



# Colorado Summit



**COLORADO**  
Department of Health Care  
Policy & Financing

## *Updates for Providers in the Colorado Medicaid Dental Program*

*Vol. 3 – February 2015*

Dear Dental Provider,

DentaQuest is pleased to be working with the Department on the important job of ensuring the Medicaid members of Colorado receive excellent dental care and that our dentists and dental hygienists have easy administration with prompt claim processing.

### *This issue of the Colorado Summit will cover the following:*

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### **PR Reprocessing**

The 2% Medicaid Dental Fee increase was approved by The Centers for Medicare and Medicaid Services (CMS) and loaded into the DentaQuest system effective December 6, 2014. Any claims submitted at that higher rate, or preferably at your usual and customary rate (UCR), are currently being set up for reimbursement at the higher rate and will require no further action on the part of the provider or the provider’s office.

The 2% fee increase is retroactive to July 1, 2014. Accordingly, you are eligible for an additional 2% on all previously paid claims for 2014 dates of service going back to the effective date of July 1, 2014 through December 6, 2014. This pertains to fee-for-service Medicaid dental rates only.

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## Automatic Reprocessing

If you had previously submitted your claims at rates equal to or higher than the new fee schedule currently in place, DentaQuest will reprocess your claims to issue you the 2% differential. This reprocessing will be done without any required activity on your part. This effort **began** on January 29. Due to the volume of claims requiring reprocessing, this effort is expected to take approximately 8 weeks. We will be selecting claims to reprocess based on the date the claim was received, starting with claims received on December 5, 2014 and working our way back to July 1, 2014. Dental providers can expect to see payment for claims eligible for reprocessing on a rolling basis throughout the months of February, March and early April. DentaQuest will waive the 120-day timely filing edits on these reprocessing claims, where applicable, to accomplish this effort successfully.

## Manual Reprocessing

If you had previously submitted your claims at a rate equal to or less than the older fee schedule that was in place prior to increased fee schedule that was posted on December 6, 2014, your claims are not eligible for automatic reprocessing. The DentaQuest system is designed to pay the lower of the submitted fee or the fee schedule rate. Consequently, in order to receive the additional 2%, you will be required to resubmit these claims at your UCR rate. The original paid claim will be voided by DentaQuest and your resubmitted claim will be processed, resulting in a payment of the additional 2% to you. Please note that DentaQuest will not void any claims until a replacement claim is received by your office at your UCR.

This portion of the effort is expected to begin the **second week in February** and will be preceded by personal DentaQuest outreach to your office. This contact will supply you with instructions on how to resubmit your claims, a timeline for submissions, as well as a detailed listing of the claims for your office that require resubmission. **\*\*It is critical that you do not begin resubmitting your claims until a Provider Outreach representative from DentaQuest contacts your office.** You may call your DentaQuest representative for a status update if you have not received this outreach by Friday, February 27, 2015. Please note that these resubmitted claims will be accepted and processed through May 29, 2015. If your office needs an extension past this deadline, please contact your DentaQuest representative.

Lastly, some providers continue to bill at the old dental fee schedule amount. If you have not yet done so, please **update your fee schedule to bill at your UCR immediately** to avoid future manual reprocessing efforts.

Please contact your regional provider relations representative with any questions.

## **Dental Advisory Committee**

The first Dental Advisory Committee (DAC) meeting was convened on October 24, 2014. Providers from a range of geographical areas from around the state were included and there was a range of general and specialty practices represented. There was great candid conversation and interaction with DentaQuest provider

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representatives. Several action items were identified and are being implemented. DentaQuest will bring updates back to the DAC when it meets next. DentaQuest would like to extend its deep gratitude to these wonderful members who are committed to the success of the Colorado Medicaid Dental program!

## **ORM Update**

The revised edition of the Colorado Medicaid Dental Program DentaQuest Office Reference Manual (ORM) was released on Tuesday, February 3, 2015. Most of the updates occur in the narrative sections. Future changes will be posted on the website and portal for easy reference.

Important note for our participating orthodontic providers: the Department's orthodontic policy has been moved into the ORM document for consistency and provider ease. The orthodontic policy remains as it existed in the Department's February 2010 Provider Bulletin, and has been updated to include the current practices already in place with DentaQuest as part of the administration of the benefit.

## **Live DentaQuest Web Portal Training**

A DentaQuest Provider Web Portal (PWP) training, similar to that offered around the state in July 2014, will be offered on Tuesday, March 10 at 10:00 a.m. (MST). This will be beneficial to any new Participating Providers or to any new office staff who will utilize the DentaQuest web portal. Please log onto [DentaQuest.webex.com](http://DentaQuest.webex.com) and select the title "Colorado Medicaid Dental Program Training." Christie Robson, a DentaQuest Provider Relations Representative, will deliver the live web training and there will be an opportunity for a questions and answers session afterward with the DentaQuest Colorado Dental Director, Dr. Bob Birdwell, and Laura Jacob, the DentaQuest Colorado Provider Relations Supervisor.

Please note that three trainings specific to the DentaQuest Provider Web Portal (PWP) are available on your PWP home page. Please refer to the Provider Page on the website for the future training schedule.

## **State Eligibility System**

Participating Providers may verify Member eligibility information through an eligibility request through the Colorado Medical Assistance Program Web Portal, which has a direct link to the State's eligibility database known as the Colorado Benefits Management System (CBMS). Eligibility verification is available electronically 24 hours a day, 7 days a week and requires the Member's birth date and State ID or SSN. Eligibility information is updated daily, except for weekends and State holidays. Providers who check a member's eligibility through the Department's system on the day of service and finds the member eligible receives an eligibility guarantee number. If eligibility has changed when the claim is submitted, the guarantee number exempts those claims from eligibility edits for that date of service.

## Claims Reprocessing Update

As DentaQuest and the Department move forward with the implementation of the Colorado Medicaid Dental Program, we are identifying discrepancies between the Department's intention and the processing configuration at DentaQuest. When these instances are identified, DentaQuest is making every effort to rectify and reprocess automatically when possible. In some instances, Providers do need to resubmit the claim in order for the claim to be reprocessed for payment. All reprocessing efforts can be viewed on the Provider Web Portal (PWP) when checking the member's claims payments.

## Prior Authorization Requests (PARs) for Treatment

Any service that is sent to be reviewed as a prior authorization request (PAR) must be sent on a 2006 ADA claim form with required documents or narratives. A date of service should not be entered on the claim form, as doing so will cause the services to be denied for no authorization (e.g., DentaQuest Processing Policy 2070). The Office Reference Manual (ORM) details this information.

## Submitting Claims for Adult Dental Emergencies

Please be sure you are using the key word "EMERGENCY" in Box 35 on the 2006 ADA claim form for those adult members who qualify with the criteria listed in the Office Reference Manual (ORM). This becomes important as emergency services do not apply toward adult members' annual maximum benefit.

## Submitting PARs for EPSDT Dental Services for Children

Please be sure you are using the key word "EPSDT" in Box 35 on the 2006 ADA claim form when submitting a prior authorization request (PAR) for EPSDT dental services for members age 20 years and under who qualify with the criteria listed in the Office Reference Manual (ORM). This is important because PARs for EPSDT dental services for children are evaluated using different criteria.

## Children's Dental Services Rule – Implementation Update

The updated ORM (including the Exhibit A – Covered Services for Members under 21) will reflect the revised Dental Services for Children Rule, which went into effect November 30, 2014. All affected claims for dates of service of November 30, 2014 and later will be automatically processed.

## Messages from the Department

### Dental Program Benefits – Rules and Regulations Update

#### Adult Dental

The Department presents its revisions to the Adult Dental Services rule for the [Medical Services Board](#) (MSB) for

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initial reading at the hearing on February 13, 2015. The Department is updating this rule to add clarification based on additional stakeholder feedback that was provided during the drafting of the children's dental rule and from feedback that the Department has received from the dental provider community since the implementation of the new comprehensive adult dental benefit on July 1, 2014. Specifically, the rule will better define the amount, scope and duration of the benefit. The Department is only changing a few of the policies, mostly to increase access for adults (adding a few services previously missed) and to reduce burden on providers (removing unnecessary prior authorization requests) in the areas for which the Department has received a large volume of valid concerns from our dental provider network through the new dental administrative service organization (ASO). The Department is also correcting typos and other technical errors. The monthly Medical Services Board meeting is located in the 7<sup>th</sup> Floor Conference Room at 303 E. 17<sup>th</sup> Ave., Denver, 80203.

### **Children's Dental**

The revisions to the Children's Dental Rule that were approved by the [Medical Services Board](#) (MSB) on October 10, 2014 went into effect on November 30, 2014. The updated policies will be reflected in narrative and on the benefit tables in the upcoming version of the DentaQuest Office Reference Manual (ORM). The final version is available on the Code of Colorado Regulations website [here](#), scroll to section 8.202 "Dental Services for Children" on page 25 of the rule.

### **Orthodontia**

The Department has decided to push out the planned series of meetings as part of the Orthodontic Benefits Collaborative until later this spring to allow additional time for operational concerns to be resolved with its new dental administrative service organization (ASO) and the administration of the orthodontic benefit. The Department will reach out to the orthodontic provider community to ensure that adequate notice is given regarding the identification of suitable dates and meeting locations. The Department has not and will not be changing orthodontia policy prior to Medical Services Board (MSB) approval of the revisions that will be discussed through the collaborative process, as well as those items that have been previously discussed collaboratively with orthodontic stakeholders in the state. The rule making process will likely begin in summer 2015.

### **Healthcare Common Procedure Coding System (HCPCS) Procedure Code Updates for 2015 – Current Dental Terminology (CDT) Changes**

On January 1, 2015, Colorado Medicaid implemented the annual 2015 Healthcare Common Procedure Coding System (HCPCS) deletions, changes and additions effective for dates of service on or after January 1, 2015. The dental program is in the process of implementing the necessary changes. Please check the [DentaQuest Colorado Providers website](#) for announcements, related updated documents, and billing guidance in the coming weeks.

## Testimonial

*I am writing to you on behalf of Milnor Orthodontics in Fort Collins, Colorado. We wanted to express our appreciation for our northern Colorado representative, Lisa Larkin-Allen. She has made our transition from Colorado Medicaid and the ColoradoPAR Program to DentaQuest smooth and informative.*

*We have been very pleased with the transition and are happy with the change to DentaQuest! Lisa has also been very helpful answering questions and concerns with efficiency and professionalism. She has gone above and beyond!*

*Thank you again for keeping our office informed and having such wonderful provider relations!*

Allie, Milnor Orthodontics  
Dr. Laura D. Milnor, DDS, MS  
Fort Collins, CO

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