



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

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Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Dental Providers

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Internet Version

Medicaid dental rate adjustments

The Colorado Department of Health Care Policy and Financing (HCPF) announces dental rate adjustments for the following list of dental codes. The rate changes are effective and will appear on Remittance Statements for services provided on or after January 1, 1999.

This rate adjustment represents the increase appropriation approved by the State legislature for the fiscal year 1998-1999.

Procedure Code	Maximum Allowed Fee
D0150	\$ 26.00
D0160	\$ 36.00
D1201	\$ 34.00
D1203	\$ 12.00
D3110	\$ 24.00
D3220	\$ 54.00
D4211	\$ 58.00
D4264	MP
D4266	MP
D4267	MP
D4270	MP
D4274	MP
D4321	\$111.00
D4381	MP
D5130	\$551.00
D5140	\$549.00
D5510	\$ 59.00
D5520	\$ 47.00
D5610	\$ 56.00
D5620	\$ 81.00
D5630	\$ 71.00
D5640	\$ 46.00
D5660	\$ 78.00
D5710	\$163.00
D5711	\$163.00
D5730	\$ 89.00
D5731	\$ 92.00
D6545	\$203.00
D7250	\$ 85.00
D9230	\$ 18.00
D9431	\$ 50.00
D9951	\$ 52.00

MP = Manually priced until valid Colorado usual and customary fee information is available to Medicaid.