



# Medical Assistance Program Bulletin

## Colorado Title XIX

Fiscal Agent



600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

### Medical Assistance Program Provider Services

303-534-0146  
1-800-237-0757

### Mailing Addresses

Claims & PARs  
P.O. Box 30  
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments  
P.O. Box 90  
Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions  
P.O. Box 1100  
Denver, CO 80201-1100

Medical Assistance Program  
Fiscal Agent Information  
on the Internet  
[www.chcpf.state.co.us](http://www.chcpf.state.co.us)

Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff. Bulletins supplement information in the Medical Assistance Program 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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 Medical Assistance Program Provider Services.

Distribution: Dental Providers

May 2004

Reference: B0400176

# Urgent Read Immediately

## Dental Crown Placement Policy

Effective May 17, 2004 a provider cannot bill more than a total of five (5) per date of service of the codes listed below. The total of five (5) per date of service includes any combination of these codes.



Codes limited to a total of five (5) per date of service	
D2930	Prefabricated stainless steel crown – primary tooth
D2931	Prefabricated stainless steel crown – permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window

If more than five (5) crowns are needed, the additional crowns must be placed on a different date of service.



Crowns placed in a hospital-based setting are exempt from the five (5) crown limit, if the provider has received prior authorization approval.

If the client is a member of an HMO, the provider must have a prior authorization approval for the hospitalization from the HMO. For all other Medical Assistance Program clients, the provider must submit a Prior Authorization Request (PAR) to the fiscal agent (ACS) that includes the following:

- Statement of medical necessity regarding the need to place six (6) or more crowns on the same date of service.
- X-rays and a photo of the client's dentition.
- Treatment plan identifying the use of general anesthesia.



For additional information on the Department's Dental Hospitalization Policy, please see the July 2002 Medical Assistance Program Bulletin (B0200138).

