



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

March 1999

Reference: B9900012

Urgent Read Immediately

Corrections, additions, and explanations of dental codes

Please make the following correction and additions to bulletin B9800004, December 1998:

Delete D9431 from the table. This is not a valid code for the Colorado Medicaid program.

Please add the following codes and fees:

Procedure Code	Maximum Allowed Fee
D9240	\$204.00
D9410	\$ 50.00
D9420	\$ 50.00

The following procedure code explanations refer to those listed in bulletin B9800005, December 1998:

D9240 – Intravenous sedation

Along with Colorado Medicaid's policy change to accept ADA codes, Medicaid has adopted ADA code guidelines for this procedure. Previously, the code for sedation, intravenous route, was a unique "X" code, specific to the Colorado Medicaid program. Reimbursement for the "X" code was based on the length of time the patient was administered IV sedation. The ADA code is limited to 1 unit of service per client per date of service. The ADA code is not time dependent. The code is paid at the same reimbursement rate regardless of the length of the IV sedation procedure. Intravenous sedation is a routine benefit for adults and children with a maximum reimbursement of \$204.00. Please refer to the December 1998 Medicaid bulletin, B9800003 for additional information.

D9410 – House call

This procedure is a routine benefit for adults and children with a maximum reimbursement of \$50.00. Please refer to the December 1998 Medicaid bulletin, B9800003, for additional information.

D9420 – Hospital call

This procedure is a routine benefit for adults and children with a maximum reimbursement of \$50.00. Please refer to the December 1998 Medicaid bulletin, B9800003, for additional information.

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Important reminder