

Did you know that AHCCCS coverage includes routine dental care for all members under the age of 21?

All AHCCCS members under the age of 21 are assigned to a Dental Home by their health plan. A Dental Home is a dental office.

Your primary care doctor (PCP) will do an oral health screening as part of a routine physical examination.

This screening determines dental needs and can help connect members to covered dental services available at a Dental Home. Coverage includes emergency dental services and medically necessary dental services.



A referral to a dentist is based on the needs identified during the screening, categorized as:

- Urgent—as promptly as the member’s health condition requires but no later than 3 days of request; or
- Routine—within 45 calendar days of request.

You do not need a PCP referral to visit your Dental Home. Eligible members may self-refer to any AHCCCS network dentist.

Call your health plan’s Customer Service number to find your assigned Dental Home. At any time, members may change their assigned Dental Home. See your provider list for Dental Home choices.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan’s Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.