

# Dentist Toolkit: Measure Improvement Resources, Health Choice Arizona

## AHCCCS Performance Metrics

**Overview:**

Health plans and providers are held to a standard on a variety of metrics by the Centers for Medicare and Medicaid and the State of Arizona. The sources for this rating include preventative measures, pharmacy measures, independent reviews, and surveys. When provider offices and health plans collaborate, the needs of the population can be appropriately addressed. Together, the necessary documentation and proper continuity of care will propel the membership to receive the best possible care. Health Choice thanks you for your help in keeping our members healthy!

### Preventive Services

#### Dental Visits

**Age:** 2-20

**Frequency:** Every year

**Description:** Patients who receive one or more dental visits within the measurement year.

**Suggested CDT:**

**New Patient & Established Patient Visit:**

Periodic Oral Evaluation: **D0120** (once every 6 months)

Oral Evaluation under 3 years of age: **D0145**

Comprehensive Oral Evaluation: **D0150** (New Patient has not been seen by this provider for at least three years)

#### Fluoride Varnish

**Age:** 0-20

**Frequency:** Once every 6 months

**Description:** Patients who have an erupted tooth who receive at least one fluoride varnish within the measurement year.

**Suggested CDT:**

Topical Fluoride Varnish: **D1206**

#### Dental Sealants

**Age:** 5-14

**Frequency:** One D1351 per tooth, per 36 month period

**Description:** Dental sealants act as a barrier to prevent decay.

**Suggested CDT:**

Sealant per tooth: **D1351**

Tooth Number(s) 2, 3, 14, 15, 18, 19, 30, 31 ONLY when no decay or restoration is present on tooth. Sealants are reimbursed once every 3 years, no more than 2x per tooth, up to 15 years of age.

### AHCCCS Recommended Dental Periodicity Schedule

Services	Age			
	12-24 months	2-6 years	6-12 years	12 years and older
<b>Clinical oral examination including but not limited to the following:</b>	★	★	★	★
<b>Assess oral growth and development</b>	★	★	★	★
<b>Caries-risk Assessment</b>	★	★	★	★
<b>Assessment for need for fluoride supplementation</b>	★	★	★	★
<b>Anticipatory Guidance/Counseling</b>	★	★	★	★
<b>Oral hygiene counseling</b>	★	★	★	★
<b>Dietary counseling</b>	★	★	★	★
<b>Injury prevention counseling</b>	★	★	★	★
<b>Counseling for nonnutritive habits</b>	★	★	★	★
<b>Substance abuse counseling</b>			★	★
<b>Counseling for intraoral/perioral piercing</b>			★	★
<b>Assessment for pit and fissure sealants</b>		★	★	★
<b>Radiographic Assessment</b>	★	★	★	★
<b>Prophylaxis and topical fluoride</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. First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child's risk status / susceptibility to disease. Adaptation from the American Academy of Pediatric Dentistry Schedule.

★ Bi-Annual Visits Recommended

#### Prophylaxis

**Age:** 0-20

**Frequency:** Once every 6 months

**Description:** A dental prophylaxis is a cleaning procedure performed to thoroughly clean the teeth. It is a preventive, not therapeutic service.

**Suggested CDT:**

Prophylaxis Ages 0-13: **D1120**

Prophylaxis Ages 14-20: **D1110**

## Radiographs

Radiographs	
Intraoral Complete Series	Intraoral Periapical Film
<b>Age:</b> 6-20	<b>Age:</b> 6-20
<b>Frequency:</b> Once every 36 months	<b>Frequency:</b> Limited to one date per date of service
<b>Description:</b> A complete series is most often taken after the evaluation of the new patient by the dentist at the comprehensive oral evaluation (D0150) or (D0180) including bitewings.	<b>Description:</b> X-rays that capture the entire tooth, all the way down to the tissues at the tip of the tooth root.
<b>Suggested CDT:</b> Intraoral Complete Series (including bitewings): <b>D0210</b>	<b>Suggested CDT:</b> Intraoral Periapical First Film: <b>D0220</b> (limited to one film per service) Intraoral Periapical Each Additional Film: <b>D0230</b> (limited to 2 films per date of service) *additional films require documentation to establish medical necessity
Bitewing Film	Panoramic Film
<b>Age:</b> 2-20	<b>Age:</b> 6-20
<b>Frequency:</b> Once per 6 month period	<b>Frequency:</b> Once every 36 months
<b>Description:</b> Bitewing radiography is a commonly used dental x-ray technique and may be a component of the radiologic examination.	<b>Description:</b> A two-dimensional (2-D) dental x-ray examination that captures the entire mouth in a single image, including the teeth, upper and lower jaws, surrounding structures and tissues
<b>Suggested CDT:</b> Bitewing 1 Film: <b>D0270</b> (minimum age 2 years of age) Bitewing 2 Film: <b>D0272</b> (minimum age 2 years of age, 2-9 yrs.) Bitewing 3 Film: <b>D0273</b> (minimum age 10 years of age) Bitewing 4 Film: <b>D0274</b> (minimum age 10 years of age, 10-20yrs) Vertical Bitewings 7 to 8 Films: <b>D0277</b>	<b>Suggested CDT:</b> Panoramic Film: <b>D0330</b> (Payable a maximum of 3 times per lifetime)

*\*Please note: A panoramic radiograph submitted with bitewing radiographs and/or single periapical films are reimbursable at the intraoral complete series rate. A panoramic radiograph is not reimbursable within 12 months of bitewing radiographs when taken by the same provider or group.*

## Restorative Dental Procedures

Restorative Dental Procedures	
Fillings	Dental Crowns
<b>Age:</b> 2-20	<b>Age:</b> 2-20
<b>Description:</b> Silver fillings that provide a strong, hard, durable filling. A composite filling is a tooth-colored plastic and glass mixture used to restore decayed teeth.	<b>Description:</b> A "cap" that is placed over a tooth -- to cover the tooth to restore its shape and size, strength, and improve its appearance
<b>Suggested CDT:</b> Amalgam Surfaces: <b>D2140, D2150, D2160, D2161</b> Resin, Anterior: <b>D2330, D2331, D2332, D2335</b> Resin Composite, Posterior: <b>D2391, D2392, D2393, D2394</b>	<b>Suggested CDT:</b> Stainless Steel Crown, Primary/Permanent Tooth: <b>D2930, D2931</b> Prefabricated Resin Crown: <b>D2390, D2929, D2932, D2934</b> Cast Crowns: <b>D2750-D2792</b> (ages 18-20) Core Build-Up, Including Any Pins: <b>D2950</b>
Space Maintainers	Endodontic Treatment
<b>Age:</b> 0-14	<b>Age:</b> 0-20
<b>Suggested CDT:</b> Fixed Unilateral: <b>D1510</b> Fixed Bilateral: <b>D1515</b> (Primary teeth only. Space maintainers are not covered for the premature loss of primary 1st molars when the permanent 1st molar is fully erupted)	<b>Suggested CDT:</b> Primary Teeth: <b>D3220-D3240</b> Permanent Teeth: <b>D3310- D3330, D3346-D3348</b> (Require pre-op PA and BW, narrative, for members 16 and over please include full treatment plan)

## Additional Information

Pre-Authorization Requests	Questions
<p style="text-align: center;">Benefits of your Provider Portal:</p> <ul style="list-style-type: none"> <li>- Your office can check status of authorization immediately</li> <li>- Your office can retrieve authorization numbers sooner than standard mail (x-rays must be emailed in not submitting electronically, they must be emailed)</li> <li>- You can schedule your patients sooner</li> <li>- You have an electronic record of your transactions with Health Choice                             <ul style="list-style-type: none"> <li>- It's FREE!</li> </ul> </li> </ul> <p>*Please refer to the Dental Matrix for specific frequency limitations</p> <p style="text-align: center;"><a href="https://www.healthchoicearizona.com/ProviderPortal/login/">https://www.healthchoicearizona.com/ProviderPortal/login/</a></p>	<p>Need help signing up to use the Provider Portal? Contact Health Choice for assistance!</p> <p style="text-align: center;">Provider Services: (480) 968-6866</p> <p style="text-align: center;">Dental Email: <a href="mailto:hca_dentaldepartment@iasishealthcare.com">hca_dentaldepartment@iasishealthcare.com</a> Dental Fax Number: 480-350-2217</p> <p style="text-align: center;">Standard Mail: Health Choice Arizona 410 N. 44th Street, Suite 520 Phoenix, AZ 85008</p>

**Confidential and Proprietary.** This guide includes some common services and their associated CDT codes. It does not replace coding manuals, nor replace the training required by a certified dental coder. Any code submitted should be supported by the documentation. Coding guidelines should be referenced and the most specified code appropriate should be selected.

