

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

3
4 REVISION DATE: XX/XX/XXXX, 6/08/2022, 10/1/2021

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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

10
11 **PURPOSE**

12
13 This policy establishes requirements for dental/oral health care for

14 ~~M~~Members under 21 years of age who are eligible for Early and Periodic
15 Screening, Diagnostic, and Treatment (EPSDT) services.

16
17 **DEFINITIONS**

- 18
19 1. "Dental Home" means the ongoing relationship between the
20 dentist and the member, 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 dental home 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, screening 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.

98
99 **POLICY**

100

101 ~~This policy applies to members under twenty one (21) years of age who are~~
102 ~~eligible for ALTCS (Early Periodic Screening, Diagnosis, and Treatment~~
103 ~~[EPSDT]). An oral health screening shall be part of an EPSDT screening~~
104 ~~conducted by a primary care provider (PCP). As part of the physical~~
105 ~~examination, the physician, physician's assistant, or nurse practitioner shall~~
106 ~~perform an oral health screening. A screening is intended to identify gross~~
107 ~~dental or oral lesions, but it is not a thorough clinical examination and does~~
108 ~~not involve making a clinical diagnosis resulting in a treatment plan. The oral~~
109 ~~health screening does not substitute for examination through direct referral~~
110 ~~to a dental provider. PCPs shall refer EPSDT members for appropriate~~
111 ~~services based on needs identified through the screening process and for~~
112 ~~routine dental/oral health care based on the AHCCCS EPSDT Periodicity~~
113 ~~Schedule. Evidence of this referral shall be documented on the EPSDT~~
114 ~~Tracking Form as specified in AMPM Policy 430, Attachment E and in the~~
115 ~~member's medical record. Depending on the results of the oral health~~
116 ~~screening, referral to a dental provider shall be made as specified in~~
117 ~~Contract.~~

118

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

127
128 ~~Urgent: Within 3 days of request~~

129 ~~Routine: Within 45 days of request~~

130 Refer to AdSS Medical Policy 431 or AMPM Policy 431 for PCP fluoride varnish
131 training and reimbursement information.

132 **A. GENERAL REQUIREMENTS**

133 1. The Division shall require an oral health screening to be
134 conducted by a PCP as part of an EPSDT screening.

135 2. The Division shall require oral health screenings as part of the
136 physical examination are performed by a:

137 a. Physician,

- 138 b. Physician's assistant, or
- 139 c. Nurse practitioner.
- 140 3. The Division shall require PCPs to refer EPSDT Members for
- 141 appropriate services based on needs identified through the
- 142 screening process and for routine oral health care based on the
- 143 AHCCCS EPSDT Periodicity Schedule.
- 144 4. The Division shall require the Referral be documented on the
- 145 EPSDT Clinical Sample Template as specified in AMPM Policy 430,
- 146 Attachment E and in the Member's medical record.
- 147 5. The Division shall require one of the following Referrals to a
- 148 dental provider to be made depending on the results of the oral
- 149 health screening:
- 150 a. Urgent referrals as expeditiously as the Member's health
- 151 condition requires, but no later than 3 days of request;
- 152 b. Routine referrals within 45 calendar days of request; or
- 153 c. Within 30 calendar days of request for the Department of
- 154 Child Safety (DCS) Comprehensive Health Plan (CHP) only.
- 155 6. The Division shall require reimbursement for PCPs who have
- 156 completed the AHCCCS-required training for fluoride varnish

157 applications completed at the EPSDT visits for Members as early
158 as six months of age with at least one tooth eruption.

159 7. The Division shall require reimbursement for PCPs according to
160 AHCCCS-approved fee schedules for additional fluoride
161 applications occurring every three months during an EPSDT visit,
162 up until the member's fifth birthday.

163 8. The Division shall require that PCPs are notified that application
164 of fluoride varnish by the PCP does not take the place of an oral
165 health visit.

166 9. The Division shall require providers to submit a copy of their
167 certificate upon completion of the required training prior to
168 payment being issued for PCP-applied fluoride varnish.

169 **A.B. DENTAL HOME Dental Home**

170 1. The Division shall provide oversight and monitoring of the AdSS
171 to ensure members are appropriately assigned to Dental Homes.
172 Refer to AdSS Medical Policy 431 for Dental Home requirements.
173 The Division shall require that the Dental Home provides:

- 174 a. Comprehensive oral health care including acute care and
175 preventive services in accordance with AMPM 431
176 Attachment A;
- 177 b. Comprehensive assessment for oral diseases and
178 conditions;
- 179 c. Individualized preventive oral health program based upon
180 a caries-risk assessment and a periodontal disease risk
181 assessment;.
- 182 d. Anticipatory guidance about the following growth and
183 development issues:
- 184 i. Teething,
185 ii. Digit,
186 iii. Pacifier habits, or
187 iv. Similar issues.
- 188 e. A plan for acute dental/oral trauma;
- 189 f. Information about proper care of the child's teeth and
190 gingiva, including the prevention, diagnosis, and treatment
191 of disease of the supporting and surrounding tissues and

- 192 the maintenance of health, function, and esthetics of those
193 structures and tissues;
194 g. Dietary counseling; and
195 h. Referrals to dental specialists when care cannot directly be
196 provided within the Dental Home.
- 197 2. The Division shall require THP Members be referred by a PCP to
198 a Dental Provider by one year of age or upon enrollment.
- 199 3. The Division shall require Members enrolled with an AdSS are
200 assigned a dental home by six months of age or upon
201 enrollment, and seen by a Dental Provider for routine
202 preventative care according to the AMPM 431 Attachment A.
- 203 4. The Division shall require PCPs to refer Members with identified
204 additional oral health care concerns to a Dental Provider for
205 evaluation or treatment.
- 206 5. The Division shall require PCPs are informed to refer EPSDT
207 Members for a dental/oral health assessment at an earlier age, if
208 their oral health screening reveals potential carious lesions or
209 other conditions requiring assessment or treatment by a Dental
210 Provider.

211 6. The Division shall require EPSDT Members are informed that
212 they are allowed to self-refer to a Dental Provider who is
213 included in the AdSS provider network.

214 1.7. The Division shall allow THP Members to self-refer to any
215 AHCCCS registered Dental Provider.

216 **B.C. COVERED SERVICES** ~~Covered Services~~

217 1. The Division shall require the following EPSDT ~~covers the~~
218 following dental/oral health services ~~are covered~~:

219 a. Emergency dental/oral services including:

220 i. Treatment for pain, infection, swelling or injury;

221 ii. Extraction of:

222 a) Symptomatic, infected, and non-restorable
223 primary and permanent teeth, and

224 b) Retained primary teeth.

225 ~~1.~~ General anesthesia, conscious sedation, or anxiolysis
226 sedation where Members respond normally to verbal
227 commands, when local anesthesia is contraindicated
228 or when management of the member requires it, as
229 specified in AMPM 430. ~~Preventive dental/oral health~~

230 ~~services provided as specified in AMPM Policy 431,~~
231 ~~Attachment A.~~

232 iii. ~~All therapeutic dental/oral health services, when they~~
233 ~~are considered medically necessary and cost~~
234 ~~effective, but they may be subject to PA by the~~
235 ~~AdSS.~~

236 b. ~~Preventive dental/oral health services provided as specified~~
237 ~~in AMPM Policy 431, Attachment A:~~

238 i. ~~Diagnostic services including the following~~
239 ~~comprehensive and periodic examinations:~~

240 a) ~~Two oral examinations, and two oral~~
241 ~~prophylaxis and fluoride treatments per~~
242 ~~Member per year for Members up to 21 years~~
243 ~~of age;~~

244 b) ~~Fluoride varnish four times a year for Members~~
245 ~~up to five years of age; and~~

246 c) ~~Additional examinations or treatments deemed~~
247 ~~Medically Necessary through the AdSS Prior~~
248 ~~Authorization process.~~

- 249 ii. Radiology services screening for diagnosis of dental
250 abnormalities or pathology, including:
251 a) Panoramic or full-mouth x-rays;
252 b) Supplemental bitewing x-rays; and
253 c) Occlusal or periapical films, as medically
254 necessary and following the recommendations
255 by the American Academy of Pediatric
256 Dentistry.
- 257 iii. Panorex films as recommended by the American
258 Academy of Pediatric Dentistry, up to three times
259 maximum per provider for children between the ages
260 of three to 20. Further panorex films needed above
261 this limit shall be deemed Medically Necessary
262 through the AdSS PA process;
- 263 iv. The following preventive services:
264 a) Oral prophylaxis performed by a Dental
265 Provider that includes self-care oral hygiene
266 instructions to Member, if able, or to the
267 Responsible Person;

- 268 b) Application of topical fluorides and fluoride
269 varnish with the exception of a prophylaxis
270 paste containing fluoride or fluoride mouth
271 rinses;
- 272 c) Dental sealants for first and second molars are
273 covered twice per first or second molar, per
274 provider or location, allowing for three years
275 intervention between applications up to 15
276 years of age which includes the ADHS school-
277 based dental sealant program and the
278 participating providers;
- 279 d) Additional applications deemed medically
280 necessary and require prior authorization (PA);
281 and
- 282 e) Space maintainers when posterior primary
283 teeth are lost and when deemed medically
284 necessary through the AdSS PA or AHCCCS PA
285 for THP Members.

- 286 c. All of the following, although potentially subject to a PA as
287 specified in the AdSS Dental Provider Manuals, when they
288 are considered Medically Necessary and cost effective:
- 289 i. Periodontal procedures, scaling and root planing,
290 curettage, gingivectomy, and osseous surgery;
- 291 ii. Crowns;
- 292 iii. Endodontic services including pulp therapy for
293 permanent and primary teeth, except third molars
294 unless a third molar is functioning in place of a
295 missing molar;
- 296 iv. Restoration of carious permanent and primary teeth
297 with accepted dental materials other than cast or
298 porcelain restorations unless the member is 18 to 21
299 years of age and has had endodontic treatment;
- 300 v. Restorations of anterior teeth for children under the
301 age of five, when medically necessary;
- 302 vi. Extraction for children five years and over, with
303 primary anterior tooth decay if presenting with pain
304 or severely broken-down tooth structure, or be

305 considered for observation until the point of
306 exfoliation as determined by the Dental Provider;
307 vii. Removable dental prosthetics, including complete
308 dentures and removable partial dentures when
309 Medically Necessary;
310 viii. Orthodontic services and orthognathic surgery, when
311 these services are Medically Necessary to treat a
312 handicapping malocclusion, and are determined to
313 be the primary treatment of choice or an essential
314 part of an overall treatment plan developed by both
315 the PCP and the Dental Provider in consultation with
316 each other.
317 ix. Conditions that require the following orthodontic
318 treatment:
319 a) Congenital craniofacial or dentofacial
320 malformations requiring reconstructive surgical
321 correction in addition to orthodontic services;
322 b) Trauma requiring surgical treatment in addition
323 to orthodontic services;

324 c) Skeletal discrepancy involving maxillary or
325 mandibular structures; or

326 d) Other severe orthodontic malformations that
327 meet PA criteria.

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

330 **C.D. PROVIDER REQUIREMENTS** ~~**Provider Requirements**~~

331 **1. The Division shall require that dental/oral health services**
332 **are provided by AHCCCS-registered Dental Providers.**

333 ~~EPSDT dental/oral health provider requirements are specified in~~
334 ~~AdSS Medical Policy 431.~~

335 2. The Division shall require a written Informed Consent for
336 examination or any preventative treatment measure, excluding
337 irreversible or invasive procedure, is completed at the time of
338 initial examination and is updated at each subsequent six
339 months follow-up appointment.

340 3. The Division shall require a separate written consent is
341 completed for any irreversible or invasive procedure.

342 4. The Division shall require all Dental Providers review and sign a
343 written Treatment Plan with the Member or Responsible Person
344 receiving a copy of the complete Treatment Plan.

345 5. The Division shall require all Dental Providers complete the
346 appropriate Informed Consents and Treatment Plans for Division
347 Members in order to provide quality and consistent care in a
348 manner that protects and is easily understood by the Member or
349 Responsible Person.

350 6. The Division shall require consents and Treatment Plans are in
351 writing, signed and dated by both the Dental Provider and the
352 Member or Responsible person, if:

353 a. The Member is under 18 years of age, or

354 b. The Member is 18 years of age or older and considered an
355 incapacitated person as defined in A.R.S. § 14-5101.

356 1.7. The Division shall require Dental Providers maintain completed
357 consents and Treatment Plans in the Member's chart which are
358 subject to audit.

359 ~~D.E.~~ ADSS REQUIREMENTS ~~AdSS Requirements~~

- 360 1. **The Division shall ensure the AdSS meets the** ~~EPSDT~~
361 ~~dental/oral health provider~~ requirements ~~are~~ specified in AdSS
362 Medical Policy 431.

363 **E.F. REQUIREMENTS FOR THE DENTAL ANNUAL PLAN** ~~The Division and~~
364 ~~AdSS Requirements for the Dental Annual Plan~~

- 365 1. The Division ~~shall have a written and AdSS Requirements for the~~
366 Dental Annual Plan that:
- 367 a. Addresses minimum requirements as specified in this
368 policy;
 - 369 b. Addresses the objectives of the Division and AdSS
370 programs that are focused on achieving Division
371 requirements; and
 - 372 c. Incorporate monitoring and evaluation activities for these
373 minimum requirements as outlined in AMPM 431 –
374 Attachment B.
- 375 2. The Division shall submit the Dental Annual Plan no later than
376 July 31st to the Division’s Dental Director through the
377 Compliance Unit for review and approval.

- 378 3. The Division shall require the following is contained in the
379 written Dental Annual Plan:
380 a. Narrative Plan that includes:
381 ~~1.i.~~ A written narrative description of all planned dental
382 activities to address the Division and AdSS minimum
383 requirements for dental/oral health services, as
384 specified in this policy;
385 ~~2.ii.~~ A narrative description of the AdSS~~Division~~ activities
386 to identify Member needs and coordination of care;
387 and
388 ~~3.iii.~~ Follow-up activities to ensure appropriate treatment
389 is received in a timely manner.
390 b. Dental Work Plan Evaluation of the previous year's Work
391 Plan to determine the effectiveness of strategies,
392 interventions, and activities used toward meeting stated
393 objectives;
394 c. Dental Work Plan that includes:

- 395 ~~1.i.~~ Specific measurable objectives based on AHCCCS
396 established Performance Measure Performance
397 Standards (PMPS) as adopted by the Division;
- 398 ~~2.ii.~~ Strategies and specific measurable interventions to
399 accomplish the following objectives:
- 400 a) Member outreach,
 - 401 b) Provider education, and
 - 402 c) Provider compliance with mandatory
403 components of the Dental Program.
 - 404 d. Targeted implementation and completion dates of work
405 plan activities;
 - 406 e. Assigned local staff positions responsible and accountable
407 for meeting each established goal and objective;
 - 408 f. Identification and implementation of new interventions,
409 continuation of or modification to existing interventions,
410 based on analysis of the previous year's Work Plan
411 Evaluation; and
 - 412 g. Relevant policies and procedures, referenced in the Dental
413 Annual Plan, submitted as separate attachments.

414 **F. AFFILIATED PRACTICE DENTAL HYGIENIST**

415 1. The Division shall require the following in addition to the
416 requirements as specified in A.R.S. §§ 32-1281 and 321289:

417 a. Both the dental hygienist and the dentist in the affiliated
418 practice relationship are registered AHCCCS providers;

419 b. The affiliated practice dental hygienist maintains individual
420 patient records of the following for Division Members in
421 accordance with the Arizona State Dental Practice Act:

422 i. Member identification,

423 ii. Responsible Person identification,

424 iii. Signed authorization for services,

425 iv. Patient medical history, and

426 v. Documentation of services rendered.

427 c. The affiliated practice dental hygienist registers with

428 AHCCCS and is identified as the treating Dental Provider

429 under his or her individual AHCCCS Provider identification

430 number or National Provider Identification (NPI) number;

- 431 d. The affiliated practice dental hygienist and the dentist with
432 whom he or she is affiliated is a credentialed network
433 provider if the services are to be billed to an AdSS;
- 434 e. The affiliated practice dental hygienist is identified as the
435 treating Dental Provider under their individual AHCCCS
436 provider identification number or NPI number when
437 practicing under an affiliated practice agreement;
- 438 f. The affiliated practice dental hygienist will only be
439 reimbursed for providing services in accordance with:
- 440 i. State statute and regulations;
441 ii. AHCCCS policy;
442 iii. Division policy;
443 iv. Provider agreement; and
444 v. Affiliated practice agreement.
- 445 g. Affiliated practice dental hygienists provide documentation
446 of the affiliation practice agreement with an AHCCCS
447 registered dentist that is recognized by the dental board
448 confirming the affiliation agreement.

449 h. Reimbursement for dental radiographs is restricted to
450 Dental Providers who are qualified to perform both the
451 exposure and the interpretation of dental radiographs.

452 **G. AdSS OVERSIGHT AND MONITORING**

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

457 Signature of Chief Medical Officer:

464 **SUPPLEMENTAL INFORMATION**

465 A Screening is intended to identify gross dental or oral lesions, but it is not a
466 thorough clinical examination and does not involve making a clinical

467 diagnosis resulting in a treatment plan. The oral health screening does not
468 substitute for examination through direct Referral to a dental Provider.
469
470 AHCCCS-recommended training for fluoride varnish application is located on
471 the Smiles for Life oral health website, <https://www.aap.org/en/patient->
472 [care/oral-health/oral-health-education-and-training/](https://www.aap.org/en/patient-care/oral-health/oral-health-education-and-training/)
473 Refer to the website for training that covers caries-risk assessment, fluoride
474 varnish, and counseling.
475
476 Crowns:
477 Stainless-steel crowns are used for both primary and permanent posterior
478 teeth when appropriate
479 Composite, prefabricated stainless steel crowns with a resin window or
480 crowns with esthetic coatings should be used for anterior primary teeth.
481 Precious or cast semi-precious crowns may be used on functional permanent
482 endodontically treated teeth, except third molars, for Members who are 18
483 to 21 years of age.
484

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

487
488 In cases where the Performance Measure Performance Standards have been
489 met, other generally accepted benchmarks that continue the AdSS
490 improvement efforts will be used (e.g., National Committee on Quality
491 Assurance, Healthy People 2020 standards).

492
493 4. Dental work plan includes specific measurable goals and
494 objectives aimed at enhancing the Dental Program when the
495 PMPS have been met.