DATE: 12/23/2020

SUBJECT: Dental Changes for 2021
         Prior Authorization Change

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: (Prior Authorization requirements will be reinstated starting 1/1/2021)
   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 mucoperiostal 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

2. Licensed Arizona Dentists, Request Your Free PPE by 8/31/2020
   a. Please click on the following link for all guidance related to this PPE request.
   b. [Licensed Arizona Dentists, Request Your Free PPE by 8/31/2020](#)

**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