

431 ORAL HEALTH CARE (EPSDT-AGE MEMBERS)

EFFECTIVE DATE: October 1, 2019

REFERENCES: 9 A.A.C. 22, Article 2; A.R.S. § 14-5101; AMPM Exhibits 400-1, 400-2C, 430-1 and 431-1

This policy applies to Division members under 21 years of age who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. As part of the physical examination, the physician, physician's assistant, or nurse practitioner must 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. Depending on the results of the oral health screening, referral to a dentist must be made.

Appointment Standards

Emergent: Within 24 hours of request

Urgent: As expeditiously as the member's health condition requires but no later than three days of request

Routine: Within 45 calendar days of request

An oral health screening must be part of an EPSDT screening conducted by a Primary Care Provider (PCP). However, it does not substitute for examination through direct referral to a dentist. PCPs must refer members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral must be documented on the EPSDT Tracking Form and in the member's medical record.

PCPs who have completed the AHCCCS-required training may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members who are at least six months of age with at least one tooth eruption. Additional applications occurring every six months during an EPSDT visit, up until member's second birthday, may be reimbursed according to AHCCCS-approved fee schedules. Application of fluoride varnish by the PCP, does not take the place of a dental (oral health) visit.

AHCCCS-recommended training for fluoride varnish application is located on the Smiles for Life oral health website. Refer to Training Module 6, titled Caries Risk Assessment, Fluoride Varnish, and Counseling. Upon completion of the required training, providers must submit a copy of their certificate to each of the contracted health plans in which they participate, as this is required prior to issuing payment for PCP-applied fluoride varnish. This certificate may be used in the credentialing process to verify completion of training necessary for reimbursement.

Additional training resources may be found on the Arizona Department of Health Services website.

Dental Home

The American Academy of Pediatric Dentistry (AAPD) defines the dental home as “the ongoing relationship between the dentist and the member, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way” that must include:

- A. Comprehensive oral health care including acute care and preventive services in accordance with AHCCCS Dental Periodicity Schedule
- B. Comprehensive assessment for oral diseases and conditions
- C. Individualized preventive dental health program based upon a caries-risk assessment and a periodontal disease risk assessment
- D. Anticipatory guidance about growth and development issues (e.g., teething, digit, pacifier habits)
- E. Plan for acute dental trauma
- F. Information about proper care of the child’s teeth and gingivae, including the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of health, function, and esthetics of those structures and tissues.
- G. Dietary counseling
- H. Referrals to dental specialists when care cannot directly be provided within the dental home

Members must be assigned to a dental home by one year of age and seen by a dentist for routine preventative care according to the AHCCCS Dental Periodicity Schedule (AHCCCS Medical Policy Manual [AMPM] Exhibit 431-1). Members must be referred for additional oral health care concerns requiring additional evaluation and/or treatment.

The AHCCCS Dental Periodicity Schedule (AMPM Exhibit 431-1) identifies when routine referrals begin, however, PCPs may refer EPSDT members for a dental assessment at an earlier age, if their oral health screening reveals potential carious lesions or other conditions requiring assessment and/or treatment by a dental professional. In addition to PCP referrals, EPSDT members are allowed self-referral to a dentist who is included in the Administrative Services Subcontractor’s (AdSS’s) provider network.

Covered Services

Members receiving EPSDT and Oral Health services through the Regional Behavioral Health Authority (RBHA) are only covered for members 18 to 21 years of age. All members age out of Oral Health & EPSDT services at age 21.

EPSDT covers the following dental services:

- A. Emergency dental services including:
1. Treatment for pain, infection, swelling and/or injury
 2. Extraction of symptomatic (including pain), infected, and non-restorable primary and permanent teeth, and retained primary teeth (extractions are limited to teeth which are symptomatic)
 3. General anesthesia, conscious sedation, or anxiolysis (minimal sedation; members respond normally to verbal commands), when local anesthesia is contraindicated or when management of the member requires it. (See Division Medical Manual, Policy 430, regarding conscious sedation.)
- B. Preventive dental services provided as specified in the AHCCCS Dental Periodicity Schedule (Exhibit 431-1), including but not limited to:
1. Diagnostic services including comprehensive and periodic examinations

All AdSS must allow two oral examinations and two oral prophylaxis and fluoride treatments per member per year (one every six months) for members 12 months to 21 years of age.
 2. Radiology services screening for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films, as medically necessary and following the recommendations by the American Academy of Pediatric Dentistry.

EPSDT covers panorex films as recommended by the American Academy of Pediatric Dentistry, up to three times maximum per provider for children between the ages of three to 20. Further panorex films needed above this limit must be deemed medically necessary through the AdSS's Prior Authorization (PA) process.
 3. Preventive services, which include:
 - a. Oral prophylaxis performed by a dentist or dental hygienist that includes self-care oral hygiene instructions to member, if able, or to the parent/legal guardian
 - b. Application of topical fluorides.

The use of a prophylaxis paste containing fluoride or fluoride mouth rinses does not meet the AHCCCS standard for fluoride treatment.
 - c. Dental sealants for first and second molars (every three years up to 15 years of age, with a two-time maximum benefit.)

Additional applications must be deemed medically necessary and require Prior Approval (PA) through the AdSS.

- d. Space maintainers when posterior primary teeth are lost and when deemed medically necessary through the AdSS's PA process.
- C. All therapeutic dental services, when they are considered medically necessary and cost effective, but they may be subject to PA by the AdSS (or the Division for AIHP members). These services include, but are not limited to:
1. Periodontal procedures, scaling/root planning, curettage, gingivectomy, and osseous surgery
 2. Crowns:
 - a. When appropriate, stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or
 - b. Precious or cast semi-precious crowns may be used on functional permanent endodontically treated teeth, except third molars, for members who are 18 to 21 years of age.
 3. Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar)
 4. Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations, unless the member is 18 to 21 years of age and has had endodontic treatment
 5. Restorations of anterior teeth for children under the age of five, when medically necessary.

Children five years and over with primary anterior tooth decay should be considered for extraction, if presenting with pain or severely broken-down tooth structure, or be considered for observation until the point of exfoliation as determined by the dental provider.
 6. Removable dental prosthetics, including complete dentures and removable partial dentures.
 7. Orthodontic services and orthognathic surgery, only when these services are necessary to treat a handicapping malocclusion.

Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other. Orthodontic services are not covered when the primary purpose is cosmetic.

Examples of conditions that may require orthodontic treatment include the following:

- a. Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services
- b. Trauma requiring surgical treatment in addition to orthodontic services
- c. Skeletal discrepancy involving maxillary and/or mandibular structures.

Services or items furnished solely for cosmetic purposes are excluded from Division and AHCCCS coverage (9 A.A.C. 22, Article 2).

Provider Requirements

Informed consent is a process by which the dental provider advises the member/member's parent or legal guardian of the diagnosis, proposed treatment, and alternate treatment methods, with associated risks and benefits of each and the associated risks and benefits of not receiving treatment.

Informed consents for oral health treatment include:

- A. A written consent for examination and/or any preventative treatment measure, which does not include an irreversible procedure, as mentioned below (this consent is completed at the time of initial examination and is updated at each subsequent six-month follow-up appointment) and
- B. A separate written consent for any irreversible, invasive procedure, including but not limited to dental fillings, pulpotomy.

In addition, both parties must review and sign a written treatment plan, as described below, with the member's parent or legal guardian receiving a copy of the complete treatment plan.

All providers must complete the appropriate consents and treatment plans for Division members as listed above, in order to provide quality and consistent care in a manner that protects and is easily understood by the member and/or the member's parent or legal guardian. Consents and treatment plans must be in writing and signed/dated by both the provider and the member, or the member's parent or legal guardian, if the member is under 18 years of age or is 18 years of age or older and considered an incapacitated adult (as defined in A.R.S. § 14-5101). Providers must maintain completed consents and treatment plans in the member's chart, and these charts are subject to audit.

AdSS Requirements

The AdSS must:

- A. Conduct annual outreach efforts to members receiving oral health care through school-based or mobile unit providers (in or out of network), to:
 1. Ensure members are aware of their dental home provider and contact information.

2. Let members know when school-based or mobile unit providers are not accessible, they can receive ongoing-access to care through the dental home provider.
- B. Conduct written member educational outreach related to dental home, importance of oral health care, dental decay prevention measures, recommended dental periodicity schedule, and other AdSS-selected topics at least once every 12 months. These topics may be addressed separately or combined into one written outreach material; however, each topic must be covered during the 12-month period.
 - C. Educate providers in the importance of offering continuously accessible, coordinated, family-centered care.
 - D. Develop processes to:
 1. Ensure members are enrolled into a dental home by one year of age, to allow for an ongoing provision of comprehensive oral health care. This process should allow members the choice of dental providers from within the AdSS's provider network and provide members instructions on how to select or change a dental home provider. Members not selecting a dental home provider will be automatically assigned a provider by the AdSS.
 2. Connect all members to a dental home before one year of age or upon assignment to the AdSS, informing members of selected or assigned dental home provider contact information and recommended dental visit schedule.
 3. Monitor member participation with the dental home and provide outreach to members who have not completed visits as specified in the AHCCCS Dental Periodicity Schedule (AMPM Exhibit 431-1).
 4. Develop, implement, and maintain a procedure to notify all members/responsible parties of visits required by the AHCCCS EPSDT and Dental Periodicity Schedules (AMPM Exhibits 430-1 and 431-1). Processes other than mailings must be preapproved by the Division. This procedure must include notification to members or responsible parties regarding due dates of biannual (once every six months) dental visits. If a dental visit has not taken place, a second notice must be sent.
 5. Monitor provider engagement related to scheduling and follow-up of missed appointments, to ensure care consistent with the recommended AHCCCS Dental Periodicity Schedule (Exhibit 431-1) for assigned members.
 - E. Develop and implement processes to reduce no-show appointment rates for dental services.
 - F. Provide targeted outreach to those members who did not show for appointments.

The AdSS must encourage all providers to schedule the next dental screening at the current office visit, particularly for children 24 months of age and younger.

- G. Require the use of the AHCCCS Dental Periodicity Schedules (Exhibit 431-1) by all contracted providers. The AHCCCS Dental Periodicity Schedule gives providers necessary information regarding timeframes in which age-related required screenings and services must be rendered by providers.
- H. Adhere to the Dental Uniform Prior Authorization List (List) as agreed upon by the AdSS. Refer to the AHCCCS website under Resources: Guides- Manuals-Policies. All requests for changes to the List must be submitted to the AHCCCS DHCM designated Operations and Compliance Officer for review. Requests must include supporting documentation and rationale for the proposed changes.
- I. (Effective 08/01/18) Adhere to the Uniform Warranty List as agreed upon by the AdSS. Refer to the AHCCCS website under Resources-Guides-Manuals-Policies. All requests for changes to the list must be submitted to the AHCCCS DHCM designated Operations and Compliance Officer for review. Requests must include supporting documentation and rationale for the proposed changes.

Note: The Division will reach out to AIHP members under age 21 to provide education and resources regarding dental/oral health services.

The Division and the Administrative Services Subcontractors Requirements for the Dental Annual Plan

Each AdSS must have a written Dental Annual Plan that:

- Addresses minimum requirements as specified in this policy
- Addresses the objectives of the AdSS's program that are focused on achieving Division requirements
- Incorporate monitoring and evaluation activities for these minimum requirements (see AMPM Exhibit 400-2C, Dental Annual Plan Checklist).

The AdSS must submit the Dental Annual Plan no later than December 15th to the Division's Healthcare Services Clinical Administrator through the Compliance Unit for review and approval (see AMPM Exhibit 400-1, Maternal and Child Health Reporting Requirements).

The written Dental Annual Plan must contain, at a minimum, the following:

- A. Dental Narrative Plan – A written narrative description of all planned activities to address the AdSS's minimum requirements for dental services, as specified in this policy. The narrative description must also include the AdSS activities to identify member needs and coordination of care, as well as follow-up activities to ensure appropriate treatment is received in a timely manner.
- B. Dental Work Plan Evaluation – An evaluation of the previous year's Work Plan to determine the effectiveness of strategies, interventions, and activities used toward meeting stated objectives.
- C. Dental Work Plan that includes:

1. Specific measurable objectives

These objectives must be based on AHCCCS established Minimum Performance Standards as adopted by the Division. In cases where the Minimum Performance Standards have been met, other generally accepted benchmarks that continue the Contractor's improvement efforts will be used (e.g., National Committee on Quality Assurance, Healthy People 2020 standards). The AdSS may also develop its own specific measurable goals and objectives aimed at enhancing the Dental program when Minimum Performance Standards have been met.

2. Strategies and specific measurable interventions to accomplish objectives (e.g., member outreach, provider education, and provider compliance with mandatory components of the Dental program)

3. Targeted implementation and completion dates of work plan activities

4. Assigned local staff position(s) responsible and accountable for meeting each established goal and objective

5. Identification and implementation of new interventions, continuation of or modification to existing interventions, based on analysis of the previous year's Work Plan Evaluation

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

AFFILIATED PRACTICE DENTAL HYGIENIST

In addition to the requirements specified in A.R.S. §§ 32-1281 and 32-1289, the Division requires the following:

- A. Both the dental hygienist and the dentist in the affiliated practice relationship must be registered AHCCCS providers.
- B. A current copy of the affiliated practice agreement between the dentist and the affiliated practice hygienist and notification when changes to this agreement are made or the agreement is terminated.
- C. The affiliated practice dental hygienist must maintain individual patient records of Division members in accordance with the Arizona State Dental Practice Act. At a minimum this must include member identification, parent/guardian/designated representative identification, signed authorization (parental consent) for services, patient medical history, and documentation of services rendered.
- D. When practicing under the scope of an affiliated practice dental hygienist, the affiliated practice dental hygienist must register with AHCCCS and must be identified as the treating provider under his or her individual AHCCCS provider identification number / NPI number. In addition, if the services are to be billed to an AdSS, the affiliated practice dental hygienist and the dentist with whom he or she is affiliated must be a credentialed network provider of the AdSS.

- E. The affiliated practice dental hygienist will only be reimbursed for providing services in accordance with state statute and regulations, AHCCCS/Division policy and provider agreement, and their affiliated practice agreement.
- F. Reimbursement for dental radiographs is restricted to providers who are qualified to perform both the exposure and the interpretation of dental radiographs.

Refer to AMPM Chapter 820 for information related to prior authorization requirements.