



Getting started in telehealth billing for Health First Colorado – Colorado’s Medicaid Program

Background: On May 6, 2015, Governor Hickenlooper signed [House Bill 15-1309 \(HB15-1309\) Protective Restorations by Dental Hygienists](#). The new law expands the dental hygienists’ Scope of Practice by allowing them to place interim therapeutic restorations under the supervision of a dentist after completing appropriate coursework and applying for and obtaining a permit from Colorado Dental Board (Board).

The following are the steps to complete the requirements to bill Medicaid for reimbursement for services provided using telehealth supervision.

Step 1: Dental hygienists must complete a course that complies with the standards developed, and rules adopted, pursuant to [section 12-35-128.3](#).

- The Community College of Denver (CCD) Dental Hygiene School, which is accredited by the Commission on Dental Accreditation (CODA), developed an 8-hour Interim Therapeutic Restorations (ITR) continuing education course with support from SMILES Dental Project®. Please visit their [website](#) for more information.

Step 2: Complete and submit the Application for Approval to Place Interim Therapeutic Restorations to DORA, [click here](#) for the application.

- a. The Application for Approval to Place Interim Therapeutic Restorations can be submitted either electronically or by mail.
- b. If submitting by mail, please download and fill out the application electronically first as you may miss some drop down boxes if you print and fill out by hand.
- c. Then print and provide necessary signatures and any accompanying documentation.
- d. Complete electronically and then print and send to the following address:

Division of Professions and Occupations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202

Step 3: RDH must be registered in interchange, and have an individual Medicaid PID and NPI number. Visit this [website](#) to start the process, if not already enrolled

Step 4: Once the above is completed, submit the following directly to Yvonne Castillo (instructions below):

- ✓ NPI Number
- ✓ Medicaid PID
- ✓ Proof of approved Interim Therapeutic Restorations Permit from DORA (pictured right)
- ✓ Notification of Supervising Dentist form, **page 4** in the Application for Approval to Place Interim Therapeutic Restorations (picture below)



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, 24-34-102 C.R.S.

Name	Public Address
[REDACTED]	[REDACTED]

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date
ITR.000 [REDACTED]	Original	Interim Therapeutic Restorations Permit	Active	05/17/2017	05/17/2017

What if a dental hygienist wants to bill for telehealth services but does not have an ITR permit issued yet?

- RDHs do not have to wait to submit the Notification of Supervising Dentist form.
- To bill for other telehealth services while waiting for the approved ITR permit, you must submit everything listed above except the approved Interim Therapeutic Restorations Permit from DORA.
- Submit all this to Yvonne Castillo at HCPF (instructions below).

NOTIFICATION OF SUPERVISING DENTIST				
This form is to be completed and sent to the Colorado Dental Board upon the formation of a supervisory relationship between a supervising dentist and a dental hygienist placing interim therapeutic restorations in conformance with Board Rule XXV.				
CHECK ONE:				
<input type="checkbox"/>	I am applying for an ITR permit			
<input type="checkbox"/>	I am informing you of a change of my supervising dentist, replacing Dr. _____			
<input type="checkbox"/>	I am informing you of additional supervising dentists (check if you are planning to perform interim therapeutic restorations under the supervision of more than one dentist).			
SECTION 1—To be completed by the Dental Hygienist				
Dental Hygienist Name: Last:	First:	Middle:	Suffix:	
Colorado License Number:				
Practice Address:		PO Box, Street:	City, State, Zip:	
Daytime Telephone Number:				
By my signature, I certify that I have reviewed Board Rule XXV regarding the Placement of Interim Therapeutic Restorations by Dental Hygienists. I understand that I must comply with this rule as well as the Dental Practice Act and all rules of the Colorado Dental Board when practicing as a dental hygienist and performing interim therapeutic restorations in Colorado.				
I understand that this supervisory relationship remains in effect until rescinded in writing to the Colorado Dental Board by either party. If rescinded, I further understand I may not place interim therapeutic restorations until the Board has been notified of a new supervising dentist.				
Signature of the Dental Hygienist				Date
SECTION 2—To be completed by the Supervising Dentist				
Dentist Name: Last:	First:	Middle:	Suffix:	
Colorado License Number:				
Practice Address:		PO Box, Street:	City, State, Zip:	

How to Submit Documentation

Submit all materials directly to Yvonne Castillo, via email yvonne.castillo@state.co.us or your DentaQuest Provider Relations Representative. Please use the email instructions below to assure your email is flagged and necessary steps taken to gain billing approval.

Email Subject Line: Interim Therapeutic Restorations Permit

Sample email text

I, {INSERT NAME}, am officially notifying you of intent to enroll as a teledentistry provider. Attached are the necessary documents and below you will find my NPI number and the NPI number of my supervising dentist(s).

{INSERT RDH NAME, Medicaid PID, and NPI #}

{INSERT DDS NAME, Medicaid PID, and NPI #}

(if more than one supervising dentist, please list them all)

For the Office Reference Manual from DentaQuest [click here](#).

Notification Process:

- Upon receipt of ITR approval from HCPF DentaQuest Provider Relations Representative will contact to provide notification to RDH that they have been approved. They will be able to answer any billing questions you may have.
- DQ will provide a monthly roster of approved ITR RDH’s to the dept. cc’ing AFL-Enterprise recipients.

How to Change/Add a Supervising Dentist

To change or add a supervising dentist you will need to notify DORA using the, [Notification of Supervising Dentist](#), form from the ITR application.

Please submit a copy of all materials directly to Yvonne Castillo, via email yvonne.castillo@state.co.us. Please use the email instructions below to assure your email is flagged and necessary steps taken to gain billing approval.

Email Subject Line: Interim Therapeutic Restorations Permit – Update to Supervising Dentist

Sample email text

I, {INSERT NAME}, am officially notifying you of a change in my supervising dentist for tele-dentistry. Attached is the necessary document and below you will find the NPI number of my new supervising dentist.

{INSERT DDS NAME, Medicaid PID, and NPI #}

(if adding more than one supervising dentist, please list them all)

DORA does **NOT** need to be notified if you are changing or adding a supervising dentist.

Please email or call with any questions or concerns. This is a new process and we want to make sure this is going smoothly for everyone!

- Yvonne Castillo, yvonne.castillo@state.co.us, 303-866-3667
- Allison Wheeler, allisonwheeler@afl-enterprises.com.

All ITR billing will be manual until further notice. In the future, a new Subspecialty will be created under Registered Dental Hygienist. RDH must upload approved Interim Therapeutic Restorations permit from DORA and the Notification of Supervising Dentist form to interchange.

NOTIFICATION OF SUPERVISING DENTIST			
This form is to be completed and sent to the Colorado Dental Board upon the formation of a supervisory relationship between a supervising dentist and a dental hygienist placing interim therapeutic restorations in compliance with Board Rule XXV.			
CHECK ONE:			
<input type="checkbox"/> I am applying for an ITR permit.			
<input type="checkbox"/> I am informing you of a change of my supervising dentist, replacing Dr. _____			
<input type="checkbox"/> I am informing you of additional supervising dentists (check if you are planning to perform interim therapeutic restorations under the supervision of more than one dentist).			
SECTION 1 – To be completed by the Dental Hygienist			
Dental Hygienist Name: Last	First	Middle	Suffix
Colorado License Number: _____			
Practice Address:		PO Box, Street	
		City, State, Zip	
Daytime Telephone Number: () _____			
By my signature, I certify that I have reviewed Board Rule XXV regarding the Placement of Interim Therapeutic Restorations by Dental Hygienists. I understand that I must comply with this rule as well as the Dental Practice Act and all rules of the Colorado Dental Board when practicing as a dental hygienist and performing interim therapeutic restorations in Colorado.			
I understand that this supervisory relationship remains in effect until rescinded in writing to the Colorado Dental Board by either party. If rescinded, I further understand I may not place interim therapeutic restorations until the Board has been notified of a new supervising dentist.			
Signature of the Dental Hygienist			Date
_____			_____
SECTION 2 – To be completed by the Supervising Dentist			
Dentist Name: Last	First	Middle	Suffix
Colorado License Number: _____			
Practice Address:		PO Box, Street	
		City, State, Zip	
Daytime Telephone Number: () _____			
By my signature, I certify that I have reviewed Board Rule XXV regarding the Placement of Interim Therapeutic Restorations by Dental Hygienists. I understand that I must comply with this rule as well as the Dental Practice Act and all rules of the Colorado Dental Board when practicing as a dentist and supervising licensed dental hygienists in Colorado.			
I understand that this supervisory relationship remains in effect until rescinded in writing to the Colorado Dental Board by either party.			
I understand that I may not be the supervising dentist of more than five dental hygienists who place interim therapeutic restorations under "telehealth supervision". I also understand that I must have a physical practice location in Colorado for purposes of patient referral for follow-up care if I supervise dental hygienists placing interim therapeutic restorations under "telehealth supervision."			
Signature of the Dentist			Date
_____			_____
ITR Permit-Dental Hygienist			
02/2017			