



- c. All therapeutic dental services will be covered when they are considered medically necessary and cost effective but may be subject to PA by the Contractor, or AHCCCS Division of Fee-for-Service Management for FFS members. These services include but are not limited to:
- (1) Periodontal procedures, scaling/root planing, 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 through 20 years old.
 - (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 through 20 years of age and has had endodontic treatment, and
 - (5) Removable dental prosthetics, including complete dentures and removable partial dentures
 - (6) Orthodontic services and orthognathic surgery are covered 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, or
- (b) Trauma requiring surgical treatment in addition to orthodontic services, or
- (c) Skeletal discrepancy involving maxillary and/or mandibular structures.

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

Refer to [Chapter 800](#) for information related to FFS dental services and prior authorization requirements.

Refer to [Chapter 300](#), Policy 320, Affiliated Practice Dental Hygienist Policy, regarding services for members 18 years of age or younger provided by dental hygienists with an affiliated practice agreement.