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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Suite 355
Kansas City, MO 64106



Medicaid & CHIP Operations Group

September 4, 2020

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

RE: Colorado State Plan Amendment (SPA) 20-0019

Dear Ms. Bimestefer:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0019. This amendment revises telemedicine to allow audio and data communications in addition to audio-video communications. Text messaging and electronic mail communication methods are excluded from telemedicine coverage.

Please be informed that this SPA was approved on August 25, 2020, with an effective date of October 1, 2020. Enclosed are the CMS-179 and the amended plan pages.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.



Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G. Scott
-S
Date: 2020.09.04 10:01:36 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Dr. Tracy Johnson, Tracy.Johnson@state.co.us
Laurel Karabatsos, laurel.karabatsos@state.co.us
John Bartholomew, john.bartholomew@state.co.us
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Jami Gazarro, Jami.Gazero@state.co.us

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|---|--|---|----------------------------------|
| <p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p> | | 1. TRANSMITTAL NUMBER: 20 – 0019 | 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: October 1, 2020 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §410.78 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2020-21: \$4,726,523 _____ b. FFY 2021-22: \$6,302,030 _____ | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A – Limitations to Care and Services – 5.b. Medical and Surgical Services Furnished by a Dentist, Pages 1-3 of 3 Supplement to Attachment 3.1-A – Limitations to Care and Services – 6.d. Other Practitioners’ Services, Page 2 of 2 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A – Limitations to Care and Services – 5.b. Medical and Surgical Services Furnished by a Dentist, Pages 1-3 of 3 (TN 15-0036) Supplement to Attachment 3.1-A – Limitations to Care and Services – 6.d. Other Practitioners’ Services, Page 2 of 2 (TN 20-0009) | |
| 10. SUBJECT OF AMENDMENT: Revises telemedicine to allow audio and data communications in addition to audio-video communications. Text messaging and electronic mail communication methods are excluded from telemedicine coverage. | | | |
| 11. GOVERNOR’S REVIEW (<i>Check One</i>): GOVERNOR’S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR’S OFFICE ENCLOSED Governor’s letter dated 11 October, 2019 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: Lauren Reveley | |
| 13. TYPED NAME: Tracy Johnson | | | |
| 14. TITLE: Medicaid Director | | | |
| 15. DATE SUBMITTED: July 28, 2020 <u>Update No. 1: August 19, 2020</u> | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED July 28, 2020 | | 18. DATE APPROVED August 25, 2020 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020 | | 20. SIGNATURE OF REGIONAL OFFICIAL  | |
| 21. TYPED NAME James G. Scott | | 22. TITLE Director, Division of Program Operations <small>Digitally signed by James G. Scott -S Date: 2020.09.04 10:03:59 -05'00'</small> | |
| 23. REMARKS | | | |

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

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 1 of 3

LIMITATIONS TO CARE AND SERVICES

- 5.b. 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: 20-0019
Supersedes TN: 15-0036

Approval Date: 8/25/20
Effective Date: October 1, 2020

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

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Supplement to
Attachment 3.1-A
Page 2 of 3

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.

Telemedicine Services

Telemedicine means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a client.

Telemedicine includes:

- Synchronous services provided “live” where the client and the distant provider interact with one another in real time through an audio (including

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Supplement to
Attachment 3.1-A
Page 3 of 3

LIMITATIONS TO CARE AND SERVICES

telephone and relay calls), audio-video, or data communications. Peripherals may be included, such as transmission of a live ultrasound exam.

- Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to and retrieved by a health care practitioner at another site for medical evaluation and consultation.

Telemedicine does not include consultations provided by facsimile machines, text messaging, or electronic mail.

To provide telemedicine services, health care practitioners must act within their scope of practice and be licensed practitioners as defined by State law.

All state plan prior authorization requirements apply to services provided through telemedicine. Prior authorization requests must state the intent to provide the service as a telemedicine service. A telemedicine service is not covered when the service delivered via telecommunication technology is deemed to be investigational or experimental.

TN: 20-0019
Supersedes TN: 15-0036

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

STATE OF COLORADO

SUPPLEMENT TO
ATTACHMENT 3.1-A

Page 2

Telemedicine Services

Telemedicine means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a client.

Telemedicine includes:

- Synchronous services provided "live" where the client and the distant provider interact with one another in real time through an audio (including telephone and relay calls), audio-video, or data communications. Peripherals may be included, such as transmission of a live ultrasound exam.
- Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to and retrieved by a health care practitioner at another site for medical evaluation and consultation.

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