COLORADO
Department of Health Care Policy & Financing

Dear Dental Provider,

DentaQuest and Health Care Policy & Financing (the Department) have heard from orthodontists in the Health First Colorado Provider Network in response to the deletion of procedure codes D8050 and D8060 codes made by the American Association of Orthodontists (AAO). The Department has decided to add additional orthodontic codes in place of the previously deleted interceptive codes (D8050 and D8060). These codes will be added effective for dates of service 11/23/2022 and after. Refer to the updates made to the Orthodontic benefit under the Health First Colorado Child Plan.

The Health First Office Reference Manual (ORM) will be updated with the following information related to Orthodontic treatment:

Orthodontic Codes added:

Code	Description	Fee
D8010	limited orthodontic treatment of the primary dentition	$3553.01
D8020	limited orthodontic treatment of the transitional dentition	$2692.42

A participating provider is required to submit a prior authorization request (PAR) using approved D8010/D8020 Orthodontic codes for members who meet the criteria for severe handicapping malocclusion. To submit a PAR for the added codes please see below:

Documentation required:

- Colorado Criteria Index Form B
- Lateral cephalometric radiograph
- Panoramic radiograph
- Study models or OrthoCad equivalent or appropriate photographs

Orthodontic services may be rendered once a PAR has been approved. Submit a claim for D8010 or D8020 for the date of service and payment will be made in full at the time of banding, per the fee schedule.

For adult members aged 21 and older: If the codes used for treatment are not listed as a covered benefit in the Health First Colorado ORM benefit table, a PAR is not necessary, and services are billable to the adult member with the use of a non-covered service disclosure form.

A provider can request any service they feel is medically necessary for any member aged 20

and under, even if the code is not listed as open and payment listed in the ORM. Submit a PAR and check the EPSDT (Early and Periodic Screening, Diagnostic and Treatment) box to make a request for a review. Contact your Network Manager for assistance or with any questions about this process.

Accepting Health First Colorado payment for orthodontia is payment in full and a provider is prohibited by federal law, 42 CFR § 447.15, from balance billing members for additional services, supplies, or materials. State law prohibits providers from billing and/or collecting payment from members for services covered under Medicaid, see C.R.S. § 25.5-4-301(1).

Please reference Section 4.10 Payment for Non-Covered Services for more information.

Virtual provider trainings are held every month, covering a range of topics, including current events and program changes such as those in this letter. Join an upcoming meeting by visiting the DentaQuest Training Schedule web page.

Contact the network manager with questions or to schedule a personal virtual visit.

Southeast Colorado
Madison Lehman
Network Manager
719.342.2626
Madison.Lehman@dentaquest.com

Northeast Colorado
Natalie Archuleta
Network Manager
303.241.5183
Natalie.Archuleta@dentaquest.com

Denver Metro
Davis Edge
Network Manager
720.985.1167
Davis.Edge@dentaquest.com

Western Colorado
Cristal O Chavez
Network Manager
970-210-6250
Cristal.Chavez@dentaquest.com

Thank you to our Dental Advisory Committee for the continued feedback regarding benefits and policy, as well as the continued advocacy for Coloradans.

Thank you for the service that provided to the members seen every day.

Sincerely,

Department of Health Care Policy & Financing

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