

**Arizona Health Care Cost Containment System
Dental Codes and Rates Effective October 1, 2013**

HCPCS	Descriptions	AHCCCS Rate
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$26.13
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$34.51
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	\$32.65
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$38.33
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$37.14
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$38.94
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$66.02
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$13.54
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$10.88
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$13.54
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$15.34
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$11.73
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$10.88
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$21.71
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$27.17
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$31.64
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$31.64
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE	\$33.44
D0310	SIALOGRAPHY	\$47.16
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$104.02
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$49.73
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$57.88
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$47.93
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$19.05
D0470	DIAGNOSTIC CASTS	\$47.06
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$22.66
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR
D1110	PROPHYLAXIS-ADULT	\$46.71
D1120	PROPHYLAXIS-CHILD	\$40.19
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$18.00
D1208	Topical application of fluoride	\$18.58
D1351	SEALANT-PER TOOTH	\$25.24
D1352	Preventive resin restoration in a moderate to high caries risk patient - permane	\$24.46

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D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$139.10
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$198.80
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$134.79
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$192.64
D1550	RECEMENTATION OF SPACE MAINTAINER	\$30.78
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$30.78
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$68.13
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$82.10
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$95.85
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$114.89
D2330	RESIN-ONE SURFACE, ANTERIOR	\$81.22
D2331	RESIN-TWO SURFACES, ANTERIOR	\$102.74
D2332	RESIN-THREE SURFACES, ANTERIOR	\$124.82
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$150.13
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$180.91
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$68.13
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$82.10
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$95.85
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$114.89
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$514.70
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$514.70
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$514.70
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$514.70
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$514.70
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$514.70
D2792	CROWN-FULL CAST NOBLE METAL	\$514.70
D2794	CROWN-TITANIUM	\$342.95
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	\$41.61
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$41.61
D2920	RECEMENT CROWN	\$41.61
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$130.87
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$126.02
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$141.97

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D2932	PREFABRICATED RESIN CROWN	\$120.31
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$142.91
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$142.91
D2940	PROTECTIVE RESTORATION	\$46.12
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$126.63
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$36.20
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$191.79
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$120.03
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$94.99
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$17.15
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$17.15
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$75.68
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$73.33
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root develo	\$98.60
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	\$94.32
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	\$94.32
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$334.74
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	\$404.32
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	\$507.48
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$94.04
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$192.64
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$106.77
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$429.64
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	\$452.29
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$538.17
D3351	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION-INITIAL VISIT (APICAL CLOSURE/	\$80.50
D3352	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION-INTERIM MEDICATION REPLACEMENT	\$67.82
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	\$217.09
D3354	Pulpal regeneration - (completion of regenerative treatment in an immature perma	\$108.30
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$307.52
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	\$307.52
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	\$356.40

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D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	\$153.83
D3430	RETROGRADE FILLING-PER ROOT	\$107.63
D3450	ROOT AMPUTATION-PER ROOT	\$177.30
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$177.30
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$246.07
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$95.85
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	\$280.45
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	\$168.23
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$361.82
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEE	\$448.68
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEE	\$293.05
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$248.73
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$235.19
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$266.83
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$256.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$275.90
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$274.95
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	\$465.82
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH	\$288.53
D4275	SOFT TISSUE ALLOGRAFT	\$362.76
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$470.34
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$159.20
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$122.11
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$131.18
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$77.75
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$67.82
D4910	PERIODONTAL MAINTENANCE	\$65.16
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	\$27.17
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.65
D5110	COMPLETE DENTURE - MAXILLARY	\$667.54
D5120	COMPLETE DENTURE - MANDIBULAR	\$667.54
D5130	IMMEDIATE DENTURE - MAXILLARY	\$748.94

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D5140	IMMEDIATE DENTURE - MANDIBULAR	\$748.94
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$624.17
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$624.17
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$732.70
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$732.70
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND	\$325.62
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$36.20
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$36.20
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$36.20
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$36.20
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$95.85
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$73.33
D5610	REPAIR RESIN DENTURE BASE	\$66.97
D5620	REPAIR CAST FRAMEWORK	\$76.89
D5630	REPAIR OR REPLACE BROKEN CLASP	\$78.70
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$73.33
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$86.87
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$115.75
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$278.56
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$278.56
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$278.56
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$278.56
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$153.83
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$153.83
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$141.10
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$141.10
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$215.29
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$215.29
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$182.71
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$182.71
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$307.52
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$307.52
D5850	TISSUE CONDITIONING, MAXILLARY	\$76.89

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HCPCS	Descriptions	AHCCCS Rate
D5851	TISSUE CONDITIONING, MANDIBULAR	\$76.89
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	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 GUIDE FLANGE	BR
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	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
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR
D5982	SURGICAL STENT	BR

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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	\$150.04
D5992	Adjust maxillofacial prosthetic appliance	\$36.20
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$51.44
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$77.86
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF	\$115.75
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$141.97
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$180.91
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$211.68
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$262.36
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$115.75
D7251	Coronectomy - intentional partial tooth removal	\$115.75
D7260	ORAL ANTRAL FISTULA CLOSURE	\$271.39
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$271.39
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$270.76
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$195.40
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$121.40
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$47.93
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$138.40
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$138.40
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING	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 EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	\$137.54
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$86.87
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$180.91

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D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$120.31
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$95.85
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$212.54
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$248.73
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$189.98
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$280.45
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$293.99
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$185.47
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$275.90
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$137.54
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$176.35
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$100.41
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	\$132.90
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$64.31
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$214.35
D7472	REMOVAL OF TORUS PALATINUS	\$300.09
D7473	REMOVAL OF TORUS MANDIBULARIS	\$471.56
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$244.35
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$2,957.95
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$66.37
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	\$214.35
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$115.75
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	\$235.78
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$79.73
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	\$98.60
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$162.91
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$312.94
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,500.41
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,071.72
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,827.92
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$943.11
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,071.72
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$728.77

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D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$294.08
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$1,478.97
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$2,443.52
D7710	MAXILLA-OPEN REDUCTION	\$1,671.89
D7720	MAXILLA-CLOSED REDUCTION	\$1,024.57
D7730	MANDIBLE-OPEN REDUCTION	\$1,757.62
D7740	MANDIBLE-CLOSED REDUCTION	\$1,106.02
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,607.58
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$1,110.30
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$1,071.72
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$621.59
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$3,077.98
D7810	OPEN REDUCTION OF DISLOCATION	\$1,534.71
D7820	CLOSED REDUCTION OF DISLOCATION	\$132.90
D7830	MANIPULATION UNDER ANESTHESIA	\$201.49
D7840	CONDYLECTOMY	\$1,950.53
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$1,779.06
D7852	DISC REPAIR	BR
D7854	SYNOVECTOMY	\$2,220.61
D7856	MYOTOMY	\$1,164.32
D7858	JOINT RECONSTRUCTION	\$2,329.49
D7860	ARTHROTOMY	\$458.70
D7865	ARTHROPLASTY	\$2,329.49
D7870	ARTHROCENTESIS	\$141.46
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$257.21
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$398.68
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	\$1,041.71
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	\$1,041.71
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	\$1,407.81
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	\$1,407.81
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	\$2,329.49
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$285.50
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$213.48

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HCPCS	Descriptions	AHCCCS Rate
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$60.02
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$101.18
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$235.78
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	BR
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$1,071.72
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$2,957.95
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$2,957.95
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	\$2,482.10
D7945	OSTEOTOMY-BODY OF MANDIBLE	\$2,679.29
D7946	LEFORT I (MAXILLA-TOTAL)	\$2,992.24
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$2,739.32
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	\$3,428.65
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$3,558.11
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	\$767.35
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	BR
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	BR
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$775.92
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	\$125.18
D7963	FRENULOPLASTY	\$125.18
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$130.32
D7971	EXCISION OF PERICORONAL GINGIVA	\$63.45
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$107.17
D7980	SIALOLITHOTOMY	\$167.19
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$647.32
D7982	SIALODOCHOPLASTY	\$471.56
D7983	CLOSURE OF SALIVARY FISTULA	\$175.76
D7990	EMERGENCY TRACHEOTOMY	\$312.94
D7991	CORONOIDECTOMY	\$1,093.16
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	BR
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	BR
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR

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HCPCS	Descriptions	AHCCCS Rate
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$253.29
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$253.29
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$253.29
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$253.29
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$1,175.91
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$1,175.91
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$2,351.78
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$2,644.82
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$2,737.10
D8210	REMOVABLE APPLIANCE THERAPY	\$275.90
D8220	FIXED APPLIANCE THERAPY	\$303.01
D8660	PRE-ORTHODONTIC VISIT	\$40.75
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	\$119.44
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	\$180.91
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	\$58.80
D8691	REPAIR OF ORTHODONTIC APPLIANCE	BR
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$117.64
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	\$41.61
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$51.54
D9120	FIXED PARTIAL DENTURE SECTIONING	\$47.03
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$9.07
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	\$125.18
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$58.30
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	\$22.66
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$120.31
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$34.39
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$54.28
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	\$35.25
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$40.75
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$72.38
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	\$25.32
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$57.04

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HCPCS	Descriptions	AHCCCS Rate
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$17.15
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$27.17
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$25.32
D9940	OCCLUSAL GUARDS, BY REPORT	\$162.81
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$44.32
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR