

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

The **adult dental benefit** is available to eligible adult Health First Colorado members (21 and over) and covers: Annual dental exams and cleanings, Diagnostic and restorative dental services (such as x-rays and fillings), and Extractions (tooth pulling).

Some procedures require Prior Authorization: Root canals, Crowns (caps), Partial dentures, Complete dentures, Periodontal scaling.

- Emergency services and dentures are not subject to the \$1,500 limit per state fiscal year.

Coverage Summary

Are there co-pays, a deductible, or an out-of-pocket maximum?

No. The dental benefit does not have co-pays, deductibles or an out-of-pocket maximum.

What are my annual limits and maximums?

For eligible and enrolled Health First Colorado adult Members age 21 years and over, the total benefits are limited to a maximum of \$1500 for each state fiscal year, which runs from July 1 – June 30. Partial and complete dentures are not subject to the annual benefit limit.

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 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) Adult Dental (Members age 21 and over)

Category/Procedure	Benefit Frequencies for Adult 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	100% up to \$1500 annual benefit limit
Comprehensive oral exam	Once every 3 years per provider or location; any combination of periodic or comp. oral exams is limited to 2 per year	100% up to \$1500 annual benefit limit
Comprehensive periodontal exam	Once every 3 years; any combination of periodic or comp. oral exams is limited to 2 per year	100% up to \$1500 annual benefit limit
Limited oral exam: problem focused	Two per year per provider or location	100% up to \$1500 annual benefit limit
Full mouth X-rays	Once every 5 years	100% up to \$1500 annual benefit limit
Vertical bitewing X-rays	Once every 5 years per provider or location	100% up to \$1500 annual benefit limit
Panoramic X-rays	Once every 5 years per provider or location	100% up to \$1500 annual benefit limit
Preventive		
Routine cleaning	Two per year; 4 per year for high-risk adults*	100% up to \$1500 annual benefit limit
Fluoride varnish or topical fluoride application	Two per year (available to high-risk adults only*)	100% up to \$1500 annual benefit limit
Restorative		
Silver fillings	Once every 3 years per surface per tooth	100% up to \$1500 annual benefit limit
White fillings	Once every 3 years per surface per tooth	100% up to \$1500 annual benefit limit
Stainless steel crowns	Once every 3 years; permanent teeth only	100% up to \$1500 annual benefit limit
Protective restorations	Once per lifetime per tooth	100% up to \$1500 annual benefit limit
Major Restorative		
Crowns	Once every 7 years per tooth when teeth cannot be restored with fillings; second molars must meet criteria related to supporting prosthetics; third molars are not covered	100% up to \$1500 annual benefit limit
Repair or replacement crowns	Only covered 7+ months after placement	100% up to \$1500 annual benefit limit
Endodontics		
Pulpal debridement	Once per lifetime per tooth; permanent teeth only	100% up to \$1500 annual benefit limit
Root canal treatment	Once per lifetime per tooth; second molars must meet criteria related to supporting prosthetics; third molars are not covered	100% up to \$1500 annual benefit limit
Periodontics		
Full mouth debridement	Once per 3 years	100% up to \$1500 annual benefit limit
Periodontal maintenance	Two per year; 4 per year for high-risk adults*	100% up to \$1500 annual benefit limit
Scaling or root planing	Once every 3 years per quadrant	100% up to \$1500 annual benefit limit
Periodontal surgery	Must meet periodontal clinical criteria	100% up to \$1500 annual benefit limit
Prosthetics		
Complete or partial denture-removable	Once every 7 years; replacement allowed one time only	100% of Health First Colorado fee schedule rate, not subject to annual benefit limit
Rebase or reline denture	Once per 4 years; only covered 7+ months after replacement	100% up to \$1500 annual benefit limit
Repair of denture	Two per year per denture	100% up to \$1500 annual benefit limit
Fixed partial denture ("bridge")	Not a covered benefit	Not a covered benefit
Implants	Not a covered benefit	Not a covered benefit
Oral Surgery		
Simple extractions	Once per lifetime per tooth	100% up to \$1500 annual benefit limit
Surgical extractions	Once per lifetime per tooth	100% up to \$1500 annual benefit limit
Orthodontics		
Orthodontia	Not a covered benefit	Not a covered benefit
Anesthesia		
Deep sedation/general anesthesia	Allowed once per day with covered services only	100% up to \$1500 annual benefit limit
IV-conscious sedation	Allowed once per day with covered services only	100% up to \$1500 annual benefit limit
Professional Visits and Consultations		
Diagnostic consultation	Once per year per provider or location	100% up to \$1500 annual benefit limit
House/extended-care facility call	Once per day per patient	100% up to \$1500 annual benefit limit
Hospital or ambulance surgical center call	Covered for emergency services only	100% up to \$1500 annual benefit limit

*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)