

## Colorado Medicaid Adult Dental (Members age 21 and over)

# BENEFIT SUMMARY

DentaQuest is one of the most experienced dental administrative services organizations in the nation. We administer dental benefits on behalf of the Colorado Medicaid Dental Program at the Department of Health Care Policy and Financing. You can rely on our experience when it comes to your benefit management needs.

To find a dentist, please visit [www.dentaquest.com/state-plans/regions/colorado/memberpage](http://www.dentaquest.com/state-plans/regions/colorado/memberpage) 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 Medicaid dental benefits on the date of service.

You can receive more information about your benefits and the Colorado Medicaid Dental Program by visiting our website [www.dentaquest.com/state-plans/regions/colorado/memberpage](http://www.dentaquest.com/state-plans/regions/colorado/memberpage) and downloading the Colorado Member Handbook. It includes everything you need to know about how to find a dentist, your dental benefits, including how to use your benefits within your annual limits and how clinical criteria is met by your provider, how the claims and appeal processes work, and other helpful information.

Coverage Type	Covered?	Colorado Medicaid will pay
Diagnostic and preventive services	Included	100% up to \$1000 annual benefit limit
Restorative and other basic services	Included	100% up to \$1000 annual benefit limit
Complex dental services	Included	100% up to \$1000 annual benefit limit
Prosthetics (removable)	Included	100% of the Medicaid fee schedule rate, not subject to annual benefit limit
Orthodontics (21 years and older)	Not a benefit for adult Members	Not a benefit for adult Members
Emergency dental care	Included	100% and not subject to annual benefit limit

## 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 Medicaid adult Members age 21 years and over, the total benefits are limited to a maximum of \$1,000 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 my annual limits and maximums apply in emergency situations?

No. If you have a dental emergency, please call your Dental Home dentist first. If you can't reach the dentist, go to any hospital or urgent care or you can call 911. You can also call DentaQuest for help. You do not need approval to take care of a dental emergency.

### Do I have out of network coverage?

No. In order to access your Medicaid dental benefit, you must see a Medicaid-enrolled provider. \* DentaQuest will help you find a dentist if you are away from home and not near your Medicaid dentist. Please call DentaQuest to help you find a dentist.

*\*Providers can enroll retroactively in the Colorado Medicaid Program if they provide treatment in an emergency situation. Please contact DentaQuest Provider Services at 855-225-1731 for more information about the enrollment process.*

**You can reach DentaQuest's 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](http://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 Medicaid dental benefits is available at [www.dentaquest.com/state-plans/regions/colorado](http://www.dentaquest.com/state-plans/regions/colorado). If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than the Medicaid fee schedule rate. DentaQuest and Colorado Medicaid encourage participating providers to bill Members at or near the current Medicaid fee schedule rate.

**Your Plan is administered by:**  
**DSM USA Insurance Company, Inc.**  
**[www.dentaquest.com/state-plans/regions/colorado/](http://www.dentaquest.com/state-plans/regions/colorado/)**  
**855-225-1729**  
**12121 N. Corporate Parkway**  
**Mequon, WI 53092**

## Colorado Medicaid Adult Dental (Members age 21 and over)

Category/Procedure	Benefit Limits	Colorado Medicaid will pay
<b>Diagnostic</b>		
Periodic oral exam	Two per year; any combination of periodic or comp. oral exams are limited to two per year	100% up to \$1000 annual benefit limit
Comprehensive oral exam	Once every three years per provider or location; any combination of periodic or comp. oral exams are limited to two per year	100% up to \$1000 annual benefit limit
Comprehensive periodontal exam	Once every three years; any combination of periodic or comp. oral exams are limited to two per year	100% up to \$1000 annual benefit limit
Limited oral exam: problem focused	Two per year per provider or location	100% up to \$1000 annual benefit limit
Full mouth X-rays	Once every 5 years	100% up to \$1000 annual benefit limit
Vertical bitewing X-rays	Once every 5 years per provider or location	100% up to \$1000 annual benefit limit
Panoramic X-rays	Once every 5 years per provider or location	100% up to \$1000 annual benefit limit
<b>Preventive</b>		
Routine cleaning	Two per year; four per year for high risk adults*	100% up to \$1000 annual benefit limit
Fluoride varnish or topical fluoride application	Two per year (available to high risk adults only*)	100% up to \$1000 annual benefit limit
<b>Restorative</b>		
Silver fillings	Once every 3 years per surface per tooth	100% up to \$1000 annual benefit limit
White fillings	Once every 3 years per surface per tooth	100% up to \$1000 annual benefit limit
Stainless steel crowns	Once every 3 years; permanent teeth only	100% up to \$1000 annual benefit limit
Protective restorations	Once per lifetime per tooth	100% up to \$1000 annual benefit limit
<b>Major Restorative</b>		
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 \$1000 annual benefit limit
Repair or recement crowns	Only covered 7+ months after placement	100% up to \$1000 annual benefit limit
<b>Endodontics</b>		
Pulpal debridement	Once per lifetime per tooth; permanent teeth only	100% up to \$1000 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 \$1000 annual benefit limit
<b>Periodontics</b>		
Full mouth debridement	Once per 3 years	100% up to \$1000 annual benefit limit
Periodontal maintenance	Two per year; four per year for high risk adults*	100% up to \$1000 annual benefit limit
Scaling and root planing	Once every 3 years per quadrant	100% up to \$1000 annual benefit limit
Periodontal surgery	Must meet periodontal clinical criteria	100% up to \$1000 annual benefit limit
<b>Prosthetics</b>		
Complete or partial denture – removable	Once every 7 years; replacement allowed one-time only	100% of the Medicaid fee schedule rate, not subject to annual benefit limit
Rebase or reline denture	Once per 4 years; only covered 7+ months after placement	100% up to \$1000 annual benefit limit
Repair of denture	As needed	100% up to \$1000 annual benefit limit
Fixed partial denture (“bridge”)	Not a covered benefit	Not a covered benefit
Implants	Not a covered benefit	Not a covered benefit
<b>Oral Surgery</b>		
Simple extractions	Once per lifetime per tooth	100% up to \$1000 annual benefit limit
Surgical extractions	Once per lifetime per tooth	100% up to \$1000 annual benefit limit
<b>Orthodontics</b>		
Orthodontia	Not a covered benefit	Not a covered benefit
<b>Anesthesia</b>		
Deep sedation/ general anesthesia	Allowed once per day with covered services only	100% up to \$1000 annual benefit limit
IV conscious sedation	Allowed once per day with covered services only	100% up to \$1000 annual benefit limit
<b>Professional Visits and Consultations</b>		
Diagnostic consultation	Once per year per provider or location	100% up to \$1000 annual benefit limit
House/extended care facility call	Once per day per patient	100% up to \$1000 annual benefit limit
Hospital or ambulatory surgical center call	Covered for emergency services only	100% up to \$1000 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](#).