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ARCHIVES DIVISION
MARY BETH HERKERT
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 97-2018

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
10/26/2018 8:22 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Correct Date Error and Citation in Coverage According to the Prioritized List of Health Services

EFFECTIVE DATE: 11/01/2018 THROUGH 04/29/2019

AGENCY APPROVED DATE: 10/26/2018

CONTACT: Sandy Cafourek 500 Summer St. N E
503-945-6430 Salem, OR 97301
sandy.c.cafourek@dhsosha.state.or.us

Filed By:
Sandy Cafourek
Rules Coordinator

NEED FOR THE RULE(S):

The revision of OAR 410-123-1220 updates the 2018 citation of the covered and non-covered dental services list. The language changes also correct the references to "cleft palate, cleft lip, or cleft palate with cleft lip." The rule incorrectly referenced these conditions, not aligning with the stated coverage of the Prioritized List. 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 FILING:

): The Authority finds that failure to act promptly will result in serious prejudice to public interest, to the interest of OHP clients, the Division, and providers. The Division needs to amend this rule to reflect the correct changes to the Covered and Non-Covered Dental Services, November 1, 2018, and as supported by the January 1, 2018, Prioritized List and to make the changes to the rule text to align with the designated benefit package on the Prioritized List. The Division needs to act promptly to ensure the rule correctly reflects the technical changes to the Prioritized List, subject to CMS approval.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Covered and Non-Covered Dental Services, November 1, 2018, <https://www.oregon.gov/oha/healthplan/tools>

AMEND: 410-123-1220

RULE TITLE: Coverage According to the Prioritized List of Health Services

RULE SUMMARY: The revision of OAR 410-123-1220 updates the 2018 citation of the covered and non-covered dental services list. The language changes also correct the references to "cleft palate, cleft lip, or cleft palate with cleft lip." The rule incorrectly referenced these conditions, not aligning with the stated coverage of the Prioritized List. 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.

RULE TEXT:

(1) This rule incorporates by reference the "Covered and Non-Covered Dental Services" document dated November 1, 2018, and located on the Health Systems Division (Division) website at <https://www.oregon.gov/oha/HSD/OHP/Pages/Policy-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) do not reflect the most current Prioritized List changes until the rules are amended 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, cleft lip, or cleft palate with cleft lip);

(e) Overhang removal;

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

(g) Temporomandibular joint dysfunction treatment; and

(h) Tooth bleaching.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065