

Arizona Health Care Cost Containment System
Final FFS Program Capped Fee Schedule
Dental Rates
Effective 01/01/2020

Proc	Procedure Description	FFS Rate	Eff Date
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$29.74	10/01/2020
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$39.36	10/01/2020
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	\$34.24	10/01/2020
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$46.28	10/01/2020
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$52.17	10/01/2020
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$29.00	10/01/2020
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	BR	01/01/2015
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$47.49	10/01/2020
D0190	SCREENING OF A PATIENT	\$30.02	10/01/2020
D0191	ASSESSMENT OF A PATIENT	\$31.44	10/01/2020
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$72.29	10/01/2020
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$14.88	10/01/2020
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$12.23	10/01/2020
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$15.40	10/01/2020
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATI	\$17.53	10/01/2020
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	BR	01/01/2016
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$12.38	10/01/2020
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$23.90	10/01/2020
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$29.44	10/01/2020
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$34.28	10/01/2020
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$43.48	10/01/2020
D0310	SIALOGRAPHY	\$53.90	10/01/2020
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$118.89	10/01/2020
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$56.84	10/01/2020
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$61.90	10/01/2020
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	\$54.78	10/01/2020
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	\$22.94	10/01/2020
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR	\$419.70	10/01/2020
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR	01/01/2014
D0470	DIAGNOSTIC CASTS	\$53.12	10/01/2020
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$25.90	10/01/2020
D0604	ANTIGEN TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	01/01/2021
D0605	ANTIBODY TESTING FOR A PUBLIC HEALTH RELATED PATHOGEN, INCLUDING CORONAVIRUS	BR	01/01/2021
D0701	PANORAMIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$61.90	01/01/2021
D0702	2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$54.78	01/01/2021
D0703	2-D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY - IMAGE	\$22.94	01/01/2021
D0705	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$72.29	01/01/2021
D0706	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$15.40	01/01/2021
D0707	INTRAORAL - PERIAPICAL RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$14.88	01/01/2021
D0708	INTRAORAL - BITEWING RADIOGRAPHIC IMAGE - IMAGE CAPTURE ONLY	\$12.38	01/01/2021
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR	10/01/2007
D1110	PROPHYLAXIS-ADULT	\$54.36	10/01/2020
D1120	PROPHYLAXIS-CHILD	\$44.44	10/01/2020
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$22.12	10/01/2020
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$20.93	10/01/2020
D1320	TOBACCO COUNSELING	\$14.08	10/01/2015
D1321	COUNSELING FOR THE CONTROL AND PREVENTION OF ADVERSE ORAL, BEHAVIORAL, AND SYSTE	\$14.08	01/01/2021
D1351	SEALANT-PER TOOTH	\$29.70	10/01/2020
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	\$38.46	10/01/2020
D1353	SEALANT REPAIR - PER TOOTH	\$29.03	10/01/2020
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	\$22.12	10/01/2020
D1355	CARIES PREVENTIVE MEDICAMENT APPLICATION - PER TOOTH	\$22.12	01/01/2021
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$169.83	10/01/2020
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	\$231.90	10/01/2020
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	\$231.90	10/01/2020
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$154.06	10/01/2020
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	\$220.19	10/01/2020
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	\$220.19	10/01/2020
D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	\$35.18	10/01/2020
D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	\$35.18	10/01/2020
D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$35.18	10/01/2020
D1556	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLA	\$35.18	10/01/2020

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D1557	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-MANDIBUL	\$35.18	10/01/2020
D1558	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-PER QUADRANT	\$35.18	10/01/2020
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED UNILATERAL	\$169.83	10/01/2020
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR	01/01/2014
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$71.62	10/01/2020
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$88.10	10/01/2020
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$102.10	10/01/2020
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$122.06	10/01/2020
D2330	RESIN-ONE SURFACE, ANTERIOR	\$84.08	10/01/2020
D2331	RESIN-TWO SURFACES, ANTERIOR	\$105.33	10/01/2020
D2332	RESIN-THREE SURFACES, ANTERIOR	\$126.80	10/01/2020
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$152.73	10/01/2020
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$191.32	10/01/2020
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$80.90	10/01/2020
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$97.72	10/01/2020
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$118.15	10/01/2020
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$141.10	10/01/2020
D2740	CROWN - PORCELAIN/CERAMIC	\$554.80	10/01/2020
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$544.00	10/01/2020
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$527.04	10/01/2020
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$537.05	10/01/2020
D2753	CROWN-PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$592.94	10/01/2020
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$553.03	10/01/2020
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$588.30	10/01/2020
D2792	CROWN-FULL CAST NOBLE METAL	\$588.30	10/01/2020
D2794	CROWN-TITANIUM	\$391.99	10/01/2020
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	\$47.56	10/01/2020
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	\$47.56	10/01/2020
D2920	RE-CEMENT OR RE-BOND CROWN	\$47.00	10/01/2020
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	BR	01/01/2014
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERMANENT TOOTH	\$152.45	01/01/2021
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$143.38	10/01/2020
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$139.38	10/01/2020
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$152.45	10/01/2020
D2932	PREFABRICATED RESIN CROWN	\$137.51	10/01/2020
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$163.35	10/01/2020
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$163.35	10/01/2020
D2940	PROTECTIVE RESTORATION	\$51.47	10/01/2020
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	BR	01/01/2014
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$131.38	10/01/2020
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$41.38	10/01/2020
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$195.11	10/01/2020
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$142.78	10/01/2020
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR	10/01/2007
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$29.46	10/01/2020
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$28.71	10/01/2020
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$90.37	10/01/2020
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$94.38	10/01/2020
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	\$114.20	10/01/2020
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	\$113.35	10/01/2020
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	\$117.82	10/01/2020
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$372.58	10/01/2020
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$442.47	10/01/2020
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	\$546.14	10/01/2020
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$163.27	10/01/2020
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$207.71	10/01/2020
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$122.04	10/01/2020
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$454.94	10/01/2020
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	\$494.36	10/01/2020
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$587.18	10/01/2020
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF	\$125.57	10/01/2020
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/C	\$90.45	10/01/2020

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D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	\$242.11	10/01/2020
D3410	APICOECTOMY - ANTERIOR	\$348.81	10/01/2020
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	\$357.86	10/01/2020
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$411.87	10/01/2020
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	\$175.83	10/01/2020
D3430	RETROGRADE FILLING-PER ROOT	\$123.02	10/01/2020
D3450	ROOT AMPUTATION-PER ROOT	\$202.65	10/01/2020
D3471	SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR	\$348.81	01/01/2021
D3472	SURGICAL REPAIR OF ROOT RESORPTION - PREMOLAR	\$357.86	01/01/2021
D3473	SURGICAL REPAIR OF ROOT RESORPTION - MOLAR	\$411.87	01/01/2021
D3501	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	\$348.81	01/01/2021
D3502	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	\$357.86	01/01/2021
D3503	SURGICAL EXPOSURE OF ROOT SURFACE WITHOUT APICOECTOMY OR REPAIR OF ROOT RESORPTI	\$411.87	01/01/2021
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$202.65	10/01/2020
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$272.58	10/01/2020
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$119.77	10/01/2020
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	\$321.69	10/01/2020
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	\$222.18	10/01/2020
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$388.06	10/01/2020
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$526.36	10/01/2020
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP ENTRY AND CLOSURE)	\$377.21	10/01/2020
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	\$277.63	10/01/2020
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRA	\$238.45	10/01/2020
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$304.99	10/01/2020
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$297.13	10/01/2020
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$336.16	10/01/2020
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$314.27	10/01/2020
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURG	\$523.95	10/01/2020
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION W	\$329.79	10/01/2020
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATER	\$440.89	10/01/2020
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$537.60	10/01/2020
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$181.97	10/01/2020
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$166.54	10/01/2020
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$139.17	10/01/2020
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$89.63	10/01/2020
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FU	\$77.72	10/01/2020
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS O	\$81.43	10/01/2020
D4910	PERIODONTAL MAINTENANCE	\$71.77	10/01/2020
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STA	\$31.06	10/01/2020
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.74	10/01/2020
D5110	COMPLETE DENTURE - MAXILLARY	\$792.33	10/01/2020
D5120	COMPLETE DENTURE - MANDIBULAR	\$796.21	10/01/2020
D5130	IMMEDIATE DENTURE - MAXILLARY	\$867.26	10/01/2020
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$865.93	10/01/2020
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS,	\$667.72	10/01/2020
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS	\$668.27	10/01/2020
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$846.84	10/01/2020
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$848.52	10/01/2020
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLA	BR	01/01/2016
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CL	BR	01/01/2016
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BA	BR	01/01/2016
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE B	BR	01/01/2016
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	\$372.18	10/01/2020
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AN	\$372.18	10/01/2020
D5284	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE FLEXIBLE	\$743.08	10/01/2020
D5286	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE RESIN	\$743.08	10/01/2020
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$41.38	10/01/2020
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$41.38	10/01/2020
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$41.38	10/01/2020
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$41.38	10/01/2020
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$107.35	10/01/2020
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$107.35	10/01/2020

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D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$87.14	10/01/2020
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	\$89.99	10/01/2020
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	\$89.99	10/01/2020
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$87.89	10/01/2020
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$87.89	10/01/2020
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	\$89.95	10/01/2020
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$86.18	10/01/2020
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$101.81	10/01/2020
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	\$127.50	10/01/2020
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$297.25	10/01/2020
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$318.39	10/01/2020
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$318.39	10/01/2020
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$318.39	10/01/2020
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$171.30	10/01/2020
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$171.03	10/01/2020
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$161.28	10/01/2020
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$161.28	10/01/2020
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$234.60	10/01/2020
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$234.32	10/01/2020
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$208.84	10/01/2020
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$208.84	10/01/2020
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$351.50	10/01/2020
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$351.50	10/01/2020
D5850	TISSUE CONDITIONING, MAXILLARY	\$87.89	10/01/2020
D5851	TISSUE CONDITIONING, MANDIBULAR	\$87.89	10/01/2020
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR	01/01/2019
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D5911	FACIAL MOULAGE (SECTIONAL)	BR	10/01/2007
D5912	FACIAL MOULAGE (COMPLETE)	BR	10/01/2007
D5913	NASAL PROSTHESIS	BR	10/01/2007
D5914	AURICULAR PROSTHESIS	BR	10/01/2007
D5915	ORBITAL PROSTHESIS	BR	10/01/2007
D5916	OCULAR PROSTHESIS	BR	10/01/2007
D5919	FACIAL PROSTHESIS	BR	10/01/2007
D5922	NASAL SEPTAL PROSTHESIS	BR	10/01/2007
D5923	OCULAR PROSTHESIS, INTERIM	BR	10/01/2007
D5924	CRANIAL PROSTHESIS	BR	10/01/2007
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR	10/01/2007
D5926	NASAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR	10/01/2007
D5931	OBTURATOR PROSTHESIS, SURGICAL	BR	10/01/2007
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	BR	10/01/2007
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR	10/01/2007
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	BR	10/01/2007
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	BR	10/01/2007
D5936	OBTURATOR/PROSTHESIS, INTERIM	BR	10/01/2007
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	BR	10/01/2007
D5951	FEEDING AID	BR	10/01/2007
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	BR	10/01/2007
D5953	SPEECH AID PROSTHESIS, ADULT	BR	10/01/2007
D5954	PALATAL AUGMENTATION PROSTHESIS	BR	10/01/2007
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	BR	10/01/2007
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR	10/01/2007
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR	10/01/2007
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR	10/01/2007
D5982	SURGICAL STENT	BR	10/01/2007
D5983	RADIATION CARRIER	BR	10/01/2007
D5984	RADIATION SHIELD	BR	10/01/2007
D5985	RADIATION CONE LOCATOR	BR	10/01/2007
D5986	FLUORIDE GEL CARRIER	BR	10/01/2007
D5987	COMMISSURE SPLINT	BR	10/01/2007

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D5988	SURGICAL SPLINT	BR	10/01/2007
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	\$171.50	10/01/2020
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$41.38	10/01/2020
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR	10/01/2007
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE	\$77.72	10/01/2020
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$60.19	10/01/2020
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$87.59	10/01/2020
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH,	\$133.09	10/01/2020
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$157.55	10/01/2020
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$199.33	10/01/2020
D7240	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY	\$233.39	10/01/2020
D7241	REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$299.88	10/01/2020
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$136.44	10/01/2020
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$156.02	10/01/2020
D7260	ORAL ANTRAL FISTULA CLOSURE	\$310.20	10/01/2020
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$310.20	10/01/2020
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$314.12	10/01/2020
D7280	EXPOSURE OF AN UNERUPTED TOOTH	\$223.34	10/01/2020
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$140.84	10/01/2020
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$54.78	10/01/2020
D7285	INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$158.19	10/01/2020
D7286	INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	\$155.79	10/01/2020
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; I	BR	10/01/2007
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	BR	10/01/2007
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	BR	10/01/2007
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	BR	01/01/2018
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	BR	01/01/2018
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	\$150.53	10/01/2020
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$99.29	10/01/2020
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$205.29	10/01/2020
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$137.51	10/01/2020
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$220.70	10/01/2020
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$242.93	10/01/2020
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$284.30	10/01/2020
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$217.15	10/01/2020
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$320.55	10/01/2020
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$336.03	10/01/2020
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$230.83	10/01/2020
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$315.35	10/01/2020
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$185.44	10/01/2020
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$201.57	10/01/2020
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$114.77	10/01/2020
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	\$151.90	10/01/2020
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$73.51	10/01/2020
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$245.00	10/01/2020
D7472	REMOVAL OF TORUS PALATINUS	\$343.00	10/01/2020
D7473	REMOVAL OF TORUS MANDIBULARIS	\$538.99	10/01/2020
D7485	REDUCTION OF OSSEOUS TUBEROSITY	\$279.29	10/01/2020
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$3,380.94	10/01/2020
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$77.00	10/01/2020
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	\$245.00	10/01/2020
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$132.30	10/01/2020
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	\$269.50	10/01/2020
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$91.13	10/01/2020
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	\$112.70	10/01/2020
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$186.21	10/01/2020
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$357.69	10/01/2020
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,714.97	10/01/2020
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,224.98	10/01/2020
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$2,089.31	10/01/2020
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$1,077.97	10/01/2020
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,224.98	10/01/2020

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D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$832.98	10/01/2020
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$336.13	10/01/2020
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$1,690.46	10/01/2020
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$2,792.94	10/01/2020
D7710	MAXILLA-OPEN REDUCTION	\$1,910.97	10/01/2020
D7720	MAXILLA-CLOSED REDUCTION	\$1,171.08	10/01/2020
D7730	MANDIBLE-OPEN REDUCTION	\$2,008.96	10/01/2020
D7740	MANDIBLE-CLOSED REDUCTION	\$1,264.18	10/01/2020
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$1,837.46	10/01/2020
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$1,269.07	10/01/2020
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$1,224.98	10/01/2020
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$710.48	10/01/2020
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	\$3,518.13	10/01/2020
D7810	OPEN REDUCTION OF DISLOCATION	\$1,754.17	10/01/2020
D7820	CLOSED REDUCTION OF DISLOCATION	\$151.90	10/01/2020
D7830	MANIPULATION UNDER ANESTHESIA	\$230.30	10/01/2020
D7840	CONDYLECTOMY	\$2,229.46	10/01/2020
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$2,033.47	10/01/2020
D7852	DISC REPAIR	BR	10/01/2007
D7854	SYNOVECTOMY	\$2,538.16	10/01/2020
D7856	MYOTOMY	\$1,330.82	10/01/2020
D7858	JOINT RECONSTRUCTION	\$2,662.61	10/01/2020
D7860	ARTHROTOMY	\$524.29	10/01/2020
D7865	ARTHROPLASTY	\$2,662.61	10/01/2020
D7870	ARTHROCENTESIS	\$161.69	10/01/2020
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$293.99	10/01/2020
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$455.69	10/01/2020
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	\$1,190.67	10/01/2020
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	\$1,190.67	10/01/2020
D7875	ARTHROSCOPY: SYNOVECTOMY	\$1,609.13	10/01/2020
D7876	ARTHROSCOPY: DISCECTOMY	\$1,609.13	10/01/2020
D7877	ARTHROSCOPY: DEBRIDEMENT	\$2,662.61	10/01/2020
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$375.94	10/01/2020
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$244.01	10/01/2020
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$94.69	10/01/2020
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$115.65	10/01/2020
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$269.50	10/01/2020
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	BR	10/01/2007
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$1,224.98	10/01/2020
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$3,380.94	10/01/2020
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$3,380.94	10/01/2020
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	\$2,837.04	10/01/2020
D7945	OSTEOTOMY-BODY OF MANDIBLE	\$3,062.43	10/01/2020
D7946	LEFORT I (MAXILLA-TOTAL)	\$3,420.13	10/01/2020
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$3,131.04	10/01/2020
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	\$3,918.95	10/01/2020
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$4,066.92	10/01/2020
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	\$2,548.89	10/01/2020
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	BR	10/01/2007
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$231.01	10/01/2020
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$886.88	10/01/2020
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	\$173.90	10/01/2020
D7961	BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY)	\$173.90	01/01/2021
D7962	LINGUAL FRENECTOMY (FRENULECTOMY)	\$173.90	01/01/2021
D7963	FRENULOPLASTY	\$143.08	10/01/2020
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$174.92	10/01/2020
D7971	EXCISION OF PERICORONAL GINGIVA	\$72.52	10/01/2020
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$122.50	10/01/2020
D7979	NON-SURGICAL SIALOLITHOTOMY	BR	01/01/2018
D7980	SURGICAL SIALOLITHOTOMY	\$191.10	10/01/2020
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$739.89	10/01/2020
D7982	SIALODOCHOPLASTY	\$538.99	10/01/2020
D7983	CLOSURE OF SALIVARY FISTULA	\$200.89	10/01/2020

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D7990	EMERGENCY TRACHEOTOMY	\$357.69	10/01/2020
D7991	CORONOIDECTOMY	\$1,249.48	10/01/2020
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	BR	10/01/2007
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR	10/01/2007
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	BR	10/01/2007
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	BR	10/01/2007
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR	10/01/2007
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$289.51	10/01/2020
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$692.48	10/01/2020
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$815.75	10/01/2020
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$913.59	10/01/2020
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$1,273.32	10/01/2020
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$1,258.29	10/01/2020
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$2,655.95	10/01/2020
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$2,864.43	10/01/2020
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$2,966.44	10/01/2020
D8210	REMOVABLE APPLIANCE THERAPY	\$315.35	10/01/2020
D8220	FIXED APPLIANCE THERAPY	\$346.34	10/01/2020
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	\$46.58	10/01/2020
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$134.33	10/01/2020
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	\$206.78	10/01/2020
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	\$108.18	10/01/2020
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TRE	BR	01/01/2018
D8696	REPAIR OF ORTHODONTIC APPLIANCE-MAXILLARY	\$41.19	10/01/2020
D8697	REPAIR OF ORTHODONTIC APPLIANCE-MANDIBULAR	\$41.19	10/01/2020
D8698	RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY	\$47.56	10/01/2020
D8699	RE-CEMENT OR RE-BOND FIXED RETAINER-MANDIBULAR	\$47.56	10/01/2020
D8701	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MAXILLARY	\$35.18	10/01/2020
D8702	REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-MANDIBULAR	\$35.18	10/01/2020
D8703	REPLACEMENT OF LOST OR BROKEN RETAINER-MAXILLARY	\$136.94	10/01/2020
D8704	REPLACEMENT OF LOST OR BROKEN RETAINER-MANDIBULAR	\$136.94	10/01/2020
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR	10/01/2007
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$61.62	10/01/2020
D9120	FIXED PARTIAL DENTURE SECTIONING	\$70.95	10/01/2020
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$10.37	10/01/2020
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	\$71.54	10/01/2020
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	\$71.54	10/01/2020
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	\$28.29	10/01/2020
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	\$88.83	10/01/2020
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE	\$88.83	10/01/2020
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$80.22	10/01/2020
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	\$43.86	10/01/2020
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$70.55	10/01/2020
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$276.38	10/01/2020
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	\$30.37	10/01/2020
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$70.91	10/01/2020
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$23.02	10/01/2020
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$31.06	10/01/2020
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$45.15	10/01/2020
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	BR	01/01/2019
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE	BR	01/01/2019
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, M	BR	01/01/2019
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, M	BR	01/01/2019
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	\$219.11	10/01/2020
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	\$219.11	10/01/2020
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	\$219.11	10/01/2020
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$60.41	10/01/2020
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR	10/01/2007

Note: D9995 and D9996 are codes that were added for COVID-19 and are not subject to reimbursement.