



Arizona Long Term Care System (ALTCS) Dental Benefit

March 30, 2017

Gold Room- 701 (3rd floor)

1:30 p.m. – 3:30 p.m.

Authority

- ❖ A.R.S. §36-2939.A.6.
- ❖ Effective 10/01/2016
- ❖ Restoration of the ALTCS Dental Benefit was approved in the 2016 Legislative Session (HB 2704)

Summary of the \$1000 Limit

- ❖ ALTCS members age 21 and older may receive medically necessary dental benefits up to \$1000 per contract year.
- ❖ Services provided within an IHS/638 facility are also subject to the \$1000 limit per contract year.
- ❖ Contract year is defined as 10/01 through 9/30.
- ❖ Member is not permitted to “carry-over” unused benefits from one year to the next.

Summary of the \$1000 Limit

❖ General Anesthesia (GA) is included as part of the \$1000 benefit limit per contract year.

1. Dentists performing GA on ALTCS members will bill dental codes and the cost will count towards the \$1000 limit
2. Per previous policy, if a physician performs GA on an ALTCS member undergoing a dental procedure it will count towards the \$1000 limit and be billed through medical

Summary of the \$1000 Limit

❖ Members can be billed for any covered services that exceed the \$1000/year limit as long as they are notified by the provider ahead of time and agree to pay for such services in writing.

1. The provider must supply the member with a document describing the services and the cost of the services.
2. Prior to delivery of the service the member must sign and date a document indicating he/she will be responsible for the cost of the services to the extent that it exceeds the \$1000 limit.
3. This includes tribal member.

Summary of the \$1000 Limit

- ❖ If services provided in an Ambulatory Service Center or an Outpatient Hospital require anesthesia (under the ALTCS dental benefit) then the facility and anesthesia charges are subject to the \$1000 limit.

Exceptions/Limitations

- ❖ ALTCS members receiving services that fall into the exception for transplant and cancer cases as outlined in 310-D1 would not count towards the \$1000 limit.
- ❖ Frequency limitations and services that require prior authorization still apply.

Reimbursement Rates and Codes

- ❖ Reimbursement is subject to the Dental FFS Rates and Codes and can be found at

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Dental.html>

- ❖ For IHS/638 Dental is billed the AIR amount.

Enrollment Transition Information (ETI)

- ❖ The annual limit is member specific and remains with the member if transferring between MCO's or between Fee-For-Service (FFS) and Managed Care. It is the responsibility of the entity transferring the member to notify the accepting entity regarding the current balance of the dental benefit.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap1600.pdf>

Tribal ALTCS Case Manager

- ❖ Tribal ALTCS Case Managers are responsible for entering and tracking all dental services on the member's service plan.
- ❖ All providers must notify the assigned Tribal ALTCS Case Manager of the member's dental services.
- ❖ For questions about the assigned Tribal Case Manager, please call 602-417-4338 or 602-417-4305.

Contact Information

For claims status, please use the AHCCCS On-Line Portal available at:
<https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

For technical assistance with your AHCCCS online web portal, please call AHCCCS ISD Customer Support Desk at: 602-417-4451

For technical assistance with your Claims, please contact the Claims Customer Service Unit at 602-417-7670, Option 4.

If you require individualized training, please send your request via email to: ProviderTrainingFFS@azahcccs.gov

To subscribe to receive notifications from DFSM, click this link:
<https://visitor.r20.constantcontact.com/d.jsp?llr=wfkoa9yab&p=oi&m=1126154315958&sit=dxzftp4kb&f=eb307415-6a96-41fd-9bc5-55152f560cd6>

Questions?



Thank You.



Please take a few minutes to complete a survey on today's training session.

We appreciate your feedback.

Here is the survey link:

<https://www.surveymonkey.com/r/QW97FV5>

