



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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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

October 2005

Reference: B0500200

# Effective Immediately!

## Paper Dental Claims

Effective immediately, all dental providers who submit **paper claims** on American Dental Association (ADA) forms must submit the Department's Dental Provider Certification form with the claim. The certification form states that the information submitted on the claim is true, accurate, and complete. The certification attachment satisfies Federal law and State Rule 42 C.F.R. 445.18(a)(1-2)

All paper claims received by the fiscal agent on and after **November 1, 2005** without the signed certification will deny for "no signature on file" regardless of the dates of service. The certification form is attached to the October bulletin (B0500199) and available in the Provider Services Forms section of the Department's website at:  
[http://www.chcpf.state.co.us/ACS/Pdf\\_Bin/Dental\\_Cert.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/Dental_Cert.pdf).

**Please note:** Dental providers billing electronically through the Web Portal are not required to submit the Dental Certification form.

*NECS and WINASAP will be officially turned off on November 5, 2005.* To apply for Web Portal access, complete the Provider EDI Enrollment and Agreement form at:  
[http://www.chcpf.state.co.us/ACS/Pdf\\_Bin/Revised\\_EDI\\_Provider\\_Enroll\\_Form.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/Revised_EDI_Provider_Enroll_Form.pdf)

Or if you are already enrolled with EDI, complete the Provider EDI Update form found at  
[http://www.chcpf.state.co.us/ACS/Pdf\\_Bin/Enrollment/Revised\\_EDI\\_Update\\_form.pdf](http://www.chcpf.state.co.us/ACS/Pdf_Bin/Enrollment/Revised_EDI_Update_form.pdf).

