

## **Your dental benefits summary**

### Health First Colorado children dental

You have dental benefits through DentaQuest, a partner of Health First Colorado (Colorado's Medicaid program). All Health First Colorado members, including children aged 0 to 20 years, have dental benefits.

You can find general information about your coverage, including what is covered, below:

### About your coverage

#### **Are there co-pays, a deductible, an out-of-pocket maximum or an annual benefit limit?**

No. The dental benefit does not have co-pays, deductibles, an out-of-pocket maximum or an annual benefit limit for child members aged 0 through 20 years.

#### **What are my annual limits and maximums?**

Some services have limits, but Health First Colorado covers all necessary dental treatments and services, as required by Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regulations and guidelines for children. This means that dental providers can ask Health First Colorado to approve treatments and appointments beyond what is listed under "Coverage type summary". For example, children can have comprehensive exams more than once every three years if their dental provider thinks they are necessary and shows Health First Colorado why they are needed.

#### **Are there any benefit limits in emergency situations? Is Prior Authorization needed in emergency situations?**

No. There are no limits on how often you can use your benefits in emergency situations. Prior authorization is not needed in emergency situations. If you have a dental emergency, call your dental provider. If you can't reach your dental provider, go to the nearest emergency room.

#### **Do I have out-of-network coverage?**

No, you do not have out-of-network coverage. Health First Colorado only covers Health First Colorado-enrolled providers. Please call DentaQuest to help you find a dental provider.

## Coverage type summary

Coverage Type	Covered?	Health First Colorado will pay
Diagnostic and preventive services	Included	100% of all medically-necessary treatment
Restorative and other basic services	Included	100% of all medically-necessary treatment
Complex dental services	Included	100% of all medically-necessary treatment
Prosthetics (removable)	Included	100% of all medically-necessary treatment
Orthodontics (20 years and under)	Included	100% of all medically-necessary treatment for cases approved through Prior Authorization
Emergency dental care	Included	100% of all emergency services and treatment

## Service summary

Category/Procedure	Benefit Frequencies for Child Members	Health First Colorado will pay
<b>Diagnostic</b>		
Periodic oral exam	Two per year per provider or location	100% of all medically-necessary treatment
Comprehensive oral exam	Once every 3 years per provider or location	100% of all medically-necessary treatment
Comprehensive periodontal exam (Members ages 15-20 years only)	Once every year per year per provider or location	100% of all medically-necessary treatment
Limited oral exam: problem focused	2 per year per provider or location	100% of all medically-necessary treatment
Full mouth X-rays	Once every 5 years per provider or location	100% of all medically-necessary treatment
Vertical bitewing X-rays	Once every 5 years per provider or location	100% of all medically-necessary treatment
Panoramic X-rays	Once every 3 years per provider or location	100% of all medically-necessary treatment
<b>Preventive</b>		
Routine cleaning	Two per year	100% of all medically-necessary treatment
Fluoride varnish or topical fluoride application	For children ages 0-4: Two per year; For children ages 5-20 years: 3 per year	100% of all medically-necessary treatment
Sealants (Members ages 5-15 years only)	Two per lifetime per tooth	100% of all medically-necessary treatment
Space Maintainers (Members ages 0-14 years only)	Two per lifetime	100% of all medically-necessary treatment

<b>Restorative</b>		
Silver fillings	Once every 3 years per surface per tooth	100% of all medically-necessary treatment
White fillings	Once every 3 years per surface per tooth	100% of all medically-necessary treatment
Stainless steel crowns	Once every 3 years	100% of all medically-necessary treatment
Protective restorations	Once per lifetime per tooth	100% of all medically-necessary treatment
<b>Major Restorative</b>		
Crowns (Members ages 16-20 years only)	Once every 7 years per tooth; third molars are not covered	100% of all medically-necessary treatment
Recement crowns	Only covered 7+ months after placement	100% of all medically-necessary treatment
<b>Endodontics</b>		
Pulpal debridement	Once per lifetime per tooth	100% of all medically-necessary treatment
Root canal treatment	Once per lifetime per tooth; third molars are not covered	100% of all medically-necessary treatment
<b>Periodontics</b>		
Full mouth debridement (Members ages 13-20 years only)	Once per 3 years	100% of all medically-necessary treatment
Periodontal maintenance	Two per year	100% of all medically-necessary treatment
Scaling or root planing	Once every 3 years per quadrant	100% of all medically-necessary treatment
Periodontal surgery	Must meet periodontal clinical criteria	100% of all medically-necessary treatment
<b>Prosthetics</b>		
Complete or partial denture-removable	Once every 5 years	100% of all medically-necessary treatment
Immediate dentures	One per lifetime per arch	100% of all medically-necessary treatment
Rebase or reline denture	Once per 4 years; only covered 7+ months after placement	100% of all medically-necessary treatment
Repair of denture	Once per year per denture	100% of all medically-necessary treatment
<b>Oral Surgery</b>		
Simple extractions	Once per lifetime per tooth	100% of all medically-necessary treatment
Surgical extractions	Once per lifetime per tooth	100% of all medically-necessary treatment

<b>Orthodontics</b>		
Orthodontia		100% of all medically-necessary treatment
<b>Anesthesia</b>		
Deep sedation/general anesthesia	Allowed once per day with covered services only	100% of all medically-necessary treatment
Nitrous oxide	Allowed once per day with covered services only	100% of all medically-necessary treatment
IV-conscious sedation	Allowed once per day with covered services only	100% of all medically-necessary treatment
Non-IV-conscious sedation	Allowed once per day with covered services only	100% of all medically-necessary treatment
<b>Professional Visits and Consultations</b>		
Diagnostic consultation	Once per year per provider or location	100% of all medically-necessary treatment
House/extended-care facility call	Once per day per patient	100% of all medically-necessary treatment
Hospital or ambulatory surgical center call	Covered for emergency services only	100% of all medically-necessary treatment

## To find a dental provider and benefit information

To find a dental provider, visit [Dentaquest.com/find-a-dentist](https://dentaquest.com/find-a-dentist) or call us at 855-225-1729 (State Relay: 711).

Members can access their dental benefit information online through the DentaQuest Member Portal Page at [memberaccess.dentaquest.com](https://memberaccess.dentaquest.com). The member portal has DentaQuest ID cards, a “find a dentist” tool, and contact information. Users must have an account to log in.

## To join Health First Colorado

Visit [healthfirstcolorado.com](https://healthfirstcolorado.com) or call 1-800-221-3943 (State Relay: 711) to learn more about joining.

## Questions?

Call DentaQuest at 1-855-225-1729 (State Relay:711), Monday–Friday between 7:30 am – 5:00 pm Mountain Time, or visit our website at [www.DentaQuest.com](https://www.DentaQuest.com)