

# Colorado Medicaid Billing Reference

## Dental Providers



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### Billing Ages 0-2

Code	Fee
D0145 Oral evaluation counseling with a primary caregiver under 3.	\$34.24
D1206 Topical Fluoride Varnish. Document formal Caries Risk Assessment in patient chart. Reimbursable twice per year; two additional per year for high caries risk children.	\$41.96

### Billing Ages 3-4

Code	Fee
D0190 Dental Screening	\$17.88
D1206 Topical Fluoride Varnish. Document Formal Caries Risk Assessment in patient chart. Reimbursable twice per year for high caries risk children.	\$41.96

### Billing Ages 5-20

Code	Fee
D0190 Dental Screening	\$17.88
D1206 Topical Fluoride Varnish. Reimbursable a maximum of three times, regardless of risk. Not required to pair with well child; submit on electronic claims 837P.	\$41.96

For Federally Qualified Health Centers (FQHCs) and Rural Health Centers, dental HCPCS should be included on the 837I electronic claim form with the well child visit HCPC and ICD 10 code. Use appropriate revenue code.

## **High Risk Caries Documentation**

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To submit "High Risk" claim the word "HIGH RISK" must be written in box 35 (the comments section of the current ADA Claim form). In addition, the criteria qualifying this member as "High Risk" needs to be documented in the Remarks section of the Claims form. Alternatively, the "Pediatric Oral Health Screening" form can be submitted in place of the narrative in the Remarks section.