

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>.