

1 **431 DENTAL/ORAL HEALTH SERVICES FOR EPSDT ELIGIBLE**
2 **MEMBERS**
3

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7 REFERENCES: 42 U.S.C. 1396d(a), 9 A.A.C. 22, Article 2; A.R.S. §36.-551,
8 A.R.S. § 14-5101; AMPM 431 Attachment B, AMPM Policy 430 Attachment A,
9 AMPM Policy 431 Attachment A

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12 **PURPOSE**
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14 This policy establishes AdSS requirements for dental/oral health care for
15 mMembers under 21 years of age who are eligible for Early and Periodic
16 Screening, Diagnostic, and Treatment (EPSDT) services.
17

18 **DEFINITIONS**

- 19 1. "Dental Home" means the ongoing relationship between the
20 dentist and the mMember, inclusive of all aspects of oral
21 healthcare delivered in a comprehensive, continuously
22 accessible, coordinated, and family-centered way. The Dental
23 Home should be established no later than 12 months of age to
24 help children and their families institute a lifetime of good oral
25 health. A dDental hHome addresses anticipatory guidance and

26 preventive, acute, and comprehensive oral health care and
27 includes referral to dental specialists when appropriate.
28 [American Academy of Pediatric Dentistry (AAPD)].

29 2. "Dental Provider" means an individual licensed as specified in
30 A.R.S. Title 32, Chapter 11, whose scope of practice allows the
31 individual to:

32 a. Independently engage in the practice of dentistry as
33 specified in A.R.S. § 32-1202,

34 b. A dentist as specified in A.R.S. § 32-1201,

35 c. A dental therapist as specified in A.R.S. § 32-1201,

36 d. A dental hygienist as specified in A.R.S. § 32-1201, or

37 e. An affiliated practice dental hygienist as specified in
38 A.R.S. § 32-1201.

39 2.3. "Early and Periodic Screening, Diagnostic and Treatment" or

40 "EPSDT)" means a comprehensive child health program of

41 prevention, treatment, correction, and improvement of physical

42 and behavioral health conditions for AHCCCS members under the

43 age of 21. EPSDT services include screening services, vision

44 services, dental services, hearing services and all other medically
45 necessary mandatory and optional services listed in Federal Law
46 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical
47 and mental illnesses and conditions identified in an EPSDT
48 screening whether or not the services are covered under the
49 AHCCCS State Plan. Limitations and exclusions, other than the
50 requirement for medical necessity and cost effectiveness, do not
51 apply to EPSDT services.

52 4. "Informed Consent" means an agreement to receive physical or
53 behavioral health services following the presentation of facts
54 necessary to form the basis of an intelligent consent by the
55 Member or Responsible Person with no minimization of known
56 dangers of any procedures.

57 5. "Medically Necessary" means a covered service provided by a
58 physician or other licensed practitioner of the health arts within
59 the scope of practice under State law to prevent disease,
60 disability or other adverse conditions or their progression, or to
61 prolong life as specified in A.A.C. R9-22-101.

- 62 6. "Member" means the same as "Client" as defined in A.R.S. § 36-
63 551.
- 64 7. "Primary Care Provider" or "PCP" means an individual who meets
65 the requirements as specified in A.R.S. § 36-2901, and who is
66 responsible for the management of the Member's health care. A
67 PCP may be a physician defined as an individual licensed as an
68 allopathic or osteopathic physician as specified in A.R.S. Title 32,
69 Chapter 13 or Chapter 17, or a practitioner defined as a
70 physician assistant licensed as specified in A.R.S. Title 32,
71 Chapter 25, or a certified nurse practitioner licensed as specified
72 in A.R.S. Title 32, Chapter 15, or a naturopathic physician for
73 AHCCCS Members under the age of 21 receiving EPSDT services.
74 The PCP shall be an individual, not a group or association of
75 individuals, such as a clinic.
- 76 8. "Provider" means a person, institution, or group engaged in the
77 delivery of services, or ordering and referring those services,
78 who has an agreement with AHCCCS to provide services to
79 AHCCCS Members.

80 9. "Referral" means a verbal, written, telephonic, electronic, or in-
81 person request for health services.

82 3.10. "Responsible Person" means the parent or guardian of a minor
83 with a developmental disability, the guardian of an adult with a
84 developmental disability or an adult with a developmental
85 disability who is a client or an applicant for whom no guardian
86 has been appointed as defined in A.R.S. §36.-551.

87 11. "Screening" means the regularly scheduled examinations and
88 evaluations of the general physical and behavioral health,
89 growth, development, and nutritional status of infants, children,
90 and adolescents, and the identification of those in need of more
91 definitive evaluation. For the purpose of the AHCCCS EPSDT
92 program, sScreening and diagnosis are not synonymous.

93 4.12. "Treatment Plan" means a written plan of services and
94 therapeutic interventions based on a complete assessment of a
95 Member's developmental and health status, strengths and needs
96 that are designed and periodically updated by the multi-
97 specialty, interdisciplinary team.

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99 **POLICY**

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~~This policy applies to Division members under 21 years of age who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. An oral health screening shall be part of an EPSDT screening conducted by a primary care provider (PCP). As part of the physical examination, the physician, physician's assistant, or nurse practitioner shall perform an oral health screening. A screening is intended to identify gross dental or oral lesions, but it is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. The oral health screening does not substitute for examination through direct referral to a dental provider. PCPs shall refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental/oral health care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral shall be documented on the EPSDT Tracking Form as specified in AMPM Policy 430, Attachment E and in the member's medical record.~~

118 ~~Depending on the results of the oral health screening, a referral to a~~
119 ~~dental provider shall be made as specified in Contract:~~
120
121 ~~Urgent: As expeditiously as the member's health condition requires,~~
122 ~~but no later than 3 days of request~~
123
124 ~~Routine: Within 45 calendar days of request~~
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126 ~~PCPs who have completed the AHCCCS required training, may be~~
127 ~~reimbursed for fluoride varnish applications completed at the EPSDT~~
128 ~~visits for members as early as 6 months of age with at least one tooth~~
129 ~~eruption. Additional applications occurring every 6 months during an~~
130 ~~EPSDT visit, up until the member's second birthday, may be~~
131 ~~reimbursed according to AHCCCS approved fee schedules. Application~~
132 ~~of fluoride varnish by the PCP does not take the place of a dental/oral~~
133 ~~health visit.~~

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135 ~~AHCCCS-recommended training for fluoride varnish application is~~
136 ~~located on the Smiles for Life oral health website,~~
137 ~~<https://www.smilesforlifeoralhealth.org/>. Refer to the website for~~
138 ~~training that covers caries risk assessment, fluoride varnish, and~~
139 ~~counseling. Upon completion of the required training, providers shall~~
140 ~~submit a copy of their certificate to each of the Division's health plans~~
141 ~~in which they participate, as this is required prior to issuing payment~~
142 ~~for PCP-applied fluoride varnish.~~

143
144 ~~This certificate may be used in the credentialing process to verify~~
145 ~~completion of training necessary for reimbursement.~~

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147 ~~Additional training resources may be found on the Arizona Department~~
148 ~~of Health Services (ADHS) website.~~

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150 **A. GENERAL REQUIREMENTS**

151 1. The AdSS shall require an oral health Screening to be conducted
152 by a PCP as part of an EPSDT Screening.

- 153 2. The AdSS shall require oral health Screenings as part of the
154 physical examination are performed by a:
- 155 a. Physician,
 - 156 b. Physician's assistant, or
 - 157 c. Nurse practitioner.
- 158 3. The AdSS shall require PCPs to refer EPSDT Members for
159 appropriate services based on needs identified through the
160 Screening process and for routine oral health care based on the
161 AHCCCS EPSDT Periodicity Schedule.
- 162 4. The AdSS shall require the Referral be documented on the
163 EPSDT Clinical Sample Template as specified in AMPM Policy 430,
164 Attachment E and in the Member's medical record.
- 165 5. The AdSS shall require one of the following Referrals to a dental
166 Provider to be made depending on the results of the oral health
167 screening:
- 168 a. Urgent Referrals as expeditiously as the Member's health
169 condition requires, but no later than three days of request;
170 or

- 171 b. Routine referrals within 45 calendar days of request.
- 172 6. The AdSS shall reimburse PCPs who have completed the
- 173 AHCCCS-required training for fluoride varnish applications
- 174 completed at the EPSDT visits for Members as early as six
- 175 months of age with at least one tooth eruption.
- 176 7. The AdSS shall reimburse PCPs according to AHCCCS-approved
- 177 fee schedules for additional fluoride applications occurring every
- 178 three months during an EPSDT visit until the Member's fifth
- 179 birthday.
- 180 8. The AdSS shall not permit the application of fluoride varnish by
- 181 the PCP to take the place of an oral health visit.
- 182 9. The AdSS shall require providers to submit a copy of their
- 183 certificate upon completion of the required training prior to
- 184 payment being issued for PCP-applied fluoride varnish.

185 **A.B. DENTAL HOME**~~Dental Home~~

- 186
- 187 1. The AdSS shall require the Dental Home ~~shall~~ provides:
- 188

- 189 a. Comprehensive oral health care including acute care and
190 preventive services in accordance with AMPM 431
191 Attachment A;
192 b. Comprehensive assessment for oral diseases and
193 conditions;
194 c. Individualized preventive dental/oral health program based
195 upon a caries-risk assessment and a periodontal disease
196 risk assessment;
197 d. Anticipatory guidance about the following growth and
198 development issues: ~~(e.g.,~~
199 i. Teething,
200 ii. Digit,
201 iii. Pacifier habits, or).
202 ~~d.e. Similar issues.~~
203 e.f. A Plan for acute dental/oral trauma;
204 f.g. Information about proper care of the child's teeth and
205 gingivae, including the prevention, diagnosis, and
206 treatment of disease of the supporting and surrounding

207 tissues and the maintenance of health, function, and
208 esthetics of those structures and tissues;~~i.~~
209 ~~g.h.~~ Dietary counseling; ~~and~~
210 ~~i.~~ Referrals to dental specialists when care cannot directly be
211 provided within the Dental Home.

212 ~~2. The AdSS shall require Members to be assigned a Dental Home~~
213 ~~by six months of age or upon enrollment~~ and seen by a dentist
214 for routine preventative care according to the AMPM -431
215 Attachment A. ~~The Dental Home helps children and their families~~
216 ~~institute a lifetime of good oral health. A Dental Home addresses~~
217 ~~anticipatory guidance and preventive, acute, and comprehensive~~
218 ~~oral health care and includes referral to dental specialists when~~
219 ~~appropriate. [American Academy of Pediatric Dentistry (AAPD)].~~

220 ~~2.3. The AdSS shall require Providers to refer Members~~ ~~are shall be~~
221 ~~referred for who have with identified~~ additional oral health care
222 concerns ~~for requiring additional~~ evaluation ~~and/or~~ treatment.

223 ~~4. The AdSS shall inform PCPs to refer EPSDT Members for a~~
224 ~~dental/oral health assessment at an earlier age, if their oral~~

225 health screening reveals potential carious lesions or other
226 conditions requiring assessment or treatment by a dental
227 professional.

228 3-5. The AdSS shall inform EPSDT Members that they are allowed to
229 self-refer to a dentist who is included in the AdSS provider
230 network.

231
232 ~~The AHCCCS Dental Periodicity Schedule (AMPM Policy 431 Attachment~~
233 ~~A) identifies when routine referrals begin, however, PCPs may refer~~
234 ~~EPSDT members for a dental/oral health assessment at an earlier age,~~
235 ~~if their oral health screening reveals potential carious lesions or other~~
236 ~~conditions requiring assessment and/or treatment by a dental~~
237 ~~professional. In addition to PCP referrals, EPSDT members are allowed~~
238 ~~self-referral to a dentist who is included in the Administrative Services~~
239 ~~Subcontractor's (AdSS') provider network.~~

240 **C. COVERED SERVICES** ~~Covered Services~~

241 1. **The AdSS shall cover** ~~EPSDT covers~~ the following dental/oral
242 health services:

- 243 a. Emergency dental/oral services including:
- 244 i. Treatment for pain, infection, swelling ~~and/or injury~~;
- 245 ~~ii.~~ Extraction of:
- 246 ~~a) sSymptomatic (including pain), infected, and~~
- 247 ~~non-restorable primary and permanent teeth,~~
- 248 ~~and~~
- 249 ~~ii.b) Retained and symptomatic primary teeth.~~
- 250 ~~with. (extractions are limited to teeth which~~
- 251 ~~are symptomatic)~~
- 252 iii. General anesthesia, conscious sedation, or anxiolysis
- 253 ~~sedation where Members respond normally to verbal~~
- 254 ~~commands (minimal sedation; members respond~~
- 255 ~~normally to verbal commands), when local~~
- 256 ~~anesthesia is contraindicated or when management~~
- 257 ~~of the ~~m~~Member requires it, see as specified in~~
- 258 ~~AMPMAAdSS Medical Policy 4300.17.1. regarding~~
- 259 ~~conscious sedation.)~~

- 260 b. Preventive dental/oral health services provided as specified
261 in AMPM Policy 431, Attachment A: ~~including but not~~
262 ~~limited to:~~
- 263 i. Diagnostic services including the following
264 comprehensive and periodic examinations:
- 265 a) ~~All AdSS shall allow 2~~Two oral examinations,
266 and ~~two~~2 oral prophylaxis and fluoride
267 treatments per ~~m~~Member per year ~~(one every~~
268 ~~6 months)~~ for ~~m~~Members ~~up to 12 months to~~
269 ~~21 years of age:~~
- 270 b) Fluoride varnish four times a year for Members
271 up to five years of age; and
- 272 a) ~~c)~~ Additional examinations or treatments shall be
273 deemed ~~m~~Medically ~~n~~Necessary through the
274 AdSS' Prior Authorization process.
- 275 ii. Radiology services sScreening for diagnosis of dental
276 abnormalities and/or pathology, including:
- 277 a) pPanoramic or full-mouth x-rays:

- 278 b) Supplemental bitewing x-rays and
- 279 c) Occlusal or periapical films, as Medically
- 280 Necessary and following the
- 281 recommendations by the American Academy of
- 282 Pediatric Dentistry.
- 283 iii. ~~EPSDT covers~~ Panorex films as recommended by
- 284 the American Academy of Pediatric Dentistry, up to
- 285 three 3 times maximum per provider for children
- 286 between the ages of three3 to 20. Further panorex
- 287 films needed above this limit shall be deemed
- 288 Medically Necessary through the AdSS' PA
- 289 process.
- 290 e.iv. The following Preventive services, which include:
- 291 a) Oral prophylaxis performed by a dentist or
- 292 dental hygienist that includes self-care oral
- 293 hygiene instructions to Member, if able, or to
- 294 the Responsible Person.

- 295 b) Application of topical fluorides and fluoride
296 varnish with the exception of a prophylaxis
297 paste containing fluoride or fluoride mouth
298 rinses;-
- 299 c) ~~The use of a prophylaxis paste containing~~
300 ~~fluoride or fluoride mouth rinses do not meet~~
301 ~~the AHCCCS standard for fluoride treatment.~~
302 Dental sealants for first and second molars are
303 covered twice per first or second molar, per
304 Provider or location, allowing for three years
305 intervention between applications up to 15
306 years of age which includes the ADHS school-
307 based dental sealant program and the
308 participating providers;
- 309 d) Additional applications deemed medically
310 necessary and require prior authorization (PA);
311 and

312 a)e) Space maintainers when posterior primary
313 teeth are lost and when deemed Medically
314 Necessary through the AdSS PA process.

315 iv.v. Dental sealants for first and second molars are
316 covered twice per first or second molar, per
317 provider/location, allowing for 3 years intervention
318 between application up to 15 years of age. This
319 includes the ADHS school based dental sealant
320 program (www.azdhs.gov) and the participating
321 providers.

322 Additional applications shall be deemed medically
323 necessary and require PA through the AdSS.

324 iv. Space maintainers when posterior primary teeth are
325 lost and when deemed medically necessary through
326 the AdSS' PA process.

327 3-c. All of the following, although potentially subject to a PA as
328 specified in the AdSS Dental Provider Manuals, when they
329 are considered Medically Necessary and cost effective: All

330 ~~of the following therapeutic dental/oral health services,~~
331 ~~when they are considered medically necessary and cost~~
332 ~~effective, but they may be subject to PA by the AdSS as~~
333 ~~specified in AdSS Dental Provider Manual #1. These~~
334 ~~services include, but are not limited to:~~

335 ~~a.vii.~~ _____ Periodontal procedures, scaling, ~~and~~ root planning,
336 curettage, gingivectomy, and osseous surgery;
337 ~~b.viii.~~ _____ Crowns;
338 ~~_____ When appropriate, stainless steel crowns~~
339 ~~are may be used for both primary and~~
340 ~~permanent posterior teeth when appropriate;~~

341 ~~a) _____ Composite, prefabricated stainless steel~~
342 ~~crowns with a resin window or crowns with~~
343 ~~esthetic coatings should be used for anterior~~
344 ~~primary teeth; or~~

345 ~~b)a) _____ Precious or cast semi-precious crowns may be~~
346 ~~used on functional permanent endodontically~~

- 347 ~~treated teeth, except third molars, for~~
348 ~~mMembers who are 18 to 21 years of age.~~
- 349 iii. Endodontic services including pulp therapy for
350 permanent and primary teeth, except third molars
351 (unless a third molar is functioning in place of a
352 missing molar);~~;~~
- 353 ~~ix.~~ Restoration of carious permanent and primary teeth
354 with accepted dental materials other than cast or
355 porcelain restorations unless the member is 18 to 21
356 years of age and has had endodontic treatment;~~;~~
- 357 ~~iv.~~ Restorations of anterior teeth for children under the
358 age of ~~five~~5, when ~~m~~Medically ~~n~~Necessary;~~;~~
- 359 ~~iv.v.~~ ~~Extraction for~~ ~~€~~children ~~five~~5 years and over, with
360 primary anterior tooth decay, ~~should be considered~~
361 ~~for extraction~~, if presenting with pain or severely
362 broken-down tooth structure, or be considered for
363 observation until the point of exfoliation as
364 determined by the ~~d~~Dental ~~p~~Provider;~~;~~

365 ~~e.x.~~ Removable dental prosthetics, including complete
366 dentures and removable partial dentures when
367 medically necessary~~:-~~

368 xi. Orthodontic services and orthognathic surgery, ~~only~~
369 when these services are ~~m~~Medically ~~n~~Necessary to
370 treat a handicapping malocclusion. ~~Services shall be~~
371 ~~medically necessary~~ and determined to be the
372 primary treatment of choice or an essential part of
373 an overall ~~t~~Treatment ~~p~~Plan developed by both the
374 PCP and the dentist in consultation with each other.

375 ~~Orthodontic services are not covered when the~~
376 ~~primary purpose is cosmetic.~~

377 ~~e.xii.~~ ~~Examples of c~~Conditions that may require the
378 following orthodontic treatment ~~include the~~
379 ~~following~~:
380 a) Congenital craniofacial or dentofacial
381 malformations requiring reconstructive surgical
382 correction in addition to orthodontic services~~:-~~

- 383 b) Trauma requiring surgical treatment in addition
384 to orthodontic services;
385 c) Skeletal discrepancy involving maxillary ~~and/or~~
386 mandibular structures; or
387 d) Other severe orthodontic malformations that
388 meet PA criteria.
- 389 2. The AdSS shall not cover Sservices or items furnished solely for
390 cosmetic purposes. ~~are excluded from Division and AHCCCS~~
391 ~~coverage (A.A.C. R9-22-215).~~

392 **D. PROVIDER REQUIREMENTS** ~~Provider Requirements~~

- 393 1. The AdSS shall require that Dental/dental/oral health services
394 are ~~to be~~ provided by AHCCCS-registered dental ~~p~~Providers.
- 395 ~~a.2. Informed consent is a process by which the dental provider~~
396 ~~advises the member/responsible person of the diagnosis,~~
397 ~~proposed treatment, and alternate treatment methods, with~~
398 ~~associated risks and benefits of each and the associated risks~~
399 ~~and benefits of not receiving treatment.~~

- 400 2. The AdSS shall require a written ~~I~~Informed ~~e~~Consents for oral
401 health treatment shall include: A written consent for examination
402 and/or any preventative treatment measure, ~~excluding~~
403 irreversible or invasive procedure which does not include an
404 irreversible procedure, as mentioned below (this consent is
405 completed at the time of initial examination and is updated at
406 each subsequent ~~six~~6 month follow-up appointment.) and
407 3. The AdSS shall require A separate written consent is completed
408 for any irreversible ~~or,~~ invasive procedure, ~~including but not~~
409 limited to dental fillings, pulpotomy.
410 4. The AdSS shall require Providers ~~In addition, both parties shall~~
411 ~~review and sign a written ~~t~~Treatment ~~p~~Plan, as described below,~~
412 ~~with the ~~m~~Member/~~or~~ ~~r~~Responsible ~~p~~Person receiving a copy of~~
413 ~~the complete ~~t~~Treatment ~~p~~Plan.~~
414 5. The AdSS shall require Aall providers ~~shall~~ complete the
415 appropriate informed econsents and treatment plans for
416 Division members ~~as listed above~~, in order to provide quality

417 and consistent care in a manner that protects and is easily
418 understood by the ~~m~~Member ~~or~~ ~~f~~Responsible ~~p~~Person.
419 6. The AdSS shall require Cconsents and ~~t~~Treatment ~~p~~Plans to
420 ~~be~~shall be in writing, ~~and~~ signed and ~~/~~dated by both the
421 ~~p~~Provider and the ~~M~~member ~~or~~ ~~f~~Responsible ~~p~~Person, if:
422 a. tThe ~~m~~Member is under 18 years of age, ~~or~~
423 b. The Member is 18 years of age or older and considered an
424 incapacitated person (~~as defined in A.R.S. § 14-5101~~).
425 1.7. The AdSS shall require PProviders ~~shall~~ maintain completed
426 consents and ~~t~~Treatment ~~p~~Plans in the ~~m~~Member's chart, ~~and~~
427 ~~these charts are~~ which are subject to audit.

428 **D.E. AdSS REQUIREMENTSRequirements**

- 429 1. The AdSS shall:
- 430 a. Conduct annual outreach efforts to ~~m~~Members receiving
431 oral health care through school-based or mobile unit
432 ~~p~~Providers (~~in or out of network~~), to:
- 433 i. Ensure ~~m~~Members are aware of their Dental Home
434 ~~p~~Provider and contact information; and

- 435 ii. Let ~~m~~Members know when school-based or mobile
436 unit ~~p~~Providers are not accessible, they can receive
437 ongoing-access to care through the Dental Home
438 ~~p~~Provider.
- 439 a. Conduct the following written ~~m~~Member educational
440 outreach topics at least once every 12 months, addressed
441 separately or combined into one written outreach material;
442 however, each topic shall be covered during the 12-month
443 period, as specified in AMPM Chapter 400, Exhibit 400-3:
444 related to:
- 445 i. Dental Home,
446 ii. Importance of oral health care,
447 iii. Dental decay prevention measures,
448 iv. Recommended dental periodicity schedule, and
- 449 b. ~~o~~Other AdSS-selected topics at least once every 12
450 months. These topics may be addressed separately or
451 combined into 1 written outreach material; however, each

- 452 ~~topic shall be covered during the 12-month period, see~~
453 ~~AMPM Chapter 400, Exhibit 400-3.~~
- 454 c. Educate ~~p~~P~~r~~oviders in the importance of offering
455 continuously accessible, coordinated, family-centered care.
- 456 d. Develop processes to:
- 457 ~~v. _____~~ Ensure ~~m~~M~~e~~mbers are enrolled into a Dental Home
458 by ~~six months~~~~1 year~~ of age, to allow for an ongoing
459 relationship providing comprehensive oral health
460 care; ~~This process shall~~
- 461 ~~vi. _____~~ ~~a~~Allow ~~m~~M~~e~~mbers the choice of ~~d~~D~~e~~ntal ~~p~~P~~r~~oviders
462 from within the AdSS' ~~p~~P~~r~~ovider network and
463 provides ~~m~~M~~e~~mbers with instructions on how to
464 select or change a Dental Home ~~p~~P~~r~~ovider; ~~;~~
- 465 i. ~~Automatically assign a Provider to the Members if~~
466 ~~the Member does~~ not selecting a Dental Home
467 ~~p~~P~~r~~ovider. ~~will be automatically assigned a provider~~
468 ~~by the AdSS.~~

- 469 vii. Connect all ~~m~~Members to a Dental Home before
470 one~~1~~ year of age or upon assignment to the AdSS:¹⁷
- 471 viii. ~~Inform~~informing ~~m~~Members of selected or assigned
472 Dental Home ~~p~~Provider contact information and
473 recommended dental visit schedule:¹⁷
- 474 ii. Monitor ~~M~~member participation with the Dental
475 Home and provide outreach to ~~m~~Members who have
476 not completed visits as specified in AMPM 431
477 Attachment A:¹⁷
- 478 ix. ~~Develop, implement, and maintain a procedure to~~
479 ~~n~~Notify all ~~m~~Members or ~~f~~Responsible ~~p~~Person of
480 visits as specified in AMPM 431 Policy Attachment A
481 and AMPM 430 Attachment A. ~~Processes other than~~
482 ~~mailings shall be pre-approved by the Division. This~~
483 ~~procedure shall include~~
- 484 iii. ~~n~~Notification to m the ~~M~~Members or ~~f~~Responsible
485 ~~p~~Person regarding due dates of biannual ~~(once every~~
486 ~~6 months)~~ dental visits and sending a second notice

- 487 ~~if a dental visit has not taken place. . If a dental visit~~
488 ~~has not taken place,~~ a second notice shall be sent.
- 489 iv. Monitor ~~p~~Provider engagement related to scheduling
490 and follow-up of missed appointments~~,~~ to ensure
491 care consistent with AMPM Policy 431 Attachment A
492 for assigned EPSDT ~~m~~Members.
- 493 e. Develop and implement processes to reduce no-show
494 appointment rates for ~~D~~dental/oral health ~~S~~services~~;~~.
- 495 f. Provide targeted outreach to those ~~m~~Members who did not
496 show for appointments~~;~~.
- 497 g. ~~The AdSS shall e~~Encourage all dental/oral health
498 ~~p~~Providers to schedule the next dental/oral health
499 ~~s~~Screening at the current office visit, particularly for
500 children 24 months of age and younger~~;~~.
- 501 b. Advise ~~m~~Members about:
- 502 i. ~~h~~How to obtain medically necessary transportation,
503 as specified in AMPM Policy 310-BB, including

- 504 ii. ~~s~~Scheduling appointments to obtain EPSDT services,
505 and ~~a that there is-~~
- 506 h. ~~n~~No copayment or other charge for EPSDT Screening and
507 resultant services. ~~as specified in this policy.~~
- 508 i. Require the use of AMPM Policy 431 Attachment A by all
509 contracted dental/oral health ~~p~~Providers. ~~AMPM Policy 431~~
510 ~~Attachment A gives providers necessary information~~
511 ~~regarding timeframes in which age-related required~~
512 ~~screenings and services shall be rendered by providers.~~
- 513 c. Adhere to the Dental Uniform Prior Authorization List (List)
514 as ~~specified on the agreed upon by the AdSS. Refer to the~~
515 AHCCCS website under Resources: Guides-Manuals-
516 Policies ~~and:-~~
- 517 i. ~~Submit A~~all requests for changes to the List ~~shall be~~
518 ~~submitted~~ to the AHCCCS Division of Health Care
519 Services (DHCSM) designated Operations and
520 Compliance Officer for review; ~~and-~~

- 521 i. ~~Requests shall include~~ supporting documentation
522 and rationale for ~~requests to the proposed~~ changes
523 ~~to the List.~~
- 524 k. Adhere to the Dental Uniform Warranty List as specified on
525 ~~the agreed upon by the AdSS. Refer to the~~ AHCCCS
526 website under Resources-Guides-Manuals-Policies and:-
- 527 i. Submit Aall requests for changes to the list ~~shall be~~
528 ~~submitted~~ to the AHCCCS DHCS~~M~~ designated
529 Operations and Compliance Officer for review; and-
- 530 ii. ~~Requests shall include~~ supporting documentation
531 and rationale for ~~request to the proposed~~ changes to
532 the List.
- 533 ii. The AdSS shall provide Oral Health Care Member
534 Outreach as outlined in AMPM Exhibit 400-3.

535 **E.F. AdSS REQUIREMENTS FOR THE DENTAL ANNUAL PLAN**

536 **Requirements for the Dental Annual Plan**

- 537 1. The~~Each~~ AdSS shall have a written Dental Annual Plan that:

- 538 a. Addresses minimum requirements as specified in this
539 policy;~~;~~
- 540 b. Addresses the objectives of the AdSS' program that are
541 focused on achieving Division and AHCCCS requirements;~~;~~
542 and;
- 543 c. Incorporate monitoring and evaluation activities for these
544 minimum requirements as outlined in AMPM 431 –
545 Attachment B.
- 546 2. The AdSS shall submit the Dental Annual Plan no later than July
547 31st to the Division's Dental Director through the Compliance
548 Unit for review and approval.
- 549 3. The AdSS shall require the following is contained in the written
550 Dental Annual Plan; ~~shall contain, at a minimum, the following:~~
- 551 a. Dental Narrative Plan that includes: –
- 552 i. A written narrative description of all planned dental
553 activities to address the AdSS' minimum
554 requirements for ~~D~~dental/oral health ~~S~~services, as
555 specified in this policy; and. ~~The~~

556 ~~ii.~~ ii. A narrative description ~~of shall also include~~ the AdSS
557 activities to identify ~~m~~Member needs and
558 coordination of care; ~~and, as well as~~
559 ~~a.b.~~ fFollow-up activities to ensure appropriate treatment is
560 received in a timely manner.
561 ~~b.c.~~ b.c. Dental Work Plan Evaluation ~~An evaluation~~ of the
562 previous year's Work Plan to determine the effectiveness
563 of strategies, interventions, and activities used toward
564 meeting stated objectives; ~~i.~~
565 ~~e.d.~~ e.d. Dental Work Plan that includes:
566 ~~Specific measurable objectives~~ ~~These objectives shall~~
567 ~~be~~ based on AHCCCS established Performance
568 Measure Performance Standards (PMPS) as adopted
569 by the Division; ~~In cases where the PMPS have been~~
570 ~~met, other generally accepted benchmarks that~~
571 ~~continue the AdSS' improvement efforts will be used~~
572 ~~(e.g., National Committee on Quality Assurance,~~

- 573 ~~Healthy People 2020 standards). The AdSS shall also~~
574 ~~develop its own~~
575 i. ~~s~~~~pecific measurable goals and objectives aimed at~~
576 ~~enhancing the Dental Program when the PMPS have~~
577 ~~been met; and.~~
578 iii. Strategies and specific measurable interventions to
579 accomplish the following objectives: ~~(e.g.,~~
580 a) Member outreach,
581 b) Provider education, and
582 a)c) Provider compliance with mandatory
583 components of the Dental Program).
584 d. Targeted implementation and completion dates of work
585 plan activities;
586 e. Assigned local staff position(s) responsible and accountable
587 for meeting each established goal and objective;
588 f. Identification and implementation of new interventions,
589 continuation of or modification to existing interventions,

590 based on analysis of the previous year's Work Plan

591 Evaluation; ~~and~~.

592 g. Relevant policies and procedures, referenced in the Dental
593 Annual Plan, submitted as separate attachments.

594 **F. AFFILIATED PRACTICE DENTAL HYGIENIST ~~Affiliated Practice~~**

595 **~~Dental Hygienist~~**

596 ~~In addition to the requirements specified in A.R.S. §§ 32-1281 and~~
597 ~~321289, the Division requires the following:~~

598 1. The AdSS shall require the following in addition to the
599 requirements as specified in A.R.S. §§ 32-1281 and 32-1289:

600 1.2. Both the dental hygienist and the dentist in the affiliated practice
601 relationship ~~are~~ shall be registered AHCCCS ~~providers;~~

602 a. The affiliated practice dental hygienist ~~shall maintain~~
603 individual patient records of the following for Division
604 ~~m~~Members in accordance with the Arizona State Dental
605 Practice Act; ~~At a minimum this shall include~~

606 i. ~~m~~Member identification, ~~the~~

607 ii. ~~r~~Responsible ~~p~~Person identification,

- 608 iii. ~~s~~Signed authorization (~~parental consent~~) for
- 609 services,
- 610 iv. ~~p~~Patient medical history, and
- 611 2.3. dDocumentation of services rendered.
- 612 c. The affiliated practice dental hygienist ~~shall~~ registers with
- 613 AHCCCS and ~~is~~ shall be identified as the treating ~~p~~P provider
- 614 under his or her individual AHCCCS ~~p~~P provider identification
- 615 number or / National Provider Identification (NPI) number.
- 616 ~~In addition, if the services are to be billed to an AdSS,~~
- 617 d. ~~t~~The affiliated practice dental hygienist and the dentist
- 618 with whom he or she is affiliated ~~is~~ shall be a credentialed
- 619 network ~~p~~P provider of the AdSS if the services are to be
- 620 billed to an AdSS;:-
- 621 e. The affiliated practice dental hygienist ~~is~~ shall be identified
- 622 as the treating ~~p~~P provider under their individual AHCCCS
- 623 ~~p~~P provider identification number or / NPI number when
- 624 practicing under an affiliated practice agreement;:- ~~When~~

625 ~~not working under an affiliated practice agreement, no~~
626 ~~registration with AHCCCS is necessary.~~

627 f. The affiliated practice dental hygienist will only be
628 reimbursed for providing services in accordance with:

629 i. ~~s~~State statute and regulations;
630 ii. ~~AHCCCS/Division~~ policy; ~~and~~
631 iii. ~~p~~Provider agreement; ~~and their~~
632 iv. ~~a~~Affiliated practice agreement.

633 g. ~~Affiliated practice dental hygienists provide documentation~~
634 ~~of the affiliation practice agreement with an AHCCCS~~
635 ~~registered dentist that is recognized by the dental board~~
636 ~~confirming the affiliation agreement.~~

637 e-h. Reimbursement for dental radiographs is restricted to
638 ~~p~~Providers who are qualified to perform both the exposure
639 and the interpretation of dental radiographs.

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647 **Supplemental Information**

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650 **A Screening is intended to identify gross dental or oral lesions, but it**

651 **is not a thorough clinical examination and does not involve making a**

652 **clinical diagnosis resulting in a treatment plan. The oral health**

653 **screening does not substitute for examination through direct**

654 **Referral to a dental Provider.**

655

656 AHCCCS-recommended training for fluoride varnish application is located on

657 the Smiles for Life oral health website, <https://www.aap.org/en/patient->

658 care/oral-health/oral-health-education-and-training/

659 Refer to the website for training that covers caries-risk assessment, fluoride

660 varnish, and counseling.

661

662 Crowns:

663 Stainless-steel crowns are used for both primary and permanent posterior

664 teeth when appropriate

665 Composite, prefabricated stainless steel crowns with a resin window or
666 crowns with esthetic coatings should be used for anterior primary teeth.

667 Precious or cast semi-precious crowns may be used on functional permanent
668 endodontically treated teeth, except third molars, for Members who are 18
669 to 21 years of age.

670

671 Certificate may be used in the credentialing process to verify completion of
672 training necessary for reimbursement.

673

674 In cases where the Performance Measure Performance Standards have been
675 met, other generally accepted benchmarks that continue the AdSS
676 improvement efforts will be used (e.g., National Committee on Quality
677 Assurance, Healthy People 2020 standards).

678

679 Dental work plan includes specific measurable goals and objectives aimed at
680 enhancing the Dental Program when the PMPS have been met.

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