

Arizona Health Care Cost Containment System

Dental Codes and Rates Effective April 1, 2011 through September 30, 2011

HCPCS	Descriptions	AHCCCS Rate 04/01/2011
D0120	PERIODIC ORAL EVALUATION	26.65
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	35.20
D0145	ORAL EVALUATION FOR PATIENT UNDER THREE YEARS OF AGE AND COUNSELING	33.30
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	39.09
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -PROBLEM FOCUSED	39.09
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	40.99
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	69.49
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	14.25
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	11.45
D0240	INTRAORAL-OCCLUSAL FILM	14.25
D0250	EXTRAORAL-FIRST FILM	16.15
D0260	EXTRAORAL-EACH ADDITIONAL FILM	12.35
D0270	BITEWING-SINGLE FILM	11.45
D0272	BITEWINGS-TWO FILMS	22.85
D0273	BITEWINGS - THREE FILMS	28.60
D0274	BITEWINGS-FOUR FILMS	33.30
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	33.30
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND	35.20
D0310	SIALOGRAPHY	49.64
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCL	109.49
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY	52.35
D0330	PANORAMIC FILM	59.04
D0340	CEPHALOMETRIC FILM	50.45
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	20.05
D0470	DIAGNOSTIC CASTS	49.54
D0502	OTHER ORAL PATHOLOGY PROCEDURES	23.85
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REP	BR
D1110	PROPHYLAXIS-ADULT	47.64
D1120	PROPHYLAXIS-CHILD	40.99
D1203	TOPICAL APPLICATION OF FLOURIDE (EXCLUDING PROPHYLAXIS); CHILD	18.95
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)	18.95
D1206	TOPICAL FLOURIDE VARNISH, THERAPEUTIC APPL	18.95
D1351	SEALANT-PER TOOTH	25.75
D1352	PREVENTIVE RESIN RESTORATION IN MODERATE TO HIGH RISK CARIES	25.75
D1510	SPACE MAINTAINER-FIXED UNILATERAL	141.88
D1515	SPACE MAINTAINER-FIXED BILATERAL	202.78
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	141.88
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	202.78
D1550	RECEMENTATION OF SPACE MAINTAINER	32.40
D1555	REMOVAL OF FIXED SPACE MAINTAINER	32.40
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	69.49
D2150	AMALGAM-TWO SURFACES,PRIMARY OR PERMANENT	83.74
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	100.89
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	120.94
D2330	RESIN BASED COMPOSITE-ONE SURFACE, ANTERIOR	82.84
D2331	RESIN BASED COMPOSITE-TWO SURFACES, ANTERIOR	104.79
D2332	RESIN BASED COMPOSITE-THREE SURFACES, ANTERIOR	131.39
D2335	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES OR INVOLVING	158.03
D2390	RESIN BASED COMPOSITE CROWN	190.43
D2391	RESIN BASED COMPOSITE-ONE SURFACE, POSTERIOR	69.49
D2392	RESIN BASED COMPOSITE-TWO SURFACES, POSTERIOR	83.74
D2393	RESIN BASED COMPOSITE-THREE SURFACES, POSTERIOR	100.89

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D2394	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES POSTERIOR	120.94
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	541.79
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	541.79
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY B	541.79
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	541.79
D2790	CROWN-FULL CAST HIGH NOBLE METAL	541.79
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	541.79
D2792	CROWN-FULL CAST NOBLE METAL	541.79
D2794	CROWN-TITANIUM	361.00
D2910	RECEMENT INLAY	43.80
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	43.80
D2920	RECEMENT CROWN	43.80
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIM	128.54
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERM	149.44
D2932	PREFABRICATED RESIN CROWN	126.64
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH	150.43
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PR	150.43
D2940	SEDATIVE FILLING	48.55
D2950	CORE BUILD-UP, INCLUDING ANY PINS	133.29
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO	38.10
D2952	CAST POST AND CORE IN ADDITION TO CROWN	201.88
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	126.35
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	99.99
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	BR
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	18.05
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL REST	18.05
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	77.19
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	77.19
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERM TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	103.79
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	99.28
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	99.28
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	352.36
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	425.60
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	534.19
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	98.99
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	202.78
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	112.39
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	452.25
D3347	RETREATMENT-BICUSPID	476.09
D3348	RETREATMENT-MOLAR	566.49
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	84.74
D3352	APEXIFICATION/RECALCIFICATION-INTERIM ME	71.39
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISI	228.52
D3354	PULPAL REGENERATION - (COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERM TOOTH WITH NECROTIC PULP) NOT INCLUDING FINAL	114.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERI	323.71
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSP	323.71
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	375.16
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH	161.93
D3430	RETROGRADE FILLING-PER ROOT	113.29
D3450	ROOT AMPUTATION-PER ROOT	186.63

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D3470	INTENTIONAL REPLANTATION	406.60
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	186.63
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REP	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	259.02
D4211	GINGIVECTOMY OR GINGIVOPLASTY- 1 TO 3 TEETH PER QUADRANT	100.89
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH, PER QUADRANT	295.21
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - 1 TO 3 TEETH, PER QUADRANT	177.08
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	380.86
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUROR MORE CONTIGUOUS OR BOUNDED TEETH, PER QUADRANT	472.29
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - 1 TO 3 TEETH, PER QUADRANT	308.47
D4263	BONE REPLACEMENT GRAFT; FIRST SITE IN QUADRANT	261.82
D4264	BONE REPLACEMENT GRAFT, EACH ADDITIONAL SITE IN QUADRANT	247.57
D4265	BIOLOGIC MATERIAL TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	280.87
D4266	GUIDED TISSUE REGENERATION; RESORBABLE BARRIER; PER SITE	269.47
D4267	GUIDED TISSUE REGENERATION; NON-RESORBABLE BARRIER; PER SITE	290.42
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	289.42
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUD	344.66
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	490.34
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	303.72
D4275	SOFT TISSUE ALLOGRAFT	381.85
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	495.09
D4320	PROVISIONAL SPLINTING-INTRACORONAL	167.58
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	128.54
D4341	PERIODONTAL SCALING AND ROOT PLANING- FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT	138.08
D4342	PERIODONTAL SCALING AND ROOT PLANING- ONE TO THREE TEETH, PER QUADRANT	81.84
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	71.39
D4910	PERIODONTAL MAINTENANCE	68.59
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE	28.60
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY RE	BR
D5110	COMPLETE UPPER	702.67
D5120	COMPLETE LOWER	702.67
D5130	IMMEDIATE UPPER	788.36
D5140	IMMEDIATE LOWER	788.36
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	657.02
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	657.02
D5213	UPPER PARTIAL-CAST METAL BASE WITH RESIN	771.26
D5214	LOWER PARTIAL-CAST METAL BASE WITH RESIN	771.26
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE	342.76
D5410	ADJUST COMPLETE DENTURE-UPPER	38.10
D5411	ADJUST COMPLETE DENTURE-LOWER	38.10
D5421	ADJUST PARTIAL DENTURE-UPPER	38.10
D5422	ADJUST PARTIAL DENTURE-LOWER	38.10
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	100.89

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D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	77.19
D5610	REPAIR RESIN DENTURE BASE	70.49
D5620	REPAIR CAST FRAMEWORK	80.94
D5630	REPAIR OR REPLACE BROKEN CLASP	82.84
D5640	REPLACE BROKEN TEETH-PER TOOTH	77.19
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	91.44
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	121.84
D5710	REBASE COMPLETE UPPER DENTURE	293.22
D5711	REBASE COMPLETE LOWER DENTURE	293.22
D5720	REBASE UPPER PARTIAL DENTURE	293.22
D5721	REBASE LOWER PARTIAL DENTURE	293.22
D5730	RELINE UPPER COMPLETE DENTURE (CHAIRSIDE	161.93
D5731	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE	161.93
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	148.53
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	148.53
D5750	RELINE UPPER COMPLETE DENTURE (LABORATOR	226.62
D5751	RELINE LOWER COMPLETE DENTURE (LABORATOR	226.62
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY	192.33
D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY	192.33
D5820	INTERIM PARTIAL DENTURE (UPPER)	323.71
D5821	INTERIM PARTIAL DENTURE (LOWER)	323.71
D5850	TISSUE CONDITIONING, MAXILLARY	80.94
D5851	TISSUE CONDITIONING, MANDIBULAR	80.94
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

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D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	BR
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR
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	157.94
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	38.10
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY	BR
D6930	RECEMENT FIXED PARTIAL DENTURE	43.80
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE	BR
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH - INCLUDES SOFT TISSUE-RETAINED REMNANTS	54.15
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED TOOTH (ELEVATION AND/OR FORCEPS REMOVAL)	79.42
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	121.84
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	149.44
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	190.43
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BON	222.82
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BON	276.17
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	121.84
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	121.84
D7260	ORAL ANTRAL FISTULA CLOSURE	285.67
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	285.67
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY AVULSED OR DISPLACED TOOTH	276.17
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH FOR ORTHODONTIC REASONS	205.68
D7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH	123.83
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	123.83
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	50.45
D7285	BIOPSY OF ORAL TISSUE-HARD	145.68
D7286	BIOPSY OF ORAL TISSUE-SOFT	145.68
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	144.78
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES	91.44
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	190.43
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE	126.64
D7410	EXCISION OF BENIGN LESION UP TO 1.25	100.89
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25	223.73
D7412	EXCISION OF BENIGN LESION, COMPLICATED	261.82
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	199.98

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D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25	295.21
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	309.46
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	195.23
D7441	EXCISION OF MALIGNANT EXCISION OF MALIGNANT TUMOR - LESION GREATER THAN 1.25 CM	290.42
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	144.78
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	185.63
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	105.69
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	139.89
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	67.69
D7471	REMOVAL OF LATERAL EXOSTOSIS - (MAXILLA OF MANDIBLE)	225.63
D7472	REMOVAL OF TORUS PALATINUS	315.88
D7473	REMOVAL OF TORUS MANDIBULARIS	496.38
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	257.21
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT	3113.63
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	67.69
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE-COMPLICATED	225.63
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	121.84
D7521	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED	248.19
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUT	83.93
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	103.79
D7550	PARTIAL OSTEOTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	171.48
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OF FOREIGN BODY	329.41
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZE	1579.38
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILI	1128.13
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZ	1924.13
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBIL	992.75
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	1128.13
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	767.13
D7670	ALVEOLUS-STABILIZATION OF TEETH, CLOSED REDUCTION SPLINT	309.56
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1556.81
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH	2572.13
D7710	MAXILLA-OPEN REDUCTION	1759.88
D7720	MAXILLA-CLOSED REDUCTION	1078.49
D7730	MANDIBLE-OPEN REDUCTION	1850.13
D7740	MANDIBLE-CLOSED REDUCTION	1164.23
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	1692.19
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	1168.74
D7770	ALVEOLUS - STABILIZATION OF TEETH	1128.13
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	654.31
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	3239.98
D7810	OPEN REDUCTION OF DISLOCATION	1615.48
D7820	CLOSED REDUCTION OF DISLOCATION	139.89
D7830	MANIPULATION UNDER ANESTHESIA	212.09

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D7840	CONDYLECTOMY	2053.19
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLAN	1872.69
D7852	DISC REPAIR	BR
D7854	SYNOVECTOMY	2337.48
D7856	MYOTOMY	1225.60
D7858	JOINT RECONSTRUCTION	2452.09
D7860	ARTHROTOMY	482.84
D7865	ARTHROPLASTY	2452.09
D7870	ARTHROCENTESIS	148.91
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	270.75
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	419.66
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS O	1096.54
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING	1096.54
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	1481.91
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	1481.91
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	2452.09
D7880	OCCLUSAL ORTHOTIC APPLIANCE	300.53
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	224.72
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	63.18
D7911	COMPLICATED SUTURE-UP TO 5 CM	106.50
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	248.19
D7920	SKIN GRAFTS (IDENTIFY DEFECT COVERED, LO	BR
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	1128.13
D7941	OSTEOTOMY-RAMUS, CLOSED	3113.63
D7943	OSTEOTOMY-MANDIBULAR RAMI WITH BONE GRAFT, INCLUDES OBTAINING THE GRAFT	3113.63
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEX	2612.74
D7945	OSTEOTOMY-BODY OF MANDIBLE	2820.31
D7946	LEFORT I (MAXILLA-TOTAL)	3149.73
D7947	LEFORT I (MAXILLA-SEGMENTED)	2883.49
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF	3609.10
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	3745.38
D7950	OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR	807.74
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	816.76
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	131.77
D7963	FRENULOPLASTY	131.77
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	137.18
D7971	EXCISION OF PERICORONAL GINGIVA	66.79
D7972	SURGICAL REDUSCTION OF FIBROUS TUBEROSITY	112.81
D7980	SIALOLITHOTOMY	175.99
D7981	EXCISION OF SALIVARY GLAND	681.39
D7982	SIALODOCHOPLASTY	496.38
D7983	CLOSURE OF SALIVARY FISTULA	185.01
D7990	EMERGENCY TRACHEOTOMY	329.41
D7991	CORONOIDECTOMY	1150.69
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	BR
D7996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR

Arizona Health Care Cost Containment System
Dental Codes and Rates Effective April 1, 2011 through September 30, 2011

HCPCS	Descriptions	AHCCCS Rate 04/01/2011
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
D8010	LIMITED ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	266.62
D8020	LIMITED ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	266.62
D8030	LIMITED ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	266.62
D8040	LIMITED ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	266.62
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	1237.80
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	1237.80
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	2475.56
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	2784.02
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	2881.16
D8210	REMOVABLE APPLIANCE THERAPY	290.42
D8220	FIXED APPLIANCE THERAPY	318.96
D8660	PRE-ORTHODONTIC VISIT	42.89
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	125.73
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	190.43
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO CONTRACT FEE)	61.89
D8691	REPAIR OF ORTHODONTIC APPLIANCE	BR
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	123.83
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR OF FIXED RETAINER	43.80
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY RE	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	54.25
D9120	FIXED PARTIAL DENTURE SECTIONING	49.50
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WIT	9.55
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	131.77
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	61.37
D9230	ANALGESIA	23.85
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA; FIRST 30 MINUTES	126.64
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA; EACH ADDITIONAL 15 MINUTES	36.20
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	57.14
D9310	CONSULTATION(DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT	37.10
D9410	HOUSE CALL	42.89
D9420	HOSPITAL CALL	76.19
D9430	OFFICE VISIT FOR OBSERVATION (DURING REG	26.65
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED H	60.04
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	18.05
D9612	THERAPEUTIC PARENTERAL DRUGS	28.60
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL	26.65
D9940	OCCLUSAL GUARDS, BY REPORT	171.38
D9951	OCCLUSAL ADJUSTMENT-LIMITED	46.65
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REP	BR

Codes listed as BR (By Report) are reimbursed at 61.75% of covered billed charges