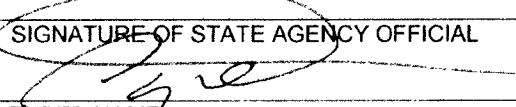
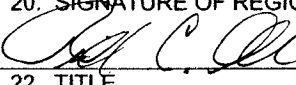


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 0 9 -- 0 0 5	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2009	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 440.40 & 42 C.F.R. Subpart B 441.56 42 C.F.R. 440.50, 42 C.F.R. 440.60 & 42 C.F.R. Subpart B 447.201		7. FEDERAL BUDGET IMPACT a. FFY 08-09 \$ \$5,940,144* See RAI #3 b. FFY 09-10 \$ \$5,940,144	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A, Item 4.b. Supplement to Attachment 3.1-A, Item 5.b. Attachment 4.19-B, Methods and Standards for establishing payment rates- Service 4.b Attachment 4.19-B, 5.b. Methods and Standards for establishing payment rates - Dental		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement to Attachment 3.1-A, Item 4.b., Page 2 A, Supplement to Attachment 3.1-A, Item 5.b. Attachment 4.19-B, Page 1-B (transmittal #92-03) Attachment 4.19-B, Dental (transmittal numbers 03-004)	
10. SUBJECT OF AMENDMENT Dental Services and Reimbursement for Dental Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 26 January 2009 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Robert Douglas	
13. TYPED NAME Sandeep Wadhwa, MD, MBA			
14. TITLE Deputy Director, Medical & CHP+ Program Administration Office			
15. DATE SUBMITTED 09/24/09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 3/31/09		18. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/09		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Allen		22. TITLE Associate Regional Administrator	
23. REMARKS			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

March 26, 2010

Joan Henneberry, Executive Director
Medical Assistance Office
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

RE: Colorado #09-005

Dear Ms. Henneberry:

This is your official notification that Colorado State Plan amendment 09-005 has been approved effective January 1, 2009. This State Plan concerns reimbursement to for dental services.

If you have any questions concerning this amendment, please contact Dee Raisl at (303) 844-2682.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sandeep Wadhwa, M.D.
David Smith
Rachel Gibbons

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 1 of 2

LIMITATIONS TO CARE AND SERVICES

4.b EPSDT Program

A. Medically necessary services not otherwise provided under the State Plan but available to EPSDT participants include:

- Other necessary health care, diagnostic treatment and other measures described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the EPSDT screening service will be provided when medically necessary to EPSDT participants.
- Under EPSDT, medically necessary organ transplants are provided when not experimental or investigational, and when alternative, less costly treatments have been trialed or determined ineffective.

B. Medically necessary services not otherwise provided under the State Plan but available to EPSDT participants include:

- Preventive services including fluoride varnish
- Restorative services
- Diagnostic services (radiology/diagnostic imaging/oral pathology) that are medically and dentally necessary
- Periodontics
- Endodontics
- Oral and maxillofacial surgery
- Orthodontics
- Dentures

Dental services are available for individuals age 20 and under that prevent and abate tooth decay, restore dental health and are medically necessary. Some of these services may require prior authorization. The Department authorizes additional service if:

- the proposed services are medically appropriate and
- the proposed services are more cost effective than alternative services.

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 2 of 2

LIMITATIONS TO CARE AND SERVICES

C. Services provided by Colorado state licensed dental hygienist.

- Licensed dental hygienists may render services as defined by the scope of practice of their license issued by the Department of Regulatory Agencies (DORA).
- Dental hygienists employed by a dentist, clinic or institution cannot receive direct reimbursement.
- Unsupervised dental hygienists as defined by DORA may bill Medicaid for the following preventive dental services for clients age 20 and under: prophylaxis, fluoride, oral hygiene instructions, sealants and periodic evaluations.

A list of approved procedure codes and policy limitations for dental providers will be updated in conjunction with the American Dental Association's biannual publication of the Current Dental Terminology (CDT) codes on dental procedures and nomenclature and will be posted on the Department's Web site as a provider bulletin.

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 1 of 2

LIMITATIONS TO CARE AND SERVICES

5b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act.)

Medical services are a benefit when determined to be medically necessary as based upon a medical diagnosis.

Surgical services including dental splints or other devices are a benefit when provided for surgery related to the jaw or any structure contiguous to the jaw or reduction of fracture of the jaw or facial bones.

Emergency treatment can be provided to an adult client who:

- Presents with an acute condition of the oral cavity that requires hospitalization and or immediate surgical care.
- Presents with a condition of the oral cavity that would result in acute hospital medical care and or subsequent hospitalization if no immediate treatment is rendered.

Emergency treatment provided to an adult client includes, but is not limited to:

- Immediate treatment or surgery to repair trauma to the jaw.
- Reduction of any fracture of the jaw or any facial bone, including splints or other appliances used for this purpose.
- Extraction of tooth or tooth structures associated with the emergency treatment of a condition of the oral cavity.
- Repair of traumatic oral cavity wounds.
- Anesthesia services ancillary to the provision of emergency treatment.

Additional non-emergent procedures are available for adult clients with a documented concurrent medical condition. Allowable concurrent medical conditions include:

- neoplastic disease requiring chemotherapy and/or radiation
- pre organ transplant
- post organ transplant
- pregnancy
- chronic medical condition in which there is documentation that the medical condition is exacerbated by a condition of the oral cavity.

TN No. 09-005
Supersedes TN No. 92-029

Approval Date 3/26/10
Effective Date 1/1 2009

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 2 of 2

LIMITATIONS TO CARE AND SERVICES

Dental procedures for adults with a concurrent medical condition may include:

- clinical oral evaluations
- radiographs
- test and laboratory examinations,
- periodontal and non-periodontal surgical procedures
- extractions
- biopsy
- removal of lesions, tumors, cysts and neoplasms
- treatment of fractures
- management of temporomandibular joint dysfunction
- repair procedures
- anesthesia and professional consultation

Both the dental and medical provider must provide documentation that the concurrent medical condition is exacerbated by the condition of the oral cavity.

The following services/treatments are not a benefit for adult clients under any circumstances:

- preventive services to include prophylaxis
- fluoride treatment and oral hygiene instruction
- treatment for dental caries, gingivitis and tooth fractures
- restorative and cosmetic procedures including but not limited to inlay and onlay restorations, crowns, treatment of the oral cavity in preparation for partial or full mouth dentures and assessment for the delivery of dentures or subsequent adjustments to dentures and bridges.

TN No. 09-005
Supersedes TN No. 92-029

Approval Date 3/26/10
Effective Date 1/1 2009

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

ATTACHMENT 4.19-B

Page 1 of 1

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
EPSDT**

Service 4.b

A. For medically necessary services not otherwise provided under the State Plan but available to EPSDT participants, reimbursement shall be the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

B. For medically necessary services provided by dentists and unsupervised licensed dental hygienists not otherwise provided under the State Plan but available to EPSDT participants, reimbursement shall be the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after January 1, 2009, on or after September 1, 2009, and on or after December 1, 2009 can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN No. 09-005
Supersedes TN No. 92-003

Approval Date 3/26/10
Effective Date 01/01/2009

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

ATTACHMENT 4.19-B

Page 1 of 1

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
DENTAL**

5b. Medical and surgical services furnished by a dentist shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Dental services fee schedule as determined by the Department of Health Care Policy and Financing.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 16, 2008 and dates of service on or after September 1, 2009, can be found on the official Web site of the Colorado Department of Health Care Policy and Financing at www.colorado.gov/hcpf.