



VIA EMAIL: Kimberley.Smith@state.co.us

January 19, 2014

Kimberley Smith
Colorado Department of Healthcare Policy and Financing (HCPF)
1570 Grant Street
Denver, CO, 80203

RE: Public Comment: Proposed Adult Dental Benefit Coverage Standards

Dear Ms. Smith:

The Colorado Dental Association (CDA) represents nearly 80% of Colorado's licensed dentists with a membership of over 3,000 dental professionals. The CDA is dedicated to improving the quality, availability, affordability and utilization of oral healthcare services.

On behalf of the dental profession, the CDA wishes to offer a few comments and suggestions concerning the draft Adult Dental Benefit Coverage Standard. Specific comments on the RFP are outlined below.

General Comments

The CDA and its member dentists would request that the Department list CDT codes alongside the description of covered procedures throughout the Coverage Standards document when the final policy is published. There is currently some confusion among providers as to which codes would be allowed related to certain descriptions, especially in the coverage descriptions related to removable prosthetics.

In addition, the Department is expected to set a \$1,000 annual maximum limit for each adult covered under the dental benefit. The CDA and its member dentists request that the Department consider a structure to allow this cap to be exceeded in certain cases to ensure continuity of care, at least during the initiation of the benefit. For example, if a covered adult requires full mouth extractions and a denture, or even a root canal, build up and crown, these types of procedures would almost certainly exceed the \$1,000 annual maximum. There would be ethical and standard of care concerns if a provider was asked to extract teeth knowing that there would be a large time gap until a denture could be provided, or conduct a root canal knowing it could be months before a patient was able to access the needed restorative elements of their treatment plan. At the outset of the dental benefit, perhaps a structure could be created to allow completion of treatment plans that exceed the set annual maximum subject to prior approval. A structure like this would allow

the Department to limit the extension of additional benefits based on actual benefit utilization rates and subject to availability of funds.

Eligible Place of Service (Coverage Standard Page 1)

Not all non-profit dental clinics and Community Health Centers that provide dental services are Federally Qualified Health Centers (FQHCs). In addition, there are a number of charitable and sliding-fee scale programs and clinics that may not be included under the FQHC umbrella. The eligible place of service category should likely be expanded to include community health center and non-profit dental programs that do not have the FQHC designation.

Major Restorative Procedures (Coverage Standard Page 5)

The CDA and its member dentists request some additional clarification regarding the policy statement that “Crowns are covered services only when: The tooth in question requires a multi-surface restoration and when it cannot be restored with other restorative materials.” While the draft policy may infer it, we would request that, for provider clarity, the coverage statement specifically indicate that teeth that have had endodontic treatment are covered. For example, the coverage statement could be amended to read that crowns are covered when: “The tooth in question requires a multi-surface restoration or has had endodontic treatment and ~~when it~~ cannot be restored with other restorative materials.”

There has also been some provider confusion related to the statement that services are covered if needed to “maintain 8 posterior teeth (artificial or natural) in occlusion.” This statement appears at multiple places in the coverage draft (e.g., Major Restorative Procedures, Endodontic Procedures, Removable Prosthetics). For provider clarity, it would be helpful to define whether the 8 posterior teeth in occlusion must be found per side of the mouth or full mouth. (Are 2 teeth per quadrant required to be in occlusion or simply 8 teeth total in the full mouth?)

The CDA and its member dentists also have some concern related to the statement that “Crown materials are limited to porcelain and noble metal on anterior teeth and *premolars*. Full noble metal crowns are the material of choice for *premolars* and molars” (emphasis added). First, CDA’s member dentists ask that full porcelain be added as a restorative material option for anterior teeth, given the importance of cosmetic effect for anterior teeth and the superiority of all porcelain for achieving the desired cosmetic outcome in these teeth. In addition, premolars are listed twice in the materials statement, with one reference indicating that the porcelain and noble metal combination is acceptable and the other reference indicating that full noble metal may be required. CDA’s member dentists ask that the combination porcelain and noble metal material continue to be allowed for premolars given the visibility of these restorations.

Removable Prosthetics (Coverage Standard Page 8)

As written, the current standard for Removable Prosthetics is not clear whether a resin based removable partial (flipper) and a cast metal partial on the same arch would both be covered in an 84 month period, or whether only one option per arch would be covered for a given patient. The CDA and its member dentists have concern that one partial of each material should be allowed in

the allotted timeframe. In certain situations, like a case requiring multiple teeth to be pulled, a dentist may make a resin flipper (not as durable but usually reimbursed at a lower fee) to allow time the patient time to heal and then make a cast metal partial as a more permanent restoration (should be much more durable and last the indicated 84 months).

Prior Authorization Requirements (Coverage Standard Page 11)

Item number 7 in the list of services requiring prior-authorization lists “general anesthesia and sedation.” This should likely read “general anesthesia and deep sedation,” as “deep sedation” is referenced in other discussion of this topic throughout the document (e.g., see Oral Surgery, Palliative Treatment and Anesthesia coverage standards) and there are multiple other levels of sedation which may be utilized in dental practices.

The CDA appreciates the Department’s proactive approach in working to ensure appropriate coverage guidelines for the adult Medicaid dental program. We hope that our comments are productive and beneficial and will help the further improve the program. We appreciate your consideration of these comments. Please contact us if we can provide further clarification on any of the comments or suggestions offered in this document.

Sincerely,



Quinn Dufurrena, DDS
Executive Director, Colorado Dental Association

qd/jg