

Arizona Health Care Cost Containment System
Dental Codes and Rates Effective October 1, 2010 through December 31, 2011

HCPCS	Descriptions	AHCCCS Rate 10/01/2010
D0120	PERIODIC ORAL EVALUATION	28.05
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	37.05
D0145	ORAL EVALUATION FOR PATIENT UNDER THREE YEARS OF AGE AND COUNSELING	35.05
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	41.15
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -PROBLEM FOCUSED	41.15
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	43.15
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	73.15
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	15.00
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	12.05
D0240	INTRAORAL-OCCLUSAL FILM	15.00
D0250	EXTRAORAL-FIRST FILM	17.00
D0260	EXTRAORAL-EACH ADDITIONAL FILM	13.00
D0270	BITEWING-SINGLE FILM	12.05
D0272	BITEWINGS-TWO FILMS	24.05
D0273	BITEWINGS - THREE FILMS	30.10
D0274	BITEWINGS-FOUR FILMS	35.05
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	35.05
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND	37.05
D0310	SIALOGRAPHY	52.25
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCL	115.25
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY	55.10
D0330	PANORAMIC FILM	62.15
D0340	CEPHALOMETRIC FILM	53.10
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	21.10
D0470	DIAGNOSTIC CASTS	52.15
D0502	OTHER ORAL PATHOLOGY PROCEDURES	25.10
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REP	BR
D1110	PROPHYLAXIS-ADULT	50.15
D1120	PROPHYLAXIS-CHILD	43.15
D1203	TOPICAL APPLICATION OF FLOURIDE (EXCLUDING PROPHYLAXIS); CHILD	19.95
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)	19.95
D1206	TOPICAL FLOURIDE VARNISH, THERAPEUTIC APPL	19.95
D1351	SEALANT-PER TOOTH	27.10
D1510	SPACE MAINTAINER-FIXED UNILATERAL	149.35
D1515	SPACE MAINTAINER-FIXED BILATERAL	213.45
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	149.35
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	213.45
D1550	RECEMENTATION OF SPACE MAINTAINER	34.10
D1555	REMOVAL OF FIXED SPACE MAINTAINER	34.10
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	73.15
D2150	AMALGAM-TWO SURFACES,PRIMARY OR PERMANENT	88.15
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	106.20
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	127.30
D2330	RESIN BASED COMPOSITE-ONE SURFACE, ANTERIOR	87.20
D2331	RESIN BASED COMPOSITE-TWO SURFACES, ANTERIOR	110.30
D2332	RESIN BASED COMPOSITE-THREE SURFACES, ANTERIOR	138.30
D2335	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES OR INVOLVING	166.35
D2390	RESIN BASED COMPOSITE CROWN	200.45
D2391	RESIN BASED COMPOSITE-ONE SURFACE, POSTERIOR	73.15
D2392	RESIN BASED COMPOSITE-TWO SURFACES, POSTERIOR	88.15
D2393	RESIN BASED COMPOSITE-THREE SURFACES, POSTERIOR	106.20
D2394	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES POSTERIOR	127.30

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D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	498.83
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	570.30
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY B	570.30
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	570.30
D2790	CROWN-FULL CAST HIGH NOBLE METAL	570.30
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	570.30
D2792	CROWN-FULL CAST NOBLE METAL	570.30
D2794	CROWN-TITANIUM	380.00
D2910	RECEMENT INLAY	46.10
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	46.10
D2920	RECEMENT CROWN	46.10
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIM	135.30
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERM	157.30
D2932	PREFABRICATED RESIN CROWN	133.30
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH	158.35
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PR	158.35
D2940	SEDATIVE FILLING	51.10
D2950	CORE BUILD-UP, INCLUDING ANY PINS	140.30
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO	40.10
D2952	CAST POST AND CORE IN ADDITION TO CROWN	212.50
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	133.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	105.25
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	BR
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	19.00
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL REST	19.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	81.25
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	81.25
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERM TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	109.25
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	104.50
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	104.50
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	370.90
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	448.00
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	562.30
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	104.20
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	213.45
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	118.30
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	476.05
D3347	RETREATMENT-BICUSPID	501.15
D3348	RETREATMENT-MOLAR	596.30
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	89.20
D3352	APEXIFICATION/RECALCIFICATION-INTERIM ME	75.15
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISI	240.55
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERI	340.75
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSP	340.75
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	394.90
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH	170.45
D3430	RETROGRADE FILLING-PER ROOT	119.25
D3450	ROOT AMPUTATION-PER ROOT	196.45
D3470	INTENTIONAL REPLANTATION	428.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	196.45

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D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REP	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	272.65
D4211	GINGIVECTOMY OR GINGIVOPLASTY- 1 TO 3 TEETH PER QUADRANT	106.20
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH, PER QUADRANT	310.75
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - 1 TO 3 TEETH, PER QUADRANT	186.40
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	400.90
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS OR BOUNDED TEETH, PER QUADRANT	497.15
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - 1 TO 3 TEETH, PER QUADRANT	324.70
D4263	BONE REPLACEMENT GRAFT; FIRST SITE IN QUADRANT	275.60
D4264	BONE REPLACEMENT GRAFT, EACH ADDITIONAL SITE IN QUADRANT	260.60
D4265	BIOLOGIC MATERIAL TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	295.65
D4266	GUIDED TISSUE REGENERATION; RESORBABLE BARRIER; PER SITE	283.65
D4267	GUIDED TISSUE REGENERATION; NON-RESORBABLE BARRIER; PER SITE	305.70
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	304.65
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUD	362.80
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	516.15
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	319.70
D4275	SOFT TISSUE ALLOGRAFT	401.95
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	521.15
D4320	PROVISIONAL SPLINTING-INTRACORONAL	176.40
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	135.30
D4341	PERIODONTAL SCALING AND ROOT PLANING- FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	145.35
D4342	PERIODONTAL SCALING AND ROOT PLANING- ONE TO THREE TEETH, PER QUADRANT	86.15
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	75.15
D4910	PERIODONTAL MAINTENANCE	72.20
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE	30.10
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY RE	BR
D5110	COMPLETE UPPER	739.65
D5120	COMPLETE LOWER	739.65
D5130	IMMEDIATE UPPER	829.85
D5140	IMMEDIATE LOWER	829.85
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	691.60
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	691.60
D5213	UPPER PARTIAL-CAST METAL BASE WITH RESIN	811.85
D5214	LOWER PARTIAL-CAST METAL BASE WITH RESIN	811.85
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE	360.80
D5410	ADJUST COMPLETE DENTURE-UPPER	40.10
D5411	ADJUST COMPLETE DENTURE-LOWER	40.10
D5421	ADJUST PARTIAL DENTURE-UPPER	40.10
D5422	ADJUST PARTIAL DENTURE-LOWER	40.10
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	106.20
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	81.25
D5610	REPAIR RESIN DENTURE BASE	74.20

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D5620	REPAIR CAST FRAMEWORK	85.20
D5630	REPAIR OR REPLACE BROKEN CLASP	87.20
D5640	REPLACE BROKEN TEETH-PER TOOTH	81.25
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	96.25
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	128.25
D5710	REBASE COMPLETE UPPER DENTURE	308.65
D5711	REBASE COMPLETE LOWER DENTURE	308.65
D5720	REBASE UPPER PARTIAL DENTURE	308.65
D5721	REBASE LOWER PARTIAL DENTURE	308.65
D5730	RELINE UPPER COMPLETE DENTURE (CHAIRSIDE	170.45
D5731	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE	170.45
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	156.35
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	156.35
D5750	RELINE UPPER COMPLETE DENTURE (LABORATOR	238.55
D5751	RELINE LOWER COMPLETE DENTURE (LABORATOR	238.55
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY	202.45
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY	202.45
D5820	INTERIM PARTIAL DENTURE (UPPER)	340.75
D5821	INTERIM PARTIAL DENTURE (LOWER)	340.75
D5850	TISSUE CONDITIONING, MAXILLARY	85.20
D5851	TISSUE CONDITIONING, MANDIBULAR	85.20
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROC	BR
D5911	FACIAL MOULAGE (SECTIONAL)	BR
D5912	FACIAL MOULAGE (COMPLETE)	BR
D5913	NASAL PROSTHESIS	BR
D5914	AURICULAR PROSTHESIS	BR
D5915	ORBITAL PROSTHESIS	BR
D5916	OCULAR PROSTHESIS	BR
D5919	FACIAL PROSTHESIS	BR
D5922	NASAL SEPTAL PROSTHESIS	BR
D5923	OCULAR PROSTHESIS, INTERIM	BR
D5924	CRANIAL PROSTHESIS	BR
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR
D5926	NASAL PROSTHESIS, REPLACEMENT	BR
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR
D5931	OBTURATOR PROSTHESIS, SURGICAL	BR
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	BR
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUI	BR
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT	BR
D5936	OBTURATOR/PROSTHESIS, INTERIM	BR
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	BR
D5951	FEEDING AID	BR
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	BR
D5953	SPEECH AID PROSTHESIS, ADULT	BR
D5954	PALATAL AUGMENTATION PROSTHESIS	BR
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	BR
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR

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D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR
D5982	SURGICAL STENT	BR
D5983	RADIATION CARRIER	BR
D5984	RADIATION SHIELD	BR
D5985	RADIATION CONE LOCATOR	BR
D5986	FLUORIDE GEL CARRIER	BR
D5987	COMMISSURE SPLINT	BR
D5988	SURGICAL SPLINT	BR
D5991	TOPICAL MEDICAMENT CARRIER	166.25
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY	BR
D6930	RECEMENT FIXED PARTIAL DENTURE	46.10
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDUREe	BR
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH - INCLUDES SOFT TISSUE-RETAINED REMNANTS	57.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED TOOTH (ELEVATION AND/OR FORCEPS REMOVAL)	83.60
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	128.25
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	157.30
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	200.45
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BON	234.55
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BON	290.70
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	128.25
D7260	ORAL ANTRAL FISTULA CLOSURE	300.70
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	300.70
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY AVULSED OR DISPLACED TOOTH	290.70
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH FOR ORTHODONTIC REASONS	216.50
D7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH	130.35
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	130.35
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	53.10
D7285	BIOPSY OF ORAL TISSUE-HARD	153.35
D7286	BIOPSY OF ORAL TISSUE-SOFT	153.35
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	BR
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	BR
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	BR
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRAC	152.40
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES	96.25
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	200.45
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE	133.30
D7410	EXCISION OF BENIGN LESION UP TO 1.25	106.20
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25	235.50
D7412	EXCISION OF BENIGN LESION, COMPLICATED	275.60
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	210.50
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25	310.75
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	325.75
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	205.50

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D7441	EXCISION OF MALIGNANT EXCISION OF MALIGNANT TUMOR - LESION GREATER THAN 1.25 CM	305.70
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	152.40
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	195.40
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	111.25
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	147.25
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	71.25
D7471	REMOVAL OF LATERAL EXOSTOSIS - (MAXILLA OF MANDIBLE)	237.50
D7472	REMOVAL OF TORUS PALATINUS	332.50
D7473	REMOVAL OF TORUS MANDIBULARIS	522.50
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	270.75
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	3277.50
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	71.25
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE-COMPLICATED	237.50
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	128.25
D7521	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED	261.25
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUT	88.35
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	109.25
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	180.50
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OF FOREIGN BODY	346.75
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZE	1662.50
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILI	1187.50
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZ	2025.40
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBIL	1045.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	1187.50
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	807.50
D7670	ALVEOLUS-STABILIZATION OF TEETH, CLOSED REDUCTION SPLINT	325.85
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1638.75
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH	2707.50
D7710	MAXILLA-OPEN REDUCTION	1852.50
D7720	MAXILLA-CLOSED REDUCTION	1135.25
D7730	MANDIBLE-OPEN REDUCTION	1947.50
D7740	MANDIBLE-CLOSED REDUCTION	1225.50
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	1781.25
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	1230.25
D7770	ALVEOLUS - STABILIZATION OF TEETH	1187.50
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	688.75
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	3410.50
D7810	OPEN REDUCTION OF DISLOCATION	1700.50
D7820	CLOSED REDUCTION OF DISLOCATION	147.25
D7830	MANIPULATION UNDER ANESTHESIA	223.25
D7840	CONDYLECTOMY	2161.25
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLAN	1971.25
D7852	DISC REPAIR	BR

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D7854	SYNOVECTOMY	2460.50
D7856	MYOTOMY	1290.10
D7858	JOINT RECONSTRUCTION	2581.15
D7860	ARTHROTOMY	508.25
D7865	ARTHROPLASTY	2581.15
D7870	ARTHROCENTESIS	156.75
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	285.00
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	441.75
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS O	1154.25
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING	1154.25
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	1559.90
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	1559.90
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	2581.15
D7880	OCCLUSAL ORTHOTIC APPLIANCE	316.35
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	236.55
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	66.50
D7911	COMPLICATED SUTURE-UP TO 5 CM	112.10
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	261.25
D7920	SKIN GRAFTS (IDENTIFY DEFECT COVERED, LO	BR
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	1187.50
D7941	OSTEOTOMY-RAMUS, CLOSED	3277.50
D7943	OSTEOTOMY-MANDIBULAR RAMI WITH BONE GRAFT, INCLUDES OBTAINING THE GRAFT	3277.50
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEX	2750.25
D7945	OSTEOTOMY-BODY OF MANDIBLE	2968.75
D7946	LEFORT I (MAXILLA-TOTAL)	3315.50
D7947	LEFORT I (MAXILLA-SEGMENTED)	3035.25
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF	3799.05
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	3942.50
D7950	OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR	850.25
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTE	BR
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	BR
D7955	REPAIR OF MAXILLOFACIAL SOFT AND HARD TI	859.75
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	138.70
D7963	FRENULOPLASTY	138.70
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	144.40
D7971	EXCISION OF PERICORONAL GINGIVA	70.30
D7972	SURGICAL REDUSCTION OF FIBROUS TUBEROSITY	118.75
D7980	SIALOLITHOTOMY	185.25
D7981	EXCISION OF SALIVARY GLAND	717.25
D7982	SIALODOCHOPLASTY	522.50
D7983	CLOSURE OF SALIVARY FISTULA	194.75
D7990	EMERGENCY TRACHEOTOMY	346.75
D7991	CORONOIDECTOMY	1211.25
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	BR
D7996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR
D7997	APPLIANCE REMOVAL (not by dentist who placed appliance), INCLUDES REMOVAL OF ARCHBAR	BR
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJ. W/FRACTURE	BR
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY R	BR

Arizona Health Care Cost Containment System
Dental Codes and Rates Effective October 1, 2010 through December 31, 2011

HCPCS	Descriptions	AHCCCS Rate 10/01/2010
D8010	LIMITED ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	280.65
D8020	LIMITED ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	280.65
D8030	LIMITED ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	280.65
D8040	LIMITED ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	280.65
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	1302.95
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	1302.95
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	2605.85
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	2930.55
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	3032.80
D8210	REMOVABLE APPLIANCE THERAPY	305.71
D8220	FIXED APPLIANCE THERAPY	335.75
D8660	PRE-ORTHODONTIC VISIT	45.15
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	132.35
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	200.45
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO CONTRACT FEE)	65.15
D8691	REPAIR OF ORTHODONTIC APPLIANCE	BR
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	130.35
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR OF FIXED RETAINER	46.10
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY RE	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	57.10
D9120	FIXED PARTIAL DENTURE SECTIONING	52.10
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WIT	10.05
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	138.70
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	64.60
D9230	ANALGESIA	25.10
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA; FIRST 30 MINUTES	133.30
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA; EACH ADDITIONAL 15 MINUTES	38.10
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	60.15
D9310	CONSULTATION(DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT	39.05
D9410	HOUSE CALL	45.15
D9420	HOSPITAL CALL	80.20
D9430	OFFICE VISIT FOR OBSERVATION (DURING REG	28.05
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED H	63.20
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	19.00
D9612	THERAPEUTIC PARENTERAL DRUGS	30.10
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL	28.05
D9940	OCCLUSAL GUARDS, BY REPORT	180.40
D9951	OCCLUSAL ADJUSTMENT-LIMITED	49.10
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REP	BR

Codes listed as BR (By Report) are reimbursed at 65% of covered billed charges