Section 14.0 - Dental and Vision Services

14.1.1  Introduction
Mercy Maricopa has a comprehensive dental network to serve the needs of Mercy Maricopa members. Emergency and general dental services are described in this section and should be provided in accordance with the AHCCCS Exhibit 430-1 EPSDT Periodicity Schedule available on the AHCCCS website. Also, Mercy Maricopa covers eye and optometric services provided by qualified eye/optometry professionals within certain limits based on member age and eligibility.

14.2.1 Scope
This section applies to providers who render services to healthplan members for dental and vision services. Routine coverage for dental and vision is only covered until age 21 and members under Mercy Maricopa with coverage will only be between the ages of 18-20.

14.3.1 Objectives
There are specific coverage guidelines for dental and vision services. This section explains the dental and vision benefit and coverage of services.
14.4.1-A. Dental Services Overview
Mercy Maricopa has a comprehensive dental network to serve the needs of Mercy Maricopa members. The contracted network is available on Mercy Maricopa’s website under Find a Provider. Emergency and general dental services are described below and should be provided in accordance with the AHCCCS Exhibit 430-1 EPSDT Periodicity Schedule available on the AHCCCS website along with the guidelines presented below. Providers should include parents or caregivers in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

14.4.1-B. Dental Emergency Services
The following emergency dental services are covered:
• Treatment for pain, infection, swelling and/or injury
• Extraction of symptomatic (including pain), infected and non-restorable primary and permanent teeth, as well as retained primary teeth (extractions are limited to teeth which are symptomatic); and
• General anesthesia, conscious sedation or anxiolysis (minimal sedation, patients respond normally to verbal commands) when local anesthesia is contraindicated or when management of the patient requires it.

14.4.1-C. Additional Information Regarding Dental Services
Members may select a contracted general dentist and receive preventive dental services without a referral, unless such services require prior authorization, as described below. If prior authorization is required, a provider must:
• Obtain appropriate prior authorization before rendering non-emergency services.
• Provide an oral health screening as part of an EPSDT screening and refer members for:
  o Appropriate dental services based on needs identified through the screening process.
  o Routine dental care based on the AHCCCS Exhibit 430-1 EPSDT Periodicity Schedule.
• Document evidence of referrals on the EPSDT form.
• May refer members for a dental assessment if their oral health screening reveals potential carious lesions or other conditions requiring assessment and/or treatment by a dental professional.
• Should encourage eligible members under the age of 21, to see a dentist regularly.
• Follow the AHCCCS Exhibit 430-1 EPSDT Periodicity Schedule to ensure members are referred appropriately.
• Should encourage members who call for a dental referral to obtain any routine or follow up care and document all referrals in the member’s medical record.

In addition to referrals by PCPs referrals, EPSDT members are allowed self-referral to a Mercy
Maricopa contracted dentist.

Covered Dental Benefits – Summary

14.4.1-D. Preventive Dental Services
Preventive dental services specified in the AHCCCS Exhibit 430-1A Dental Periodicity Schedule are covered benefits and include:

- Diagnostic services including comprehensive and periodic examinations.
- Mercy Maricopa covers two oral examinations and two oral prophylaxis and fluoride treatments per member per year (i.e., one every six months plus 1 day apart).
- Radiology services which are screening in nature for diagnosis of dental abnormalities and/or pathology, including panoramic or full-mouth x-rays, supplemental bitewing x-rays, and occlusal or periapical films as needed.
- Preventive services which include:
  - Oral prophylaxis performed by a dentist or dental hygienist which includes self-care oral hygiene instructions to member, if able, or to the parent/legal guardian.
  - Application of topical fluorides. Use of a prophylaxis paste containing fluoride and fluoride mouth rinses do not meet the AHCCCS standard for fluoride treatment (fluoride treatment in the PCP office is not a covered service).
  - Space maintainers for age appropriate replacement of posterior primary teeth which are lost prematurely and where unerupted, permanent posterior teeth are present.

14.4.1-E. Therapeutic Dental Services
All therapeutic dental services are covered when medically necessary but must be prior authorized by Mercy Maricopa. These services include but are not limited to:

- Periodontal procedures, scaling/root planing, curettage, gingivectomy, and osseous surgery
- Crowns:
  - When appropriate, stainless steel crowns may be used for both primary and permanent posterior teeth; composite, prefabricated stainless steel crowns with a resin window or crowns with esthetic coatings should be used for anterior primary teeth, or
  - Precious or cast semi-precious crowns may be used on functional permanent endodontic treated teeth, except third molars, for members who are 18 through 20 years old.
- Endodontic services including pulp therapy for permanent and primary teeth, except third molars (unless a third molar is functioning in place of a missing molar)
- Restoration of carious permanent and primary teeth with accepted dental materials other than cast or porcelain restorations unless the member is 18 through 20 years of age and has had endodontic treatment, and
- Dentures (both complete and partial), when medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other.
• Orthodontic services and orthognathic surgery are covered only when these services are necessary to treat a handicapping malocclusion. Services must be medically necessary and determined to be the primary treatment of choice or an essential part of an overall treatment plan developed by both the PCP and the dentist in consultation with each other.

14.4.1-F. Orthodontic Services
Orthodontic services are not covered when the primary purpose is cosmetic. Examples of conditions that may require orthodontic treatment include the following:
• Congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services.
• Trauma requiring surgical treatment in addition to orthodontic services.
• Skeletal discrepancy involving maxillary and/or mandibular structures.

14.4.1-G. Covered Services for Eligible Members 21 Years of Age and Over
Routine and emergency dental services are not covered for adults (age 21 and older), unless related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered services for adults (age 21 and older) include:
• Examination of the oral cavity
• Required radiographs
• Complex oral surgical procedures – Maxillofacial fractures
• Appropriate anesthesia
• Prescription of pain medications and antibiotics
• Pre-transplant services (Dental prophylaxis, restorations, extractions) – See below
• Prophylactic extraction of teeth for head/neck/jaw radiation

Other Exceptions to Dental Services

14.4.1-H. Dental Services Not Covered
• Orthodontic treatment and extraction of non-symptomatic teeth are generally not covered services. This includes 3rd molars.
• Services or items furnished solely for cosmetic purposes are not covered by Mercy Maricopa.

14.4.1-I. Dental Services Covered Under Certain Criteria
• Dentures, orthodontics and orthognathic (related to the placement of the jaw) surgery are covered only if they are determined to be medically necessary and the primary treatment of choice or an essential part of an overall treatment plan.
• Denture repair or reline to maintain serviceability of dentures is a covered benefit.
• TMJ treatment is limited to the alleviation of symptoms related to Acute, traumatic injuries only.
14.4.1-J. Dental Medical Necessity
Medical necessity is determined by Mercy Maricopa’s medical and dental directors. Medical
documentation is required and must be submitted directly to Mercy Maricopa for review and
prior authorization determination. The Dental Prior Authorization Request Form can be
accessed under the Mercy Maricopa/Forms section of Mercy Maricopa’s website.

Vision Services

14.4.1-K. Vision Overview
Mercy Maricopa covers eye and optometric services provided by qualified eye/optometry
professionals within certain limits based on member age and eligibility:
- Emergency eye care, which meets the definition of an emergency medical condition, is
  covered for all members.
- For members who are 21 years of age or older, treatment of medical conditions of the eye,
  excluding eye examinations for prescriptive lenses and the provision of prescriptive lenses,
  are covered.
- Vision examinations and the provision of prescriptive lenses are covered for members
  under the EPSDT program and for adults when medically necessary following cataract
  removal.
- Cataract removal is covered for all eligible members under certain conditions. For more
  information, visit the AHCCCS website under Medical Policy for AHCCCS Covered Services.

14.4.1-L. Coverage for Eligible Members 18, 19 & 20 years of age
- Medically necessary emergency eye care, vision examinations, prescriptive lenses and
  treatments for conditions of the eye.
- PCPs are required to provide initial vision screening in their office as part of the EPSDT
  program.
- Members 18-20 years of age with vision screening of 20/60 or greater should be referred to
  the contracted vision provider for further examination and possible provision of glasses.
- Replacement of lost or broken glasses is a covered benefit.
- Contact lenses are not a covered benefit.

14.4.1-M. Nationwide Referral Instructions
Nationwide is Mercy Maricopa’s contracted vendor for all vision services, including diabetic
retinopathy exams. Members requiring vision services should be referred by the PCP’s office
to a Nationwide provider listed on Mercy Maricopa’s website. The member may call
Nationwide directly to schedule an appointment.
14.4.1-N. Coverage for Eligible Members 21 Years and Over

- Emergency care for eye conditions when the eye condition meets the definition of an emergency medical condition; for cataract removal and/or medically necessary vision examinations; and for prescriptive lenses if required following cataract removal.
- Routine eye exams and glasses are not a covered service for adults.
- Adults 21 years of age and older should be referred to Nationwide for the diagnosis and treatment of eye diseases as well.

14.4.1-O. Dental and Vision Community Resources for Adults

AHCCCS benefits do not include routine dental and vision services for adults. However, there are community resources available to help members obtain routine dental and vision care. For more information, call Mercy Maricopa’s Member Services at 800-564-5465.

14.5.1 References

The following citations can serve as additional resources for this content area:
- Exhibit 430-1 EPSDT Periodicity Schedule
- Exhibit 430-1A Dental Periodicity Schedule
- Medical Policy for AHCCCS Covered Services