DATE: June 9, 2020

SUBJECT: Dental Changes for 2020

1. **The following codes limits are changed to 2 in 1 year instead of 1 every 6 months. This will be effective through 12/31/2020. These codes will revert back to 1 every 6 months starting 1/1/2021.**
   a. **D0120** Periodic oral evaluation - established patient
   b. **D0270** Bitewing - single radiographic image
   c. **D0272** Bitewings - two radiographic images
   d. **D0273** Bitewings - three radiographic images
   e. **D0274** Bitewings - four radiographic images
   f. **D1110** prophylaxis - adult; Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.
   g. **D1120** prophylaxis - child; Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

2. **The following code limit is approved for 4 in 1 year. This is a permanent change and will continue post the COVID-19 Emergency.**
   a. **D1206** topical application of fluoride varnish

3. **Prior Authorization (PA) Requirements have been removed for the following approved code temporarily:**
   a. **D2930** Prefabricated stainless steel crown-primary tooth
   b. **D2931** Prefabricated stainless steel crown-permanent tooth
   c. **D3220** Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament
   d. **D3230** Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration) Applies to members under 6
   e. **D3240** Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)
   f. **D3310** Endodontic therapy, anterior tooth (excluding final restoration)
   g. **D3320** Endodontic therapy, premolar tooth (excluding final restoration)
   h. **D3330** Endodontic therapy, molar tooth (excluding final restoration)
   i. **D7140** Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
j. **D7210** Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

k. **D7220** Removal of impacted tooth-soft tissue

l. **D7230** Removal of impacted tooth-partially bony

m. **D7240** Removal of impacted tooth-completely bony

n. **D7241** Removal of impacted tooth-completely bony, with unusual surgical complications

o. **D7250** Removal of residual tooth roots (cutting procedure)

p. **D7251** Coronectomy - intentional partial tooth removal

q. **D7260** Oral antral fistula closure

r. **D7261** Primary closure of a sinus perforation

s. **D7270** Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

t. **D7111** Extraction, coronal remnants - primary tooth

**AHCCCS Guides – Manuals-Policies**
1. Oral Health Care for Early and Periodic Screening Diagnosis and Treatment Aged Members **AMPM Policy 431** and attachments

2. Dental Services for Members 21 Years of Age and Older **AMPM 310- D1**

3. Arizona Long Term Care System Adult Dental Services **AMPM 310- D2**