

SDP RULE COMMENTS FROM MEDICAL SERVICES BOARD MEETING

Issue/Question	Notes	Options for Consideration
Term “Client”	Use of this term may be confusing in the rule. Raised by DAC member.	<ul style="list-style-type: none"> • Add “Client” to definition of “Eligible Senior,” i.e., “Client or Eligible Senior means....” • Delete the word “client” from the definition of “Evaluation,” i.e., “Evaluation means an assessment that may include....”
Changes to Endodontic procedure guidelines should be in definitions instead	Raised by An Nguyen, DDS, of the Medical Services Board.	<ul style="list-style-type: none"> • Move “pulpectomy is part of root canal therapy” language from D3310, 3320, 3330 guidelines to definition of “Endodontic Services,” i.e., “Endodontic Services meanstissues, including pulpectomy.”
Periodontal Treatment definition should reference disease impact on bone	Raised by Gene Bloom, DDS, in public comment at MSB	<ul style="list-style-type: none"> • Question for DAC – should this definition be revised? Current definition is “Periodontal Treatment means the therapeutic plan intended to stop or slow periodontal (gum) disease progression.”
Check CDT code book regarding restoration procedures regarding inclusion of liners	Raised by An Nguyen, DDS, of the MSB.	<ul style="list-style-type: none"> • Amalgams are consistent with 2016 CDT book. • D2331-2394. Resin based, consider revising to: “Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration.”
Periodontal scaling and root planning procedures should be limited to no more than 2 quadrants, same side of mouth per visit	Raised by Dr. Bloom and supported by Dr. Nguyen	<ul style="list-style-type: none"> • Proc codes D4341/4342 • Remove “when 4 quadrants are completed in a single visit...” and replace with “no more than 2 quadrants on the same side of the mouth may be completed at a single visit”

SDP RULE COMMENTS FROM MEDICAL SERVICES BOARD MEETING

Issue/Question	Notes	Options for Consideration
Add proc guidelines to removal of torus	Raised by An Nguyen, DDS, of the MSB and stakeholder	<ul style="list-style-type: none"> • Suggested to include simple procedure guideline, i.e., “To support prosthodontic appliances, malformation or occlusion”
Partials	Raised by Gene Bloom, DDS, in public comment at MSB	<ul style="list-style-type: none"> • Resin versus cast-metal immediate partials: concern that cast-metal immediate partial dentures may not be effective. Remove procedure codes D5223/5224 • Consider 3 year limit on immediate resin-based partials (currently 5 years) • Adding teeth to partial dentures may render the partial useless. Allow the partial to be replaced.
Service limitations without program database or prior authorization process	Raised by Eileen Doherty of CGS	<ul style="list-style-type: none"> • Many services are one per year, 5 years, etc. Grantee/dentist cannot know what may have been provided by another grantee/dentist under the program • Department does not have administrative resources to manage a database or prior authorization system • Department expectation is “due diligence” by grantees, and recognize that practically it means service limitations are per patient at the same provider. • Amend contract language or rules.
Exceptions outside service limit guidelines	Raised by Eileen Doherty of CGS	<ul style="list-style-type: none"> • At times, it may be clinically appropriate to provide services more frequently than allowed by proc guidelines and an exception process is needed • Dr. Nguyen suggested that we could include risk-based assessment to exceed guidelines. Need to refine language. • Or, can require that dental provider document clinical need to exceed guidelines and maintain documentation in chart. Add notes to invoice form.
Prophylaxis and periodontal maintenance	Raised by stakeholders	<ul style="list-style-type: none"> • Consider allowing alternating between D1110 (prophylaxis) and D4910 (periodontal maintenance) when clinically appropriate. Not currently allowed.

SDP RULE COMMENTS FROM MEDICAL SERVICES BOARD MEETING

Issue/Question	Notes	Options for Consideration
Cross limit codes for D5211/D5213 and D5212/D5214	Raised by Jennifer Goodrum of Colorado Dental Assoc.	<ul style="list-style-type: none">Guidelines say that the “program will pay for one per every five years,” which could mean that someone could get two sets of partial dentures (a resin base set and a cast-metal base set) within the 5 years. Could be adjusted to either say, the “program will only pay for one [maxillary/mandibular] per every 5 years.