

**310-D2 - ARIZONA LONG TERM CARE SYSTEM ADULT DENTAL SERVICES**

EFFECTIVE DATES: 10/01/16, 04/01/17, 10/01/17

REVISION DATES: 03/01/95, 06/01/98, 06/01/01, 10/01/01, 0/01/06, 10/01/09, 10/01/10, 07/01/16, 10/06/16, 02/02/17, 09/07/17

**I. PURPOSE**

This Policy applies to ALTCS/EPD and DES/DDD Contractors; and Tribal ALTCS. This Policy establishes requirements regarding the provision of medically necessary dental services for members in the Long Term Care Program.

**II. DEFINITIONS**

None.

**III. POLICY**

In accordance with A.R.S. §36-2939, Arizona Long Term Care System (ALTCS) members age 21 or older may receive medically necessary dental benefits up to \$1,000 per member per contract year (October 1<sup>st</sup> to September 30<sup>th</sup>) for diagnostic, therapeutic and preventative care, including dentures. The dental policy for ALTCS members under age 21 is specified in AMPM Policy 430.

ALTCS members are also eligible for services as specified in AMPM Policy 310-D1. The services described in AMPM Policy 310-D1 do not count towards the ALTCS \$1,000 limit.

**A. CONTRACTOR AND TRIBAL ALTCS RESPONSIBILITIES**

1. AHCCCS requires Contractors to provide at least the following:
  - a. Coordination of covered dental services for enrolled ALTCS members,
  - b. Documentation of current valid contracts with dentists who practice within the Contractor service area(s),
  - c. Primary care provider to initiate member referrals to dentist(s) when the member is determined to be in need of ALTCS dental services, or members may self-refer to a dentist when in need of dental services,
  - d. Monitoring of the provision of dental services and reporting of encounter data to AHCCCS, and
  - e. Assurance that copies of ALTCS dental policies and procedures have been provided to contracted dentist(s).
  
2. The annual ALTCS dental benefit limit is member specific and remains with the member if the member transfers between Managed Care Organizations or between Fee-For-Service and Managed Care. It is the responsibility of the ALTCS Contractor, or Tribal ALTCS Case Manager, transferring the member to notify the receiving entity regarding the current balance of the ALTCS dental benefit. The ALTCS Enrollment Transition Information (ETI) form, AMPM Policy 1620,

Exhibit 1620-9 shall be utilized for reporting an ALTCS dental benefit balance. Dental services provided within an Indian Health Service (IHS) or 638 Tribal Facility are also subject to the ALTCS dental benefit \$1,000 limit.

The member is not permitted to “carry-over” unused benefit from one contract year to the next.

Frequency limitations and services that require prior authorization apply.

The Contractor shall refer to AMPM Policy 431 for the Dental Uniform Prior Authorization List.

## **B. FACILITY AND ANESTHESIA CHARGES**

AHCCCS expects that in rare instances an ALTCS member may have an underlying medical condition which necessitates that services provided under the ALTCS dental benefit be provided in an Ambulatory Service Center or an Outpatient Hospital and may require anesthesia. In those instances, the facility and anesthesia charges are subject to the ALTCS \$1,000 limit.

Dentists performing General Anesthesia (GA) on ALTCS members will bill using dental codes and the cost will count towards the ALTCS \$1,000 limit.

Physicians performing GA on an ALTCS patient for a dental procedure will bill medical codes and the cost will count towards the ALTCS \$1,000 limit.

## **C. INFORMED CONSENT**

Informed consent is a process by which the provider advises the member/guardian/designated representative of the diagnosis, proposed treatment and alternate treatment methods with associated risks and benefits of each, as well as the associated risks and benefits of not receiving treatment.

1. Informed consents for oral health treatment include:
  - a. A written consent for examination and/or any preventative treatment measure, which does not include an irreversible procedure, as mentioned below. This consent is completed at the time of initial examination and is updated at each subsequent six month follow-up appointment.
  - b. A separate written consent for any irreversible, invasive procedure, including but not limited to dental fillings, pulpotomy, etc. In addition, a written treatment plan must be reviewed and signed by both parties, as described below, with the member/ guardian/designated representative receiving a copy of the complete treatment plan.
2. All providers shall complete the appropriate informed consents and treatment plans for AHCCCS members as listed above, in order to provide quality and consistent care, in a manner that protects and is easily understood by the member/guardian/designated representative. This requirement extends to all Contractor mobile unit providers. Consents and treatment plans shall be in writing

and signed/dated by both the provider and the patient, or patient's representative, if under 18 years of age or is 18 years of age or older and considered an incapacitated adult (as specified in A.R.S. §14-5101). Completed consents and treatment plans must be maintained in the members' chart and are subject to audit.

**D. NOTIFICATION REQUIREMENTS FOR CHARGES TO MEMBERS**

Providers shall provide medically necessary services within the ALTCS \$1,000 dental benefit allowable amount. In the event that medically necessary services are greater than \$1,000, the provider may perform the services as set forth in A.A.C. R9-28-701.10 and R9-22-702, after the following notifications take place.

In accordance with A.A.C. R9-28-701.10 and R9-22-702 (Charges to Members), the provider must inform/explain to the member both verbally and in writing, in the member's primary language, that the dental service requested is not covered and exceeds the ALTCS \$1,000 limit. If the member agrees to pursue the receipt of services:

1. The provider must supply the member a document describing the service and the anticipated cost of the service.
2. Prior to service delivery, the member must sign and date a document indicating that he/she understands that he/she will be responsible for the cost of the service to the extent that it exceeds the ALTCS \$1,000 limit.