

431 DENTAL/ORAL HEALTH SERVICES FOR EPSDT ELIGIBLE MEMBERS

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

PURPOSE

This policy establishes requirements for dental/oral health care for Members under 21 years of age who are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

DEFINITIONS

1. “Dental Home” means the ongoing relationship between the dentist and the member, inclusive of all aspects of oral healthcare delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and

includes referral to dental specialists when appropriate.

[American Academy of Pediatric Dentistry (AAPD)].

2. “Dental Provider” means an individual licensed as specified in A.R.S. Title 32, Chapter 11, whose scope of practice allows the individual to:
 - a. Independently engage in the practice of dentistry as specified in A.R.S. § 32-1202,
 - b. A dentist as specified in A.R.S. § 32-1201,
 - c. A dental therapist as specified in A.R.S. § 32-1201,
 - d. A dental hygienist as specified in A.R.S. § 32-1201, or
 - e. An affiliated practice dental hygienist as specified in A.R.S. § 32-1201.

3. “Early and Periodic Screening, Diagnostic and Treatment” or “EPSDT” means a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law

42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

4. "Informed Consent" means an agreement to receive physical or behavioral health services following the presentation of facts necessary to form the basis of an intelligent consent by the Member or Responsible Person with no minimization of known dangers of any procedures.
5. "Medically Necessary" means a covered service provided by a physician or other licensed practitioner of the health arts within the scope of practice under State law to prevent disease, disability or other adverse conditions or their progression, or to prolong life as specified in A.A.C. R9-22-101.
6. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

7. "Primary Care Provider" or "PCP" means an individual who meets the requirements as specified in A.R.S. § 36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as an individual licensed as an allopathic or osteopathic physician as specified in A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed as specified in A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed as specified in A.R.S. Title 32, Chapter 15, or a naturopathic physician for AHCCCS members under the age of 21 receiving EPSDT services. The PCP shall be an individual, not a group or association of individuals, such as a clinic.
8. "Provider" means a person, institution, or group engaged in the delivery of services, or ordering and referring those services, who has an agreement with AHCCCS to provide services to AHCCCS members.
9. "Referral" means a verbal, written, telephonic, electronic, or in-person request for health services.

10. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a client or an applicant for whom no guardian has been appointed as defined in A.R.S. §36.-551
11. “Screening” means the regularly scheduled examinations and evaluations of the general physical and behavioral health, growth, development, and nutritional status of infants, children, and adolescents, and the identification of those in need of more definitive evaluation. For the purpose of the AHCCCS EPSDT program, screening and diagnosis are not synonymous.
12. “Treatment Plan” means a written plan of services and therapeutic interventions based on a complete assessment of a Member's developmental and health status, strengths and needs that are designed and periodically updated by the multi-specialty, interdisciplinary team.

POLICY

A. GENERAL REQUIREMENTS

1. The Division shall require an oral health screening to be conducted by a PCP as part of an EPSDT screening.
2. The Division shall require oral health screenings as part of the physical examination are performed by a:
 - a. Physician,
 - b. Physician's assistant, or
 - c. Nurse practitioner.
3. The Division shall require PCPs to refer EPSDT Members for appropriate services based on needs identified through the screening process and for routine oral health care based on the AHCCCS EPSDT Periodicity Schedule.
4. The Division shall require the Referral be documented on the EPSDT Clinical Sample Template as specified in AMPM Policy 430, Attachment E and in the Member's medical record.
5. The Division shall require one of the following Referrals to a dental provider to be made depending on the results of the oral health screening:
 - a. Urgent referrals as expeditiously as the Member's health condition requires, but no later than 3 days of request;

- b. Routine referrals within 45 calendar days of request; or
 - c. Within 30 calendar days of request for the Department of Child Safety (DCS) Comprehensive Health Plan (CHP) only.
6. The Division shall require reimbursement for PCPs who have completed the AHCCCS-required training for fluoride varnish applications completed at the EPSDT visits for Members as early as six months of age with at least one tooth eruption.
7. The Division shall require reimbursement for PCPs according to AHCCCS-approved fee schedules for additional fluoride applications occurring every three months during an EPSDT visit, up until the member's fifth birthday.
8. The Division shall require that PCPs are notified that application of fluoride varnish by the PCP does not take the place of an oral health visit.
9. The Division shall require providers to submit a copy of their certificate upon completion of the required training prior to payment being issued for PCP-applied fluoride varnish.

B. DENTAL HOME

1. The Division shall require that the Dental Home provides:

- a. Comprehensive oral health care including acute care and preventive services in accordance with AMPM 431 Attachment A;
- b. Comprehensive assessment for oral diseases and conditions;
- c. Individualized preventive oral health program based upon a caries-risk assessment and a periodontal disease risk assessment;
- d. Anticipatory guidance about the following growth and development issues:
 - i. Teething,
 - ii. Digit,
 - iii. Pacifier habits, or
 - iv. Similar issues.
- e. A plan for acute dental/oral trauma;
- f. Information about proper care of the child's teeth and gingiva, 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; and
 - h. Referrals to dental specialists when care cannot directly be provided within the Dental Home.
2. The Division shall require THP Members be referred by a PCP to a Dental Provider by one year of age or upon enrollment.
 3. The Division shall require Members enrolled with an AdSS are assigned a dental home by six months of age or upon enrollment, and seen by a Dental Provider for routine preventative care according to the AMPM 431 Attachment A.
 4. The Division shall require PCPs to refer Members with identified additional oral health care concerns to a Dental Provider for evaluation or treatment.
 5. The Division shall require PCPs are informed to refer EPSDT Members for a dental/oral health assessment at an earlier age, if their oral health screening reveals potential carious lesions or other conditions requiring assessment or treatment by a Dental Provider.

6. The Division shall require EPSDT Members are informed that they are allowed to self-refer to a Dental Provider who is included in the AdSS provider network.
7. The Division shall allow THP Members to self-refer to any AHCCCS registered Dental Provider.

C. COVERED SERVICES

1. The Division shall require the following EPSDT dental/oral health services are covered:
 - a. Emergency dental/oral services including:
 - i. Treatment for pain, infection, swelling or injury;
 - ii. Extraction of:
 - a) Symptomatic, infected, and non-restorable primary and permanent teeth, and
 - b) Retained primary teeth.
 - iii. General anesthesia, conscious sedation, or anxiolysis sedation where Members respond normally to verbal commands, when local anesthesia is contraindicated or when management of the member requires it, as specified in AMPM 430.

- b. Preventive dental/oral health services provided as specified in AMPM Policy 431, Attachment A:
 - i. Diagnostic services including the following comprehensive and periodic examinations:
 - a) Two oral examinations, and two oral prophylaxis and fluoride treatments per Member per year for Members up to 21 years of age;
 - b) Fluoride varnish four times a year for Members up to five years of age; and
 - c) Additional examinations or treatments deemed Medically Necessary through the AdSS Prior Authorization process.
 - ii. Radiology services screening for diagnosis of dental abnormalities or pathology, including:
 - a) Panoramic or full-mouth x-rays;
 - b) Supplemental bitewing x-rays; and
 - c) Occlusal or periapical films, as medically necessary and following the recommendations

by the American Academy of Pediatric
Dentistry.

- iii. 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 shall be deemed Medically Necessary through the AdSS PA process;
- iv. The following preventive services:
 - a) Oral prophylaxis performed by a Dental Provider that includes self-care oral hygiene instructions to Member, if able, or to the Responsible Person;
 - b) Application of topical fluorides and fluoride varnish with the exception of a prophylaxis paste containing fluoride or fluoride mouth rinses;
 - c) Dental sealants for first and second molars are covered twice per first or second molar, per

- provider or location, allowing for three years intervention between applications up to 15 years of age which includes the ADHS school-based dental sealant program and the participating providers;
- d) Additional applications deemed medically necessary and require prior authorization (PA); and
 - e) Space maintainers when posterior primary teeth are lost and when deemed medically necessary through the AdSS PA or AHCCCS PA for THP Members.
- c. All of the following, although potentially subject to a PA as specified in the AdSS Dental Provider Manuals, when they are considered Medically Necessary and cost effective:
- i. Periodontal procedures, scaling and root planing, curettage, gingivectomy, and osseous surgery;
 - ii. Crowns;

- iii. 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;
- iv. 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;
- v. Restorations of anterior teeth for children under the age of five, when medically necessary;
- vi. Extraction for children five years and over, with primary anterior tooth decay 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;
- vii. Removable dental prosthetics, including complete dentures and removable partial dentures when Medically Necessary;

- viii. Orthodontic services and orthognathic surgery, when these services are Medically Necessary to treat a handicapping malocclusion, and are determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the Dental Provider in consultation with each other.
- ix. Conditions that require the following orthodontic treatment:
 - 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 or mandibular structures; or
 - d) Other severe orthodontic malformations that meet PA criteria.

2. The Division shall not cover services or items furnished solely for cosmetic purposes.

D. PROVIDER REQUIREMENTS

1. The Division shall require that dental/oral health services are provided by AHCCCS-registered Dental Providers.
2. The Division shall require a written Informed Consent for examination or any preventative treatment measure, excluding irreversible or invasive procedure, is completed at the time of initial examination and is updated at each subsequent six months follow-up appointment.
3. The Division shall require a separate written consent is completed for any irreversible or invasive procedure.
4. The Division shall require all Dental Providers review and sign a written Treatment Plan with the Member or Responsible Person receiving a copy of the complete Treatment Plan.
5. The Division shall require all Dental Providers complete the appropriate Informed Consents and Treatment Plans for Division Members in order to provide quality and consistent care in a

manner that protects and is easily understood by the Member or Responsible Person.

6. The Division shall require consents and Treatment Plans are in writing, signed and dated by both the Dental Provider and the Member or Responsible person, if:
 - a. The Member is under 18 years of age, or
 - b. The Member is 18 years of age or older and considered an incapacitated person as defined in A.R.S. § 14-5101.
7. The Division shall require Dental Providers maintain completed consents and Treatment Plans in the Member's chart which are subject to audit.

E. ADSS REQUIREMENTS

The Division shall ensure the AdSS meets the requirements specified in AdSS Medical Policy 431.

F. REQUIREMENTS FOR THE DENTAL ANNUAL PLAN

1. The Division shall have a written Dental Annual Plan that:
 - a. Addresses minimum requirements as specified in this policy;

- b. Addresses the objectives of the Division and AdSS programs that are focused on achieving Division requirements; and
 - c. Incorporate monitoring and evaluation activities for these minimum requirements as outlined in AMPM 431 – Attachment B.
2. The Division shall submit the Dental Annual Plan no later than July 31st to the Division’s Dental Director through the Compliance Unit for review and approval.
3. The Division shall require the following is contained in the written Dental Annual Plan:
- a. Narrative Plan that includes:
 - i. A written narrative description of all planned dental activities to address the Division and AdSS minimum requirements for dental/oral health services, as specified in this policy;
 - ii. A narrative description of the AdSS activities to identify Member needs and coordination of care; and

- iii. Follow-up activities to ensure appropriate treatment is received in a timely manner.
- b. Dental Work Plan 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:
 - i. Specific measurable objectives based on AHCCCS established Performance Measure Performance Standards (PMPS) as adopted by the Division;
 - ii. Strategies and specific measurable interventions to accomplish the following objectives:
 - a) Member outreach,
 - b) Provider education, and
 - c) Provider compliance with mandatory components of the Dental Program.
- d. Targeted implementation and completion dates of work plan activities;

- e. Assigned local staff positions responsible and accountable for meeting each established goal and objective;
- f. Identification and implementation of new interventions, continuation of or modification to existing interventions, based on analysis of the previous year's Work Plan Evaluation; and
- g. Relevant policies and procedures, referenced in the Dental Annual Plan, submitted as separate attachments.

F. AFFILIATED PRACTICE DENTAL HYGIENIST

- 1. The Division shall require the following in addition to the requirements as specified in A.R.S. §§ 32-1281 and 32-1289:
 - a. Both the dental hygienist and the dentist in the affiliated practice relationship are registered AHCCCS providers;
 - b. The affiliated practice dental hygienist maintains individual patient records of the following for Division Members in accordance with the Arizona State Dental Practice Act:
 - i. Member identification,
 - ii. Responsible Person identification,
 - iii. Signed authorization for services,

- iv. Patient medical history, and
 - v. Documentation of services rendered.
- c. The affiliated practice dental hygienist registers with AHCCCS and is identified as the treating Dental Provider under his or her individual AHCCCS Provider identification number or National Provider Identification (NPI) number;
- d. The affiliated practice dental hygienist and the dentist with whom he or she is affiliated is a credentialed network provider if the services are to be billed to an AdSS;
- e. The affiliated practice dental hygienist is identified as the treating Dental Provider under their individual AHCCCS provider identification number or NPI number when practicing under an affiliated practice agreement;
- f. The affiliated practice dental hygienist will only be reimbursed for providing services in accordance with:
- i. State statute and regulations;
 - ii. AHCCCS policy;
 - iii. Division policy;
 - iv. Provider agreement; and

- v. Affiliated practice agreement.
- g. Affiliated practice dental hygienists provide documentation of the affiliation practice agreement with an AHCCCS registered dentist that is recognized by the dental board confirming the affiliation agreement.
- h. Reimbursement for dental radiographs is restricted to Dental Providers who are qualified to perform both the exposure and the interpretation of dental radiographs.

G. AdSS OVERSIGHT AND MONITORING

The Division shall refer to Division Operations 438 for monitoring and oversight responsibilities of the AdSS.

SUPPLEMENTAL INFORMATION

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.

AHCCCS-recommended training for fluoride varnish application is located on the Smiles for Life oral health website,

<https://www.aap.org/en/patient-care/oral-health/oral-health-education-and-training/>

Refer to the website for training that covers caries-risk assessment, fluoride varnish, and counseling.

Crowns:

Stainless-steel crowns are used for both primary and permanent posterior teeth when appropriate.

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

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.

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

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

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

Signature of Chief Medical Officer: 
[Anthony Dekker \(Jan 30, 2024 10:19 MST\)](#)

Anthony Dekker, D.O.