



# Oregon

Theodore R. Kulongoski, Governor

## Health Services Commission

1225 Ferry Street SE, 1<sup>st</sup> floor

Salem, OR 97301

(503) 373-1985

FAX (503) 378-5511

December 11, 2008

The Honorable Peter Courtney  
Senate President  
Oregon State Senate  
900 Court St NE, S-201  
Salem, OR 97301

Dear Senator Courtney:

The Health Services Commission of the Department of Human Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), a few interim modifications have been made to the Prioritized List of Health Services appearing in the Commission's June 2007 Report to the Governor and 74<sup>th</sup> Oregon Legislative Assembly as amended as of October 1, 2008. In accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachments A will supersede the previous definition of these lines.

Additionally, the revised guideline appearing in Attachment B will be associated with the list to better indicate the appropriate and effective use of State resources in the provision of health care to Oregon Health Plan clients.

Attachment A documents the correction of three ICD-9-CM codes placed in error on the Prioritized List. It was the intent of the Commission to remove all services related to the treatment of infertility from the list effective January 1, 2006, but these three codes were found to remain and are being removed.

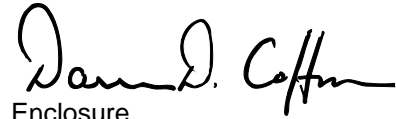
In addition to the changes outlined in Attachment A, the guideline for preventive dental services is being revised. As I previously indicated in my September 3, 2008 letter to you, the Commission approved an increase in the recommended coverage of dental cleanings and fluoride applications for children under age 19 from once a year to twice a year. Implementation was delayed in order to determine the potential fiscal impact of that change. DMAP worked with their actuaries to incorporate this change in benefits into the capitation rates being paid to the Dental Care Organizations (DCOs) for calendar year 2009. With the delay in implementation, the Commission took the opportunity to convene a workgroup of stakeholders from the dental community to review the language shown in Attachment E of the September 2008 letter, resulting in the final language appearing in Attachment B of this document. In order to coincide with the change in capitation payments to the DCOs, the changes to the Prioritized List indicated in Attachments A and B will therefore go into effect on January 1, 2009.

The Health Services Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

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Respectfully submitted,

Darren D. Coffman  
Director

A handwritten signature in black ink that reads "Darren D. Coffman". The signature is written in a cursive style with a large initial 'D' and a long horizontal stroke at the end.

Enclosure

cc: Health Services Commission  
Bruce Goldberg, MD, Director, Department of Human Services  
Jim Edge, Administrator, Division of Medical Assistance Programs

## ATTACHMENT A

### Interim Modifications to the Prioritized List of Health Services Approved by the Health Services Commission on December 4, 2008 and Effective January 1, 2009.

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Diagnosis: REPRODUCTIVE SERVICES

Treatment: CONTRACEPTIVE MANAGEMENT; STERILIZATION

Line: 7

DELETE V26.21 FERTILITY TESTING

DELETE V26.22 AFTERCARE FOLLOWING STERILIZATION REVERSAL

DELETE V26.29 OTHER INVESTIGATION AND TESTING

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## ATTACHMENT B

### Revised Guideline for the Prioritized List of Health Services Effective January 1, 2009

Note that the following guideline reflects all changes being made to Guideline Note 17 effective January 1, 2009, including: 1) those previously indicated in the letter dated September 3, 2008; and, 2) those approved by the Health Services Commission on December 4, 2008 as shown in italics.

#### GUIDELINE NOTE 17, PREVENTIVE DENTAL CARE

*Line 105*

~~Dental cleaning and fluoride limited to once per calendar year. Dental cleaning and fluoride treatments are limited to once per calendar year 12 months for adults and twice per calendar year 12 months for children up to age 19 18 and younger (D0120, D0150, D1110, D1120, D1203, D1204, D1206). Additional provision of prophylaxis for persons with disabilities who cannot perform adequate daily oral health care, severe periodontal disease and/or rampant caries, or with disabilities who cannot perform adequate daily oral health care by report. More frequent dental cleanings and/or fluoride treatments may be required for certain higher risk populations.~~

*Used up to 4 times per year (maximum once per week) for patients over 18 who are mentally disabled or are truly dental phobic in order to determine the need to use IV or GA sedation to render necessary treatment (D9920).*