

Secretary of State
NOTICE OF PROPOSED RULEMAKING
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (Authority), Health Systems Division, Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
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Rules Coordinator	Address	Telephone

RULE CAPTION

Updates the Covered and Non-Covered Dental Services According to the Prioritized List

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

ADOPT:

AMEND: OAR 410--123-1220

REPEAL: OAR 410-123-1220(T)

RENUMBER:

AMEND & RENUMBER:

Stat. Auth.: ORS 413.042 and 414.065

Other Auth.:

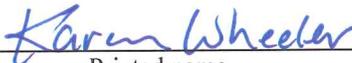
Stats. Implemented: ORS 413.042 and 414.065

RULE SUMMARY

The Authority is specifying the version of the Covered and Non-Covered list, which is incorporated in this rule, in effect at any given time. It changes the version date for a referenced document, first from 10/1/2015 to 1/1/2016 and then from 1/1/2016 to 7/1/2016.

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

September 19, 2016, by 5 p.m. Send comments to: hsd.rules@state.or.us
Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

		
Signature	Printed name	Date

Note: Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*. A Rulemaking Hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following notice publication or 28 days from the date notice was sent to people on the agency's interested party mailing list, whichever is later. In such cases a Hearing Notice must be published in the *Oregon Bulletin* at least 14 days before the hearing.

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority (Authority), Health Systems Division, Medical Assistance Programs (Division) 410
Agency and Division Administrative Rules Chapter Number

Updates the Covered and Non-Covered Dental Services According to the Prioritized List
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 and the repeal of OAR 410-123-1220(T)

Statutory Authority: ORS 413.042 and 414.065

Other Authority:

Stats. Implemented: ORS 413.042 and 414.065

Need for the Rule(s): The Authority needs to specify the version of the Covered and Non-Covered list, which is incorporated in this rule, in effect at any given time.

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

Fiscal and Economic Impact: There is no fiscal or economic impact as a result of this rule change.

Statement of Cost of Compliance: There is no cost of compliance as a result of this rule change.

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, or businesses, including small businesses.
2. Cost of compliance effect on small business (ORS 183.336):
 - a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: There are approximately 30 active dentists who accept OHP fee-for-service that may be affected by this rule.
 - b. Projected reporting, recordkeeping, and other administrative activities required for compliance, including costs of professional services: None.
 - c. Equipment, supplies, labor and increased administration required for compliance: None.

How were small businesses involved in the development of this rule? N/A.

Administrative Rule Advisory Committee consulted?: No. If not, why? This is a technical change that arose because of other changes in coverage for which RACs were consulted.

  
Signature Printed Name Date

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