

## **SECTION H DENTAL SERVICES**

Phoenix Health Plan (PHP) covers dental services for all EPSDT members 0 through 20 years of age. This includes all medically necessary dental services such as dental screenings, preventive services (in accordance with the AHCCCS periodicity schedule), therapeutic dental services, medically necessary dentures, and pre-transplantation dental services. There are limited benefits for members age 21 and older.

### **DENTAL PERIODICITY SCHEDULE RECOMMENDATIONS**

AHCCCS recently adapted the periodicity schedule in accordance to the American Academy of Pediatric Dentistry. Diagnostic services include comprehensive and periodic examinations for members through 20 years of age. These recommendations for preventative pediatric oral healthcare should be followed by both general dentists and pedodontists.

- For preventative services, PHP allows two oral examinations and two oral prophylaxis fluoride treatments per member per year (i.e., one every six months) for members ages 12 months through 20 years of age.

*The AHCCCS Dental Periodicity Schedule can be found in the back of this section.*

### **DENTAL CLAIMS ADDRESS**

All pre-determinations and claims ADA submissions are to be mailed along with any supporting documentation including x-rays when necessary to:

<p><b>Phoenix Health Plan P.O. Box 81000 Phoenix, AZ 85069</b></p>
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**Note: X-Rays will not be returned.**

### **DENTAL GUIDELINES/PRE-DETERMINATION REQUIREMENTS**

- Pre-determination is not required based on dollar amount.
- The dental matrix provides detailed information on those codes that require pre-determination. Contact network management for the most current version of the matrix or go to our website: at  
➤ <http://www.phoenixhealthplan.com/dental.aspx>
- Dental specialty consultations do not require prior authorization. Treatment plans proposed by the dental specialty provider should be submitted for benefit pre-determination prior to services being performed.
- Submit a pre-treatment estimate by mail on an ADA form to the claims submission address. Include necessary supporting documentation of diagnostic quality (x-rays, narrative, charting).
  - If a treatment plan changes or if during the course of treatment an immediate procedure which is a covered service is required, do not interrupt a patient's care in order to obtain authorization. After the treatment, submit any changes to the original authorization that are needed, along with relevant documentation, and Phoenix Health Plan will respond to the change request.

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### **Services for members age 20 and younger:**

#### **General Dentists**

All services provided by general dentists to members less than 4 years of age require prior authorization. For members 4 years of age and older, those codes as designated on the dental matrix require pre-determination for members up to age 21.

#### **Pedodontists**

Consultation with a pedodontist does not need a referral and no prior authorization is required.

#### **Specialist Referrals**

- Consultation with an oral surgeon, endodontist, or periodontist do not require prior authorization.. Proposed treatment plans do require pre-determination and should be submitted on a standard ADA form with supporting documentation to the claims submission address.
- When submitting the request, include x-rays and documentation supporting the rationale for referral.

#### **Dental Pre-Determination Matrix**

- Services designated as requiring prior authorization on the dental matrix require prior authorization. There are no specialty exclusions. *If one service on a treatment plan require prior authorization (i.e. sedation), the entire treatment plan should be submitted with x-rays for review.*
- Members may schedule their own appointments with contracted general dentists or pedodontists.
- Local anesthesia and nitrous oxide do not require prior auth but all other forms of sedation done by general dentists must be prior authorized. In addition, any provider doing oral or IV conscious sedation must have a valid Arizona dental permit on file with the health plan otherwise the services will not be payable. Payment for this code will only be considered when accompanied by a written justification for services rendered.
- The dental matrix delineates the prior authorization requirements for all dental codes. The dental matrix is based on benefits by age group. There are limited benefits for members age 21 and older. Be sure to verify the member's age and eligibility on every date of service, because prior authorization does not guarantee that the member will be eligible at the time of service.

**Requests for services that require pre-determination must be submitted with supporting documentation including x-rays when necessary to:**

**Phoenix Health Plan  
P.O. Box 81000  
Phoenix, AZ 85069**

- Upon receipt of the dental prior authorization, the dental advisor will evaluate the request and make a determination.
- Denials will be faxed to the dental provider within 24 hours of the decision.
- Prior authorizations are good for 120 days.

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- To help educate members regarding the importance of keeping or canceling appointments in advance, report member “no-shows” on the “No-Show Log” and fax to the dental program.
- PHP reserves the right to do post treatment audits of dental records.

### **Services for members age 21 and older:**

Emergency adult dental services are eliminated. However, in accordance with federal law and the State Plan, AHCCCS will cover medical and surgical services furnished by a dentist only to the extent that such services may be performed under State law either by a physician or by a dentist and such services would be considered a physician services if furnished by a physician.

- For members age 21 and older, the services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw.
- The covered services include examination of the oral cavity, required radiographs, complex oral surgical procedures, such as treatment of maxillofacial fractures, administration of an appropriate anesthesia and the prescription of pain medication and antibiotics.
- Pre-transplant services—require prior authorization. Requests are submitted and coordinated with the transplant coordinator.
- Certain pre-transplant services (e.g. dental cleanings, fillings, restorations, extractions) and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head are also covered.

**All pre-determinations and claims ADA submissions are to be mailed along with any supporting documentation, x-rays to:**

**Phoenix Health Plan  
P.O. Box 81000  
Phoenix, AZ 85069**

### **AHCCCS DENTAL CODE INFORMATION (LIMITED TO ADULT MEMBERS AGE 21 AND OLDER)**

**Note:**

- Reimbursement of dental codes are limited to members under age 21 except for the limited set of codes indicated by "X" below for medically necessary services.
- Adult pre-transplant recipients may receive additional dental treatment in preparation for a transplant. The additional codes available for pre-transplant recipients are indicated by "T" as shown below:

Code	Codes indicated by an “X”, remain reimbursable for members 21 years of age and older	Additional codes limited to transplant preparation for adults are indicted by “T”	Description (may be truncated)
D0120		T	Periodic oral evaluation - established patient
D0140	X		Limited oral evaluation - problem focused

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Code	Codes indicated by an "X", remain reimbursable for members 21 years of age and older	Additional codes limited to transplant preparation for adults are indicated by "T"	Description (may be truncated)
D0150		T	Comprehensive oral evaluation - new or established patient
D0160		T	Detailed and extensive oral evaluation - problem focused, by report
D0180		T	Comprehensive periodontal evaluation - new or established patient
D0210		T	Intraoral-complete series (including bitewings)
D0220	X		Intraoral-periapical-first film
D0230	X		Intraoral-periapical-each additional film
D0240	X		Intraoral-Occlusal film
D0250	X		Extraoral-first film
D0260	X		Extraoral-each additional film
D0270		T	Bitewing-single film
D0272		T	Bitewings-two films
D0273		T	Bitewings - three films
D0274		T	Bitewings-four films
D0277		T	Vertical bitewings - 7 to 8 films
D0290	X		Posterior-anterior or lateral skull and facial bone survey film
D0320	X		Temporomandibular joint arthrogram, including injection
D0321	X		Other temporomandibular joint films, by report
D0330	X		Panoramic film
D0502		T	Other oral pathology procedures, by report
D0999		T	Unspecified diagnostic procedure, by report
D1110		T	Prophylaxis-adult
D1204		T	Topical application of fluoride - adult
D2140		T	Amalgam-one surface, primary or permanent
D2150		T	Amalgam-two surfaces, primary or permanent
D2160		T	Amalgam-three surfaces, primary or permanent
D2161		T	Amalgam-four or more surfaces, primary or permanent
D2330		T	Resin-one surface, anterior
D2331		T	Resin-two surfaces, anterior
D2332		T	Resin-three surfaces, anterior
D2335		T	Resin-four or more surfaces or involving incisal angle (anterior)
D2390		T	Resin-based composite crown, anterior
D2391		T	Resin-based composite - one surface, posterior
D2392		T	Resin-based composite - two surfaces, posterior
D2393		T	Resin-based composite - three surfaces, posterior
D2394		T	Resin-based composite - four or more surfaces, posterior

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D2799		T	Provisional crown
D2910		T	Recement inlay, onlay or partial coverage restoration
D2915		T	Recement cast or prefabricated post and core
D2920		T	Recement crown
D2931		T	Prefabricated stainless steel crown-permanent tooth
D2932		T	Prefabricated resin crown
D2940		T	Sedative filling
D2950		T	Core build-up, including any pins
D2951		T	Pin retention-per tooth, in addition to restoration
D2952		T	Post and core in addition to crown, indirectly fabricated
D2954		T	Prefabricated post and core in addition to crown
D2999		T	Unspecified restorative procedure, by report
D3221		T	Pulpal debridement, primary and permanent teeth
D3310		T	Endodontic therapy, anterior tooth (excluding final restoration)
D3346		T	Retreatment of previous root canal therapy-anterior
D3410		T	Apicoectomy/periradicular surgery-anterior
D3430		T	Retrograde filling-per root
D3999		T	Unspecified endodontic procedure, by report
D4210		T	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded or
D4211		T	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded
D4240		T	Gingival flap procedure, including root planing - four or more contiguous teeth
D4241		T	Gingival flap procedure, including root planing - one to three contiguous teeth
D4260		T	Osseous surgery (including flap entry and closure) - four or more contiguous
D4261		T	Osseous surgery (including flap entry and closure) - one to three contiguous
D4341		T	Periodontal scaling and root planing - four or more teeth per quadrant
D4342		T	Periodontal scaling and root planing - one to three teeth, per quadrant
D4355		T	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4910		T	Periodontal maintenance

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D4920		T	Unscheduled dressing change (by someone other than treating dentist)
D4999		T	Unspecified periodontal procedure, by report
D6930		T	Recement bridge
D7140		T	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210		T	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap
D7220		T	Removal of impacted tooth-soft tissue
D7230		T	Removal of impacted tooth-partially bony
D7240		T	Removal of impacted tooth-completely bony
D7241		T	Removal of impacted tooth-completely bony, with unusual surgical complications
D7250		T	Surgical removal of residual tooth roots (cutting procedure)
D7260	X		Oral antral fistula closure
D7261	X		Primary closure of a sinus perforation
D7285	X		Biopsy of oral tissue - hard (bone, tooth)
D7286	X		Biopsy of oral tissue - soft
D7292	X		Surgical placement: temporary anchorage device [screw retained plate] requiring
D7293	X		Surgical placement: temporary anchorage device requiring surgical flap
D7294	X		Surgical placement: temporary anchorage device without surgical flap
D7410	X		Excision of benign lesion up to 1.25 cm
D7411	X		Excision of benign lesion greater than 1.25 cm
D7412	X		Excision of benign lesion, complicated
D7413	X		Excision of malignant lesion up to 1.25 cm
D7414	X		Excision of malignant lesion greater than 1.25 cm
D7415	X		Excision of malignant lesion, complicated
D7440	X		Excision of malignant tumor-lesion diameter up to 1.25 cm
D7441	X		Excision of malignant tumor-lesion diameter greater than 1.25 cm
D7450	X		Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm
D7451	X		Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm
D7460	X		Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm

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Code	Codes indicated by an “X”, remain reimbursable for members 21 years of age and older	Additional codes limited to transplant preparation for adults are indicted by “T”	Description (may be truncated)
D7461	X		Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than
D7465	X		Destruction of lesion(s) by physical or chemical methods, by report
D7490	X		Radical resection of maxilla or mandible
D7510	X		Incision and drainage of abscess-intraoral soft tissue
D7511	X		Incision and drainage of abscess - intraoral soft tissue - complicated
D7520	X		Incision and drainage of abscess-extraoral soft tissue
D7521	X		Incision and drainage of abscess - extraoral soft tissue - complicated
D7530	X		Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	X		Removal of reaction-producing foreign bodies-musculoskeletal system
D7550	X		Partial ostectomy/sequestrectomy for removal of non-vital bone
D7560	X		Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	X		Maxilla-open reduction (teeth immobilized if present)
D7620	X		Maxilla-closed reduction (teeth immobilized if present)
D7630	X		Mandible-open reduction (teeth immobilized if present)
D7640	X		Mandible-closed reduction (teeth immobilized if present)
D7650	X		Malar and/or zygomatic arch-open reduction
D7660	X		Malar and/or zygomatic arch-closed reduction
D7670	X		Alveolus - closed reduction, may include stabilization of teeth
D7671	X		Alveolus - open reduction, may include stabilization of teeth
D7680	X		Facial bones-complicated reduction with fixation and multiple surgical
D7710	X		Maxilla-open reduction
D7720	X		Maxilla-closed reduction
D7730	X		Mandible-open reduction
D7740	X		Mandible-closed reduction
D7750	X		Malar and/or zygomatic arch-open reduction
D7760	X		Malar and/or zygomatic arch-closed reduction
D7770	X		Alveolus - open reduction stabilization of teeth

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D7771	X		Alveolus, closed reduction stabilization of teeth
D7780	X		Facial bones-complicated reduction with fixation and multiple surgical
D7810	X		Open reduction of dislocation
D7820	X		Closed reduction of dislocation
D7830	X		Manipulation under anesthesia
D7840	X		Condylectomy
D7850	X		Surgical discectomy; with/without implant
D7852	X		Disc repair
D7854	X		Synovectomy
D7856	X		Myotomy
D7858	X		Joint reconstruction
D7860	X		Arthrotomy
D7865	X		Arthroplasty
D7870	X		Arthrocentesis
D7871	X		Non-arthroscopic lysis and lavage
D7872	X		Arthroscopy-diagnosis, with or without biopsy
D7873	X		Arthroscopy-surgical: lavage and lysis of adhesions
D7874	X		Arthroscopy-surgical: disc repositioning and stabilization
D7875	X		Arthroscopy-surgical: synovectomy
D7876	X		Arthroscopy-surgical: discectomy
D7877	X		Arthroscopy-surgical: debridement
D7880	X		Occlusal orthotic appliance
D7899	X		Unspecified tmd therapy, by report
D7910	X		Suture of recent small wounds up to 5 cm
D7911	X		Complicated suture-up to 5 cm
D7912	X		Complicated suture-greater than 5 cm
D7920	X		Skin graft (identify defect covered, location, and type of graft)
D7940	X		Osteoplasty-for orthognathic deformities
D7941	X		Osteotomy - mandibular rami
D7943	X		Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	X		Osteotomy-segmented or subapical
D7945	X		Osteotomy-body of mandible
D7946	X		Lefort i (maxilla-total)
D7947	X		Lefort i (maxilla-segmented)
D7948	X		Lefort ii or lefort iii (osteoplasty of facial bones for midface hypoplasia or
D7949	X		Lefort ii or lefort iii-with bone graft

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D7950	X		Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla -
D7951	X		Sinus augmentation with bone or bone substitutes
D7953	X		Bone replacement graft for ridge preservation - per site
D7955	X		Repair of maxillofacial soft and/or hard tissue defect
D7970		T	Excision of hyperplastic tissue-per arch
D7971		T	Excision of pericoronal gingiva
D7972		T	Surgical reduction of fibrous tuberosity
D7980	X		Sialolithotomy
D7981	X		Excision of salivary gland, by report
D7982	X		Sialodochoplasty
D7983	X		Closure of salivary fistula
D7990	X		Emergency tracheotomy
D7991	X		Coronoidectomy
D7995	X		Synthetic graft-mandible or facial bones, by report
D7996	X		Implant-mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	X		Appliance removal (not by dentist who placed appliance), includes removal of
D7998	X		Intraoral placement of a fixation device not in conjunction with a fracture
D7999	X		Unspecified oral surgery procedure, by report
D9220	X		Deep sedation/general anesthesia-first 30 minutes
D9221	X		Deep sedation/general anesthesia-each additional 15 minutes
D9230	X		Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	X		Intravenous conscious sedation/analgesia - first 30 minutes
D9242	X		Intravenous conscious sedation/analgesia - each additional 15 minutes
D9248	X		Non-intravenous conscious sedation
D9310		T	Consultation - diagnostic service provided by dentist or physician other than
D9410	X		House/extended care facility call
D9420	X		Hospital call
D9610		T	Therapeutic parenteral drug, single administration

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Code	Codes indicated by an "X", remain reimbursable for members 21 years of age and older	Additional codes limited to transplant preparation for adults are indicated by "T"	Description (may be truncated)
D9930		T	Treatment of complications (postsurgical) - unusual circumstances, by report
D9951		T	Occlusal adjustment-limited

## SECTION H DENTAL SERVICES

### Exhibit 430-1A AHCCCS Dental Periodicity Schedule

<b>RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE</b>				
These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.				
AGE	12-24 months	2-6 years	6-12 years	12 years and older
Clinical oral examination including but not limited to the following: <sup>1</sup>	X	X	X	X
> Assess oral growth and development	X	X	X	X
> Caries-risk Assessment	X	X	X	X
> Assessment for need for fluoride supplementation	X	X	X	X
> Anticipatory Guidance/Counseling	X	X	X	X
> Oral hygiene counseling	X	X	X	X
> Dietary counseling	X	X	X	X
> Injury prevention counseling	X	X	X	X
> Counseling for non-nutritive habits	X	X	X	X
> Substance abuse counseling			X	X
> Counseling for intraoral/perioral piercing			X	X
> Assessment for pit and fissure sealants		X	X	X
Radiographic Assessment	X	X	X	X
Prophylaxis and topical fluoride	X	X	X	X

<sup>1</sup> First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child's risk status / susceptibility to disease.

**Note:** Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

**Note:** As in all medical care, dental care must be based on the individual needs of the patient and the professional judgment of the oral health provider.

\* Adaptation from the American Academy of Pediatric Dentistry Schedule

Initial Effective Date: 10/01/08