Authorization Page

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TEMPORARY ADMINISTRATIVE RULES

Oregon Health Authority, Health Systems Division: Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
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Upon filing.	
Adopted on	
07/22/2016 thru 11/05/2016	
Effective dates	

RULE CAPTION

Update the Version of the Covered and Non-Covered Dental Services List Incorporated in this OAR

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-123-1220

SUSPEND:

Stat. Auth.: ORS 413.042 and 414.065

Other Auth.:

Stats. Implemented: ORS 413.042 and 414.065

RULE SUMMARY

This rule updates the version of the covered and non-covered dental services list on July 1, 2016. This rule needs to be amended promptly so that the Authority can clarify which document providers and clients should reference when they have questions about dental care coverage.

STATEMENT OF NEED AND JUSTIFICATION

The amendment of OAR 410-123-1220

In the Matter of

Covered and Non-Covered Dental Services, July 1, 2016. http://www.oregon.gov/oha/healthplan/tools/Covered%20and%20Non-Covered%20Dental%20Services,%20Effective%20July%201,%202016.pdf

Documents Relied Upon, and where they are available

OHA needs to amend this rule to update the referenced document to a newer version.

Need for the Temporary Rule(s)

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, providers, CCO's, and recipients of Medicaid benefits. This rule needs to be amended promptly so that the Authority can clarify which document providers and clients should reference when they have questions about dental care coverage.

Justification of Temporary Rules

Authorized Signer	Printed Name	Date
Karen Wheeler	Karen Wheeler	7/21/16

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

Secretary of State

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division) — 410

Agency and Division — Administrative Rules Chapter Number

Update the Version of the Covered and Non-Covered Dental Services List Incorporated in This OAR

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The amendment of OAR 410-123-1220

Statutory Authority: ORS 413.042 and 414.065

Other Authority:

Stats. Implemented: ORS 413.042

Need for the Temporary Rule(s): OHA needs to amend this rule to update the referenced document to a newer version.

Documents Relied Upon, and where they are available: Covered and Non-Covered Dental Services, July 1, 2016. http://www.oregon.gov/oha/healthplan/tools/Covered%20and%20Non-Covered%20Dental%20Services,%20Effective%20July%201,%202016.pdf

Justification of Temporary Rule(s): The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, providers, CCO's, and recipients of Medicaid benefits. This rule needs to be amended promptly so that the Authority can clarify which document providers and clients should reference when they have questions about dental care coverage.

Karen Wheeler — Karen Wheeler — 7/21/16

Authorized Signer — Printed name — Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

410-123-1220

Coverage According to the Prioritized List of Health Services

(1) This rule incorporates by reference the "Covered and Non-Covered Dental Services" document dated ~~January~~ July 1, 2016, and located on the Health System Division, Medical Assistance Programs (Division) website at: http://www.oregon.gov/oha/healthplan/Pages/dental.aspx.

(a) The "Covered and Non-Covered Dental Services" document lists coverage of Current Dental Terminology (CDT) procedure codes according to the Oregon Health Evidence Review Commission (HERC) Prioritized List of Health Services (Prioritized List) and the client's specific Oregon Health Plan benefit package;

(b) This document is subject to change if there are funding changes to the Prioritized List.

(2) Changes to services funded on the Prioritized List are effective on the date of the Prioritized List change:

(a) The Division administrative rules (chapter 410, division 123) will not reflect the most current Prioritized List changes until they have gone through the Division rule filing process;

(b) For the most current Prioritized List, refer to the HERC website at www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx;

(c) In the event of an alleged variation between a Division-listed code and a national code, the Division shall apply the national code in effect on the date of request or date of service.

(3) Refer to OAR 410-123-1260 for information about limitations on procedures funded according to the Prioritized List. Examples of limitations include frequency and client's age.

(4) The Prioritized List does not include or fund the following general categories of dental services, and the Division does not cover them for any client. Several of these services are considered elective or "cosmetic" in nature (i.e., done for the sake of appearance):

(a) Desensitization;

(b) Implant and implant services;

(c) Mastique or veneer procedure;

(d) Orthodontia (except when it is treatment for cleft palate);

(e) Overhang removal;

(f) Procedures, appliances, or restorations solely for aesthetic or cosmetic purposes;

(g) Temporomandibular joint dysfunction treatment; and

(h) Tooth bleaching.

Stat. Auth.: ORS 413.042 & 414.065
Stats. Implemented: ORS 414.065