

DATE: 12/23/2020

SUBJECT: Dental Changes for 2021
Prior Authorization Change

1. **The following codes limits are changed to 2 in 1 year instead of 1 every 6 months. This will be effective through 12/31/2020. These codes will revert back to 1 every 6 months starting 1/1/2021.**
 - a. **D0120** Periodic oral evaluation - established patient
 - b. **D0270** Bitewing - single radiographic image
 - c. **D0272** Bitewings - two radiographic images
 - d. **D0273** Bitewings - three radiographic images
 - e. **D0274** Bitewings - four radiographic images
 - f. **D1110** prophylaxis - adult; Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.
 - g. **D1120** prophylaxis - child; Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

2. **The following code limit is approved for 4 in 1 year.**
***This is a permanent change and will continue post the COVID-19 Emergency.**
 - a. **D1206** topical application of fluoride varnish

3. **Prior Authorization (PA) Requirements have been removed for the following approved code temporarily: (Prior Authorization requirements will be reinstated starting 1/1/2021)**
 - a. **D2930** Prefabricated stainless steel crown-primary tooth
 - b. **D2931** Prefabricated stainless steel crown-permanent tooth
 - c. **D3220** Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament
 - d. **D3230** Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration) Applies to members under 6
 - e. **D3240** Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)
 - f. **D3310** Endodontic therapy, anterior tooth (excluding final restoration)
 - g. **D3320** Endodontic therapy, premolar tooth (excluding final restoration)
 - h. **D3330** Endodontic therapy, molar tooth (excluding final restoration)
 - i. **D7140** Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

- j. **D7210** Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
 - k. **D7220** Removal of impacted tooth-soft tissue
 - l. **D7230** Removal of impacted tooth-partially bony
 - m. **D7240** Removal of impacted tooth-completely bony
 - n. **D7241** Removal of impacted tooth-completely bony, with unusual surgical complications
 - o. **D7250** Removal of residual tooth roots (cutting procedure)
 - p. **D7251** Coronectomy - intentional partial tooth removal
 - q. **D7260** Oral antral fistula closure
 - r. **D7261** Primary closure of a sinus perforation
 - s. **D7270** Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
 - t. **D7111** Extraction, coronal remnants - primary tooth
2. Licensed Arizona Dentists, Request Your Free PPE by 8/31/2020
- a. Please click on the following link for all guidance related to this PPE request.
 - b. [Licensed Arizona Dentists, Request Your Free PPE by 8/31/2020](#)

AHCCCS Guides –Manuals-Policies

- 1. Oral Health Care for Early and Periodic Screening Diagnosis and Treatment Aged Members [AMPM Policy 431 and attachments](#)
- 2. Dental Services for Members 21 Years of Age and Older [AMPM 310- D1](#)
- 3. Arizona Long Term Care System Adult Dental Services [AMPM 310- D2](#)