ALTCS Dental Update

I. **Review of ALTCS Dental Benefit**
   a. The ALTCS benefit was approved this past legislative session (HB 2704).
   b. AHCCCS workgroups have formed and are actively working to develop appropriate policy.
   c. The updated policy will be similar to the previous policy, effective 10/1/16 or when approved by CMS. Coverage is prospective only upon CMS approval.

II. **Members Covered by ALTCS**
   a. E/PD and DD members who are 21 and older and at risk for institutional level of care.

III. **The benefit will include all AHCCCS covered services up to $1000/year**
   a. Coverage will begin and align with the new contract year (10/1/16-9/30/17) or when approved by CMS. Coverage is prospective only upon CMS approval.
   b. Services provided in IHS/638 facilities are also subject to the $1000/yr. limit.
   c. Coverage is member specific and remains with the member if he or she transfers between MCOs or between Fee-for-Service 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.
   d. Any unused benefits will **not** roll over to the next year.
   e. Frequency limitations and services that require prior authorization still apply.
   f. Members can be billed for any covered services that exceed the $1000/yr. limit as long as they are notified by the provider ahead of time and agree to pay for such services in writing.
      i. The provider must supply the member a document describing the services and the cost of the services.
      ii. Prior to the service delivery 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.
      iii. This includes Tribal members.
   g. Dentures will be covered under ALTCS.
   h. General Anesthesia (GA) will be covered and will count towards the $1000 limit.
      i. Dentists performing GA will bill services using dental codes and the cost will count towards the $1000 limit.
      ii. Per the previous ALTCS policy, if a physician performs GA on an ALTCS member for a dental procedure then the cost will count towards the $1000 limit and be billed through medical.

IV. **Reimbursement Rates**
   a. The ALTCS Dental Benefit will be subject to the Dental FFS Rates and Codes found at [https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Dental.html](https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Dental.html).