contiguous to the jaw.
- 14 Oral Evaluation For A Patient Under Three Years of Age And Counseling With Primary Caregiver means  
15 the diagnostic services performed for a child under the age of three, preferably within the first six months  
16 of the eruption of the first primary tooth, including recording the oral and physical health history,  
17 evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and  
18 communication with and counseling of the child's parent, legal guardian and/or primary caregiver, as  
19 defined by the Current Dental Terminology (CDT) (2014).
- 20 Palliative Treatment for Dental Pain means emergency treatment to relieve the client of pain; not a  
21 mechanism for addressing chronic pain.
- 22 Periodic Oral Evaluation means an evaluation performed on a client of record to determine any changes  
23 in the patient's dental and medical status since a previous comprehensive or periodic evaluation. This  
24 includes an oral cancer evaluation and periodontal screening where indicated, and may require  
25 interpretation of information acquired through additional diagnostic procedures, as defined by the Current  
26 Dental Terminology (CDT) (2014).
- 27 Periodontal Treatment means the therapeutic plan intended to stop or slow periodontal (gum) disease  
28 progression.
- 29 Preventive services means services concerned with promoting good oral health and function by  
30 preventing or reducing the onset or development of oral diseases or deformities and the occurrence of  
31 oro-facial injuries, as defined by the Current Dental Terminology (CDT) (2014).
- 32 Prophylaxis (Cleaning) is the removal of dental plaque and calculus from teeth in order to prevent dental  
33 caries, gingivitis and periodontitis.
- 34 Qualified Medical Personnel means physicians (MDs), osteopaths (DOs), nurse practitioners and  
35 physician assistants with a focus on primary care, general practice, internal medicine, pediatrics and who  
36 have participated in on-site training by the "Cavity Free at Three" team or have completed Module 2 (child  
37 oral health) and Module 6 (fluoride varnish) in the Smiles for Life curriculum when treating Child Clients  
38 age 0 years through 12 years of age. The qualified medical personnel must have participated in Module 3  
39 (adult oral health) and Module 6 (fluoride varnish) in the Smiles for Life curriculum when treating Child  
40 Clients ages 12 years and older. Qualified medical personnel who complete this training must provide the  
41 documentation of this training when requested.
- 42 Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit) means  
43 assessing the status of a previously existing condition. For example, a traumatic injury where no

1 treatment was rendered but patient needs follow-up monitoring; an evaluation for undiagnosed continuing  
 2 pain; or a soft tissue lesion requiring follow-up evaluation, as defined by the Current Dental Terminology  
 3 (CDT) (2014).

4 Restorative means services rendered for the purpose of rehabilitation of dentition to functional or  
 5 aesthetic requirements of the client, as defined by the Current Dental Terminology (CDT) (2014).

6 Screening means a program designed to evaluate the health status and potential of an individual. In the  
 7 process it may be found that a person has a particular disease or condition or is at greater-than-normal  
 8 risk of its development. Screening may include taking a personal and family health history and performing  
 9 a physical examination, tests, laboratory tests, or radiologic examination and may be followed by  
 10 counseling, education, referral, or further testing.

11 Special Healthcare Needs means any physical, developmental, mental, sensory, behavioral, cognitive, or  
 12 emotional impairment or limiting condition that requires medical management, health care intervention,  
 13 and/or use of specialized services or programs. The condition may be developmental or acquired and  
 14 may cause limitations in performing daily self-maintenance activities or substantial limitations in a major  
 15 life activity.

16 Year begins on the date of service.

## 17 **8.202.2 BENEFITS**

### 18 8.202.2.A Covered Services

#### 19 1. Covered Evaluation Procedures:

20 a. Oral Evaluation For A Patient Under Three Years of Age And Counseling With Primary  
 21 Caregiver; shall be limited to Child Clients age 0 through 2, two (2) per year per provider  
 22 or location.

23 i. Oral Evaluation For A Patient Under Three Years of Age And Counseling With  
 24 Primary Caregiver shall include:

- 25 1. Risk assessment;
- 26 2. Oral hygiene instruction; and
- 27 3. Anticipatory guidance.

28 ii. For Child Clients age 0 through 2 who are at high risk for caries, an additional  
 29 ~~one (1)~~ two (2) Oral Evaluation For A Patient Under Three Years of Age And  
 30 Counseling With Primary Caregiver is allowed per year for a total of ~~three (3)~~ four  
 31 (4) per year; a formal caries risk assessment shall be performed and  
 32 documented as part of the patient record.

33 iii. May be performed by dental professional or qualified medical personnel.

34 iv. Oral Evaluation For A Patient Under Three Years of Age And Counseling With  
 35 Primary Caregiver will not be reimbursed if it is provided on the same day as a  
 36 periodic oral evaluation. When both are provided on the same day, only the  
 37 periodic oral evaluation will be reimbursed.

38 b. Screening for Child Clients ages 3 and 4, Including State or Federally Mandated  
 39 Screenings; shall be limited to two (2) per year.

- 1 i. For Child Clients ages 3 and 4 who are at high risk for caries, an additional two  
2 (2) ~~one (1)~~ screenings is allowed per year for a total of four (4) ~~three (3)~~ per year;  
3 a formal caries risk assessment must be performed and documented as part of  
4 the patient record.
- 5 ii. **Shall** be performed by a dental professional or qualified medical personnel.
- 6 iii. A screening will not be reimbursed if it is provided on the same day of service as  
7 any comprehensive, periodic, periodontal, oral evaluation for patient under three  
8 years of age and counseling with primary caregiver, or limited oral problem  
9 focused evaluation. When provided on the same day, only the comprehensive,  
10 periodic, periodontal, oral evaluation for patient under three years of age and  
11 counseling with primary caregiver, or limited oral problem focused evaluation **will**  
12 **be reimbursed.**
- 13 c. Screening of a Patient; shall be limited to Child Clients ages 5 years and older, **three (3)**  
14 per year.
- 15 i. **Shall** be performed by dental professional or qualified medical personnel.
- 16 ii. Does not count towards other evaluation frequency limits.
- 17 iii. A screening will not be reimbursed if it is provided on the same day of service as  
18 any comprehensive, periodic, periodontal, oral evaluation for patient under three  
19 years of age and counseling with primary caregiver, or limited oral problem  
20 focused evaluation. When provided on the same day, only the comprehensive,  
21 periodic, periodontal, oral evaluation for patient under three years of age and  
22 counseling with primary caregiver, or limited oral problem focused evaluation **will**  
23 **be reimbursed.**
- 24 d. Periodic Oral Evaluation, Established Patient; **shall be limited to** two (2) per year per  
25 provider or location.
- 26 i. Limited to any combination of two (2) comprehensive, periodic, periodontal, oral  
27 evaluation for patient under three years of age and counseling with primary  
28 caregiver, or limited oral problem focused evaluations per year.
- 29 ii. Must be rendered by a dental professional.
- 30 iii. **Periodic oral evaluation will not be reimbursed if it is provided on the same day**  
31 **as an oral evaluation for a patient under three years of age and counseling with**  
32 **primary caregiver. When both are provided on the same day, only the periodic**  
33 **oral evaluation will be reimbursed.**
- 34 e. Limited Oral Evaluation – **Problem Focused**; available to Child Clients presenting with a  
35 specific oral health condition or problem **shall be limited to** limited to two (2) per year per  
36 provider or location.
- 37 i. Must be rendered by a dental professional. Dental hygienists **shall** only provide  
38 limited oral evaluations for a Child Client of record.
- 39 ii. Does not count against other oral exam frequencies.
- 40 f. Comprehensive Oral Evaluation, New or Established Patient; **shall be limited to** one (1)  
41 every three (3) years per provider or location.

- 1 i. Limited to any combination of two (2) comprehensive, periodic, periodontal, oral  
 2 evaluation for patient under three years of age and counseling with primary  
 3 caregiver, or limited oral problem focused evaluations per year.
- 4 ii. Must be rendered by a dental professional.
- 5 g. Detailed and Extensive Oral Evaluation – Problem Focused, By Report; shall be limited to  
 6 two (2) per year per provider or location.
- 7 i. Limited to any combination of two (2) comprehensive, periodic, periodontal, oral  
 8 evaluation for patient under three years of age and counseling with primary  
 9 caregiver, or limited oral problem focused evaluations per year.
- 10 ii. Must be rendered by a dental professional.
- 11 h. Re-evaluation – Limited, Problem Focused (Established Patient; Not Post-Operative  
 12 Visit); shall be limited to two (2) per year per provider or location.
- 13 i. Limited to any combination of two (2) comprehensive, periodic, periodontal, oral  
 14 evaluation for patient under three years of age and counseling with primary  
 15 caregiver, or limited oral problem focused evaluations per year.
- 16 ii. Must be rendered by a dental professional.
- 17 i. Comprehensive Periodontal Oral Evaluation, New or Established Patient; shall be limited  
 18 to Child Clients ages 15 through 20, one (1) per year per provider or location.
- 19 i. Limited to any combination of two (2) comprehensive, periodic, periodontal, oral  
 20 evaluation for patient under three years of age and counseling with primary  
 21 caregiver, or limited oral problem focused evaluations per year.
- 22 ii. Must be rendered by a dental professional.
- 23 2. Covered Diagnostic Imaging Procedures:
- 24 a. Intra-oral; complete series, for Child Clients age 6 through 20, shall be limited to one (1)  
 25 per five (5) years per provider or location; minimum of ten (10) (periapical or posterior  
 26 bitewing) images intended to display the crowns and roots of all teeth, periapical areas  
 27 and alveolar bone required in the radiographic survey counts as one (1) set of bitewings  
 28 per year.
- 29 b. Intra-oral first periapical x-ray, shall be limited to six (6) per one (1) year per provider or  
 30 location. Providers may not bill the same day as full mouth series. Intra-oral first  
 31 periapical x-ray will not be reimbursed if it is provided on the same day as a full mouth  
 32 series. Where both are provided on the same day, only the full mouth series will be  
 33 reimbursed.
- 34 c. Each additional periapical x-ray. Providers may not bill the same day as a full mouth  
 35 series. Each additional periapical x-ray will not be reimbursed if it is provided on the same  
 36 day as a full mouth series. Where both are provided on the same day, only the full mouth  
 37 series will be reimbursed. Working and final treatment films for endodontics are not  
 38 covered.
- 39 d. Bitewing; single image, shall be limited to Child Clients ages 2 through 20, one (1) set per  
 40 year per provider or location; one set is equal to one (1) to four (4) films.



- 1 i. For Child Clients ages 2 through 20 years who are at high risk of caries, bitewing  
2 x-rays are a benefit once every six (6) months.
- 3 e. Bitewing; two images, shall be limited to Child Clients ages 2 through 20, one (1) set per  
4 year per provider or location; one (1) set is equal to two (2) to four (4) films.
- 5 i. For Child Clients ages 2 through 20 who are at high risk of caries, bitewing x-rays  
6 are a benefit once every six (6) months.
- 7 f. Bitewing; three images, shall be limited to Child Clients ages 10 through 20, one (1) set  
8 per year per provider or location; one (1) set is equal to two (2) to four (4) films.
- 9 i. For Child Clients ages 10 through 20 who are at high risk of caries, bitewing x-  
10 rays are a benefit once every six (6) months.
- 11 g. Bitewing; four images, shall be limited to Child Clients ages 10 through 20, one (1) set  
12 per year per provider or location; one (1) set is equal to two (2) to four (4) films.
- 13 i. For Child Clients ages 10 through 20 who are at high risk of caries, bitewing x-  
14 rays are a benefit once every six (6) months.
- 15 h. Vertical bitewings; shall be limited to Child Clients ages 6 through 20, seven (7) to eight  
16 (8) images, one (1) every five (5) years per provider or location. Counts as a full mouth  
17 series.
- 18 i. Panoramic image; shall be limited to Child Clients ages 6 through 20, with or without  
19 bitewing, one (1) per three (3) years per provider or location. Counts as full mouth series.
- 20 i. For Child Clients age 6 or under with trauma or suspected pathology, additional  
21 panoramic films may be approved subject to EPSDT guidelines.
- 22 j. Occlusal film; shall be limited to one (1) per arch per two (2) years per provider or  
23 location.
- 24 i. For Child Clients with trauma or pulpal treatment, additional occlusal films may  
25 be approved subject to EPSDT guidelines.

### 26 3. Covered Preventive Services

- 27 a. Dental Prophylaxis (Cleaning); shall be limited to two (2) per year. Tooth brushing alone  
28 does not qualify as a prophylaxis.
- 29 b. Fluoride varnish or fluoride gel, shall be limited to two (2) per year. Fluoride rinse is not a  
30 covered benefit.
- 31 i. Ages 0 through 4:
- 32 1. Child Clients at high risk of caries may receive an additional two (2) per  
33 year for a total of four (4) per year; a formal caries risk assessment must  
34 be performed and documented as part of the Clients medical record.
- 35 2. May be provided by dental professional or qualified medical personnel.
- 36 a. Qualified medical personnel administering this service must do  
37 so:

- i. in conjunction with an oral evaluation for a patient under age 3 (up until day before the third birthday); or
- ii. in conjunction with a screening for patients ages 3 through 4 (up until day before the fifth birthday).

3. Fluoride varnish is the only acceptable topical treatment for Child Clients age 0 through 4.

4. Only qualified medical personnel and dental professionals may perform this service.

ii. Age 5 and older:

1. Child Clients age 5 and over may receive an additional one (1) per year with no adjustment for risk for a total of three (3) per year.

2. Fluoride varnish is the only acceptable topical treatment for Child Clients age 5. Fluoride gel will be reimbursed for Child Clients ages 6 and over.

3. Only qualified medical personnel and dental professionals shall perform this service.

c. Sealants for Child Clients ages 5 through 15, shall be limited to two (2) per lifetime per tooth. Sealants are limited to:

i. Permanent molars only.

ii. Occlusal surfaces only.

iii. Tooth must be caries-free and have no restorations.

d. Child Clients age 20 or under who indicate as high risk of periodontal disease or high risk of caries may receive any combination of up to four (4) prophylaxes (cleanings) or four (4) periodontal maintenance visits per year. Indicators of high risk of periodontal disease include:

i. Active and untreated caries (decay) at the time of examination; or

ii. History of periodontal scaling and root planning; or

iii. History of periodontal surgery; or

iv. Diabetic diagnosis; or

v. Pregnancy.

4. Covered Space Maintenance.

a. Fixed Space Maintainers for Lost Primary Molars; shall be limited to Child Clients age 0 through 14, two (2) per quadrant per lifetime. Includes maintenance and repair.

b. Removable Space Maintainers for Lost Primary Molars; shall be limited to Child Clients age 0 through 14, two (2) per quadrant per lifetime. Includes maintenances and repair.

- 1 c. Re-cementation of Space Maintainer; shall be limited to Child Clients age 0 through 14,  
 2 one (1) per year. Will not be reimbursed within six (6) months of original placement by the  
 3 same dentist or group.
- 4 d. Removal of a Fixed Space Maintainer; shall be limited to Child Clients age 0 through 20,  
 5 one (1) per lifetime. Will not be reimbursed to the dentist who placed the appliance or the  
 6 group where the appliance was originally delivered within six (6) months of original  
 7 placement. May be subject to post-treatment and pre-payment review.
- 8 5. Covered Minor Restorative Services.
- 9 a. Routine amalgam and composite fillings on posterior and anterior teeth are covered  
 10 services. Restoration of primary teeth close to exfoliation is not covered.
- 11 i. For Child Clients who present with overt symptomatology or ectopic eruption  
 12 because of an inability to extract the exfoliating teeth themselves, extraction of  
 13 primary teeth may be approved subject to EPSDT guidelines.
- 14 b. The occlusal surface is exempt from the three (3) year frequency limitations listed below  
 15 when a multi-surface restoration is required or following endodontic therapy.
- 16 c. Amalgam and composite fillings shall be limited to one (1) time per surface per tooth,  
 17 every three (3) years. The limitation shall begin on the date of service and multi-surface  
 18 fillings are allowable. Providers may not bill the same day of treatment as a crown.  
 19 Amalgam and composite fillings will not be reimbursed if it is provided on the same day of  
 20 treatment as a crown. Where both are provided on the same day, only the crown will be  
 21 reimbursed.
- 22 d. Prefabricated Stainless Steel Crown, Primary Tooth; may be replaced once every three  
 23 (3) years.
- 24 e. Prefabricated Stainless Steel Crown, Permanent Tooth; may be replaced once every  
 25 three (3) years.
- 26 f. Prefabricated Stainless Steel Crown, with Resin Window; may be replaced once every  
 27 three (3) years.
- 28 g. Protective Restoration, shall be limited to once per lifetime per tooth, primary and  
 29 permanent teeth.
- 30 h. Interim Therapeutic Restoration, Primary Dentition; shall be limited to once per lifetime  
 31 per tooth, primary teeth only. Not considered a definitive restoration.
- 32 6. Covered Major Restorative Services
- 33 a. The following crowns are a covered service:
- 34 i. Single crowns, shall be limited to one (1) per tooth every seven (7) years.  
 35 Requires prior authorization.
- 36 ii. Core build-up; building, shall be limited to one (1) per tooth every seven (7)  
 37 years. Requires prior authorization.
- 38 iii. Pre-fabricated post and core, shall be limited to one (1) per tooth every seven (7)  
 39 years. Requires prior authorization.

- 1 b. Permanent crowns shall be limited to Child Clients ages 16 years and older.
- 2 c. Crowns are covered services only when all of the following conditions are met:
- 3 i. The tooth is in occlusion; and
- 4 ii. The cause of the problem is either decay or fracture; and
- 5 iii. The tooth is not a third molar; and
- 6 iv. The Child Client's record reflects evidence of good and consistent oral hygiene;
- 7 and one of the following is also true:
- 8 1. The tooth in question requires a multi-surface restoration and it cannot
- 9 be restored with other restorative materials; or
- 10 2. A crown is requested by the dental professional through the prior
- 11 authorization process for cracked tooth syndrome and the tooth is
- 12 symptomatic and appropriate testing and documentation is provided.
- 13 d. Crown materials shall be limited to porcelain, full porcelain, noble metal, or high noble
- 14 metal, on anterior teeth and premolars.
- 15 7. Covered Endodontic Services
- 16 a. The following endodontic procedures are covered:
- 17 i. Therapeutic Pulpotomy (Excluding Final Restoration; removal of the top part of
- 18 the pulp and application of medicament), shall be limited to one (1) per tooth per
- 19 lifetime, primary teeth only. Therapeutic Pulpotomy is not allowable as the first
- 20 state of root canal treatment or for Apexogenesis. Will not be reimbursed if the
- 21 original treatment was previously reimbursed to the same Provider by Colorado
- 22 Medicaid.
- 23 ii. Pulpal Debridement, shall be limited to one (1) per tooth per lifetime; permanent
- 24 teeth only.
- 25 1. Covered in emergency situations only.
- 26 2. Exempt from prior authorization process but may be subject to post-
- 27 treatment and pre-payment review.
- 28 3. Will not be reimbursed when root canal is completed on the same day by
- 29 the same dentist or dental office.
- 30 iii. Partial Pulpotomy for Apexogenesis; shall be limited to one (1) per tooth per
- 31 lifetime; permanent teeth only. Requires prior authorization.
- 32 1. Exempt from prior authorization process but may be subject to post-
- 33 treatment and pre-payment review.
- 34 iv. Root Canal, Anterior Tooth; shall be limited to one (1) per tooth per lifetime;
- 35 permanent teeth only.

- 1 v. Root Canal, Bicuspid; shall be limited to one (1) per tooth per lifetime; permanent  
2 teeth only.
- 3 vi. Root Canal, Molar; shall be limited to one (1) per tooth per lifetime; permanent  
4 teeth only.
- 5 vii. Retreatment of Previous Root Canal Therapy, Anterior Tooth; shall be limited to  
6 one (1) per lifetime; permanent teeth only. Will not be reimbursed if the original  
7 treatment was previously reimbursed to the same dentist or group by Colorado  
8 Medicaid. Requires prior authorization.
- 9 viii. Retreatment of Previous Root Canal Therapy, Bicuspid Tooth; shall be limited to  
10 one (1) per tooth per lifetime. Will not be reimbursed if the original treatment was  
11 previously reimbursed to the same dentist or group by Colorado Medicaid.  
12 Requires prior authorization.
- 13 ix. Retreatment of Previous Root Canal Therapy, Posterior Tooth; shall be limited to  
14 one (1) per tooth per lifetime. Will not be reimbursed if the original treatment was  
15 previously reimbursed to the same dentist or group by Colorado Medicaid.  
16 Requires prior authorization.
- 17 x. Apexification/ Recalcification procedures; shall be limited to one (1) per tooth per  
18 lifetime; permanent teeth only. Requires prior authorization.
- 19 1. Exempt from prior authorization process but may be subject to post-  
20 treatment and pre-payment review.
- 21 xi. Pulpal Regeneration; shall be limited to one (1) per tooth per lifetime. Requires  
22 prior authorization.
- 23 1. Exempt from prior authorization process but may be subject to post-  
24 treatment and pre-payment review.
- 25 b. Endodontic procedures are covered services when:
- 26 i. The tooth is not a second or third molar; and
- 27 ii. The Child Client's record reflects evidence of good and consistent oral hygiene;  
28 and
- 29 1. The cause of the problem is either decay or fracture; and one of the  
30 following is also true:
- 31 a. The tooth is in occlusion; or
- 32 b. A root canal is requested by the dental professional through the  
33 prior authorization process for cracked tooth syndrome and the  
34 tooth is symptomatic and appropriate testing and documentation  
35 is provided.
- 36 c. In all instances in which the Child Client is in acute pain or there exists acute trauma, the  
37 dentist should take the necessary steps to relieve the pain and complete the Emergency  
38 Services. In these instances, there may not be time for prior authorization. Such  
39 emergency services shall be subject to post-treatment and pre-payment review.

- 1 d. Working films (including the final treatment film) for endodontic procedures are  
2 considered part of the procedure and will not be reimbursed separately.
- 3 8. **Covered** Periodontal Treatment
- 4 a. Gingivectomy or Gingivoplasty, Four or More Contiguous Teeth or Tooth Bounded  
5 Spaces per Quadrant; shall be limited to one (1) per three (3) years per Child Client per  
6 quadrant. Includes six (6) months of postoperative care. Requires prior authorization.
- 7 b. Gingivectomy or gingivoplasty, One to Three Contiguous Teeth or Tooth Bounded  
8 Spaces per Quadrant; shall be limited to one (1) per three (3) years per Child Client per  
9 quadrant. Includes six (6) months of postoperative care. Requires prior authorization.
- 10 c. Gingivectomy or Gingivoplasty to Allow Access for Restorative Procedure, per Tooth;  
11 shall be limited to one (1) per three (3) years per Child Client per quadrant.
- 12 d. Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis; shall be  
13 limited to Child Clients ages 13 through 20.
- 14 i. Exempt from prior authorization process for Child Clients ages 13 through 20 but  
15 may be subject to post-treatment and pre-payment review.
- 16 ii. Other periodontal treatments will not be reimbursed when provided on the same  
17 date as full mouth debridement. Where other periodontal services are provided  
18 on the same day, only the full mouth debridement will be reimbursed.
- 19 iii. Prophylaxis (cleaning) will not be reimbursed if it is provided on the same day as  
20 full mouth debridement. Where both are provided on the same day, only the full  
21 mouth debridement will be reimbursed.
- 22 e. Periodontal Scaling and Root Planing; Four (4) or More Teeth per Quadrant; shall be  
23 limited to once per quadrant every three (3) years.
- 24 i. Only covered by report. Periodontal disease must be documented. Requires prior  
25 authorization.
- 26 ii. Prophylaxis (cleaning) will not be reimbursed if it is provided on the same day as  
27 a periodontal scaling and root planing; four (4) or more teeth per quadrant.  
28 Where both are provided on the same day, only the periodontal scaling and root  
29 planing; four (4) or more teeth per quadrant will be reimbursed.
- 30 iii. No more than two (2) quadrants per day.
- 31 f. Periodontal Scaling and Root Planing; One (1) to Three (3) Teeth per Quadrant; shall be  
32 limited to once per quadrant every three (3) years.
- 33 i. Only covered by report. Periodontal disease must be documented in the medical  
34 record. Requires prior authorization.
- 35 ii. Prophylaxis (cleaning) will not be reimbursed if it is provided on the same day as  
36 a periodontal scaling and root planing; one (1) to three (3) teeth per quadrant.  
37 Where both are provided on the same day, only the periodontal scaling and root  
38 planing; one (1) to three (3) teeth per quadrant will be reimbursed.
- 39 iii. No more than two (2) quadrants per day.

- 1 g. Periodontal Maintenance; shall be limited to two (2) times per year; counts as a  
2 prophylaxis (cleaning).
- 3 i. Periodontal maintenance is a covered service for Child Clients age 20 or under  
4 who are at high risk of periodontal disease or for caries. Indicators of high risk of  
5 periodontal disease include:
- 6 1. History of periodontal scaling and root planing; or
- 7 2. History of periodontal surgery; or
- 8 3. Diabetic diagnosis; or
- 9 4. Pregnancy; or
- 10 5. By report when periodontal disease can be documented. Requires prior  
11 authorization.
- 12 h. For child clients who are at high risk for periodontal disease as indicated above, any  
13 combination of up to four (4) prophylaxes (cleanings) or four (4) periodontal maintenance  
14 visits are allowed per year.
- 15 i. In all instances in which the Child Client is in acute pain or there exists acute trauma, the  
16 dentist should take the necessary steps to relieve the pain and complete the necessary  
17 emergency services. In these instances, there may not be time for prior authorization.  
18 Such emergency services shall be subject to post-treatment and pre-payment review.
- 19 9. Covered Removable Prosthetics
- 20 a. Removable prosthetics are not covered if eight (8) or more posterior teeth (natural or  
21 artificial) are in occlusion. Anterior teeth shall be covered, irrespective of the number of  
22 teeth in occlusion.
- 23 b. Removable prosthetics covered include:
- 24 i. Removable Partial Upper Denture, Resin Based; shall be limited to one (1) time  
25 every five (5) years. Requires prior authorization.
- 26 ii. Removable Partial Lower Denture, Resin Based; shall be limited to one (1) time  
27 every five (5) years. Requires prior authorization.
- 28 iii. Removable Partial Upper Denture, Cast Metal Framework; shall be limited to one  
29 (1) time every five (5) years. Requires prior authorization.
- 30 iv. Removable Partial Lower Denture, Cast Metal Framework; shall be limited to one  
31 (1) time every five (5) years. Requires prior authorization.
- 32 v. Removable Partial Upper Denture, Flexible Base; shall be limited to one (1) time  
33 every five (5) years. Requires prior authorization.
- 34 vi. Removable Partial Lower Denture, Flexible Base; shall be limited to one (1) time  
35 every five (5) years. Requires prior authorization.
- 36 vii. Complete Upper Dentures; shall be limited to one (1) time every five (5) years.  
37 Includes initial six (6) months of relines. Requires prior authorization.

1           viii. Complete Lower Dentures; shall be limited to one (1) time every five (5) years.  
2           Includes initial six (6) months of relines. Requires prior authorization.

3           ix. Immediate Upper Dentures; shall be limited to one (1) per lifetime per patient.  
4           Includes initial six (6) months of relines. Requires prior authorization.

5           x. Immediate Lower Dentures; shall be limited to one (1) per lifetime per patient.  
6           Includes initial six (6) months of relines. Requires prior authorization.

7           xi. Obturator Prosthesis, Surgical, Definitive and/or Modification; covered by report.  
8           Requires prior authorization.

9   10. Covered Oral Surgery, Palliative Treatment and Anesthesia

10           a. The following surgical and palliative treatments are covered:

11                   i. Simple Extraction; shall be limited to one (1) time per tooth.

12                   ii. Surgical Extraction; shall be limited to one (1) time per tooth.

13                   iii. Extraction, Coronal Remnants, Deciduous Tooth; shall be limited to one (1) time  
14                   per tooth.

15                   iv. Incision and Drainage of Abscess; concurrent with extraction will be covered by  
16                   report when narrative of medical necessity can be documented. Will not be  
17                   reimbursed in same surgical area and on same visit as any other definitive  
18                   treatment codes; except for covered services necessary for diagnosis. Such  
19                   incision and drainage procedures may be subject to post-treatment and pre-  
20                   payment review.

21                   v. Palliative Treatment of Dental Pain; will not be reimbursed on same visit as any  
22                   definitive treatment codes; except for radiographs necessary for diagnosis. Will  
23                   not be reimbursed when only other service is writing a prescription.

24                   vi. Deep Sedation/General Anesthesia.

25                           1. Only for Child Clients with special health care needs as that term is  
26                           defined at Section 8.202.1., or when there is sufficient evidence to  
27                           support medical necessity. Not for apprehension on the part of the dental  
28                           professional or for the convenience of the provider.

29                           2. Nitrous oxide will not be reimbursed if provided on the same day as deep  
30                           sedation/general anesthesia, intravenous conscious sedation, or non-  
31                           intravenous conscious sedation. Where multiple levels of anesthesia are  
32                           provided on the same day, only the deep sedation/general anesthesia  
33                           will be reimbursed.

34                   vii. Nitrous Oxide; will not be reimbursed if it is provided on the same day as deep  
35                   sedation/general anesthesia, intravenous conscious sedation, or non-intravenous  
36                   conscious sedation. Where multiple levels of anesthesia are provided on the  
37                   same day, only the highest level of anesthesia administered will be reimbursed.

38           viii. Intravenous Conscious Sedation.



1 1. Only for Child Clients with special health care needs as that term is  
2 defined at Section 8.202.1., or when there is sufficient evidence to  
3 support medical necessity.

4 2. Intravenous conscious sedation will not be reimbursed if provided on the  
5 same day as deep sedation/general anesthesia, nitrous oxide, or non-  
6 intravenous conscious sedation. Where multiple levels of anesthesia are  
7 provided on the same day, only the highest level of anesthesia  
8 administered will be reimbursed.

9 ix. Non-Intravenous Conscious Sedation.

10 1. Only for Child Clients with special health care needs as that term is  
11 defined at Section 8.202.1., or when there is sufficient evidence to  
12 support medical necessity. ~~Not for apprehension on the part of the dental  
13 professional or for the convenience of the provider.~~

14 2. Non- intravenous conscious sedation will not be reimbursed if provided  
15 on the same day as deep sedation/general anesthesia, nitrous oxide, or  
16 intravenous conscious sedation. Where multiple levels of anesthesia are  
17 provided on the same day, only the highest level of anesthesia  
18 administered will be reimbursed.

19 b. In all instances in which the Child Client is in acute pain, the dentist should take the  
20 necessary steps to relieve the pain and complete the necessary emergency services. In  
21 these instances, there may not be time for prior authorization. Such emergency services  
22 shall be subject to post-treatment and pre-payment review.

23 c. Biopsies are covered only in instances where there is a suspicious lesion.

24 d. Removal of third molars is only covered in instances of acute pain and overt  
25 symptomatology.

26 e. Extraction of primary teeth which are close to exfoliation will not be covered.

27 i. For Child Clients who present with overt symptomatology or ectopic eruption  
28 because of an inability to extract the exfoliating teeth themselves, extraction of  
29 primary teeth may be approved subject to EPSDT guidelines.

30 11. Covered Hospital-Based Services

31 a. Dental treatment is covered in a hospital or outpatient facility, under deep sedation or  
32 general anesthesia, only when there is medical necessity.

33 b. Under this Section 11, medical necessity, shall be limited to the following:

34 i. Patients with a documented physical, mental or medically compromising  
35 condition.

36 ii. Patients who have a dental need and for whom local anesthesia is ineffective  
37 because of acute infection, anatomic variation or allergy.

38 iii. Patients who are extremely uncooperative, unmanageable, anxious or  
39 uncommunicative and who have dental needs deemed sufficiently urgent that

- 1 care cannot be deferred. Evidence of the attempt to manage in an outpatient  
2 setting must be provided.
- 3 iv. Patients who have sustained extensive orofacial and dental trauma.
- 4 v. Child Clients ages 6 and under who present with rampant decay.
- 5 c. All operating room cases require prior authorization, even if the complete treatment plan  
6 is not available.
- 7 d. Consistent with the Guidelines of the American Academy of Pediatric Dentistry, the  
8 following shall be considered when contemplating treatment of a child under deep  
9 sedation or general anesthesia:
- 10 i. Alternative behavioral guidance modalities.
- 11 ii. Dental needs of the patient.
- 12 iii. The effect on the quality of dental care.
- 13 iv. The patient's emotional development.
- 14 v. The patient's medical status.
- 15 e. General anesthesia and sedation are not covered services when the patient is  
16 cooperative and requires minimal dental treatment, or when the patient has a  
17 concomitant medical condition which would make general anesthesia or sedation unsafe.

18 12. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services **will be provided to**  
19 **Child Clients age 20 years and under if the criteria are met.**

20

21 **8.202.2.B. Exclusions.**

- 22 1. Notwithstanding exceptions for EPSDT Services, the following services/treatments are not a  
23 benefit for Child Clients age 20 years and under:
- 24 a. Cosmetic procedures.
- 25 b. Crowns in the following categories:
- 26 i. Cosmetic crowns;
- 27 ii. Multiple units of crown and bridge;
- 28 iii. To restore vertical dimension;
- 29 iv. When Child Client has active and advanced periodontal disease;
- 30 v. When the tooth is not in occlusion; or
- 31 vi. When there is evidence of periapical pathology.
- 32 c. Implants.

- 1 d. Endodontic surgery.
- 2 e. Treatment for temporomandibular joint disorders.
- 3 f. Oral hygiene instruction.
- 4 g. Working and final treatment films for root canal treatment.
- 5 h. Root canals for third molars.
- 6 i. Removal of third molars. Removal of third molars is only covered in instances of acute  
7 pain and overt symptomatology.
- 8 j. Any service that is not listed as covered.
- 9

### 8.202.3 PRIOR AUTHORIZATION REQUEST

- 11 1. Emergency Services do not require a prior authorization and shall be subject to pre-payment  
12 review.
- 13 2. Prior authorizations or benefits shall be denied for reasons of poor dental prognosis, lack of  
14 dental necessity or appropriateness or because the requested services do not meet the generally  
15 accepted standard of dental care.
- 16 3. The following services require prior authorization:
  - 17 a. Single crowns; core build-ups; post and cores.
  - 18 b. Gingivectomy.
  - 19 c. Complete, partial, and immediate dentures.
  - 20 d. Obturators.
  - 21 e. Scaling and root planing (periodontal maintenance).
  - 22 f. Retreatment of root canals; prior authorization is not required for pulpal debridement in  
23 instances of acute pain.
  - 24 g. Hospital-based services when treatment is required.

### 8.202.4. PROVIDER REQUIREMENTS/REIMBURSEMENT

27 8.202.4.A. Dental services shall only be provided by a dental professional who is enrolled with Colorado  
28 Medicaid with the exception of services rendered to Child Clients by qualified medical personnel  
29 as part of a well-child visit. Providers shall only provide covered services that are within the scope  
30 of their practice.

31 8.202.4.B. The following billing limitations apply:

- 32 1. Restorations:

- 1 a. Tooth preparation, anesthesia, all adhesives, liners and bases, polishing and occlusal  
2 adjustments are included within the reimbursement rate for restoration. Unbundling of  
3 dental restorations for billing purposes is not allowed.
- 4 b. Restorations for permanent and primary teeth are paid at the same rate.
- 5 c. The total restorative fee for a primary tooth cannot exceed the current maximum benefit  
6 for a prefabricated stainless steel crown.
- 7 d. Amalgam and composite restorations are reimbursed at the same rate.
- 8 e. Claim payment to a dental provider for one (1) or more restorations for the same tooth is  
9 limited to a total of four (4) tooth surfaces.
- 10 2. Pulpal debridement; if a dentist completes a pulpal debridement procedure, and subsequently  
11 completes a root canal on the same tooth; payment for the pulpal debridement will be subtracted  
12 from the final root canal payment.
- 13 3. Hospital procedures; payment for services performed in the operating room or outpatient facility,  
14 when scheduled for the convenience of the provider or the patient in the absence of medical  
15 necessity, will not be reimbursed.
- 16 4. In the event that two or more treatments could be used to adequately diagnose and treat a dental  
17 condition, the Provider shall use the least costly of those options in accordance with best dental  
18 practices.
- 19 5. If a procedure is not listed as covered benefit, the procedure will not be covered, unless special  
20 consideration and approval has been obtained, to reflect extenuating circumstances.
- 21 6. A client may make personal expenditures for services not covered by Medicaid and shall be  
22 charged the lower of the Medicaid Fee Schedule or submitted charges.

**8.202.5 ELIGIBLE CLIENTS**

24 Dental services described in this Section 8.202 shall apply to Child Clients age 20 years and under.

25