

Arizona Health Care Cost Containment System
Dental Codes and Rates Effective October 1, 2012 through September 30, 2013

HCPCS	Descriptions	AHCCCS Rate
D0120	PERIODIC ORAL EVALUATION	\$25.32
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$33.44
D0145	ORAL EVALUATION FOR PATIENT UNDER THREE YEARS OF AGE AND COUNSELING	\$31.64
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$37.14
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION -PROBLEM FOCUSED	\$37.14
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$38.94
D0210	INTRAORAL-COMPLETE SERIES (INCLUDING BIT	\$66.02
D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$13.54
D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	\$10.88
D0240	INTRAORAL-OCCLUSAL FILM	\$13.54
D0250	EXTRAORAL-FIRST FILM	\$15.34
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$11.73
D0270	BITEWING-SINGLE FILM	\$10.88
D0272	BITEWINGS-TWO FILMS	\$21.71
D0273	BITEWINGS - THREE FILMS	\$27.17
D0274	BITEWINGS-FOUR FILMS	\$31.64
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$31.64
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND	\$33.44
D0310	SIALOGRAPHY	\$47.16
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCL	\$104.02
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY	\$49.73
D0330	PANORAMIC FILM	\$56.09
D0340	CEPHALOMETRIC FILM	\$47.93
D0350	ORAL/FACIAL IMAGES (INCLUDES INTRA AND EXTRAORAL IMAGES)	\$19.05
D0470	DIAGNOSTIC CASTS	\$47.06
D0502	OTHER ORAL PATHOLOGY PROCEDURES	\$22.66
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REP	BR
D1110	PROPHYLAXIS-ADULT	\$45.26
D1120	PROPHYLAXIS-CHILD	\$38.94
D1203	TOPICAL APPLICATION OF FLOURIDE (EXCLUDING PROPHYLAXIS); CHILD	\$18.00
D1204	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED)	\$18.00
D1206	TOPICAL FLOURIDE VARNISH, THERAPEUTIC APPL	\$18.00
D1351	SEALANT-PER TOOTH	\$24.46
D1352	PREVENTIVE RESIN RESTORATION IN MODERATE TO HIGH RISK CARIES	\$24.46
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$134.79
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$192.64
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	\$66.02
D2150	AMALGAM-TWO SURFACES,PRIMARY OR PERMANENT	\$79.55
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$95.85
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$114.89
D2330	RESIN BASED COMPOSITE-ONE SURFACE, ANTERIOR	\$78.70
D2331	RESIN BASED COMPOSITE-TWO SURFACES, ANTERIOR	\$99.55
D2332	RESIN BASED COMPOSITE-THREE SURFACES, ANTERIOR	\$124.82
D2335	RESIN BASED COMPOSITE-FOUR OR MORE SURFACES OR INVOLVING	\$150.13
D2390	RESIN BASED COMPOSITE CROWN	\$180.91
D2391	RESIN BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$66.02
D2392	RESIN BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$79.55
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-PROCELAIN FUSED TO PREDOMINANTLY B	\$514.70

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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	\$41.61
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$41.61
D2920	RECEMENT CROWN	\$41.61
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIM	\$122.11
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERM	\$141.97
D2932	PREFABRICATED RESIN CROWN	\$120.31
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH	\$142.91
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PR	\$142.91
D2940	SEDATIVE FILLING	\$46.12
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$126.63
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO	\$36.20
D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$191.79
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$120.03
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$94.99
D2999	UNSPECIFIED RESTORATIVE PROCEDURE	BR
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORA	\$17.15
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL REST	\$17.15
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$73.33
D3221	GROSS PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$73.33
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERM TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	\$98.60
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$94.32
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$94.32
D3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$334.74
D3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$404.32
D3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$507.48
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$94.04
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE 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-BICUSPID	\$452.29
D3348	RETREATMENT-MOLAR	\$538.17
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VI	\$80.50
D3352	APEXIFICATION/RECALCIFICATION-INTERIM ME	\$67.82
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISI	\$217.09
D3354	PULPAL REGENERATION - (COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERM TOOTH WITH NECROTIC PULP) NOT INCLUDING FINAL	\$108.30
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERI	\$307.52
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSP	\$307.52
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	\$356.40
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH	\$153.83
D3430	RETROGRADE FILLING-PER ROOT	\$107.63
D3450	ROOT AMPUTATION-PER ROOT	\$177.30
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL)	\$177.30
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REP	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	\$246.07
D4211	GINGIVECTOMY OR GINGIVOPLASTY- 1 TO 3 TEETH PER QUADRANT	\$95.85
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH, PER QUADRANT	\$280.45
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - 1 TO 3 TEETH, PER QUADRANT	\$168.23
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$361.82

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D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUROR MORE CONTIGUOUS OR BOUNDED TEETH, PER QUADRANT	\$448.68
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - 1 TO 3 TEETH, PER QUADRANT	\$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 MATERIAL TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$266.83
D4266	GUIDED TISSUE REGENERATION; RESORBABLE BARRIER; PER SITE	\$256.00
D4267	GUIDED TISSUE REGENERATION; NON-RESORBABLE BARRIER; PER SITE	\$275.90
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$274.95
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUD	\$327.43
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$465.82
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	\$288.53
D4275	SOFT TISSUE ALLOGRAFT	\$362.76
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	\$470.34
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$159.20
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$122.11
D4341	PERIODONTAL SCALING AND ROOT PLANING- FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES 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 PERIODONTAL EVALUATION AND DIAGNOSIS	\$67.82
D4910	PERIODONTAL MAINTENANCE	\$65.16
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE	\$27.17
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY RE	\$0.65
D5110	COMPLETE UPPER	\$667.54
D5120	COMPLETE LOWER	\$667.54
D5130	IMMEDIATE UPPER	\$748.94
D5140	IMMEDIATE LOWER	\$748.94
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY	\$624.17
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY	\$624.17
D5213	UPPER PARTIAL-CAST METAL BASE WITH RESIN	\$732.70
D5214	LOWER PARTIAL-CAST METAL BASE WITH RESIN	\$732.70
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE	\$325.62
D5410	ADJUST COMPLETE DENTURE-UPPER	\$36.20
D5411	ADJUST COMPLETE DENTURE-LOWER	\$36.20
D5421	ADJUST PARTIAL DENTURE-UPPER	\$36.20
D5422	ADJUST PARTIAL DENTURE-LOWER	\$36.20
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$95.85
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE	\$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 UPPER DENTURE	\$278.56
D5711	REBASE COMPLETE LOWER DENTURE	\$278.56
D5720	REBASE UPPER PARTIAL DENTURE	\$278.56
D5721	REBASE LOWER PARTIAL DENTURE	\$278.56
D5730	RELINE UPPER COMPLETE DENTURE (CHAIRSIDE	\$153.83
D5731	RELINE LOWER COMPLETE DENTURE (CHAIRSIDE	\$153.83
D5740	RELINE UPPER PARTIAL DENTURE (CHAIRSIDE)	\$141.10
D5741	RELINE LOWER PARTIAL DENTURE (CHAIRSIDE)	\$141.10
D5750	RELINE UPPER COMPLETE DENTURE (LABORATOR	\$215.29
D5751	RELINE LOWER COMPLETE DENTURE (LABORATOR	\$215.29
D5760	RELINE UPPER PARTIAL DENTURE (LABORATORY	\$182.71

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D5761	RELINE LOWER PARTIAL DENTURE (LABORATORY)	\$182.71
D5820	INTERIM PARTIAL DENTURE (UPPER)	\$307.52
D5821	INTERIM PARTIAL DENTURE (LOWER)	\$307.52
D5850	TISSUE CONDITIONING, MAXILLARY	\$76.89
D5851	TISSUE CONDITIONING, MANDIBULAR	\$76.89
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
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	\$150.04
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$36.20
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY	BR
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE	BR
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH - INCLUDES SOFT TISSUE-RETAINED REMNANTS	\$51.44
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED TOOTH (ELEVATION AND/OR FORCEPS REMOVAL)	\$75.45
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$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	\$262.36
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$115.75
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$115.75

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D7260	ORAL ANTRAL FISTULA CLOSURE	\$271.39
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$271.39
D7270	TOOTH RE-IMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY AVULSED OR DISPLACED TOOTH	\$262.36
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH FOR ORTHODONTIC REASONS	\$195.40
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$117.64
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$47.93
D7285	BIOPSY OF ORAL TISSUE-HARD	\$138.40
D7286	BIOPSY OF ORAL TISSUE-SOFT	\$138.40
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	\$137.54
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES	\$86.87
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX	\$180.91
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE	\$120.31
D7410	EXCISION OF BENIGN LESION UP TO 1.25	\$95.85
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25	\$212.54
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$248.73
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25	\$189.98
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25	\$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 EXCISION OF MALIGNANT TUMOR - LESION GREATER THAN 1.25 CM	\$275.90
D7450	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$137.54
D7451	REMOVAL OF ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$176.35
D7460	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	\$100.41
D7461	REMOVAL OF NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	\$132.90
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD	\$64.31
D7471	REMOVAL OF LATERAL EXOSTOSIS - (MAXILLA OF 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 MANDIBLE WITH BONE GRAFT	\$2,957.95
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	\$64.31
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE-COMPLICATED	\$214.35
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR	\$115.75
D7521	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED	\$235.78
D7530	REMOVAL OF FOREIGN BODY, SKIN, OR SUBCUT	\$79.73
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO	\$98.60
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$162.91
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OF FOREIGN BODY	\$312.94
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZE	\$1,500.41
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILI	\$1,071.72
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZ	\$1,827.92
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBIL	\$943.11
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI	\$1,071.72
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	\$728.77
D7670	ALVEOLUS-STABILIZATION OF TEETH, CLOSED REDUCTION SPLINT	\$294.08
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$1,478.97
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH	\$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 REDUCTI	\$1,607.58
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC	\$1,110.30

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D7770	ALVEOLUS - 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 APPROACHES	\$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 IMPLAN	\$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 O	\$1,041.71
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING	\$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
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 GRAFTS (IDENTIFY DEFECT COVERED, LO	BR
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$1,071.72
D7941	OSTEOTOMY-RAMUS, CLOSED	\$2,957.95
D7943	OSTEOTOMY-MANDIBULAR RAMI WITH BONE GRAFT, INCLUDES OBTAINING THE GRAFT	\$2,957.95
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL-PER SEX	\$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	\$3,428.65
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$3,558.11
D7950	OSSEOUS, OSTEOPERIOSTEAL, PERIOSTEAL, OR	\$767.35
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	\$775.92
D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY)-S	\$125.18
D7963	FRENULOPLASTY	\$125.18
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$130.32
D7971	EXCISION OF PERICORONAL GINGIVA	\$63.45
D7972	SURGICAL REDUSCTION OF FIBROUS TUBEROSITY	\$107.17
D7980	SIALOLITHOTOMY	\$167.19
D7981	EXCISION OF SALIVARY GLAND	\$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 ARCHBAR	BR
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJ. W/FRACTURE	BR

Arizona Health Care Cost Containment System
Dental Codes and Rates Effective October 1, 2012 through September 30, 2013

HCPCS	Descriptions	AHCCCS Rate
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY R	BR
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	\$119.44
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$180.91
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO 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 OF FIXED RETAINER	\$41.61
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY RE	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENT	\$51.54
D9120	FIXED PARTIAL DENTURE SECTIONING	\$47.03
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WIT	\$9.07
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	\$125.18
D9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES	\$58.30
D9230	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 PRACTITIONER PROVIDING TREATMENT	\$35.25
D9410	HOUSE CALL	\$40.75
D9420	HOSPITAL CALL	\$72.38
D9430	OFFICE VISIT FOR OBSERVATION (DURING REG	\$25.32
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED H	\$57.04
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$17.15
D9612	THERAPEUTIC PARENTERAL DRUGS	\$27.17
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL	\$25.32
D9940	OCCLUSAL GUARDS, BY REPORT	\$162.81
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$44.32
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REP	BR

Dental Hygienists are reimbursed at 80% of the capped fee-for-service rate for procedures within the scope of practice of that provider type.
Codes listed as BR (By Report) are reimbursed at 58.66% of covered billed charges