DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Prevention Services Division – Rules promulgated by the Colorado Board of Health

SERVICE GRANTS FOR THE DENTAL ASSISTANCE PROGRAM

6 CCR 1015-8

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

1.1 Definitions

1) "Advisory Committee" means the Dental Advisory Committee created in Section 25-21-107.5, C.R.S.

2) "Department" means the Department of Public Health and Environment

3) "Eligible Senior" means an adult who~~:~~

~~a. Is sixty years of age or older; and~~

~~b. Ii~~Is eligible for old age pension DENTAL assistance as defined in section ~~26-2-111(2~~ 25-21-103, C.R.S.

4) "Qualified Grantee" means an entity that either provides comprehensive dental and oral health services or that can administer funds for such services through sub-grants, awards, or reimbursement processes that comply with the federal "Health Insurance Portability and Accountability Act of 1996" , 42 U.S.C. sec. 1320d to 1320d-8.

5) "Service grant" means a grant awarded by the Department to a qualified grantee pursuant to this article.

1.2 Application requirements

1) At a minimum, all applications for service grants submitted to the Department shall contain the following information:

A) Compliance with the definition of "qualified grantee" as defined in Section 1.1(4).

B) Demonstrates an ~~establish~~ESTABLISHED RELATIONSHIP WITH OR WILLINGNESS TO COORDINATE WITH LOCAL COMMUNITY ORGANIZATIONS SERVING ELIGIBLE SENIORS. EVIDENCE OF THIS RELATIONSHIP MAY BE DEMONSTRATED BY, BUT IS NOT LIMITED TO:

~~ment of coordination with local Area Agencies on Aging to include one of the following, but not limited to:~~

~~i~~. A Memorandum of Agreement with local COMMUNITY ORGANIZATIONS SERVING ELIGIBLE SENIORS OR ~~Area Agencies on Aging; or~~

~~ii~~. ~~Measures~~ MINUTES for regular meetings with LOCAL COMMUNITY ORGANIZATIONS SERVING ELIGIBLE SENIORS ~~minutes~~ that will be submitted to the Department on a semi-annual basis.

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C) Defined service area.

D) A plan for outreach to include:

i. A plan for marketing the available services to eligible seniors within the defined service area; and

ii. A plan for meeting needs of eligible seniors in contiguous service areas should they not be served by another qualified grantee.

E) A description of plan for verifying eligibility of seniors.

F) An operating budget that designates a procedure for prioritization of funds to meet the needs of those eligible seniors most in need.

G) A description of the applicant's ability to comply with and monitor the implementation of the grant requirements, which includes a statement whether the applicant will charge a copayment to eligible seniors and certifying that the copayment shall not exceed twenty percent of the cost of the services provided.

H) Demonstration of capacity to implement and administer the program specified in Section 2(1).

2) A successful applicant for participation in the program shall sign a contract with the Department or a Purchase Order with a scope of work that complies with the State's Procurement Rules in 24-101-101 to 24-112-101, C.R.S.. The terms of the service grant contract/purchase order shall be determined by the Department and shall include, but need not be limited to, the following:

A) The total amount of grant to qualified grantee;

B) The qualified grantee's agreement to provide care to eligible seniors for length of grant;

C) The qualified grantee's agreement to provide the Department with semi-annual reports. At a minimum, the reports shall include:

i. The number of eligible seniors served;

ii. The types of dental and oral health services provided; and

iii. The amount of co-payments charged and received.

D) Reasonable penalties and other enforcement remedies available to the Department in the event the qualified grantee breaches contract or purchase order;

E) The qualified grantee's agreement to notify the department if there is a decrease in eligible seniors served; and

F) The time period of the grant.

1.3 Review of Application

1) The initial review will be done by the Department to determine whether the application is complete and to ensure the grantee meets the requirements of the definition previously stated in 1.1(4).

2) After initial review of applications, the dental advisory committee will review applications, and then submit their recommendations to the Department.

3) The Department will consider the recommendations made by the dental advisory committee, but is not bound by them. In the event the Department disagrees with the committee's findings, it will provide a written statement of its rationale to both the ~~-~~applicant and the committee for their reference.

Allowable Procedures and Fees for Dental Services [Eff. 12/30/2008]

2.1 Effective ~~December 31, 2008 through June 30, 2009,~~OCTOBER 30, 2012 AND THROUGH SUCH TIME THAT THE BOARD OF HEALTH APPROVES A NEW EFFECTIVE PROVIDER PROCEDURES AND FEE SCHEDULE, a qualified grantee, as defined in Section 1.1 of these regulations, may charge fees, not to exceed the maximum allowable fee, and perform the procedures for an eligible senior as set forth in Section 2.3.

2.2 Nothing in this part shall prohibit a qualified grantee from charging less than the allowable fee or reducing the amount of the patient co-payment set forth in Section 2.3. Any reduction in the amount of the patient co-payment shall be AT~~a~~ the discretion of the qualified grantee.

2.3 TABLE OF ALLOWABLE PROCEDURES AND FEES

CDT 2007-2008	Procedure Description	Maximum Allowable Fee	Program Payment	Maximum Patient Co-pay
Diagnostic				
0120	Periodic Oral Evaluation – Est. Pt.	$ 20	$ 16	$ 4
0140	Limited Oral Evaluation	$ 31	$ 25	$ 6
0150	Comprehensive Oral Exam	$ 32	$ 26	$ 6
0220, 0230	Periapical – single film; ea. Addtl	$ 12	$ 10	$ 2
0270	Bitewing – single film	$ 12	$ 10	$ 2
0272	Bitewings – two films	$ 19	$ 15	$ 4
0273	Bitewings – three films	$ 23	$ 18	$ 5
0274	Bitewings – four films	$ 27	$ 22	$ 5
0210,0330	Full mouth (periapical or panorex)	$ 53	$ 42	$ 11
0470	Diagnostic casts	$ 44	$ 35	$ 9
Preventive				
1110	Prophylaxis (Adult)	$ 38	$ 30	$ 8
1204	Topical Fluoride (w/out prophy)	$ 16	$ 13	$ 3
1206	Topical Fluoride Varnish	$ 16	$ 13	$ 3
Restorative				
2140	Amalgam – one surface	$ 27	$ 22	$ 5
2150	Amalgam – two surfaces	$ 55	$ 44	$ 11
2160	Amalgam – three surfaces	$ 82	$ 66	$ 16
2161	Amalgam – four + surfaces	$ 110	$ 88	$ 22
2330	Resin – one surface, anterior	$ 44	$ 35	$ 9
2331	Resin – two surface, anterior	$ 88	$ 70	$ 18
2332	Resin – three surface, anterior	$ 98	$ 78	$ 20
2335	Resin – four surface, incisal angle	$ 133	$ 106	$ 27

2391	Resin – one surface, posterior	$ 44	$ 35	$ 9
2392	Resin – two surface, posterior	$ 88	$ 70	$ 18
2393	Resin – three surface, posterior	$ 98	$ 78	$ 20
2394	Resin – four surface, posterior	$ 133	$ 106	$ 27

Periodontics

4210	Gingivectomy/gingivoplasty (Four or more contiguous teeth)	$ 165	$ 132	$ 33
4211	Gingivectomy/gingivoplasty (One to three contiguous teeth)	$ 99	$ 79	$ 20
4341	Scaling and Root Planing	$ 165	$ 132	$ 33
4355	Gross Debridement	$ 78	$ 62	$ 16

Prosthetics (Patient co-pay for these services are not to exceed 10%)

5110	Complete denture, maxillary	$ 781	$ 703	$ 78
5120	Complete denture, mandibular	$ 781	$ 703	$ 78
5211	Partial denture, maxillary – resin	$ 594	$ 535	$ 59
5212	Partial denture, mandibular – resin	$ 594	$ 535	$ 59
5510, 5610	Repair broken denture/partial base	$ 99	$ 89	$ 10
5520, 5640	Replace missing or broken teeth	$ 89	$ 80	$ 9
5630	Replace or repair broken clasp	$ 129	$ 116	$ 13
5650	Add tooth to partial	$ 109	$ 98	$ 11
5660	Add clasp to partial	$ 135	$ 122	$ 13
5710, 5711	Rebase complete denture	$ 282	$ 254	$ 28
5720, 5721	Rebase partial denture	$ 282	$ 254	$ 28
5730, 5731,	Reline denture – chair-side	$ 180	$ 162	$ 18
5740, 5741	Reline partial – chair-side	$ 180	$ 162	$ 18
5750, 5751	Reline denture – laboratory	$ 229	$ 206	$ 23
5760, 5761	Reline partial – laboratory	$ 229	$ 206	$ 23

Oral Surgery

7140	Extraction erupted tooth or exposed root	$ 79	$ 71	$ 8
7210	Surgical removal of erupted tooth	$ 135	$ 121	$ 14
7250	Surgical removal of residual tooth roots	$ 128	$ 115	$ 13
7286	Biopsy, soft tissue	$ 129	$ 103	$ 26
7310	Alveoloplasty (w/extractions) (Four or more teeth)	$ 120	$ 96	$ 24
7311	Alveoloplasty (w/extractions)	$ 110	$ 99	$ 11
7320	Alveoloplasty (w/out extractions) (Four or more teeth)	$ 120	$ 96	$ 24
7321	Alveoloplasty (w/out extractions)	$ 110	$ 99	$ 11
7510	Incision and drainage of abscess	$ 95	$ 86	$ 9
9110	Palliative treatment – minor procedure	$ 49	$ 44	$ 5

Editor's Notes

History

Sections 2.1 – 2.3 Eff. 12/30/2008.