# Medical Assistance Program Bulletin

## Colorado Title XIX

Fiscal Agent

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Medical Assistance Program Fiscal Agent Information on the Internet
**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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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: All providers** **April 2006**

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# *All Providers*

## National Provider Identifiers (NPIs)

The National Provider Identifier (NPI) is a federally required identifier. All providers are strongly encouraged to obtain their NPI now. The Centers for Medicaid and Medicare Services (CMS) urges you to include your payors on your applications. This information is critical for the development of crosswalks to aid in the transition *to* the *NPI.* Providers can learn how to apply and obtain additional helpful information by visiting the CMS webpage regarding the NPI:

WWW.CMS.HHS.GOV/NationalProvIdentStand/

This website contains several fact sheets with general information and FAQs. The other fact sheets show how each area of your organization should be carefully designated. Providers that plan to utilize electronic files for bulk enumeration should refer to the instructions on the webpage mentioned above.

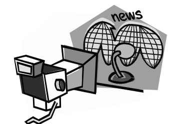
NPI application information can also be found at the NPPES web site at https://nppes.cms.hhs.gov, or by calling the enumerator at:

1-800-465-3203 (TTY 1-800-692-2326).

## Web Portal and WINASAP Update

**PAR Inquiry** through the Web Portal is delayed until April 17, 2006.

**PAR Request and Response** for Medical, Supply and Dental PARs with limited functionality will also be available on April 17, 2006. Requests with three (3) or less lines and requests that don't have miscellaneous codes such as K0108, or E1399 can be submitted through the Web Portal. *All Dental, Medical and Supply PARs with more than three lines and for miscellaneous codes **must** be submitted on paper.* Paper PAR forms are located at:




http://www.chcpf.state.co.us/HCPF/Pdf_Bin/PARform.pdf

***On April 17, 2006 the WINASAP PAR functions will end and WINASAP will no longer function on any level. Providers must use the Web Portal to submit, receive responses and make inquiries for electronic PARS with three lines or less and not containing any miscellaneous codes.***

### New functionalities planned for April and May

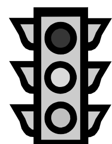
**Restricted Admin Role -** This is a new user role that has limited authority to manage user accounts. This role can assist users in resetting passwords, un-suspend users and unlock duplicate sessions.

**Enhanced eligibility responses -**Interactive responses will be enhanced to reduce redundancies in the TPL sections. Batch responses will be converted to user-friendly formats similar to the interactive response.

**Purge Functionality** - In order to optimize the use of web server space and keep the database and application running efficiently, claim transactions, and eventually PAR transactions need to be purged (deleted) on a regular basis. A standard retention number for claims and PARs will be defined by the Department. A trading partner will receive an alert in the form of a message on the lookup pages when the claim number has been exceeded. Following the alert, submitted claims or PARs will be purged the next weekend to reduce the number to below the standard. Increased claim or PAR retention limits from the standard will be considered on a "trading partner by trading partner" basis. Trading partner administrators will also have the ability to purge claims based on the age of the claim. Additional information will be posted in the May bulletin, Web Portal message area, and in the user guides as implementation gets closer.

## Portal Tips for the Month

### Understanding the System Status



For updated system status, please use the System Status Indicator displayed on the right side of the main Portal page. The System Status Indicator displays a prominent color circle. **The color indicates the system status**: ***green*** - system is fully available, ***yellow*** – limited/intermittent availability of the system, or ***red*** –most transactions and services are unavailable. The **envelope** next to the circles indicates that a message describing the current system status is available. Click on the envelope to display the message.

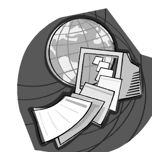
### Understanding Web Portal Claim Adjustments

Claims that have been submitted through the Web Portal and have a "to be paid" or "paid" status can be adjusted through the Web Portal. Claims can be "replaced" (corrected) or "voided" (cancelled) by highlighting (clicking) on the claim in the Claim Lookup section and clicking on the Adjustment button below the Lookup grid. Once the claim is opened, go to the Frequency Type code field located on the Client's Info tab. Select "Replacement" for corrected claims, make the corrections to the claim, and submit. Select "Void" for cancelled claims and submit the claim. Responses will be returned indicating the acceptance or rejection of the adjustment.

Claims that have not been submitted through the Web Portal and have a "to be paid" or "paid" status can also be adjusted through the Web Portal. On the claim lookup page select the Adjustment box that is next to the "Add New Claim" button. Enter the claim data. Enter the original TCN on the Client's Info tab. Select either "Replacement" to correct a claim or "Void" to cancel the claim. Submit the adjustment claim.

## Trading Partners Submitting More than Five Eligibility Verification Batches per Day

If a trading partner submits more than five (5) eligibility verification batches per day, the sixth and all additional batches that day will be processed off cycle. This means that batches in excess of the five (5) will not receive a response within the normal 2-hour period.



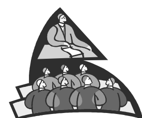
The Implementation Guide recommends trading partners limit requests to 99 per batch. Larger size limits will be considered on a "trading partner by trading partner" basis. Trading partners must request permission to submit batches larger than 99. The trading partner must have written permission from DHCPF. Those batches will be processed during off peak hours.

The fiscal agent will monitor the volume of eligibility requests per TP ID on a weekly basis. TP IDs with high volumes will be identified and their eligibility requests will be processed during off peak hours.

## ✱ Colorado Medical Assistance Program Enrollment Application Workshop ✱

On **Friday, April 21, 2006, from 9:00 AM until 3:00 PM**, the fiscal agent will conduct a special workshop on the importance of correctly completing the Colorado Medical Assistance Program Provider Application. Newly enrolling providers, persons with the responsibility for enrolling providers within their groups, association representatives and anyone who wants to better understand the Colorado Medical Assistance Program enrollment requirements should attend. The workshop focuses on M.D. and D.O. provider applications.

The workshop is located at:



ACS<br>600 Seventeenth Street<br>Suite 600 N (6th Floor, North Tower)<br>Denver, CO 80202

Seating for this special workshop is limited and reservations are required.

**Email reservations to: workshop.reservations@acs-inc.com or**
**Call Medical Assistance Program Provider Services to make reservations.**
**1-800-237-0757 or 303-534-0146**

***Please go to http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp and click on your provider type. Please download and print your enrollment documents and bring them with you to the workshop.***

## Hardcopy (Paper) Provider Claim Reports (PCRs) Requests

Effective April 1, 2006, the fiscal agent will charge the requester $2.00 per page for all hardcopy PCR requests. The charge will be assessed regardless of whether the request is made within a month of the PCR issue date or not. If you would like the PCR re-posted to the FRS, the charge will also be $2.00 per page.

A check for the full amount must accompany the request and be made payable to ACS before requests will be processed. Please allow 30 days after receipt of the check for processing your request.
To avoid unnecessary PCR request charges and processing delays, providers are reminded to use the FRS to download PCRs weekly. If you happen to miss a week, PCRs are available on the FRS for 60 days.

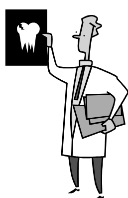
## Electronic Bulletin Notification!

Colorado Medical Assistance Program bulletins are available to providers through email notification. Email notifications contain a link to the new or updated website document allowing providers to receive bulletin information up to a week sooner than bulletins sent by mail. Medical Assistance Program enrolled providers who do not have their email on file with the fiscal agent should complete and submit the attached Publication Preferences form (Attachment A). *Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.* Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for your prompt completion and submission of the form.

***Important Email Information:*** *Providers can have only one email address on file with the fiscal agent. The person receiving the email notification should forward the email to all additional people needing the updated information.*

# *Dental Providers*

## Treatment of Oral Cavity Conditions for Adult Clients



The Medical Services Board recently approved rules regarding the treatment of oral cavity conditions for adult clients. These services for clients age 21 and older are limited to emergency treatment for oral cavity conditions **or** treatment for clients with allowable concurrent medical conditions. **The following prior authorization and billing requirements are effective May 1, 2006.**

## Emergency Services to Treat Adult Client Oral Cavity Conditions

Adult clients, age 21 and older, are eligible for emergency treatment if the client presents an acute oral cavity condition that requires hospitalization and/or immediate surgical care.

**Emergency Oral Medical Conditions**

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.

Please refer to the coding reference guide below for the only codes available for billing **treatment of emergency oral cavity conditions for adults.**

- Only the most limited service(s) needed to correct the emergency oral cavity condition(s) are allowed.
- Emergency treatment of oral cavity conditions do not require a prior authorization (PAR).

| Allowed Procedure Codes | Covered Services For Adult Clients Receiving Emergency Treatment of the Oral Cavity |
|---|---|
| **Diagnostics** | |
| D0140 Limited oral evaluation - problem focused | No PAR required |
| D0220 Intraoral - periapical, first film | No PAR required |
| D0230 Intraoral - periapical, each additional film | No PAR required |
| D0240 Intraoral - occlusal film | No PAR required |
| D0250 Extraoral - first film | No PAR required |
| D0260 Extraoral - each additional film | No PAR required |
| D0270 Bitewing - single film | No PAR required |
| D0272 Bitewings - two films | No PAR required |
| D0274 Bitewings - four films | No PAR required |
| D0277 Vertical bitewings - 7 to 8 films | No PAR required |
| D0330 Panoramic film | No PAR required |
| D0415 Collection of microorganisms for culture and sensitivity | No PAR required |
| D0460 Pulp vitality tests | No PAR required |

| Allowed Procedure Codes | Covered Services For Adult Clients Receiving Emergency Treatment of the Oral Cavity |
|---|---|
| D0472 Accession of tissue, gross examination, preparation, and transmission of written report | No PAR required |
| D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report | No PAR required |
| D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | No PAR required |
| D0480 Processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report | No PAR required |
| **Oral and Maxillofacial Surgery** | |
| D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | No PAR required |
| D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | No PAR required |
| D7220 Removal of impacted tooth – soft tissue | No PAR required |
| D7230 Removal of impacted tooth – partially bony | No PAR required |
| D7240 Removal of impacted tooth – completely bony | No PAR required |
| D7250 Surgical removal of residual tooth roots (cutting procedure) | No PAR required |
| D7285 Biopsy of oral tissue – hard (bone, tooth) | No PAR required |
| D7286 Biopsy of oral tissue – soft | No PAR required |
| D7410 Excision of benign lesion up to 1.25 cm | No PAR required |
| D7411 Excision of benign lesion greater than 1.25 cm ASSIST | No PAR required |
| D7412 Excision of benign lesion, complicated | No PAR required |
| D7413 Excision of malignant lesion up to 1.25 cm | No PAR required |
| D7414 Excision of malignant lesion greater than 1.25 cm | No PAR required |
| D7415 Excision of malignant lesion, complicated | No PAR required |
| D7440 Excision of malignant tumor – lesion diameter up to 1.25 cm | No PAR required |
| D7441 Excision of malignant tumor – lesion diameter greater than 1.25 cm | No PAR required |
| D7450 Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | No PAR required |
| D7451 Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm ASSIST | No PAR required |
| D7460 Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm | No PAR required |
| D7461 Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm ASSIST | No PAR required |
| D7465 Destruction of lesion(s) by physical or chemical method, by report | No PAR required |
| D7510 Incision and drainage of abscess – intraoral soft tissue | No PAR required |
| D7520 Incision and drainage of abscess – extraoral soft tissue | No PAR required |
| D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | No PAR required |
| D7540 Removal of reaction-producing foreign bodies, musculoskeletal system | No PAR required |
| D7550 Partial ostectomy/sequestrectomy for removal of nonvital bone | No PAR required |
| D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body | No PAR required |
| D7610 Maxilla – open reduction (teeth immobilized, if present) | No PAR required |
| D7620 Maxilla – closed reduction (teeth immobilized, if present) | No PAR required |
| D7630 Mandible – open reduction (teeth immobilized, if present) | No PAR required |
| D7640 Mandible – closed reduction (teeth immobilized, if present) | No PAR required |
| D7650 Malar and/or zygomatic arch – open reduction | No PAR required |
| D7660 Malar and/or zygomatic arch – closed reduction | No PAR required |
| D7670 Alveolus – closed reduction, may include stabilization of teeth | No PAR required |
| D7671 Alveolus – open reduction, may include stabilization of teeth | No PAR required |
| D7680 Facial bones – complicated reduction with fixation and multiple surgical approaches | No PAR required |
| D7710 Maxilla – open reduction ASSIST | No PAR required |
| D7720 Maxilla – closed reduction ASSIST | No PAR required |
| D7730 Mandible – open reduction ASSIST | No PAR required |

| Allowed Procedure Codes | Covered Services For Adult Clients Receiving Emergency Treatment of the Oral Cavity |
|---|---|
| D7740 Mandible – closed reduction ASSIST | No PAR required |
| D7750 Malar and/or zygomatic arch – open reduction ASSIST | No PAR required |
| D7760 Malar and/or zygomatic arch – closed reduction ASSIST | No PAR required |
| D7770 Alveolus – open reduction stabilization of teeth ASSIST | No PAR required |
| D7771 Alveolus, closed reduction stabilization of teeth | No PAR required |
| D7780 Facial bones – complicated reduction with fixation and multiple surgical approaches ASSIST | No PAR required |
| D7810 Open reduction of dislocation | No PAR required |
| D7820 Closed reduction of dislocation | No PAR required |
| D7830 Manipulation under anesthesia | No PAR required |
| D7910 Suture of recent small wounds up to 5 cm | No PAR required |
| D7911 Complicated suture – up to 5 cm | No PAR required |
| D7912 Complicated suture – greater than 5 cm | No PAR required |
| D7990 Emergency tracheotomy | No PAR required |
| D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar | No PAR required |
| D7999 Unspecified oral surgery procedure, by report ASSIST | No PAR required |
| **Adjunctive General Services** | |
| D9110 Palliative (emergency) treatment of dental pain - minor procedure | No PAR required |
| D9220 Deep sedation/general anesthesia - first 30 minutes | No PAR required |
| D9221 Deep sedation/general anesthesia - each additional 15 minutes | No PAR required |
| D9241 Intravenous conscious sedation/analgesia - first 30 minutes | No PAR required |
| D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes | No PAR required |
| D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | No PAR required |
| D9420 Hospital call | No PAR required |

ASSIST following a code denotes those surgical procedures for which an assistant surgeon is allowed.

## Non-Emergency Treatment of the Oral Cavity for Adult Clients with Concurrent Medical Condition(s)

Treatment of the oral cavity is limited to adult clients with allowable concurrent medical condition(s) as listed below. Providers must document the presence of the concurrent medical condition(s) in the dental record.

Please note the PAR requirements on this
“Allowable Concurrent Medical Conditions” chart:

| Allowable Concurrent Medical Conditions | Required Information to be Included with all Prior Authorization Requests |
|---|---|
| • Neoplastic disease requiring chemotherapy and/or radiation<br>• Pre and post organ transplant<br>• Pregnancy | • Dentist’s statement identifying the approved concurrent medical condition and description of the oral cavity condition.<br>• It is the responsibility of the dental provider to submit adequate, clear, and concise evidence that substantiates how the concurrent medical condition is exacerbated by the oral cavity condition and why it is necessary to provide treatment. |

| Concurrent Medical Conditions | Prior Authorization Requirements |
|---|---|
| • Chronic medical condition in which there is documentation that the medical condition is exacerbated by the condition of the oral cavity | • Dentist’s statement identifying the chronic medical condition.<br>• It is the responsibility of the dental provider to submit adequate, clear, and concise evidence that substantiates how the chronic medical condition is exacerbated by the oral cavity condition and why it is necessary to provide treatment. |

**IMPORTANT –**

1. The allowable concurrent medical conditions listed or chronic medical conditions that are exacerbated by a condition of the oral cavity as documented by the dentist are the only ones that qualify an adult client for services.
2. Prior Authorization Requests (PAR)

   Approval must be obtained prior to rendering services. Approval is not a guarantee of payment.

   Please refer to the coding reference guide below for codes and prior authorization request (PAR) requirements for billing treatment of the oral cavity condition(s) of adult clients with concurrent or chronic medical conditions.

| Allowed Procedure Codes | If client has an allowable concurrent or chronic medical condition | |
|---|---|---|
| | No PAR required | Yes-PAR required |
| **Diagnostics** | | |
| D0140 Limited oral evaluation – problem focused | X | |
| D0150 Comprehensive oral evaluation – new or established patient | | X |
| D0160 Detailed and extensive oral evaluation – problem focused, by report | | X |
| D0180 Comprehensive periodontal evaluation – new or established patient | | X |
| D0210 Intraoral – complete series (including bitewings) | | X |
| D0220 Intraoral – periapical, first film | X | |
| D0230 Intraoral – periapical, each additional film | X | |
| D0240 Intraoral – occlusal film | X | |
| D0250 Extraoral – first film | X | |
| D0260 Extraoral – each additional film | X | |
| D0270 Bitewing – single film | X | |
| D0272 Bitewings – two films | X | |
| D0274 Bitewings – four films | X | |
| D0290 Posterior-anterior or lateral skull and facial bone survey film | | X |
| D0310 Sialography | | X |
| D0320 Temporomandibular joint arthrogram, including injection | | X |
| D0321 Other temporomandibular joint films, by report | | X |
| D0322 Tomographic survey | | X |
| D0330 Panoramic film | X | |
| D0415 Collection of microorganisms for culture and sensitivity | X | |
| D0460 Pulp vitality tests | X | |
| D0470 Diagnostic casts | | X |
| D0472 Accession of tissue, gross examination, preparation, and transmission of written report | X | |
| D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report | X | |
| D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | X | |
| D0480 Processing and interpretation of exfoliative cytologic smears, including the preparation and transmission of written report | X | |
| D0502 Other oral pathology procedures, by report | | X |
| **Periodontics** | | |
| D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant | | X |
| D4211 Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant | | X |
| D4240 Gingival flap procedure, including root planning – four or more contiguous teeth or bounded teeth spaces per quadrant | | X |
| D4321 Provisional splinting – extracoronal | | X |
| D4341 Periodontal scaling and root planning – four or more teeth per quadrant | | X |

| Allowed Procedure Codes | If client has an allowable concurrent or chronic medical condition | |
|---|---|---|
| | No PAR required | Yes- PAR required |
| **D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis | | **X |
| **** D4355 must include PAR request for one of the following oral examination codes: D0150, D0160 or D0180.** | | |
| D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | | X |
| **Maxillofacial Prosthetics** | | |
| D5982 Surgical stent | | X |
| D5983 Radiation carrier | | X |
| D5984 Radiation shield | | X |
| D5985 Radiation cone locator | | X |
| D5987 Commissure splint | | X |
| D5988 Surgical splint | | X |
| **Oral and Maxillofacial Surgery** | | |
| D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | X | |
| D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | X | |
| D7220 Removal of impacted tooth - soft tissue | X | |
| D7230 Removal of impacted tooth - partially bony | X | |
| D7240 Removal of impacted tooth - completely bony | X | |
| D7250 Surgical removal of residual tooth roots (cutting procedure) | X | |
| D7260 Orolantral fistula closure | X | |
| D7261 Primary closure of a sinus perforation | X | |
| D7285 Biopsy of oral tissue - hard (bone, tooth) | X | |
| D7286 Biopsy of oral tissue – soft | X | |
| D7410 Excision of benign lesion up to 1.25 cm | X | |
| D7411 Excision of benign lesion greater than 1.25 cm ASSIST | X | |
| D7412 Excision of benign lesion, complicated | X | |
| D7413 Excision of malignant lesion up to 1.25 cm | X | |
| D7414 Excision of malignant lesion greater than 1.25 cm | X | |
| D7415 Excision of malignant lesion, complicated | X | |
| D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm | X | |
| D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm | X | |
| D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | X | |
| D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm ASSIST | X | |
| D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | X | |
| D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm ASSIST | X | |
| D7465 Destruction of lesion(s) by physical or chemical method, by report | X | |
| D7485 Surgical reduction of osseous tuberosity | | X |
| D7490 Radical resection of maxilla or mandible | | X |
| D7510 Incision and drainage of abscess - intraoral soft tissue | X | |
| D7520 Incision and drainage of abscess - extraoral soft tissue | X | |
| D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | X | |
| D7540 Removal of reaction-producing foreign bodies, musculoskeletal system | X | |
| D7550 Partial ostectomy/sequestrectomy for removal of nonvital bone | X | |
| D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body | X | |
| D7610 Maxilla - open reduction (teeth immobilized, if present) | X | |
| D7620 Maxilla - closed reduction (teeth immobilized, if present) | X | |

| Allowed Procedure Codes | If client has an allowable concurrent or chronic medical condition | |
|---|---|---|
| | No PAR required | Yes-PAR required |
| D7630 Mandible - open reduction (teeth immobilized, if present) | X | |
| D7640 Mandible - closed reduction (teeth immobilized, if present) | X | |
| D7650 Malar and/or zygomatic arch - open reduction | X | |
| D7660 Malar and/or zygomatic arch - closed reduction | X | |
| D7670 Alveolus - closed reduction, may include stabilization of teeth | X | |
| D7671 Alveolus - open reduction, may include stabilization of teeth | X | |
| D7680 Facial bones - complicated reduction with fixation and multiple surgical approaches | X | |
| D7710 Maxilla - open reduction ASSIST | X | |
| D7720 Maxilla - closed reduction ASSIST | X | |
| D7730 Mandible - open reduction ASSIST | X | |
| D7740 Mandible - closed reduction ASSIST | X | |
| D7750 Malar and/or zygomatic arch - open reduction ASSIST | X | |
| D7760 Malar and/or zygomatic arch - closed reduction ASSIST | X | |
| D7770 Alveolus - open reduction stabilization of teeth ASSIST | X | |
| D7771 Alveolus, closed reduction stabilization of teeth | X | |
| D7780 Facial bones - complicated reduction with fixation and multiple surgical approaches ASSIST | X | |
| D7810 Open reduction of dislocation | X | |
| D7820 Closed reduction of dislocation | X | |
| D7830 Manipulation under anesthesia | X | |
| D7840 Condylectomy ASSIST | | X |
| D7850 Surgical discectomy, with/without implant ASSIST | | X |
| D7852 Disc repair ASSIST | | X |
| D7854 Synovectomy ASSIST | | X |
| D7856 Myotomy ASSIST | | X |
| D7858 Joint reconstruction ASSIST | | X |
| D7860 Arthrotomy ASSIST | | X |
| D7865 Arthroplasty ASSIST | | X |
| D7870 Arthrocentesis ASSIST | | X |
| D7871 Nonarthroscopic lysis and lavage ASSIST | | X |
| D7872 Arthroscopy - diagnosis, with or without biopsy ASSIST | | X |
| D7873 Arthroscopy - surgical: lavage and lysis of adhesions ASSIST | | X |
| D7874 Arthroscopy - surgical: disc repositioning and stabilization ASSIST | | X |
| D7875 Arthroscopy - surgical: synovectomy ASSIST | | X |
| D7876 Arthroscopy - surgical: discectomy ASSIST | | X |
| D7877 Arthroscopy - surgical: debridement ASSIST | | X |
| D7880 Occlusal orthotic device, by report | | X |
| D7889 Unspecified TMD therapy, by report ASSIST | | X |
| D7910 Suture of recent small wounds up to 5 cm | X | |
| D7911 Complicated suture - up to 5 cm | X | |
| D7912 Complicated suture - greater than 5 cm | X | |
| D7920 Skin graft (identify defect No PAR required, location and type of graft) ASSIST | | X |
| D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report ASSIST | | X |
| D7955 Repair of maxillofacial soft and/or hard tissue defect ASSIST | | X |
| D7980 Sialolithotomy | | X |

| Allowed Procedure Codes | If client has an allowable concurrent or chronic medical condition | |
|---|---|---|
| | No PAR required | Yes-PAR required |
| D7981 Excision of salivary gland, by report ASSIST | | X |
| D7982 Sialodochoplasty | | X |
| D7983 Closure of salivary fistula | | X |
| D7990 Emergency tracheotomy | X | |
| D7991 Coronoidectomy ASSIST | | X |
| D7997 Appliance removal (not by dentist who placed appliance), includes removal of archbar | X | |
| D7999 Unspecified oral surgery procedure, by report ASSIST | | X |
| **Adjunctive General Services** | | |
| D9110 Palliative (emergency) treatment of dental pain - minor procedure | X | |
| D9220 Deep sedation/general anesthesia - first 30 minutes | X | |
| D9221 Deep sedation/general anesthesia - each additional 15 minutes | X | |
| D9241 Intravenous conscious sedation/analgesia - first 30 minutes | X | |
| D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes | X | |
| D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | | X |
| D9420 Hospital call | X | |

**Only the above listed codes are benefits for adults with allowable concurrent medical conditions documented in the dental record and on PAR requests where indicated.**

**Exclusions: Not a benefit for adult clients under any circumstance.**

- Preventive services: prophylaxis, fluoride treatment and oral hygiene instruction.
- Treatment for dental caries, gingivitis and tooth fractures.
- Restorative and cosmetic procedures.
- Inlay or onlay restorations.
- Crowns, bridges, and implants.
- Full and partial dentures. This includes assessment or preparation of the oral cavity for delivery of dentures/partials and bridges or subsequent adjustments to dentures/partials and bridges including treatment of pain or soreness from the wearing of dentures or any other fixed or removable prosthetic appliance.
- Alveoloplasty, vestibuloplasty, and excision of bone tissue.
- Full mouth extractions.

### Non-Citizen Services

Dental services for non-citizens are limited to emergency treatment of the oral cavity. Other dental services are not a benefit for non-citizens under any circumstances.

### Reminder

Providers enrolled as "Dentists" must bill all treatment of oral cavity conditions using the current ADA allowed codes. Only providers enrolled as "Physicians" may use the CPT medical and surgical codes for billing oral cavity treatments.

All ADA **paper** claims received by the fiscal agent on and after **November 1, 2005** without a signed Dental Provider Certification form attached will deny for "no signature on file" regardless of the dates of service. Providers are reminded that the Certification requires the ***original signature*** of the provider. **Note:** Certification need not be submitted with the Dental Prior Authorization Request.

The certification form is available in the Provider Services Forms section of the Department's website at:
http://www.chcpf.state.co.us/ACS/Pdf_Bin/Dental_Cert_1005.pdf

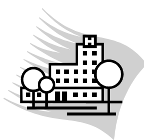
### Billing Updates

***Effective May 1, 2006, the American Dental Association 2002 claim form will be the only form accepted by the Colorado Medical Assistance Program when submitting all dental claims and PARs.*** **All other versions will be returned for resubmission.**

**Please watch the Department's website for upcoming revisions to the Dental and General Billing Manuals.**

# *Institutional Providers*

## Billing Institutional Claims when the Colorado Medical Assistance Program is not the Only Payer



When there are multiple payers on a claim, institutional providers billing on the 837I X-12N format should remember that the Colorado Medical Assistance Program is always the Payer of Last Resort.

When 837I X-12N claims are accepted by the Colorado Medical Assistance Program claims processing system, the system looks at the first payer entry. Medicare (when applicable) or the first third party payer (other) is mapped to the second payer position. Third party payers (usually third party commercial payers) are mapped to the third position. 837I X-12N billers need to make sure that they use the appropriate value codes.

Use Value Codes B1, B2, and B3 for Medicare or (the other) second payer.

Use Value Codes C1, C2, and C3 for the third payer. This policy only applies to Institutional Providers billing claims with multiple payers in 837I X-12N format.

# *Practitioners*

## Colorado Medical Assistance Program Fee Schedule for CPT and CMS Procedure Codes

The 2006 Colorado Medical Assistance Program fee schedule for CPT and CMS codes is available for a $25 processing fee. Requests should include a short letter or note requesting the fee schedule, the mail-to address for the fee schedule, and a check for $25 made to the Department of Health Care Policy and Financing. Requests should be sent to HCPF, 1570 Grant St., Denver CO 80203, Attn: Fee Schedule. The fee schedule is sent on one CD in three formats -- Word, Excel, and Access, along with instructions. Please note that due to copyright laws, the fee schedule does not contain code descriptions for the CPT and CMS procedure codes. Please consult your 2006 CPT and CMS code books for complete procedure code descriptions.

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## April and May 2006 - Denver & Statewide Provider Billing Workshops

### General Information

Provider billing workshops include both Medical Assistance Program billing instructions and a review of Medical Assistance Program billing procedures. There are specific classes for new billers to the Medical Assistance Program and specialty training for different provider types. The schedule for April and May 2006 workshops follows.

### Who Should Attend?

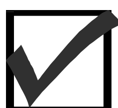
New and experienced receptionists, front desk personnel, admission personnel, office managers, billing services, and other billers should attend the appropriate workshops.

### Do I need Reservations?

Yes, reservations are necessary for ***all workshops***. We are currently requesting reservations for both Statewide and Denver workshops to ensure that adequate space is available for all workshops.

**Email reservations to: workshop.reservations@acs-inc.com or**
**Call Medical Assistance Program Provider Services to make reservations.**
**1-800-237-0757 or 303-534-0146**

Press "**5**" to make your workshop reservation. This transfers you to a voice mail where you must leave the following information:



- Medical Assistance Program provider billing number
- The date and time of the workshop
- The number of people attending and their names
- Contact name, address and phone number

Without all of the requested information, your reservation will not be processed successfully.

Your confirmation will be mailed to you within one (1) week of making your reservation. If you do not receive a confirmation within one (1) week, please contact Provider Services and talk to a Provider Relations Representative.

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### *Class Descriptions*

Please see bulletin B0500202, December 2005 or the 2006 Denver and Statewide Workshop Schedule in the Provider Services Training and Workshops section of the Department's website at

http://www.chcpf.state.co.us/ACS/Provider_Services/Train_Workshops/train_workshops.asp

for a complete list of class descriptions.

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All Denver workshops are located at:

ACS
600 Seventeenth Street
Suite 600 N (6th Floor, North Tower)
Denver, CO 80202

## Denver Beginning Billing Schedule
**9:00 – 3:00**

**Beginning Training CO-1500/837P**
04/18/06 – Tuesday

**Beginning Training UB-92/ 837I**
04/20/06 – Thursday

## May 2006 Statewide Locations

**Durango**
Mercy Medical Center
1800 East 3rd Avenue
Durango, CO 81301
970-247-4311

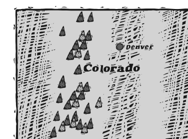
**Fort Collins**
Hilton Fort Collins
425 West Prospect Road
Fort Collins, CO 80526
970-482-2626

**Greeley**
Best Western Regency
701 8th Street
Greeley, CO 80631
970-353-8444

**Pueblo *(New location for 2006)***
The Pueblo Convention Center
320 Central Main Street
Pueblo, CO 81003
719-542-1100

**Colorado Springs**
Hilton Embassy Suites Hotel
7290 Commerce Center Dr
Colorado Springs, CO 80919
719-599-9100

**Grand Junction *(New location for 2006)***
Hilton Hampton Inn Grand Junction
205 Main Street
Grand Junction, CO 81501
970-243-3222




## Statewide Beginning Billing CO-1500/UB-92

05/22/06— Durango – Monday - 9:00am-1:30pm
05/09/06 – Ft. Collins – Tuesday - 9:00am-1:30pm
05/17/06 – Greeley – Wednesday - 9:00am-1:30pm
05/15/06 – Grand Junction – Thursday - 8:30am-1:00pm
05/24/06 – Pueblo – Wednesday - 8:30am-1:00pm
05/25/06 – Colorado Springs – Thursday - 8:30am-1:00pm

## Statewide Specialty Training

**Hospital**
05/22/06 – Durango – Monday – 2:00pm-3:30pm

**Indian Health Service**
05/22/06 – Durango – Monday – 3:30pm-5:00pm

**Practitioner**
05/09/06 – Fort Collins – Tuesday – 2:00pm-4:00pm

**RTC**
05/09/06 – Fort Collins – Tuesday – 2:00pm-4:00pm

**Supply**
05/17/06 – Greeley – *Wednesday* – 2:00pm-4:00pm

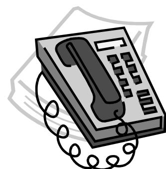
**Nursing Facility**
05/15/06 – Grand Junction – Tuesday – 2:00pm-4:00pm

**Practitioner**
05/15/06 – Grand Junction – Tuesday – 2:00pm-4:00pm

**RHC/FQHC**
05/24/06 – Pueblo– Wednesday – 2:00pm-3:30pm

**Practitioner**
05/25/06 – Colorado Springs – Thursday – 2:00pm-4:00pm

**Nursing Facility**
05/25/06 – Colorado Springs – Thursday – 2:00pm-4:00pm



Please direct questions about Medical Assistance Program billing or the information in this bulletin to
Medical Assistance Program Provider Services at:
303-534-0146 or 1-800-237-0757 (Toll free Colorado)

*Remember to check the Provider Services section of*
*The Department's website at:*
*http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp*
*For Provider Updates and News*

## Publication Preferences

**Publication and Notification Preference**

Medical Assistance Program updates and billing instructions are communicated through Medical Assistance Program publications. *An email notification with a link to the publication will be sent to providers when new bulletins, publication revisions and program updates are posted on the Provider Services Section of the Department's website. Providers are responsible for ensuring that the fiscal agent has their current publications email address on file. The Colorado Medical Assistance Program is not responsible for undeliverable notifications due to incorrect email addresses.*

All publications are available in the Provider Services section of the Department's website:
http://www.chcpf.state.co.us/ACS/Provider_Services/provider_services.asp

***Please complete the following information:***

Provider Name:____________________ Medical Assistance Program Provider Number:____________

Contact Name: ____________________ Telephone Number: (     )____________

Address: ____________________ ______ ________
Street/PO Box State Zip Code

Provider Publications Email Address: ____________________

***Publications Media:***
*(Please check one)*

- ☐ *Email notification with link to publication*
- ☐ *Another provider will receive email notification on my behalf. I understand that I am responsible for obtaining the notification from this provider and that I will **not** receive an email notification from the Colorado Medical Assistance Program.*
- ☐ *None (I understand that I am responsible for retrieving publications from the website and that I will **not** receive an email notification from the Colorado Medical Assistance Program).*

____________________ ____________
Authorized Signature Date

***Please complete all of the above information and***

**Fax to:** or **Mail to:**

Medical Assistance Program Provider Enrollment
303-534-0439

Medical Assistance Program Provider Enrollment
PO Box 1100
Denver, CO 80201-1100

Revised 04/26/05