

HCBS for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) Waivers

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 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 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 annual state plan and waiver benefit limits
Restorative and other basic services	Included	100% up to annual state plan and waiver benefit limits
Complex dental services	Included	100% up to annual state plan and waiver benefit limits
Prosthetics (removable and fixed)	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 limits

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 state plan benefit is 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 state plan benefit limit. In addition to the State Plan adult benefit, adult waiver participant members age 21 and over may receive up to \$2,000 in basic/preventative dental benefits per individualized service plan year and have access to additional services through the waivers. DIDD adult waiver participant members may also receive up to \$10,000 in major dental benefits over the 5-year span of the waivers (July 1, 2014- June 30, 2019).

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.

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. 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/
855-225-1729
12121 N. Corporate Parkway
Mequon, WI 53092**

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Category/Procedure	Benefit Limits	Colorado Medicaid will pay
Diagnostic		
Periodic oral exam	Four per year per patient	100% up to annual state plan and waiver benefit limits
Comprehensive oral exam	Once every two years; any combination of periodic or comp. oral exams are limited to four per year	100% up to annual state plan and waiver benefit limits
Comprehensive periodontal exam	Once per year; any combination of periodic or comp. oral exams are limited to four per year	100% up to annual state plan and waiver benefit limits
Limited oral exam: problem focused	Four per year per patient	100% up to annual state plan and waiver benefit limits
Full mouth X-rays	Once per year per location	100% up to annual state plan and waiver benefit limits
Vertical bitewing X-rays	Once per year per location	100% up to annual state plan and waiver benefit limits
Panoramic X-rays	Once per year per location	100% up to annual state plan and waiver benefit limits
Preventive		
Routine cleaning	Four per year per patient	100% up to annual state plan and waiver benefit limits
Fluoride varnish or topical fluoride application	Four per year per patient	100% up to annual state plan and waiver benefit limits
Restorative		
Silver fillings	Once per year per surface per tooth	100% up to annual state plan and waiver benefit limits
White fillings	Once per year per surface per tooth	100% up to annual state plan and waiver benefit limits
Stainless steel crowns	Once per year per surface per tooth; permanent teeth only	100% up to annual state plan and waiver benefit limits
Protective restorations	Once per lifetime per tooth	100% up to annual state plan and waiver benefit limits
Major Restorative		
Crowns	Once per every 5 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 annual state plan and waiver benefit limits
Repair or re cement crowns	Once per year; only covered 7+ months after placement	100% up to annual state plan and waiver benefit limits
Endodontics		
Pulpal debridement	Once per year; permanent teeth only	100% up to annual state plan and waiver benefit limits
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 annual state plan and waiver benefit limits
Periodontics		
Full mouth debridement	Once per year per patient	100% up to annual state plan and waiver benefit limits
Periodontal maintenance	Four per year per patient	100% up to annual state plan and waiver benefit limits
Scaling and root planing	Once per year per patient per quadrant	100% up to annual state plan and waiver benefit limits
Periodontal surgery	Must meet periodontal clinical criteria	100% up to annual state plan and waiver benefit limits
Prosthetics		
Complete or partial denture – removable	Once every 7 years; replacement allowed as needed	100% of the Medicaid fee schedule rate, not subject to annual benefit limit
Rebase or reline denture	Only covered 7+ months after placement	100% up to annual state plan and waiver benefit limits
Repair of denture	As needed	100% up to annual state plan and waiver benefit limits
Fixed partial denture (“bridges”)	Once per 5 years per patient	100% up to annual state plan and waiver benefit limits
Implants (only to support “bridges & dentures”)	Once per 5 years per patient per tooth	100% up to annual state plan and waiver benefit limits
Oral Surgery		
Simple extractions	Once per lifetime per tooth	100% up to annual state plan and waiver benefit limits
Surgical extractions	Once per lifetime per tooth	100% up to annual state plan and waiver benefit limits
Orthodontics		
Orthodontia	Not a covered benefit	Not a covered benefit
Miscellaneous Services		
Occlusal guard (i.e., “mouth guard”)	Once per year	100% up to annual state plan and waiver benefit limits
Repair and/or reline of occlusal guard	Once per year	100% up to annual state plan and waiver benefit limits
Professional Visits and Consultations		
House/extended care facility call	Once per day per patient	100% up to annual state plan and waiver benefit limits
Hospital or ambulatory surgical center call	Once per day per patient	100% up to annual state plan and waiver benefit limits

*All clinical criteria is located in the [DentaQuest Colorado Office Reference Manual for Providers](#).