Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

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

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 Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.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 **November 2006**

Reference: B0600219

Table of Contents

All Providers

Only 7 months left
Be Prepared!
Have you applied for your National Provider Identifier?

NPI! **The National Provider Identifier (NPI) is a Federally Required Identifier. All providers are strongly encouraged to obtain their NPI now.**

The Colorado Medical Assistance Program will begin asking for NPIs by early next year. The final date for NPI HIPAA compliance is May 23, 2007.

The Centers for Medicare and Medicaid Services (CMS) recommends that providers obtain NPIs at least six months prior to the compliance date of May 23, 2007. This should provide enough time to test the NPI and share it with all health care partners, including payers, clearinghouses, vendors, and other providers.

Additional information and education on the NPI can be found on the CMS NPI website at www.cms.hhs.gov/NationalProvIdentStand. There is a "Frequently Asked Questions" section on the website. There are also Provider Trainings available on this same website www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Training_Package.pdf

Providers can apply for an NPI online at https://nppes.cms.hhs.gov or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Web Portal Update

Modifications to Transactions

25 Changes to the Medical, Dental, and Supply Prior Authorization (PAR) transactions to allow 25 detail lines and all miscellaneous procedure codes are now planned for implementation in November. Updates about this implementation will be posted in the Web Portal.

Changing Trading Partner Administrators

When the current Trading Partner Administrator (TPA) plans to leave an organization the login information must be transferred to a new TPA. The new TPA should login and immediately change the TPA password. When a TPA leaves the organization without transferring login information to the next TPA, the new TPA needs to call the State Security Administrator at: 303-866-4473 for login assistance. A trading partner ID and name of the organization or provider is required for assistance.

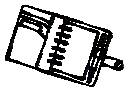
If the trading partner ID is not known, the TPA must call EDI services at 303-534-0146 or 1-800-237-0757 and choose option 4. Please have the Trading Partner name and provider number available. For future login assistance by the State Security Administrator, it is important that the new TPA complete a TPA Update form and fax it to: 303-866-4411, Attn: Security Administrator. This form can be downloaded from the Trading Partner User Guide in the Web Portal.

Understanding this Error Message:

- *The user has a session in progress. That session must be terminated before the user can login again.* Users may receive this message when they attempt to login directly after exiting the portal without using the *Log Out* option. This can happen when the user closes the window by clicking the X in the upper right corner of the window or when the user is inadvertently kicked out of the portal. The Trading Partner Administrator or Restricted Admin role can unlock a user session allowing the user to login, or the user can wait for the session to terminate. The session will terminate in less than 30 minutes.

Tip: When finished using the Portal, click on Log Out option located on the main menu bar**.** ***This is the recommended way to terminate your Web Portal session***

* * * Obstetrical Care Workshop Re-Scheduled * * *



The Obstetrical Care workshop originally scheduled in Denver for Tuesday, October 17, 2006 from 2:00 PM to 4:00 PM has been cancelled. The Obstetrical Care workshop has been re-scheduled for Friday November 17, 2006 from 10:00 AM to 12:00 PM

Please 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

Holiday Processing Schedule

Veterans' Day Holiday Claim Processing

For some State and Federal holidays, receipt of claim payments, warrants and EFTs may be delayed. Due to the Veterans' Day holiday observance on Friday, November 10, 2006, the receipt of payments, warrants and EFTs may be delayed at least one day.

Thanksgiving Day holiday

Due to the Thanksgiving Day holiday on Thursday, November 23 2006, the receipt of payments, warrants and EFTs may be delayed at least one day.

Rendering Provider Application

Individual providers who will affiliate with a group and will not receive direct reimbursement must complete the rendering application with the exception of Dentists and Substance Abuse providers. Any other version of the application received from rendering providers will be returned. The Rendering Provider application link is located above the provider type selection at:

http://www.chcpf.state.co.us/ACS/Enrollment/new_providers.asp

Colorado Medical Assistance Program Enrollment Application Workshop

On **Wednesday, November 1, 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 Enrollment 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
600 Seventeenth Street
Suite 600 N (6th Floor, North Tower)
Denver, CO 80202

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

Please 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.

Updated Appendices Section

Appendix N, Procedures Requiring Prior Authorization, has been updated and is available on the Provider Services Billing Manuals section of the Department's website at:

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

It's Time to Sign-up for Electronic Bulletin Notification!

Would you like to stop receiving paper bulletins? You may start receiving your Colorado Medical Assistance Program bulletins by email notification. Email notifications contain a link to the latest bulletin and allow 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 their information through the Inquiry/Update Provider Data option located at the main menu within the Web Portal.*

Providers may also complete and submit the attached Publication Preferences form (Attachment B). Please fax or mail the completed form to the fiscal agent at the fax number/address on the form. Thank you for promptly completing and submitting the Publication Preferences form.

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 Remember: *Providers may 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.*

HCBS Providers

Procedure Code T1005

Approximately 43 providers are having difficulty with Respite Care claims reimbursement because the benefit was authorized with an expired procedure code, T1005.

In July 2005, DAL #273 informed you of a change in procedure codes for Respite Care. Also, the July 2005 Provider Bulletin informed you of the revised procedure codes and the newly updated PAR. Please note the following:

- Use Procedure Code S5150 for In Home Respite Care for the HCBS-BI and HCBS-EBD Waivers.
- Use Procedure Code S5151 for Respite Care in an Alternative Care Facility for the HCBS-EBD and HCBS-MI Waivers.
- Use the PAR revised in July 2005, which has the most current procedure codes. The PAR may be accessed at the following site: http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0500196.pdf.

T1005 was end-dated effective July 31, 2006 and was not to be used after July 31, 2005. ACS will be referring providers back to the Single Entry Point Agencies for PAR revisions using the correct code, either S5150 or S5151.

Nursing Facility Providers

ULTC 100.2 Continued Stay Reviews

All nursing facility clients must have a ULTC 100.2 assessment with a current certification end date (also called a length of stay end date) for a nursing facility to receive Medicaid payment for that client. Nursing facilities are responsible for tracking the end date on all admission and Continued Stay Review (CSR) ULTC 100.2 certification pages to ensure that the certification end date does not lapse. A CSR shall be completed prior to the certification end date.

The procedure for completing a CSR is as follows:

1. At least 10 days before the certification end date the nursing facility shall notify the SEP agency by faxing the Initial Screen and Intake Form and the Professional Medical Information page. Nursing facilities are advised to maintain written confirmation that the fax was sent to the SEP agency.
2. The SEP agency shall complete the CSR ULTC 100.2 assessment within 10 working days.
3. The SEP agency shall send the nursing facility the new CSR ULTC 100.2 assessment.
4. The nursing facility shall fax the CSR ULTC 100.2 certification page and the AP-5615 to the statewide utilization review contractor, Dual Diagnosis Management (DDM).
5. DDM shall send the approved Prior Authorization Request (PAR) to the MMIS claim reimbursement system.
6. The MMIS generates the Colorado Medicaid notification letter with PAR start and end dates.

Note: Prior to November 1, 2005 there was a computer system error that erroneously generated notification letters with a 99/99/99 end date. Many PARs with an end date before December 31, 2005 were affected by this computer system error. For this group of PARs only, the Department has asked SEP agencies to contact the nursing facilities to schedule a CSR ULTC 100.2 assessment. The SEP agencies were asked to complete the CSR ULTC 100.2 assessments by September 30, 2006.

It is possible that the list of affected clients given to the SEP agency is not complete. Therefore, nursing facilities should audit all ULTC 100.2 certification end dates to ensure that SEPs are notified of the need for CSRs. Nursing facilities must notify the SEP agency of any expired end dates by November 30, 2006. Nursing facilities will not lose payment for the time lapsed between the expired end date and the start date of the new CSR if the SEP agency is notified by November 30, 2006.

Post-Eligibility Treatment of Income (NF PETI)

This article supersedes the Nursing Facility Post-Eligibility Treatment of Income (NF PETI) article in the December, 2005 bulletin (B0500202). It discusses the requirements for filing a NF PETI Request and when a dental or vision provider must submit a claim or Prior Authorization Request (PAR) to the fiscal agent prior to submitting it to the NF for NF PETI Request consideration.

There are two situations in which a NF may submit a NF PETI Request directly to the Department of Healthcare Policy and Financing (the Department) for consideration without the service provider submitting a Medical Assistance Program claim or PAR to the fiscal agent first:

1. A request for service reimbursement by a non-Medical Assistance Program provider may be submitted directly to the NF PETI Program by the NF. Providers are not required to be Medical Assistance Program participants.

2. Reimbursement for a service that is not a benefit of the Medical Assistance Program for adults must be submitted directly to the NF PETI Program by the NF. These services include, but are not limited to, health insurance, denture and hearing aid requests.

Some dental and vision procedures furnished by enrolled providers are Medical Assistance Program benefits. To determine if a procedure is a program benefit, refer to:

http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0600211a.pdf and
http://www.chcpf.state.co.us/ACS/Pdf_Bin/B0500205.pdf for the most recent updates.

Enrolled Medical Assistance Program providers must submit PARs and claims to the fiscal agent for payment for procedures that may be covered benefits. If the PAR or claim is denied, the provider must send the NF a copy of the denial. The NF shall then include the copy of the provider's denial with the rest of the NF PETI packet and submit it to the Department's PETI reviewers for consideration. NF PETI Request packets must include:

- A completed NF PETI Request form
- A completed and appropriately signed medical necessity form
- A copy of the provider's itemized bill or treatment plan including procedure codes
- A copy of the denied claim or PAR, if applicable

The Department may request additional documentation of medical necessity and/or alternative treatment plans for any proposed NF PETI procedure. Providers are encouraged to contact the Department's NF PETI reviewers with questions, comments or concerns. Letters from providers that claim to represent the Department's policy should be referred to the NF PETI reviewers. The NF PETI reviewers are:

Rose-Marie Nelson	Margret Woock
(303) 866-3167	(303) 866-5980
rose-marie.nelson@state.co.us	margret.woock@state.co.us

2006 Nursing Facility PETI Fee Schedule Update

The updated NF PETI fee schedule is effective for dates of service on or after November 1, 2006 (See Attachment A). The fee schedule lists dental, hearing and vision services by procedure code, gives the reimbursable fee amount and notes whether or not the service is an adult Medicaid benefit. The NF PETI fee schedule is not all-inclusive, nor does the inclusion of any code imply that it is a routinely approved request. Medical necessity and the absence of other payment sources are two criteria that must be met for any PETI service.

A notation of 'MP' in the PETI Fee column indicates the procedure is manually priced by the Department. The nursing facility must submit a PETI request to the Department for all MP codes even when the billing amount is below the first $400 PETI expense for the year. For all procedures that are a potential adult Medicaid benefit, a Medicaid provider must determine whether a client meets Medicaid criteria to qualify for the benefit. If a valid Medicaid claim is submitted and then denied reimbursement, the nursing facility may submit a PETI request to the Department with a copy of the denial notice. A provider is not required to submit a claim to Medicaid if the service is not a Medicaid benefit.

Providers are reimbursed the same amount whether or not they are enrolled in the Medicaid program. A Medicaid provider may not ordinarily collect more from the beneficiary than the allowable PETI fee established by the NF PETI fee schedule. A service that is not listed on the fee schedule may be submitted to the Department for NF PETI consideration.

The Department reserves the right to request additional verification of medical necessity for any proposed procedure. Failure to provide such documentation will result in the denial of the NF PETI request.

Pharmacy Providers

Part B Billing Procedure

Since January 1, 2006, the Department of Health Care Policy and Financing (Department) has systematically denied crossover Part B claims submitted by pharmacy providers. The Medical Assistance Program claims processing system did not recognize pharmacies as appropriate providers to bill using J-codes. Pharmacy providers were only authorized to bill by the NDC numbers in the claims processing system.

Prior to January 1, 2006, Part B drugs were not restricted in PDCS, allowing pharmacies to bill the Department directly without billing Medicare first. When Part D was implemented on January 1, 2006, the Department prevented payment for most drug claims including Part B drugs for Medicare clients. Once Part B drugs were restricted in PDCS, most pharmacies submitted Part B claims correctly through the crossover process; however, the claims processing system did not recognize these claims.

The Department has recently *fixed* the crossover process to allow payment for Part B claims submitted by pharmacies, and is currently reprocessing all denied Part B claims submitted since January 1, 2006.

Providers should reimburse clients for those claims as appropriate, and continue to bill Medicare as the primary payer. If a claim is not forwarded to the Colorado Medical Assistance Program, or if providers have not received a response from the Colorado Medical Assistance Program *after 30 days*, **providers should** submit the claim directly to the Colorado Medical Assistance Program either electronically or by paper using the *CO 1500 claim form* for the coinsurance and/or deductible amounts. Providers must include the *Medicare Paid Amount* and the *Medicare Paid Date*.

The Department has requested providers to reprocess Part B claims from October 2004 to December 31, 2005 that were not billed to Medicare first. These claims will be deemed timely and considered for coinsurance and deductible amounts if received within 120 days from the Medicare Paid Date.
The primary Medicare Part B contractor for Colorado residents is Palmetto, GBA in South Carolina. Palmetto can be contacted by phone at 1-866-270-4909 or by e-mail through their website at
http://www.palmettogba.com/palmetto/palmetto.nsf/TemplateNoSlash/Providers%20DMERC?OpenDocument for billing questions.
If you have any further questions, contact Kimberly Eggert, Medical Assistance Program Pharmacist, at 303-866-3176 or kimberly.eggert@state.co.us.

Prior Authorization Forms

Starting November 1, 2006, the Department of Health Care Policy and Financing (Department) will have new and revised prior authorization forms to be used by providers for pharmacy prior authorization requests. The prior authorization requests forms are available on the Department website at:
http://www.chcpf.state.co.us/HCPF/Pharmacy/phmindex.asp.
Starting December 1, 2006, providers are required to use the new forms when submitting a prior authorization request by fax or mail. The old forms or any other form will no longer be accepted after November 30, 2006. Providers will still be allowed to phone in requests to the Prior Authorization Help Desk at 1-800-365-4944 except for Oxycontin and Proton Pump Inhibitors.

November 2006 – Denver 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 November 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.

Class Descriptions

For a complete list of 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.
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
11/14/06 – Tuesday

Beginning Training UB-92/ 837I
11/16/06 – Thursday

Denver Specialty Training Schedule

Obstetrical Care
11/17/06 – Tuesday - 10:00-12:00pm

2006 PETI Dental Fee Schedule

Procedure Code	PETI Fee Amount	Adult Medical Assistance Program Benefit	Procedure Description
D0120	$23.00	No	Periodic oral evaluation. Exam for a patient of record, a periodic scheduled checkup or recall
D0140	$23.75	Yes	Limited oral evaluation, problem focused.
D0150	$26.85	Yes	Comprehensive oral evaluation – new or established patient
D0160	$35.11	Yes	Detailed and extensive oral evaluation – problem focused by report
D0170	$25.00	No	Re-evaluation – limited, problem focused. (Established patient; not post-operative visit)
D0180	$30.23	Yes	Comprehensive periodontal evaluation
D0210	$49.56	Yes	Intraoral – complete series (including bitewings). Full mouth set of x-rays, X-rays of all the teeth
D0220	$10.33	Yes	Intraoral – periapical – first film. X-ray showing all of a tooth.
D0230	$7.23	Yes	Intraoral – periapical – each additional film. X-ray showing all of the tooth
D0240	$15.49	Yes	Intraoral – occlusal film. A larger x-ray of several teeth in the upper or lower jaw
D0250	$18.59	Yes	Extraoral – first film. X-ray of the head or face
D0260	$18.59	Yes	Extraoral – each additional film. X-ray of the head or face. After the first x-ray in a series.
D0270	$7.23	Yes	Bitewing – first film. One x-ray of the upper and lower teeth closed together
D0272	$16.52	Yes	Bitewings – two films
D0274	$23.75	Yes	Bitewings – four films. Four x-rays of the upper and lower teeth closed together
D0277	$32.01	Yes	Vertical bitewings – 7 to 8 films
D0290	$19.62	Yes	Posterio-anterior and lateral skull and facial bone survey film. X-ray of the skull or facial bones
D0310	MP	Yes	Sialography, X-ray to look for calcified (stone like) deposits in a salivary gland duct
D0320	$249.87	Yes	Temporomandibular joint arthrogram, including injection
D0321	MP	Yes	Other temporomandibular joint films, by report. Unusual x-ray of the jaw joint, TMJ
D0322	$74.34	Yes	Tomographic survey. X-ray of the jaw joint, TMJ
D0330	$44.40	Yes	Panoramic film. Large single x-ray showing all the teeth and both jaws.
D0415	MP	Yes	Collection of microorganisms for culture and sensitivity
D0425	MP	No	Caries susceptibility tests. Culturing for decay producing germs
D0460	$14.46	Yes	Pulp vitality tests. Use of testing methods to find out if the nerve of a tooth is alive or dead.
D0470	$35.11	Yes	Diagnostic casts. Models of the teeth and/or jaws, diagnostic models or study models
D0474	MP	Yes	Accession of tissue, gross and microscopic examination
D0999	$15.00	No	Unspecified diagnostic procedure. This code is to be used exclusively by a dental hygienist in unsupervised dental hygiene practice to bill for a dental screening
D7999	MP	Yes	Unspecified Oral Surgery or oral diagnostic Procedure
D1110	$37.00	No	Prophylaxis – adult (hygienists)
D1110	$47.00	No	Prophylaxis – adult (DDS or under dentist's license)
D1204	$13.42	No	Topical application of fluoride with prophylaxis
D1205	$51.63	No	Topical application of fluoride
D1351	$18.59	No	Sealant – per tooth
D2140	$45.43	No	Amalgam – one surface, primary or permanent
D2150	$56.79	No	Amalgam – two surfaces, primary or permanent
D2160	$68.15	No	Amalgam – three surfaces, primary or permanent
D2161	$80.54	No	Amalgam – four or more surfaces, primary or permanent
D2330	$57.00	No	Resin-based composite – one surface, anterior
D2331	$73.31	No	Resin-based composite – two surfaces, anterior
D2332	$89.83	No	Resin-based composite – 3 Surfaces anterior
D2335	$109.45	No	Resin-based composite – four or more surfaces, anterior
D2391	$54.72	No	Resin-based composite – one surface, posterior

2006 PETI Dental Fee Schedule

Procedure Code	PETI Fee Amount	Adult Medical Assistance Program Benefit	Procedure Description
D2392	$70.21	No	Resin-based composite – two surfaces, posterior
D2393	$85.70	No	Resin-based composite – three surfaces, posterior
D2394	$101.19	No	Resin-based composite – four or more surfaces, posterior
D2710	$427.00	No	Crown – Resin Composites
D2720	$525.00	No	Crown – Resin Composites with high noble metal.
D2721	$400.00	No	Crown – Resin Composites with predominantly base metal
D2910	$27.88	No	Re-cement inlay, onlay, or partial coverage restoration.
D2920	$47.00	No	Re-cement crown
D2932	$158.00	No	Prefabricated resin crown
D2933	$136.29	No	Prefabricated stainless steel crown with resin window
D2940	$50.00	No	Sedative filling
D2950	$125.00	No	Core build up, including any pins
D2951	$31.00	No	Pin retention
D2952	$195.00	No	Cast post and core in addition to crown
D2953	$67.11	No	Each additional cast post– same tooth
D2954	$114.61	No	Prefabricated post and core in addition to crown
D2955	$27.88	No	Post removal (not in conjunction with endodontic treatment)
D2957	$41.30	No	Each additional prefabricated post – same tooth
D2980	MP	No	Crown repair
D2999	MP	No	Unspecified restorative procedure, by report
D3110	$30.00	No	Pulp cap – direct (excluding final restoration.
D3120	$27.88	No	Pulp cap – indirect (excluding final restoration.
D3220	$61.95	No	Therapeutic pulpotomy (excluding final restoration)
D3221	$98.09	No	This is a type of emergency partial root canal therapy done to relieve pain and infection
D3310	$355.00	No	Anterior (excluding final restoration)
D3320	$414.00	No	Bicuspid (excluding final restoration)
D3330	$547.00	No	Molar (excluding final restoration. Treatment of root canal obstruction; non-surgical access)
D3331	MP	No	Treatment of root canal obstruction, non-surgical access.
D3332	MP	No	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	MP	No	Internal root repair of perforation defects
D3346	$259.16	No	Re-treatment of previous root canal therapy – anterior
D3347	$314.91	No	Re-treatment of previous root canal therapy – bicuspid
D3348	$314.91	No	Re-treatment of previous root canal therapy – molar
D3351	$172.43	No	Apexification/recalcification, initial visit (apical closure/calcific repair of perforation, root resorption, etc.)
D3352	$73.31	No	Apexification/recalcification, interim medication replacement
D3353	$130.10	No	Apexification/recalcification, final visit (includes completed root canal therapy.
D3410	$226.12	No	Apicoectomy/periradicular surgery – anterior
D3421	$295.30	No	Apicoectomy/periradicular surgery – bicuspid (first root)
D3425	$336.60	No	Apicoectomy/periradicular surgery – molar (first root)
D3426	$118.74	No	Apicoectomy/periradicular surgery (each additional root)
D3430	$76.41	No	Retrograde filling – per root
D3450	$227.15	No	Root amputation – per root
D3470	MP	No	Intentional replantation (including necessary splinting)
D3910	$29.94	No	Surgical procedure for isolation of tooth with rubber dam

2006 PETI Dental Fee Schedule

Procedure Code	PETI Fee Amount	Adult Medical Assistance Program Benefit	Procedure Description
D3920	$161.07	No	Hemisection (including any root removal), not including root canal therapy
D3950	$52.66	No	Canal preparation and fitting of preformed dowel or post
D4210	$195.14	Yes	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant
D4211	$70.21	Yes	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces, per quadrant
D4240	$279.81	Yes	Gingival flap procedure, including root planning – four or more contiguous teeth or bounded spaces, per quadrant
D4245	MP	No	Apically positioned flap
D4249	$304.59	No	Clinical crown lengthening – hard tissue
D4274	MP	No	Distal or proximal wedge
D4320	$133.19	No	Provisional splinting – intracoronal
D4321	$133.19	Yes	Provisional splinting – extracoronal
D4341	$96.02	Yes	Periodontal scaling and root planning - four teeth per quadrant
D4342	$77.00	No	Periodontal scaling and root planning – one to three teeth per quadrant
D4355	$62.98	Yes	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381	$73.31	Yes	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth
D4910	$72.00	No	Peridontal maintenance
D5110	$800.00	No	Complete denture – maxillary
D5120	$800.00	No	Complete denture – mandibular
D5130	$750.00	No	Immediate denture – maxillary
D5140	$750.00	No	Immediate denture – mandibular
D5211	$500.00	No	Maxillary partial denture – resin base (including and conventional clasps, rests and teeth
D5212	$500.00	No	Mandibular partial denture – resin base (including and conventional clasps, rests and teeth)
D5213	$777.00	No	Maxillary partial denture – cast metal framework with resin denture base. (including clasps, rests.)
D5214	$777.00	No	Mandibular partial denture – cast metal framework with resin denture base.(incl. clasps, rests and teeth)
D5281	$432.62	No	Removable unilateral partial denture – one piece cast metal (including clasps and teeth
D5410	$35.00	No	Adjust complete denture – maxillary
D5411	$35.00	No	Adjust complete denture – mandibular
D5421	$35.00	No	Adjust partial denture – maxillary
D5422	$35.00	No	Adjust partial denture – mandibular
D5510	$86.00	No	Repair broken complete denture base
D5520	$74.00	No	Repair missing broken teeth, complete denture (each tooth)
D5610	$78.00	No	Repair resin denture base
D5620	$106.00	No	Repair cast framework
D5630	$102.00	No	Repair or replace broken clasp
D5640	$66.00	No	Replace broken teeth – per tooth
D5650	$82.00	No	Add tooth to existing partial denture
D5660	$106.00	No	Add clasp to existing partial denture
D5710	$203.40	No	Rebase complete maxillary denture
D5711	$184.82	No	Rebase complete mandibular denture
D5720	$187.92	No	Rebase maxillary partial denture
D5721	$197.92	No	Rebase mandibular partial denture

2006 PETI Dental Fee Schedule

Procedure Code	PETI Fee Amount	Adult Medical Assistance Program Benefit	Procedure Description
D5730	$116.00	No	Reline complete maxillary denture (chairside)
D5731	$116.00	No	Reline complete mandibular denture (chairside)
D5740	$124.00	No	Reline maxillary partial denture (chairside)
D5741	$124.00	No	Reline mandibular partial denture (chairside)
D5750	$250.00	No	Reline complete maxillary denture (laboratory)
D5751	$250.00	No	Reline complete mandibular denture (laboratory)
D5760	$240.00	No	Reline maxillary partial denture (laboratory)
D5761	$240.00	No	Reline mandibular partial denture (laboratory)
D5810	$262.26	No	Interim complete denture (maxillary)
D5811	$262.26	No	Interim complete denture (mandibular)
D5820	$171.40	No	Interim partial denture (maxillary)
D5821	$171.40	No	Interim partial denture (mandibular)
D5850	$47.00	No	Tissue conditioning, maxillary
D5851	$47.00	No	Tissue conditioning, mandibular
D5860	$777.00	No	Overdenture – complete
D5861	$777.00	No	Overdenture – partial
D5862	MP	No	Precision attachment
D5867	MP	No	Replacement of replaceable part of semi-precision or precision attachment. (male or female component)
D6210	MP	No	Pontic – Cast high noble metal
D6211	$362.41	No	Pontic – cast predominantly base metal
D6240	$557.00	No	Pontic – porcelain fused to high noble metal
D6241	$394.42	No	Pontic – porcelain fused to predominantly base metal
D6242	$557.00	No	Pontic – porcelain fused noble metal
D6545	$258.13	No	Retainer – cast metal for resin bonded fixed prosthesis
D6720	$525.00	No	Crown – resin with high noble metal
D6721	$400.00	No	Crown – resin with predominantly base metal
D6722	$480.00	No	Crown – resin with noble metal
D6750	$575.00	No	Crown – porcelain fused to high noble metal
D6751	$525.00	No	Crown – porcelain fused to predominantly base metal
D6752	$550.00	No	Crown – porcelain fused to noble metal
D6791	$362.41	No	Crown – full cast predominantly base metal
D6920	MP	No	Connector bar
D6930	$70.00	No	Re-cement fixed partial denture
D6940	MP	No	Stress breaker
D6950	MP	No	Precision attachment
D6970	$141.45	No	Cast post and core in addition to fixed partial denture retainer
D6971	MP	No	Cast post and core as part of fixed partial denture
D6972	$114.61	No	Prefab post and core in addition to fixed partial denture retainer
D6973	$94.99	No	Core build up for retainer including any pins
D6975	MP	No	Coping – metal
D6976	$67.11	No	Each additional cast post – same tooth
D6977	$41.30	No	Each additional prefabricated post – same tooth
D6980	MP	No	Fixed partial denture repair
D6999	MP	No	Unspecified fixed prosthodontic procedure

2006 PETI Dental Fee Schedule

Procedure Code	PETI Fee Amount	Adult Medical Assistance Program Benefit	Procedure Description
D7140	$50.00	Yes	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	$93.00	Yes	Extraction – surgical removal of erupted tooth
D7220	$110.48	Yes	Extraction – removal of impacted tooth – soft tissue
D7230	$137.32	Yes	Extraction – removal of impacted tooth – partially bony
D7240	$162.10	Yes	Extraction – removal of impacted tooth – completely bony
D7241	$182.75	No	Extraction – removal of completely bony, with unusual surgical complications
D7250	$103.00	Yes	Extraction – surgical removal of residual tooth roots (cutting procedure
D7260	$221.99	Yes	Oroantral fistula closure
D7261	MP	Yes	Primary closure of sinus perforation
D7270	$109.45	No	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth
D7272	MP	No	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	$182.75	No	Surgical access of an unerupted tooth
D7285	$120.80	Yes	Biopsy of oral tissue – hard (bone, tooth
D7286	$92.93	Yes	Biopsy of oral tissue, soft
D7288	MP	No	Brush biopsy – transepithelial sample collection
D7290	$111.51	No	Surgical repositioning of teeth
D7510	$55.76	Yes	Incision and drainage of abscess – intraoral soft tissue
D7520	$93.96	Yes	Incision and drainage of abscess – extraoral soft tissue
D7530	$67.11	Yes	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	MP	Yes	Removal of reaction-producing foreign bodies – musculoskeletal system
D7550	$414.30	Yes	Partial ostectomy / sequestrectomy for removal of non-vital bone
D7999	MP	Yes	Unspecified oral surgery procedure
D9110	$46.46	Yes	Palliative (emergency) treatment of dental pain – minor procedures
D9220	$185.85	Yes	Deep sedation/general anesthesia – first 30 minutes
D9221	$45.43	Yes	Deep sedation/general anesthesia – each additional 15 minutes
D9230	$20.65	No	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	$146.62	Yes	Intravenous conscious sedation/analgesia – first 30 minutes
D9242	$33.04	Yes	Intravenous conscious sedation/analgesia – each additional 15 minutes
D9248	$35.11	No	Non-intravenous conscious sedation
D9310	$34.07	Yes	Consultation (diagnostic services provided by dentist or physician other than the treating practitioner)
D9410	$54.00	No	House/extended care facility call
D9410	$20.00	No	House/extended care- Independent Hygienists
D9420	$54.00	Yes	Hospital call
D9911	$25.81	No	Application of desensitizing resin for cervical and/or root surface, per tooth
D9940	$191.00	No	Occlusal guard to reduce unnatural wear on teeth from grinding, bruxisum, bruxing
D9951	$60.92	No	Occlusal adjustment – limited. Used to adjust some permanent teeth 1-32, on a per/visit basis
D9952	$205.47	No	Occlusal adjustment – complete
D9999	MP	No	Unspecified adjunctive procedures

2006 PETI Hearing Services Fee Schedule

Procedure Code	PETI Fee Amount	Procedure Description
V5008	$20.00	Hearing Service – Cerumen removal
V5010	$53.68	Hearing Aid Evaluation Test
V5011	$60.00	Fitting/Orientation/Checking of Hearing Aid
V5014	$211.15	Hearing aid repair/modifying
V5246	$990.00	Hearing aid, prog, mon, ite - (all inclusive for one hearing aid)
V5247	$1045.18	Hearing aid, prog, mon, bte - (all inclusive for one hearing aid)
V5247	$1012.28	Hearing aid, prog, mon, bte - (all inclusive for one hearing aid)
V5247	$990.00	Hearing aid, prog, mon, bte - (all inclusive for one hearing aid)
V5250	$1045.18	Hearing aid, prog, bin, cic - (all inclusive for one hearing aid)
V5250	$1012.28	Hearing aid, prog, bin, cic - (all inclusive for one hearing aid)
V5252	$1045.18	Hearing aid, prog, bin, ite - (all inclusive for one hearing aid)
V5252	$1012.28	Hearing aid, prog, bin, ite - (all inclusive for one hearing aid)
V5252	$990.00	Hearing aid, prog, bin, ite - (all inclusive for one hearing aid)
V5253	$1045.18	Hearing aid, prog, bin, bte- (all inclusive for one hearing aid)
V5253	$1012.28	Hearing aid, prog, bin, bte - (all inclusive for one hearing aid)
V5256	$1358.73	Hearing aid, digit, mon, ite- (all inclusive for one hearing aid)
V5256	$1315.96	Hearing aid, digit, mon, ite- (all inclusive for one hearing aid)
V5256	$1287.00	Hearing aid, digit, mon, ite - (all inclusive for one hearing aid)
V5257	$1358.73	Hearing aid, digit, mon, bte - (all inclusive for one hearing aid)
V5257	$1315.96	Hearing aid, digit, mon, bte - (all inclusive for one hearing aid)
	$20.00	Nursing Facility Visit
	MP	Assistive Listening device
	MP	Batteries or assistive listening device
	$65.00	Ear mold right or left
	$10.00	Safety Chain

2006 PETI Vision Services Fee Schedule

Procedure Code	PETI Fee Amount	Procedure Description
	$50.00	Eye Exam
	$50.00	Glasses Frames
	MP	Lenses
	MP	Tint Sun Glasses (must be prescribed)
	MP	UV lenses
	MP	Safety cord

Publication Preferences

Publication and Notification Preference

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Revised 04/26/05