



COLORADO

Department of Health Care
Policy & Financing

HCBS-DD and HCBS-SLS Waiver Dental Benefits: Case Managers & Service Providers

July 2018

Health First Colorado Dental Benefits

Members participating in the Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers are eligible for Health First Colorado dental services. They are also eligible for additional dental benefits:

- Waiver members age 20 or younger may receive additional benefits through Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Waiver members age 21 or older may receive additional dental benefits through their waiver if their dental needs are not met by Health First Colorado services

Health First Colorado dental benefits include:

- Basic preventive dental exams and cleanings
- Diagnostic and restorative dental services (such as x-rays and fillings)
- Extractions (tooth pulling)
- Root canals
- Crowns
- Partial dentures*
- Complete dentures*
- Periodontal scaling
- Root planing
- Other procedures requiring prior authorization

There is a \$1,000 cap per fiscal year for the dental benefits all Health First Colorado members age 21 or older receive.

* Partial and complete dentures are not subject to the \$1,000 cap per year.

Our mission is to improve health care access and outcomes for the people we serve
while demonstrating sound stewardship of financial resources.
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Waiver Dental Services for Those 21 Years or Older

The Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers include extended dental services for waiver members 21 years or older.

Waiver dental services are provided only when needed dental services are not available through Health First Colorado or private insurance.

Covered dental services are for medically appropriate diagnostic and preventative care to abate tooth decay and restore dental health. Services include preventative, basic, and major services.

Preventative and Basic services are limited to \$2,000 per Service Plan year and include:

- Dental insurance premiums and co-pays/co-insurance
- Periodic examination and diagnosis
- Radiographs when indicated
- Non-intravenous sedation
- Basic and deep cleanings
- Mouth guards
- Topical fluoride treatment
- Retention or recovery of space between teeth when indicated
- Fillings
- Root canals
- Denture realigning or repairs
- Repairs/re-cementing crowns and bridges
- Non-emergency extractions including simple, surgical, full and partial
- Treatment of injuries
- Restoration or recovery of decayed or fractured teeth



Major services are limited to \$10,000 for the five (5) year renewal period of the waiver and include:

- Implants when necessary to support a dental bridge for the replacement of multiple missing teeth or when necessary to increase the stability of dentures, crowns, bridges, and dentures. The cost of implants is only reimbursable with prior approval in accordance with Operating Agency procedures.
- Crowns
- Bridges
- Dentures

Limitations

- General limitations to dental services (i.e. frequency) will follow the Department guidelines using industry standards and are limited to the most cost-effective and efficient means to alleviate or rectify an individual's dental issues.
- Implants limitations:
 - Subsequent implants are not a covered service when prior implants fail
 - Full mouth implants and/or full mouth crowns are not covered
 - Implants are not a covered service for participants who smoke daily due to substantiated increased rate of implant failures for chronic smokers
- Services not covered under waiver dental services include, but are not limited to: orthodontia, emergency extractions, intravenous sedation, general anesthesia and hospital fees, and cosmetic dentistry (as aesthetic treatments to improve the appearance of the teeth and/or smile (e.g. whitening, contouring, veneers).

Waiver Dental Services Management

The Department contracts with DentaQuest as the Administrative Service Organization to manage Health First Colorado, HCBS-DD, and HCBS-SLS waiver dental services.

All claims for HCBS-DD and HCBS-SLS waiver dental services must be submitted to DentaQuest, meet clinical criteria, and may be required to have prior authorization or pre-payment review. Dental providers may access the Office Reference Manual and fee schedule to determine clinical criteria, prior authorization, or pre-payment Review requirements at www.DentaQuest.com.



DentaQuest manages both Health First Colorado and HCBS-DD and HCBS-SLS waiver dental benefits, with the following exceptions:

- HCBS-DD or HCBS-SLS waiver dental services provided through a Federally Qualified Health Center (FQHC) are submitted to the Community Centered Board (CCB). The CCB will process the claim as the Organized Health Care Delivery System (OHCD).
- Dental insurance premiums and co-pays/co-insurance claims are also submitted to the CCB. The CCB will process the claim as the OHCD.

Dental Providers

Dental providers must be enrolled Health First Colorado providers and affiliated with DentaQuest.

- Members who do not already have a dentist or need help finding one may contact DentaQuest customer service:
 - 1-855-225-1729, State Relay: 711 for callers with hearing or speech disabilities, Monday-Friday 7:30 a.m. – 5:00 p.m. Mountain Time
 - www.DentaQuest.com

Billing

Dental providers with questions about a denied claim may contact DentaQuest Provider services at 855-225-1731, State Relay: 711 for callers with hearing or speech disabilities, Monday-Friday 7:30 a.m. – 5:00 p.m. Mountain Time, or contact their DentaQuest provider representative.

Dental providers may not bill members for dental services covered by either Health First Colorado or the HCBS-DD or HCBS-SLS waivers. Health First Colorado members never have to pay more than their co-pay, if they have one. For more information, please visit the Department's website at:

colorado.gov/hcpf/policy-statement-billing-medicaid-members-services

