Executive Summary
In 2019, Arizona was the most populated and most racially diverse state in the Rocky Mountain Network of Oral Health (RoMoNOH) and the 14th most populated state in the nation. Arizona has been innovating activities and rules related to oral health delivery, including training community health workers to conduct oral health screening and, recently, passing legislation to allow dental therapists to practice. In 2014, Arizona expanded Medicaid eligibility rules, which has led to increased enrollment for the eligible population. This report focuses on Medicaid reimbursement only and does not address private payers.

Community Water Fluoridation
- In 2018, 58 percent of the population was on community water systems receiving fluoridated water, which is below the national average of 73 percent.

Fluoride Varnish Application
- Fluoride varnish can be applied every 6 months for children ages 6 months through 2 years.
- In federally qualified health centers (FQHCs), fluoride varnish application is reimbursed as part of the well-child visit. While Arizona Medicaid provides reimbursement for fluoride varnish application separately from the EPSDT well-child visit, FQHCs’ prospective payment system does not allow fluoride varnish application to be billed separately from a well-child visit.
- Non-dental clinical providers who apply fluoride varnish are required to complete an oral health training course and submit proof of completion to the Medicaid office.
- Non-dental clinical providers should bill the CPT 99188 code for fluoride varnish application.
- Non-dental clinical providers who apply fluoride varnish are not required to use specific risk assessment or educational tools.

Fluoride Varnish Billing
The following non-dental clinic providers in Arizona can bill for fluoride varnish application:
- Nurse practitioners
- Nurses (can apply fluoride varnish if a physician delegates the task and codes directly)
- Pharmacists
- Physicians
- Physician assistants

Dental Hygienist and Dental Therapist Scope of Practice
- Dental hygienists have a direct access option if they have had an active license for 3 years with a minimum of 500 hours in each of the last 2 years. Direct access, also called affiliated practice in Arizona, means dental hygienists that seek this certification can bill independently and can be paid by Medicaid directly.
- Dental hygienists have a broad scope of practice but do not have dental hygiene diagnosis or prescriptive authority.
- Dental therapists can practice in the state but only in specific locations including FQHCs, federal look-alike designations, community health centers (CHCs), nonprofit dental
practices, and private dental practices with patients referred by a CHC. Dental therapists must bill through a dentist.
• Dental assistants have expanded functions, which expands their allowable duties.

Teledentistry
• Before the COVID-19 pandemic, dental hygienists were using teledentistry (store and forward information to a dentist remotely), and Medicaid covered teledentistry for all Medicaid recipients eligible for EPSDT.
• During the pandemic, Medicaid has been providing reimbursement for asynchronous and synchronous teledentistry for Medicaid recipients. Scope of service via teledentistry is limited to problem-focused/limited exams and radiographs. Periodic oral evaluations and comprehensive oral evaluations cannot be conducted via teledentistry in Arizona.
• During the pandemic, dentists can bill synchronous teledentistry visits at parity with in-person visits.

Strengths
• Dental hygienists can supervise dental assistants and have a broad scope of practice.
• Dental hygienists in an affiliated practice agreement with a dentist who is a Medicaid provider may be reimbursed by Medicaid for services included in the practice agreement with the dentist.
• Dental therapists can practice in certain settings to reduce health disparities.
• Community health workers have been trained on oral health education. According to the National Association for Community Health Workers, Arizona recently had a large training for community health workers focused on promoting oral health within the state.
• Medicaid allows three different visits (e.g., behavioral, dental, medical) to be billed on one day.

Challenges
• Non-dental clinical providers can apply fluoride varnish for children up to age 2 only.
• Direct access dental hygienists are restricted to certain settings (such as FQHCs, free clinics, and school-based programs).
• Dental hygienists do not have dental hygiene diagnosis or prescriptive authority.
• Medicaid coverage for adults is emergency only and covers up to $1,000.
• There is no special dental coverage for pregnant women besides presumptive eligibility.

Resources
• 32-1276-04. Dental Therapists; Clinical Practice; Supervising Dentists; Written Practice Collaborative Practice Agreements
• Arizona: 2020 Allowable and Prohibited Duties for Dental Assistants
• AHCCCS Fee-for-Service Schedules
• COVID-19 Emergency Dental Coding Guidance Teledentistry
• Direct Access States
• Finding the Keys to Arizona’s Oral Health Issues
• Scope of Practice Act
• Smiles for Life: A National Oral Health Curriculum
• Variation in Dental Hygiene Scope of Practice by State

State Project Staff
Da-Nell Pedersen, Director of Clinical Programs, Arizona Alliance for Community Health Centers
E-mail: danellp@aachc.org
Lorraine Ramirez, Women’s Health Network Coordinator, Arizona Alliance for Community Health Centers
E-mail: lorrainer@aachc.org

American Academy of Pediatrics (AAP) Staff
Kera Beskin, Project Manager
E-mail: kbeskin@aap.org

NOHI Project
To learn more about the NOHI project, please visit www.mchoralhealth.org/pdfs/nohi-overview-profiles.pdf

Disclaimer
This environmental scan was conducted and summarized by AAP staff. This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement number UK7MC33230. This information or content and conclusions are those of AAP and RoMoNOH project staff and should not be construed as the official policy of HRSA, HHS, the U.S. government, AAP, or Denver Health, nor should any endorsements be inferred.