

BENEFITS SUMMARY

Dental services are a program benefit for enrolled Health First Colorado (Colorado's Medicaid Program) members of all ages. Visit <http://www.healthfirstcolorado.com> for more information about enrolling.

To find a dentist, please visit <http://www.dentaquest.com/members/> or call us toll free at 855-225-1729, TTY:711. It is your dentist's responsibility to assist you by confirming your eligibility for Health First Colorado dental benefits on the date of service.

Members can access their dental benefit information online through the DentaQuest Member Portal Page. Members can check dental benefits, check member maximums, download DentaQuest ID cards, find a dentist, or contact DentaQuest for assistance. Users must create or have an account to log in. Visit <https://memberaccess.dentaquest.com>

- Click "Ready to Register – Create an Account"
- Fill out Name, Email Address, Member ID and Date of Birth
- Your Member ID is your Health First Colorado Member ID

Coverage Type	Covered?	Health First Colorado will pay
Diagnostic and preventive services	Included	100% of all medically-necessary treatment
Restorative and other basic services	Included	100% of all medically-necessary treatment
Complex dental services	Included	100% of all medically-necessary treatment
Prosthetics (removable)	Included	100% of all medically-necessary treatment
Orthodontics (20 years and under)	Included	100% of all medically-necessary treatment for cases approved through Prior Authorization
Emergency dental care	Included	100% of all emergency services and treatment

Coverage Summary

Are child members subject to co-pays, a deductible, an out-of-pocket maximum, or an annual benefit limit?

No. The dental benefit does not have co-pays, deductibles, an out-of-pocket maximum or an annual benefit limit for child members ages 0 through 20 years.

What are the annual limits and maximums for child members?

Health First Colorado covers all medically-necessary dental treatments and services, as required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regulations and guidelines for child members from birth through age 20 years old. Per EPSDT guidelines, providers can request coverage for services beyond the normal frequencies and limitations through the prior authorization process and services will be provided if the criteria are met.

Do any benefit frequency or limitations apply in emergency situations? Is Prior Authorization needed in emergency situations?

No. If you have a dental emergency, call your dentist. If you are unable to reach your dentist go to the nearest Urgent Care Facility or Emergency Room.

Do I have out of network coverage?

No. In order to access your Health First Colorado dental benefit, you must see a Health First Colorado-enrolled provider.

*DentaQuest will help you find a dentist if you are away from home and not near your Health First Colorado dentist. Please call DentaQuest to help you find a dentist.

**Providers can enroll retroactively in the Health First Colorado Program if they provide treatment in an emergency situation. Providers, please call Provider Services Call Center at 1-844-235-2387, select option 2 and then option 5.*

You can reach DentaQuest Member Services at: 1-855-225-1729 (TTY:711), Monday – Friday between 7:30am – 5:00pm Mountain Standard Time or visit their website at www.DentaQuest.com

The information on this coverage summary should be used only as a guideline for your dental benefits plan. More detailed information about your Health First Colorado dental benefits is available at www.dentaquest.com/state-plans/regions/colorado. DentaQuest and Health First Colorado encourage participating providers to bill Members at or near the current Health First Colorado fee schedule rate.

Your Plan is administered by:
DSM USA Insurance Company, Inc.
www.dentaquest.com/state-plans/regions/Colorado
1-855-225-1729
11100 W. Liberty Drive
Milwaukee, WI 53224

Health First Colorado (Colorado's Medicaid Program) Children's Dental (Members ages 0 through 20 years)

Category/Procedure	Benefit Frequencies for Child Members*	Health First Colorado will pay
Diagnostic		
Periodic oral exam	Two per year; any combination of periodic or comp. oral exams is limited to 2 per year per provider or location	100% of all medically-necessary treatment
Comprehensive oral exam	Once every 3 years; any combination of periodic or comp. oral exams is limited to 2 per year per provider or location	100% of all medically-necessary treatment
Comprehensive periodontal exam (Members ages 15-20 years only)	Once every year; any combination of periodic or comp. oral exams is limited to 2 per year per provider or location	100% of all medically-necessary treatment
Limited oral exam: problem focused		100% of all medically-necessary treatment
Full mouth X-rays	Once every 5 years per provider or location	100% of all medically-necessary treatment
Vertical bitewing X-rays	Once every 5 years per provider or location	100% of all medically-necessary treatment
Panoramic X-rays	Once every 3 years per provider or location	100% of all medically-necessary treatment
Preventive		
Routine cleaning	Two per year; 4 per year for high-risk children*	100% of all medically-necessary treatment
Fluoride varnish or topical fluoride application	For children ages 0-4: Two per year; 4 per year for high-risk children.* For children ages 5-20 years: 3 per year	100% of all medically-necessary treatment
Sealants (Members ages 5-15 years only)	Two per lifetime per tooth	100% of all medically-necessary treatment
Space Maintainers (Members ages 0-14 years only)	Two per quadrant per lifetime	100% of all medically-necessary treatment
Restorative		
Silver fillings	Once every 3 years per surface per tooth	100% of all medically-necessary treatment
White fillings	Once every 3 years per surface per tooth	100% of all medically-necessary treatment
Stainless steel crowns	Once every 3 years	100% of all medically-necessary treatment
Protective restorations	Once per lifetime per tooth	100% of all medically-necessary treatment
Major Restorative		
Crowns (Members ages 16-20 years only)	Once every 7 years per tooth when teeth cannot be restored with fillings; third molars are not covered	100% of all medically-necessary treatment
Repair or replacement crowns	Only covered 7+ months after placement	100% of all medically-necessary treatment
Endodontics		
Pulpal debridement	Once per lifetime per tooth; permanent teeth only	100% of all medically-necessary treatment
Root canal treatment	Once per lifetime per tooth; third molars are not covered	100% of all medically-necessary treatment
Periodontics		
Full mouth debridement (Members ages 13-20 years only)	Once per 3 years	100% of all medically-necessary treatment
Periodontal maintenance	Two per year; 4 per year for high-risk children*	100% of all medically-necessary treatment
Scaling or root planing	Once every 3 years per quadrant	100% of all medically-necessary treatment
Periodontal surgery	Must meet periodontal clinical criteria	100% of all medically-necessary treatment
Prosthetics		
Complete or partial denture-removable	Once every 5 years; replacement allowed one time only	100% of all medically-necessary treatment
Immediate dentures	One per lifetime per arch	100% of all medically-necessary treatment
Rebase or relined denture	Once per 4 years; only covered 7+ months after replacement	100% of all medically-necessary treatment
Repair of denture	Two per year per denture	100% of all medically-necessary treatment
Oral Surgery		
Simple extractions	Once per lifetime per tooth	100% of all medically-necessary treatment
Surgical extractions	Once per lifetime per tooth	100% of all medically-necessary treatment
Orthodontics		
Orthodontia	Once per lifetime per patient	100% of all medically-necessary treatment
Anesthesia		
Deep sedation/general anesthesia	Allowed once per day with covered services only	100% of all medically-necessary treatment
Nitrous oxide	Allowed once per day with covered services only	100% of all medically-necessary treatment
IV-conscious sedation	Allowed once per day with covered services only	100% of all medically-necessary treatment
Non-IV-conscious sedation	Allowed once per day with covered services only	100% of all medically-necessary treatment
Professional Visits and Consultations		
Diagnostic consultation	Once per year per provider or location	100% of all medically-necessary treatment
House/extended-care facility call	Once per day per patient	100% of all medically-necessary treatment
Hospital or ambulance surgical center call	Covered for emergency services only	100% of all medically-necessary treatment

*High risk is determined by the dental provider using the clinical criteria located in the [DentaQuest Colorado Office Reference Manual for Providers](#) (revised 8/19/2019)