



## AHCCCS Benefit Changes Effective October 1, 2017

September 27, 2017

Dear Care1st Providers and Staff:

As part of the 2017 Legislative session, the Arizona Legislature passed Senate Bill 1527. AHCCCS plans to begin coverage of the following services effective October 1, 2017. The benefit limitations are based on contract year which is October 1 to September 30.

### Occupational Therapy Services

Occupational Therapy services are expanded to cover individuals over the age of 21 in an outpatient setting. The service is limited to 15 rehabilitation OT visits and 15 habilitation OT visits per contract year and must be used to restore, maintain or attain a particular skill or function. The OT benefit and visits are separate and in addition to the Physical Therapy visits that are allowed for individuals over the age of 21.

### Adult Emergency Dental Benefit

Acute members over the age of 21 are covered for emergency dental services up to \$1,000 per contract year. A dental emergency is defined as “an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology or trauma”.

- *Prior authorization* is not required but can optionally be requested by treating dentist. All emergency dental services are subject to retrospective review to determine emergent qualification.
- *Covered services* can be found on the Advantica/Care1st Dental Clinical and Billing Guidelines > AHCCCS & DDD Members 21 and Over.
- *Exceptions (not included in the \$1,000 benefit)*, services to repair fractures to the facial structures, transplant cases and prescription drugs.
- *Informed Consent* is a process by which the provider advises the member/guardian/designated representative of the diagnosis, proposed treatment and alternate treatment methods with associated risks and benefits of each and risks and benefits of not receiving treatment **All Providers** have to complete the appropriate informed consents, treatment plans with signature and date from provider and member or designated representative. Copies must be provided to the member/representative and maintained in members’ chart.
- *Member Charges* In order to bill a member for charges exceeding the \$1000 benefit, providers must notify members in advance and members must have signed in advance a document outlining the services and their potential responsibility should treatment exceed the benefit for the contract year.

DDD Members over 21 years of age will have both the \$1,000 Emergency Benefit and the standard \$1,000 Dental Benefit per contract year.

If you have any questions or need assistance, please contact Care1st Network Management using the information below. **Thank You!**

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Care1st Network Management

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