Arizona Health Care Cost Containment System Schedule of Rates for Dental Hygienists		
CPT-5 Code	**Description**	**Fee-for-Service Rate Effective 12/1/2006**
D0120	PERIODIC ORAL EXAMINATION	22.40
D0145	ORAL EVALUATION FOR PATIENT UNDER THREE YEARS OF AGE AND COUNSELING W/PRIMARY CAREGIVER	28.00
D0150	COMPREHENSIVE ORAL EVALUATION NEW OR ESTABLISHED PT	32.80
D0180	COMPREHENSIVE PERIO EVAL - NEW OR ESTABLISHED PT	34.40
D0210	INTRAORAL-COMPLETE SERIES (INCLUDI	58.40
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	12.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITION	9.60
D0240	INTRAORAL-0CCLUSAL FILM	12.00
D0250	EXTRAORAL-FIRST FILM	13.60
D0260	EXTRAORAL-EACH ADDITIONAL FILM	10.40
D0270	BITEWING-SINGLE FILM	9.60
D0272	BITEWINGS-TWO FILMS	19.20
D0273	BITEWINGS - THREE FILMS	24.00
D0274	BITEWINGS-FOUR FILMS	28.00
D0277	VERTICAL BITEWINGS- 7 TO 8 FILMS	28.00
D1110	PROPHYLAXIS-ADULT	40.00
D1120	PROPHYLAXIS-CHILD	34.40
D1203	TOPICAL APPLICATION OF FLUORIDE (E	12.80
D1204	TOPICAL APPLICATION OF FLUORIDE (E	12.80
D1206	TOPICAL FLOURIDE VARNISH, THERAPEUTIC APPL	12.80
D1351	SEALANT-PER TOOTH	21.60