

# COLORADO MEDICAID BILLING REFERENCE

## Dental Services for Children



### Dental Providers <sup>1</sup>

#### Billing Ages 0-2

**D0145** Oral evaluation, counseling with primary caregiver of child < 3 **\$30.44**

**D1206** Topical Fluoride Varnish **\$16.02**

- ◆ Document formal [Caries Risk Assessment](#) in patient chart
- ◆ Reimbursable twice per year, two additional per year for high caries risk children

#### Billing Ages 3-4

**D0190** Dental Screening **\$15.91**

**D1206** Topical Fluoride Varnish **\$16.02**

- ◆ Document formal [Caries Risk Assessment](#) in patient chart
- ◆ Reimbursable twice per year, two additional per year for high caries risk children

#### Billing Ages 5-20

**D0190** Dental Screening **\$15.91**

**D1206** Topical Fluoride Varnish **\$16.02**

- ◆ Reimbursable a maximum three times, regardless of risk

#### High Caries Risk Documentation

- ◆ To submit a “High Risk” claim: write the words “HIGH RISK” followed by the qualifying criteria in the notes field in the Optional Information section of the claim entry screen on the DentaQuest Provider Portal

<sup>1</sup> 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.

