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Colorado Dental Health Analysis

Summary of Findings

July 2025

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About

Oral health is a vital part of overall well-being—impacting everything from nutrition and speech to chronic disease and quality of life. This interactive dashboard, developed in partnership with the Colorado Dental Association, provides a clear picture of dental care in Colorado using commercial claims data from 2022 to 2024 from the Colorado All Payer Claims Database (CO APCD).

Explore trends in utilization, costs, and demographics using detailed CDT (Current Dental Terminology) codes. The dashboard also breaks down the cost of care by charge amount, allowed amount, out-of-pocket costs, and insurance payments, giving a full view of how dental services are paid for and delivered. Whether you're a provider, policymaker, or advocate, this tool offers valuable insights to support better decision-making and promote equitable, affordable access to dental care across Colorado.

Summary of Findings

Between 2022 and 2024, overall use of dental services in Colorado remained relatively stable, showing little change in the number of people accessing care each year. However, this apparent steadiness masks growing disparities in access between different geographic populations. During this period, the gap in dental care utilization between people living in urban and rural areas widened, indicating that rural communities are falling further behind when it comes to receiving necessary oral health services.

By 2024, several rural populations stood out for having particularly low rates of dental service use. Rural males accessed dental care at a rate of just 59 per 1,000 people. Utilization was even lower among rural adults ages 18 to 34, with only 42 per 1,000 receiving care. The lowest rate was observed among rural residents identifying as Native Hawaiian or Pacific Islander, with only 32 per 1,000 people accessing dental services.

Cost also emerged as a significant barrier, especially for older Coloradans. Adults aged 65 and older experienced the highest average annual dental expenditures of any age group, spending an average of \$375 per person per year. This figure suggests that older adults may be managing more complex oral health needs or facing fewer coverage options, both of which can increase financial strain. These findings highlight the need to address both access and affordability to ensure equitable dental care across the state, especially for rural and aging populations.

Key Data Findings

IN 2024:

- 1.6 million dental services delivered statewide

Colorado Dental Health Analysis



- \$485 million in total spending
- Utilization rate: 78 services per 1,000 people
- Average annual cost: \$285 per person

UTILIZATION TREND

- From 2022 to 2024, overall dental service utilization remained relatively stable.

COST & UTILIZATION

The most frequently performed dental procedure across all visits was D0120: Periodic Oral Evaluation – Established Patient, indicating consistent use of routine check-ups.

The procedures with the highest average per person per year cost were:

D2740: Crown – Porcelain/Ceramic

D1110: Adult Dental Cleaning

D0120: Periodic Oral Evaluation – Established Patient

DEMOGRAPHIC

- Sex: Across all years and geographies, males consistently had lower dental care utilization rates (per 1,000 people) compared to females.
- Race and Ethnicity: Utilization was lowest among individuals identifying as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Two or More Races, highlighting persistent disparities in access.
- Age Group: Adults aged 18–34 had the lowest dental care utilization compared to other age categories, suggesting potential barriers to care among younger adults.

Top Three Dental Services by Average Payment

The data highlights a concentration of high-cost dental procedures related to implants and prosthetics, particularly among older adults and those with full tooth loss. D6010 (implant placement) appears across all cost measures, indicating both its widespread use and significant financial burden on patients and insurers alike. Procedures like D6113 and D6066 also show high allowed amounts, suggesting growing reliance on implant-supported dentures and crowns. While insurers cover substantial portions of complex procedures like sinus augmentation (D7951) and gum grafts (D4276), patients still face high out-of-pocket costs—especially for implants and related prosthetics.

This pattern underscores ongoing challenges in dental affordability and access, particularly for services that are restorative rather than preventive. The data suggests a need to explore coverage models that reduce patient burden while supporting necessary long-term oral health outcomes.

Colorado Dental Health Analysis



Top Three Dental Procedures by Average Payment			
Category	CDT Code	Description	Average Payment
By Allowed Amount	D6010	Surgical placement of implant body: endosteal implant	\$1,617
	D6113	Implant/abutment supported removable denture for completely edentulous arch – maxillary	\$1,227
	D6066	Implant supported porcelain crown (single)	\$1,165
By Patient Only	D6010	Surgical placement of implant body: endosteal implant	\$839
	D6112	Implant/abutment supported removable denture for completely edentulous arch – mandibular	\$652
	D6113	Implant/abutment supported removable denture for completely edentulous arch – maxillary	\$635
By Health Plan Only	D7951	Sinus augmentation with bone or bone substitutes	\$906
	D4276	Combined connective tissue and double pedicle graft	\$817
	D5110	Complete denture – maxillary	\$804
By Charged Amount	D5865	Overdenture – maxillary	\$2,977
	D7951	Sinus augmentation with bone or bone substitutes	\$2,552
	D6010	Surgical placement of implant body: endosteal implant	\$2,495

Colorado Dental Health Analysis



Rural and Urban Disparities by Common Dental Services

Across several commonly billed dental procedures, rural areas in Colorado consistently show higher per-service average allowed amounts than their urban counterparts. For preventive care like adult cleanings (D1110), rural providers received an average of \$84 per service—8% more than in urban settings. This trend continues for more complex treatments: D2740 (porcelain crown) costs 6% more per procedure in rural regions, and D3310 (root canal) averages \$620 per service in rural areas compared to \$582 in urban ones. Even basic fillings (D2140–D2160) reflect this rural pricing gap, with rural allowed amounts ranging from \$9 to \$17 higher than urban rates per filling.

The variation may reflect differences in provider availability, operational costs, or reimbursement structures in rural communities. This pattern highlights the need to consider geography when evaluating dental costs and access across Colorado.

CDT Code	Procedure	Region	Avg Allowed Amount
D1110	Adult dental cleaning	Rural	\$84
		Urban	\$78
		Statewide	\$78
D2740	Porcelain crown (tooth-colored cap)	Rural	\$916
		Urban	\$861
		Statewide	\$864
D3310	Root canal on front tooth	Rural	\$620
		Urban	\$582
		Statewide	\$585
D2140	One-surface filling (silver)	Rural	\$112
		Urban	\$103
		Statewide	\$104
D2150	Two-surface filling (silver)	Rural	\$140
		Urban	\$129
		Statewide	\$130
D2160	Three-surface filling (silver)	Rural	\$169
		Urban	\$152
		Statewide	\$153

Colorado Dental Health Analysis



Race/Ethnicity and Dental Cost and Utilization

Between 2022 and 2024, White individuals consistently had the highest dental care utilization and annual spending per person, with 96 visits per 1,000 people and an average cost per person per year (PPPY) of \$349 in 2024. In contrast, American Indian or Alaska Native populations showed the lowest utilization in 2024 (52 per 1,000) and among the lowest annual costs (\$220 PPPY), highlighting persistent disparities in access and care delivery.

Across nearly all racial and ethnic groups, both utilization and spending declined from 2023 to 2024, reversing modest gains seen from 2022 to 2023. Notably, Asian individuals saw a drop-in utilization from 90 to 78 per 1,000, and a corresponding decrease in average PPPY cost from \$367 to \$302. These patterns suggest a need to examine potential barriers to sustained dental access—particularly for historically underserved populations—and to ensure care remains equitable and preventive services are maintained statewide.