



B. ALTCS ADULT DENTAL BENEFIT

Description. Effective 10/1/2007 ALTCS members age 21 or older may receive medically necessary dental services up to \$1,000 per member per contract year for diagnostic, therapeutic and preventive care. This Policy addresses only those dental services which are not emergency dental services or medically necessary dentures. Dental policy for ALTCS members under age 21 is described in Chapter 400, Policy 430, EPSDT Service Standards, Oral Health Services.

Amount Duration and Scope. Dental services are covered for adult ALTCS members up to a maximum of \$1,000 annually and in accordance with this Policy.

1. Contractor Responsibilities

The annual limit of \$1,000 is member specific and remains with the member if s/he transfers between Managed Care entities or between Fee-For-Service and Managed Care. Dental Services provided within an IHS/638 facility are also subject to the \$1,000 limit. It is the responsibility of the entity transferring the member to notify the accepting entity regarding the current balance of the dental benefit. The ALTCS Enrollment Transition Information (ETI) form, Exhibit 1620-9, must be utilized for reporting the ALTCS dental benefit balance.

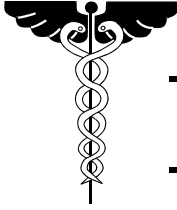
A year begins October 1st and ends September 30th unless otherwise determined by ALTCS Contractors and approved by the AHCCCS Administration.

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

2. Endodontic Services

Prior to initiating endodontic services the provider must consider and plan for the following:

- a. Endodontic dental services are only considered medically necessary when provided on functional teeth that have a favorable prognosis for success.
- b. Adequate restorative services must be provided when endodontic services are provided under the ALTCS Dental benefit. If the services are anticipated to exceed the \$1,000 limit, the provider must comply with the procedures described in Notification Requirements for Charges to Members, (4., below) and the member must agree to pay any remaining amounts.



3. Facility and Anesthesia Charges

AHCCCS expects that in rare instances an ALTCS member may have an underlying medical condition that 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 \$1,000 limit.

4. Notification Requirements for Charges to Members

As stated above, the ALTCS Adult Dental Benefit is limited to \$1,000 annually. Providers will provide medically necessary services within the \$1,000 allowable amount. In the event that medically necessary services are greater than \$1,000, the provider may perform the services after the following notifications take place.

In accordance with 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 as it exceeds the \$1,000 limit. If the member agrees to pursue the receipt of services:

- a. The provider must supply the member with a document describing the services and the anticipated cost of the services.
- b. 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 services to the extent that they exceed the \$1,000 limit.

5. Exclusions

- a. Dental services that are furnished solely for cosmetic purposes (R9-22-205).
- b. Emergency Dental Services; because they are a separately identified covered service for all members. Refer to Policy 310, "Dental Services for Members 21 Years of Age or Older."
- c. Dentures; because they are a separately identified covered service for all members. Refer to Chapter 300, Policy 310, "Dental Services for Members 21 Years of Age or Older."