Health First Colorado (Colorado's Medicaid Program) Adult Dental (Members age 21 and over)

## **BENEFITS SUMMARY**

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

To find a dentist, please visit <a href="http://www.dentaquest.com/members/">http://www.dentaquest.com/members/</a> 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 <a href="https://memberaccess.dentaquest.com">https://memberaccess.dentaquest.com</a>

- · 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.

### 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?

For eligible and enrolled Health First Colorado adult Members age 21 years and over, there is no annual 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. 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 <a href="https://www.bentaQuest.com">www.bentaQuest.com</a>

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 <a href="https://www.dentaquest.com/state-plans/regions/colorado">www.dentaquest.com/state-plans/regions/colorado</a>. 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/stateplans/regions/Colorado
1-855-225-1729
11100 W. Liberty Drive
Milwaukee, WI 53224

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