



COLORADO SUMMIT



Health First Colorado and CO CHP+ Dental Programs

Provider Updates

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IN THIS ISSUE

- Network Management Updates
- Provider Portal Claims and Authorization Tips
- Health First Colorado High-Risk Benefit
- Health First Colorado EPSDT Benefit
- Updated Denture Replacement Process
- Member Spotlight

Network Management Updates

Abe Chavez, who previously served as the Southeast Colorado Network Manager, has accepted a new role within the organization.

Davis Edge, who previously served as the Northeast Colorado and Central Metro Denver Network Manager, has departed from the organization.

Jennifer Labishak, formerly Senior Manager, has accepted a new national role within the organization.

We would like to thank Abe, Davis, and Jennifer for their contributions to the team and their dedication to supporting our network. We wish them all the best in their future endeavors.

FAQ

Q: My patient has other insurance. How do I know which insurance to bill first?

A: Health First Colorado is the payer of last resort.

Providers must verify eligibility and TPL in the HCPF portal and submit the primary carrier's EOB with the claim.

If the primary payment meets or exceeds the contracted rate, no additional payment will be made.



DentaQuest is currently finalizing candidate selections to fill these positions. In the meantime, Natalie Archuleta and Cristal Chavez will serve as the primary points of contact, as outlined below. Please refer to the CO Territory Map for their contact information.

- **Northeastern CO and Denver Metro**
 - Cristal: Denver, Adams, Arapahoe Counties
 - Natalie: Broomfield, Morgan, Washington, Logan, Sedgwick, Phillips, Yuma
- **Southeastern CO**
 - Cristal: El Paso, Teller, Huerfano, Costilla
 - Natalie: Douglas, Elbert, Lincoln, Kit Carson, Cheyenne, Pueblo, Crowley, Kiowa, Otero, Bent, Prowers, Las Animas, Baca

We appreciate your patience as we navigate increased provider volume. Please allow up to 48 hours for a response.

Provider Portal Claims and Authorization Tips

When submitting claims and authorizations via the provider portal, it is important to note:

1. Total billed amount cannot exceed \$1M
2. The number of service lines in combination with COB lines should not exceed 50
 - a. If there are more than 50 lines, we ask that you submit in multiple submissions

Services

Procedure Code*	Service Date*	Tooth*	Quad	Arch	Surface	Quantity*	Billed Amount*
1 D7210	01/08/2026				Select	1	
COB Payer*	Payment Date*	Paid Amount*					
None							

3. If the member has Other Coverage, when submitting a claim, please ensure that all lines contain COB Payer, Payment Date, and Paid Amount.
4. Paid Amount under COB Paid Amount cannot exceed \$1M for all lines combined
5. In the NOTES field, please verify when doing a copy/paste that there are no unrecognized characters.

Health First Colorado High-Risk Benefit

Health First Colorado dental plans offer more frequent access to specific services for members deemed "High Risk" for caries or periodontal disease.



All high-risk claims undergo Utilization Management review before processing. Providers must indicate **HIGH RISK** in box 35 of the ADA Claim form and document qualifying criteria in the Remarks section for the claim to be reviewed under high-risk criteria.

- High Risk for Caries criteria:
 - presents with demonstrable caries, has a history of restorative treatment, has a history of dental plaque, AND has a history of enamel demineralization,
 - OR
 - is a child member (age 0 through 20 years old) of mothers with a high caries rate, especially with untreated caries,
 - OR
 - is a child member (age 0 through 20 years old) who sleeps with a bottle containing anything other than water, or who breastfeed throughout the night (at-will nursing),
 - OR
 - is a child member (age 0 through 20 years old) who has special health needs
- High Risk for Periodontal Disease criteria:
 - History of periodontal scaling, root planing, or periodontal surgery
 - Diabetes or pregnancy
- Adult Topical Fluoride Treatment criteria:
 - Dry mouth history
 - Head/neck radiation history
 - High caries risk

Please review Section 8.07, *High Risk Criteria*, of the CO Medicaid Office Reference Manual for additional important information regarding the High-Risk Benefit.

Health First Colorado EPSDT Benefit

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit provides comprehensive and preventive health care for Health First Colorado members 20 years of age and under. EPSDT is key to ensuring that children and youth receive appropriate preventive, dental, mental health, developmental, and specialty services.

EPSDT allows for:

- Exceptions to the listed frequency limitations for covered benefits, and/or
- Coverage of services that do not appear as covered benefits in Exhibit A of the Provider Office Reference Manual (ORM).

Services requested under EPSDT are subject to medical-necessity review. Medical necessity is determined on a case-by-case basis. Providers must submit a detailed narrative along with any supporting documentation explaining the reason for the exception request.



Both providers and enrolled Health First Colorado members (parent/guardian) will be notified once a determination has been made.

For more information regarding the Early and Periodic Screening Diagnostic and Treatment (EPSDT) Program, please reference the Health First Colorado EPSDT Program [https://hcpf.colorado.gov/epsdtmanual\[hcpf.colorado.gov\]](https://hcpf.colorado.gov/epsdtmanual[hcpf.colorado.gov])

Updated Denture Replacement Process

Members may be eligible for a once-in-a-lifetime replacement of complete or partial dentures that are lost, stolen, or damaged beyond repair due to circumstances outside of their control. Immediate dentures are not eligible for this benefit.

For immediate denture replacements, providers should submit the equivalent complete denture code. For complete or partial removable dentures, submit the same CDT code previously rendered. Please reference the table below.

Prior authorization is required for all replacement requests.

To submit a request, include the keywords “denture replacement” in Box #35 of the ADA claim form. Requests will be routed to a dedicated review queue. The updated Denture Replacement process removes automatic prior authorization denials and eliminates the requirement to submit a Denture Form.

Effective for prior authorizations submitted on or before March 1, 2026.

Denture Type	CDT Code to Submit	CDT Codes	Prior-Auth Required
Immediate Denture	Immediate dentures do not qualify under the one-time lifetime replacement benefit. Providers must submit the equivalent complete denture CDT code applicable to the members' benefit.	D5130 D5140	Yes
Complete denture (non-immediate)	Exact complete denture code	D5110 D5120	Yes
Partial denture	Exact partial denture code	D5211 D5212 D5213 D5214 D5225 D5226	Yes



Member Spotlight – Charles’s Story



When her son, Charles, was diagnosed with Duchenne’s muscular dystrophy, Jessie, a long-time health and human services professional, found herself “on the other side of the table,” facing medical bills that reached thousands each month.

That’s when the family turned to Health First Colorado. Through [Children with Complex Health Needs Waiver](#), they received help with medical costs and in-home caregiver support—allowing Jessie to take on that role herself.

“It’s helped us turn the corner,” she says. “From ‘this is really hard’ to ‘we can do hard things.’”

Her son’s strength inspires the whole family. “He teaches us every day,” Jessie adds. “Without Health First Colorado, none of this would be possible.”

Health First Colorado members like Jessie and Charles want Coloradans to know that they may qualify for quality health care coverage.

[Watch Charles's Story](#) and learn how [Health First Colorado](#), Colorado’s Medicaid program, supports its members.

Training Sessions

Did you know DentaQuest holds monthly training sessions covering current events and common questions? Join our next session by following the instructions below!

For complete training details, [Click Here](#).

Date: Wednesday, April 15th

Time: 12:00 PM MST (1 hour)

Host: Natalie Archuleta

Call in: 1-339-666-3919

Meeting Number (access code): 680 118 069#

Meeting Link: [April 2026](#)

DentaQuest is Here to Help

Take advantage of special discounts we negotiated just for you. At DentaQuest, we greatly appreciate the positive impact our providers have on our members' oral health. To help you acquire the supplies you need for your practice, we have reached agreements with product vendors to offer special pricing to networked providers. It's just one more way you can count on us to deliver customized support.

<https://www.dentaquest.com/heretohelp>

DentaQuest Network Manager Information

Provider Contact Information

<p>Southwestern Colorado and FQHC Cristal Chavez 970.210.6250 Cristal.Chavez@dentaquest.com</p>	<p>Southeastern Colorado Open Position</p>	<p>Northeastern Colorado and Denver Metro Open Position</p>	<p>Northwestern Colorado Natalie Archuleta 303.241.5183 Natalie.Archuleta@dentaquest.com</p>
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Health First Colorado and CHP+ Provider Services
855-225-1731

Health First Colorado Member Services
855-225-1729

CHP+ Member Services
888-307-6561

DentaQuest Web Portal Log-in
provideraccess.dentaquest.com

Health First Colorado and CHP+ Authorization & Claim Requests Fax:
262-834-3589

Mailing Address:
DentaQuest - CO
PO Box 2906
Milwaukee, WI 53201-2906

Health First Colorado Credentialing
[Provider Contacts](#) | [Department of Health Care Policy and Financing](#)

CHP+ Credentialing
800-233-1468

Sr. Manager Provider Partner
Open position

Matthew Mouille
Director Provider Engagement (Interim Lead)
Matthew.Mouille@greatdentalplans.com

Network Managers can be reached Monday-Friday 8:00 am-5 pm MST