

## *DENTAL PROGRAM*

Pima Health System (PHS) provides a full continuum of dental care for all eligible, enrolled members:

- under the age of twenty-one (21), and
- emergency treatment for enrolled members twenty-one (21) years of age and older.

Services provided are consistent with those outlined in the AHCCCS Medical Policies. (See Exhibit A at the end of the chapter for a listing of AHCCCS covered dental services.)

PHS' dental program emphasizes the value of promoting good oral hygiene and providing patient education on proper preventive care.

### **A. Members under the age of twenty-one (21) - including KidsCare:**

Children's dental services provide for preventive, therapeutic, and emergency services under the EPSDT program. The PHS Maternal Child Health Division works closely with members, parents, primary care providers and dentists in an effort to ensure that PHS children receive regular and appropriate dental care in accordance with EPSDT guidelines.

The initial referral for dental services to a contracted PHS primary care dental provider does **NOT** require prior authorization (PA). This includes a pedodontist (general dentist for children).

#### **1. Preventive Dental Services (No PA Required)**

- Instruction in self care oral hygiene procedures;
- Complete intraoral examinations;
- Radiology procedures which are screening in nature for diagnosis of dental abnormalities;
- Oral prophylaxis performed by a dentist or oral hygienist;
- Application of topical fluorides (use of a dental prophylaxis paste containing fluoride does not qualify);
- Dental sealants on all non-cariou permanent first molars, second molars, and second primary molars;
- Space maintainers when posterior teeth are lost permanently.

Preventive dental services initial visit is required for children at three years of age. However, earlier initial dental evaluations starting at age one are recommended by the American Association of Pediatric Dentistry and will be reimbursed by PHS. Subsequent examinations are at the discretion of the dentist but are never less than once a year.

A copy of the dental progress note is to be forwarded to the Maternal and Child Health Division at PHS. This copy will then be placed in the member's home medical record.

#### **2. Therapeutic Dental Services (PA Required For Treatment Plans in Excess of \$1,000)**

All therapeutic dental services are covered when they are considered medically necessary. Treatment plans in excess of \$1,000 including prophylactic services **will require prior authorization**. To request prior authorization, the dental treatment plan must be mailed along with radiographs to:

Pima Health System  
3950 S. Country Club Rd., Suite 400  
Tucson, AZ 85714  
Attention: Prior Authorizations Department

PHS consulting dental directors will review the prior authorization request. If they require additional information in order to make a determination of coverage or dental necessity, PHS will make such requests of the dentist in a timely manner. In situations where portions of a treatment plan are approved and others denied, we ask that the dental practice initiate the approved treatment, and if medically appropriate, submit a revised treatment plan with supporting clinical documentation for the denied treatment. Please contact the Prior Authorization Office at **(520) 243-8062** or your PHS provider services representative if you have additional questions about the prior authorization process. **For more information, please refer to the PHS Policy and Procedure on Dental Services located at the end of this chapter.**

Therapeutic dental services include, but are not limited to:

- Periodontal procedures such as scaling/root planing, curettage, gingivectomy, and osseous surgery;
- Space maintainer when posterior primary teeth are lost prematurely;
- Crowns – stainless steel crowns may be used for both primary and permanent posterior teeth; composite, plastic or acrylic crowns must be used for anterior primary teeth. Cast non-precious or semi-precious crowns may be used for members 18 through 20 years of age on all functional permanent endodontically treated teeth, except third molars;
- Pulp therapy for permanent and primary teeth, except third molars unless it is functioning in place of a missing molar;
- Restoration of carious permanent and primary anterior and posterior teeth with accepted dental materials other than cast or porcelain restoration, unless the member is 18-20 years of age and has had endodontic treatment;
- Dentures, orthodontics, and orthognathic surgery when determined to be the treatment of choice or an essential part of an overall treatment plan designed by the PCP in consultation with the dentist.

### 3. Emergency Dental Services (No PA Required)

Emergency dental services include:

- Treatment for pain, infection, swelling and/or injury;
- Extraction of symptomatic, infected and non-restorable primary and permanent teeth, as well as retained primary teeth; and
- General anesthesia or conscious sedation when local anesthesia is contraindicated or when management of the member requires it.

### 4. Billing for Emergency Services

When billing for an emergency dental service (child or adult) providers must identify the emergency nature of the treatment on the claim form. To satisfy this requirement, the provider may enter a note on the claim form indicating that the service was emergency treatment and why it was considered an emergency (i.e. patient was in severe pain.) Alternatively, the provider may add an **ET modifier** to the applicable D code to indicate emergency treatment. When an emergency surgical extraction is performed, the provider must attach medical notes and an X-Ray to the claim form.

### 5. Non Covered Dental Services for Children

- Extractions of asymptomatic teeth including third molars;

- TMJ-Diagnosis and treatment of temporomandibular joint dysfunction are not covered except when services are medically necessary or for the reduction of trauma.

6. Dental Appointment Standards

Appointments for dental services are to be made in accordance with AHCCCS standards and are to be available within the following time frames:

<i>CATEGORY</i>	<i>RECOMMENDATION FOR NEXT DENTAL VISIT</i>
Emergent	Within 24 hours of request
Urgent	Within three days of request
Routine	Within 45 days of request

7. Referral to Dental Sub-Specialty Services

When a member needs to be referred to a dental specialist, please consult the PHS Preferred Provider list which can be found on the PHS website at [www.phs.pima.gov](http://www.phs.pima.gov). If PHS does not have a contracted provider in the needed specialty, please contact Provider Services at (520) 243-8500 for assistance in identifying a non-contracted provider to meet the member’s need.

**B. Adults (21 years and older):**

**Adult dental services provide for emergency services and pre-transplant dental services.**

1. Emergency Dental Services (No PA required)

Emergency dental care and extractions are covered when medically necessary for all members who have a malady that meets the definition of an emergency medical condition as defined by AHCCCS as follows:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- a) placing the patient’s health in serious jeopardy;
- b) serious impairment to bodily functions; or
- c) serious dysfunction of any bodily organ or part.

2. Billing for Emergency Dental Services

When billing for an emergency dental service (child or adult) providers must identify the emergency nature of the treatment on the claim form. To satisfy this requirement, the provider may enter a note on the claim form indicating that the service was emergency treatment and why it was considered an emergency (i.e. patient was in severe pain.) Alternatively, the provider may add an **ET modifier** to the applicable D code to indicate emergency treatment. When an emergency surgical extraction is performed, the provider must attach medical notes and an X-Ray to the claim form.

3. Transplantation Dental Services

After a member has been established as an otherwise appropriate candidate for transplantation, and prior to transplantation, covered services include:

- dental diagnosis, and
- elimination of oral infection prior to transplantation.

4. Non-Covered Dental Services for Adults

- Caps/Crowns;
- Dentures;
- Non-emergency extractions;
- Routine dental screenings and fillings;
- Routine restorative procedures;
- Routine root canal therapy.

TMJ - diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.

5. Quality Management/Utilization Management

The PHS Maternal Child Health Division in conjunction with Quality Management (QM) staff will conduct dental record reviews of dental service provision to determine conformity with acceptable dental standards and AHCCCS guidelines.

Maternal Child Health staff, in conjunction with the Plan's Medical Director and QM associates, will monitor and evaluate utilization reports for dental services. Reports will reflect Plan-wide and individual provider utilization and practice patterns.

## **EXHIBIT A**

### **AHCCCS COVERED DENTAL SERVICES**

#### Covered Dental Services for Children Ages 0-20:

- Dental exam – dental screening twice a year for members through 20 years of age;
- Dental sealants;
- Dentures – only if medically needed;
- Diagnosis (x-rays);
- Education (reaching in self-care oral hygiene);
- Emergency care;
- Fillings;
- Fluoride treatments;
- Local anesthesia (general anesthesia s covered when local anesthesia is contraindicated);
- Orthodontics – braces (when medically needed and prior approved by PHS. Braces must be determined to be the primary treatment of choice of an essential part of an overall treatment plan designed by the PCP in consultation with the dentist);
- Plastic or acrylic crowns for permanent teeth;
- Prescription medications;
- Preventive care;
- Pulp therapy;
- Removable prostheses (limited);
- Root canals;
- Therapeutic services when medically needed;
- Tooth replantation in original socket when loss of tooth is caused by trauma.

#### Non-Covered Dental Services for Children Ages 3-20

- Extractions of asymptomatic teeth including third molars;
- TMJ – diagnosis and treatment of temporomandibular joint dysfunction are not covered except when services are medically necessary or for the reduction of trauma.

#### Covered Dental Services for Adults Ages 21 & Older (Emergency Services)\*

- Anesthesia;
- Emergency exams;
- Extractions for immediate relief of severe pain: oral maxillofacial conditions extractions;
- Initial treatment for acute infections;
- X-rays for emergency care or for medically necessary dentures;
- Prefabricated crowns (only to eliminate pain due to recent tooth fracture);
- Pre-transplant services;
- Recementation of inlays, crowns and bridge;
- Tooth replantation in original socket when loss of tooth is caused by trauma;
- Root canals: limited to six (6) anterior teeth (uppers and lowers) only, and only when needed as treatment for an acute infection or to eliminate severe pain;
- Treatment of fractures.

\* **Emergency Condition** means a medical condition of severe symptoms (including severe pain) such that the absence of immediate medical attention could result in: a) placing a member's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment of bodily functions; or c) serious dysfunction of any bodily organ or part.

## Non-Covered Dental Services for Adults Ages 21 and Older

- Caps/Crowns;
- Dentures;
- Non-emergency extractions;
- Routine dental screenings and fillings;
- Routine restorative procedures;
- Routine root canal therapy;
- TMJ – diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma..

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