

AVESIS BRIDGEWAY ARIZONA AHCCCS COVERED FEES, BENEFITS AND AUTHORIZATION MATRIX

ADA CODE	DESCRIPTIONS	FEE	COVERED BENEFITS (0 - 20)	AUTHORIZATION REQUIRED YES / NO	DOCUMENTS REQUIRED FOR AUTHORIZATION &/OR w/CLAIM	COVERED BENEFITS (21 & OVER)	AUTHORIZATION REQUIRED YES / NO	DOCUMENTS REQUIRED FOR AUTHORIZATION &/OR w/CLAIM
CLINICAL ORAL EVALUATIONS								
D0120	Periodic Oral Evaluation	\$28.03	Yes (0-20)	No	None	No	No	None
D0140	Limited Oral Evaluation-Problem Focused	\$37.05	Yes (0-20)	No	None	Yes	No	None
D0145	Oral Evaluation (Patient under 3 years of age)	\$35.06	Yes (0-2)	No	None	No	No	None
D0150	Comprehensive Oral Evaluation (Pre-Transplant Dental Services Only for ages 21+)	\$41.14	Yes (0-20)	No	None	Pre-Transplant Dental Services Only	No	None
D0160	Detailed and extensive Oral Evaluation problem focused, by report (narrative and xray)	\$41.14	Yes (0-20)	No	Clinical Diagnostic Narrative & xrays	No	No	None
D0180	Comprehensive periodontal evaluation-new or established patient (Limited to Periodontist Only)	\$43.13	Yes (0-20)	Yes	Clinical Diagnostic Narrative	No	No	None
IMAGING: NO MORE THAN 2 OF ANY OF THESE PROCEDURES (0270, 0272, 0273, 0274) COMBINED PER PROVIDER IN A BENEFIT PERIOD.								
D0210	Intraoral - complete series (including bitewings) (Limited to every three years)	\$73.15	Yes (6-20)	No	None	Pre-Transplant Dental Services Only	Yes	Xrays & Clinical Diagnostic Narrative
D0220	Intraoral - periapical first view	\$15.01	Yes	No	None	Yes	No	None
D0230	Intraoral - periapical each additional film	\$12.07	Yes	No	None	Yes	No	None
D0240	Intraoral - occlusal film (2 per benefit year)	\$15.01	Yes	No	None	Yes	No	None
D0250	Extraoral - first film (1 per benefit year)	\$17.01	Yes	No	None	Yes	No	None
D0260	Extraoral - each additional film (1 per benefit year)	\$13.02	Yes	No	None	Yes	No	None
D0270	Bitewing - single film	\$12.07	Yes (2 - 20)	No	None	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D0272	Bitewing - two film	\$24.04	Yes (2 - 20)	No	None	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D0273	Bitewings - three films	\$30.12	Yes (10 - 20)	No	None	Yes	Yes	None
D0274	Bitewing - four films	\$35.06	Yes (10 - 20)	No	None	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D0277	Vertical bitewings - 7 to 8 films (This does not constitute a full mouth intraoral radiographic series) Limited To Periodontist Only	\$35.06	Yes	Yes	Clinical Diagnostic Narrative	No	No	None

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D0290 - D0321 Limited to Oral Surgeon Only								
D0330	Panoramic film (Limited to every three years with the exception to Oral Surgeons 1 per year)	\$62.13	Yes (6-20)	No	Narrative describing need for panorex views	Yes	No	Xrays & Clinical Diagnostic Narrative
D0340	Cephalometric Film	\$53.11	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D0350	Oral / Facial photographic images	\$21.09	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
LABORATORY								
D0470	Diagnostic Casts	\$52.16	Yes	Yes	Clinical Diagnostic Narrative	No	No	None
D0502	Other oral pathology procedures, by report	\$25.08	No	No	None	Yes	Yes	Clinical Diagnostic Narrative
D0999	Unspecified Diagnostic Procedure, by report	\$0.62	Yes	Yes	Clinical Diagnostic Narrative	No	No	None
PREVENTIVE SERVICES								
PROPHYLAXIS - FLUORIDE MUST BE APPLIED SEPARATELY FROM PROPHYLAXIS PASTE. (LIMITED TO 2 PER YEAR)				(LIMITED TO EVERY SIX MONTHS)				
D1110	Prophylaxis - Adult (Age 14 to 20)	\$50.16	Yes	No	None	No	No	None
D1120	Prophylaxis - Child (Age 0 to 13)	\$43.13	Yes	No	None	No	No	None
D1203	Topical application of flouride - Child (prophalyxis not included) (Age 0 to 13)	\$19.95	Yes	No	None	No	No	None
D1204	topical Application of fluoride (prophylaxis not included) (Age 14 - 20)	\$19.95	Yes	No	None	No	No	None
D1206	Topical Floridide Varnish, Therapeutic Appl (Limited to Age 6 and Anterior Teeth Only)	\$19.95	Yes	No	None	No	No	None
D1351	Sealant - per tooth (Limited to 1st & 2nd permanent molars only one time every 3 years)	\$27.08	Yes (0 - 15)	No	None	No	No	None
SPACE MAINTAINERS								
D1510	Space maintainer-fixed-unilateral (Missing teeth charting required)	\$149.34	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D1515	Space maintainer-fixed-bilateral (Missing teeth charting required)	\$213.47	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D1520	Space maintainer-removable-unilateral (Missing teeth charting required)	\$149.34	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D1525	Space maintainer-removable-bilateral (Missing teeth charting required)	\$213.47	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None

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D1550	Recementation of space maintainer (Limited to 1 repair per tooth per benefit period.)	\$34.11	Yes	Yes	Clinical Diagnostic Narrative	No	No	None
D1555	Removal of Fixed Space Maintainer	\$34.11	Yes	No	None	No	No	None
RESTORATIVE - THE REPLACEMENT OF AMALGAM OR COMPOSITE RESTORATION CODES D2140-D2394, FOR THE SAME TOOTH AND SAME SURFACE IS A BENEFIT EVERY 24 MONTHS. LOCAL ANESTHESIA IS CONSIDERED TO BE PART OF THE RESTORATIVE PROCEDURES.								
D2140	Amalgam-one surface, permanent/primary	\$73.15	Yes	No	None	No	No	None
D2150	Amalgam-two surfaces, permanent/primary	\$88.16	Yes	No	None	No	No	None
D2160	Amalgam-three surfaces, permanent/primary	\$106.21	Yes	No	None	No	No	None
D2161	Amalgam-four surfaces or more, permanent/primary	\$127.30	Yes	No	None	No	No	None
D2330	Resin-based composite - one surface, anterior	\$87.21	Yes	No	None	No	No	None
D2331	Resin-based composite - two surfaces, anterior	\$110.30	Yes	No	None	No	No	None
D2332	Resin-based composite - three surfaces, anterior	\$138.32	Yes	No	None	No	No	None
D2335	Resin-based composite - four or more surfaces, anterior	\$166.35	Yes	No	None	No	No	None
D2390	Resin based composite crown, anterior (Limited to Primary Anterior Teeth Only for ages 0-20) (Age 21+ Emergency Treatment Only-Limited to 1 Tooth-involving incisal angle due to recent fracture)	\$200.45	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D2391	Resin-based composite, 1 surface-posterior primary/permanent	\$73.15	Yes	No	None	No	No	None
D2392	Resin-based composite, 2 surfaces-posterior primary/permanent	\$88.16	Yes	No	None	No	No	None
D2393	Resin-based composite, 3 surfaces-posterior primary/permanent	\$106.21	Yes	No	None	No	No	None
D2394	Resin-based composite, 4+ surfaces-posterior primary/permanent	\$127.30	Yes	No	None	No	No	None
CROWNS - CODE (D2751 and 2791) ON ANTERIOR OR BICUSPID ONLY FOR AGES 18-20 YEARS								
COVERAGE IS LIMITED TO ALL FUNCTIONAL PERMANENT ENDODONTICALLY TREATED TEETH								
D2750	Crown - porcelain fused to high noble metal (Ages 18 - 20 only)	\$570.29	Yes	Yes	Post op xrays of root canal needed	No	No	None
D2751	Crown - porcelain fused to predominantly base metal (Not reimbursable if code D2970 has been performed)	\$570.29	Yes	Yes	Post-op Xrays of RCT	No	No	None
D2752	Crown - porcelain fused to noble metal (with root canal therapy/ only for ages 18 - 20)	\$570.29	Yes	Yes	Post-op Xrays of RCT	No	No	None
D2790	Crown - full cast high noble metal (ages 18 - 20 only)	\$570.29	Yes	Yes	Post op xrays of root canal needed	No	No	None
D2791	Crown - full cast predominantly base metal (Not reimbursable if code D2970 has been performed)	\$570.29	Yes	Yes	Post-op Xrays of RCT	No	No	None

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D2792	Crown - full cast noble metal (with root canal therapy Ages 18 - 20 only)	\$570.29	Yes	Yes	Post op xrays of root canal needed	No	No	None
D2794	Crown - titanium	\$380.00	Yes	Yes	Post op xrays of root canal needed	No	No	None
OTHER RESTORATIVE SERVICES								
D2910	Recement Inlay (Limited to 1 service per tooth per 6 month period) (Age 21+) Emergency Treatment Only-Limited to 1 Tooth)	\$46.08	Yes	No	Clinical Diagnostic Narrative	Yes	Yes	Clinical Diagnostic Narrative
D2915	Recement cast or prefabricated post and core	\$46.08	Yes	No	None	Yes	Yes	Clinical Diagnostic Narrative
D2920	Recement Crown (Limited to 1 service per tooth per 6 month period) (Age 21+) Emergency Treatment Only-Limited to 1 Tooth)	\$46.08	Yes	No	Clinical Diagnostic Narrative	Yes	Yes	Clinical Diagnostic Narrative
D2930	Prefabricated stainless steel - primary tooth	\$135.28	Yes	No	Xrays & Clinical Diagnostic Narrative	No	No	None
D2931	Prefabricated stainless steel - permanent tooth (Age 21+) Emergency Treatment Only Limited to 1 Tooth post RCT or Fracture Only)	\$157.32	Yes	Yes	Post op xrays of root canal needed	Yes	Yes	Post op xrays of root canal needed
D2932	Prefabricated Resin crown (Age 21+) Emergency Treatment Only Limited to 1 Tooth post RCT or Fracture Only, anterior bicuspid only)	\$133.29	Yes	Yes	Post op xrays of root canal needed	Yes	Yes	Post op xrays of root canal needed
D2933	Prefabricated stainless steel crown with resin window (Age 21+) Emergency Treatment Only Limited to 1 Tooth post RCT or Fracture Only, anterior bicuspid only)	\$158.37	Yes	Yes	Post op xrays of root canal needed	Yes	Yes	Post op xrays of root canal needed
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth (Stainless steel primary crown with exterior esthetic coating)(Age 21+) Emergency Treatment Only Limited to 1 Tooth post RCT or Fracture Only, anterior bicuspid only)	\$158.37	Yes	Yes	Post op xrays of root canal needed	Yes	Yes	Post op xrays of root canal needed
D2940	Sedative filling (Should not be performed on same date as permanent restoration) (Age 21+) Emergency Treatment Only-Limited to 1 Tooth)	\$51.11	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D2950	Core buildup, including any pins (Must be submitted with an approved final restoration)	\$140.32	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D2951	Pin retention - per tooth, in addition to restoration	\$40.09	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D2954	Prefabricated post and crown in addition to crown (Must be submitted with an approved final restoration)	\$212.52	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D2970	Temporary Crown (Fractured Tooth) Anterior Teeth Only	\$105.26	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None

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D2999	Unspecified restorative procedure - by report	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
ENDODONTICS (ROOT CANAL THERAPY TO BE PERFORMED WITHIN CURRENT ADA GUIDELINES.)								
D3110	Pulp cap - direct (excluding final restoration) (Age 21+) Emergency Treatment Only-Limited to 1 Tooth - includes protective filling)	\$19.00	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	No	Xrays & Clinical Diagnostic Narrative
D3120	Pulp cap - indirect (excluding final restoration) Cannot be completed on the same day as the final restoration.	\$19.00	Yes	No	Xrays & Clinical Diagnostic Narrative	No	No	Xrays & Clinical Diagnostic Narrative
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament.	\$81.23	Yes	No	Xrays & Clinical Diagnostic Narrative	No	No	None
D3221	Gross pulpal debridement, primary and permanent teeth	\$81.23	No	No	None	No	No	None
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$104.50	Yes	Yes	Pre & Post Xrays of root canal needed	No	No	None
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$104.50	Yes	Yes	Pre & Post Xrays of root canal needed	No	No	None
D3310	Anterior (excluding final restoration) (Age 21+) Emergency Treatment Only-Limited to 1 Tooth)	\$370.88	Yes	Yes	Pre & Post op xrays of root canal needed	Yes	Yes	Pre & Post op xrays of root canal needed
D3320	Bicuspid (excluding final restoration,)(Age 21+) Emergency Treatment Only-Limited to 1 Tooth - includes protective filling)	\$448.02	Yes	Yes	Pre & Post op xrays of root canal needed	Yes	Yes	Pre & Post op xrays of root canal needed
D3330	Molar (excluding final restoration)(Age 21+) Emergency Treatment Only-Limited to 1 Tooth - includes protective filling)	\$562.31	Yes	Yes	Pre & Post op xrays of root canal needed	Yes	Yes	Pre & Post op xrays of root canal needed
D3331	Treatment of root canal obstruction, non-surgical access	\$104.22	Yes	Yes	Pre & Post op xrays of root canal needed	Yes	Yes	Pre & Post op xrays of root canal needed
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$213.47	Yes	Yes	Pre & Post op xrays of root canal needed	No	No	None
D3333	Internal root repair of perforation defects	\$118.28	Yes	Yes	Pre & Post op xrays of root canal needed	No	No	None
D3346	Retreatment of previous root canal therapy - anterior (Age 21+) Emergency Treatment Only-Limited to 1 Tooth)	\$476.05	Yes	Yes	Post op xrays of root canal needed	No	No	None

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D3347	Retreatment of previous root canal therapy - bicuspid	\$501.13	Yes	Yes	Post op xrays of root canal needed	No	No	None
D3348	Retreatment of previous root canal therapy - molar	\$596.32	Yes	Yes	Post Xrays of root canal needed	No	No	None
D3351- D3353 Limited to Endodontist only								
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption)	\$89.21	Yes	Yes	Pre & Post Xrays & Clinical Diagnostic Narrative	No	No	None
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)	\$75.15	Yes	Yes	Pre & Post Xrays & Clinical Diagnostic Narrative	No	No	None
D3353	Apexification/recalcification - final visit (includes completed root canal therapy -apical closure/calific repair of perforations, root resorption, etc.)	\$240.54	Yes	Yes	Pre & Post Xrays & Clinical Diagnostic Narrative	No	No	None
D3410- D3430 Limited to Endodontist and Oral Surgeons Only								
D3410	Apicoectomy/periadicular surgery - anterior	\$340.77	Yes	Yes	Pre& post xrays of root canal needed	No	No	None
D3421	Apicoectomy/periadicular surgery - bicuspid (first root)	\$340.77	Yes	Yes	Pre & Post xrays of root canal needed	No	No	None
D3425	Apicoectomy/periadicular surgery - molar (first root)	\$394.92	Yes	Yes	Pre & Post xrays of root canal needed	No	No	None
D3426	Apicoectomy/periadicular surgery - molar (for additional root)	\$170.43	Yes	Yes	Pre& post xrays of root canal needed	No	No	None
D3430	Retrograde filling - per root	\$119.23	Yes	Yes	Pre & Post xrays of root canal needed	No	No	None
D3450	Root amputation	\$196.46	Yes	Yes	Pre & Post xrays of root canal needed	No	No	None
D3920	Hemisection (including any root removal) not including root canal therapy	\$427.98	Yes	Yes	Pre & Post xrays of root canal needed	No	No	None

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D4210 - D4321 Limited To Periodontist Only								
PERIODONTICS - LOCAL ANESTHESIA IS CONSIDERED TO BE PART OF THE PERIODONTAL PROCEDURES.								
D4210	Gingivectomy or gingivoplasty per quadrant (Limited to 4 quadrants per lifetime)	\$196.46	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4211	Gingivectomy or gingivoplasty per tooth	\$106.21	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4240	Gingival flap procedure, including root planing-four or more contiguous teeth or bounded teeth spaces per quadrant	\$310.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$186.39	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4249	Clinical crown lengthening - hard tissue	\$400.90	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4260	Osseous surgery (including flap entry and closure) per quadrant	\$497.14	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4261	Osseous surgery (including flap enteryclosure) one to three teeth per quadrant	\$324.71	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4263	Bone replacement graft - first site in quadrant	\$275.60	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4264	Bone replacement graft - each additional site in quadrant	\$260.59	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$295.64	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4266	Guided tissue regeneration - resorbable barrier per site	\$283.67	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4267	Guided tissue regeneration - nonresorbable barrier per site (includes membrane removal)	\$305.71	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4270	Pedicle soft tissue graft procedure	\$304.67	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4271	Free soft tissue graft procedure (including donor site surgery)	\$362.81	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None

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D4273	Subepithelial connective tissue graft procedures, per tooth	\$516.14	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures un the same anatomical area)	\$319.68	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4275	Soft tissue allograft	\$401.95	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4276	Combined connective tissue and double pedicle graft, per tooth	\$521.17	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4320	Provisional splinting - intracoronal	\$176.42	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4321	Provisional splinting - extracoronal	\$135.28	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4341	Periodontal scaling and root planing, per quadrant (Must have radiographic evidence of bone loss; otherwise perform D1110 for difficult prophylaxis.)	\$145.35	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4342	Periodontal scaling and root planning- one to three teeth, per quadrant (Must have radiographic evidence of bone loss; otherwise perform D1110 for difficult prophylaxis.)	\$86.17	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$75.15	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4910	Peridontal Maintainance	\$72.20	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$30.12	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D4999	Unspecified periodontal procedure, by report	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
PROSTHODONTIC SERVICES - D5110-D5212- FOR COMPLETE AND PARTIAL DENTURES ALL ADJUSTMENTS REQUIRED WITHIN 6 MONTHS AFTER INSTALLATION ARE INCLUDED. CONVENTIONAL ALLOWANCES FOR CLASPS, REST AND TEETH ARE INCLUDED. LOCAL ANESTHESIA IS CONSIDERED TO BE PART OF REMOVABLE PROSTHODONTIC PROCEDURES.								
D5110	Complete denture - maxillary (Age 21+) Must meet Medical Necessity Criteria)	\$739.67	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5120	Complete denture - mandibular (Age 21+) Must meet Medical Necessity Criteria)	\$739.67	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative

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D5130	Immediate denture - maxillary (Age 21+) Must meet Medical Necessity Criteria)	\$829.83	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5140	Immediate denture - mandibular (Age 21+) Must meet Medical Necessity Criteria)	\$829.83	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth) (Age 21+) Must meet Medical Necessity Criteria)	\$691.60	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5212	Mandibular partial denture - resin base (including and conventional clasps, rests, and teeth) (Age 21+) Must meet Medical Necessity Criteria)	\$691.60	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)(Age 21+) Must meet Medical Necessity Criteria)	\$811.87	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	No	None
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)(Age 21+) Must meet Medical Necessity Criteria)	\$811.87	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	No	None
D5281	Removal unilateral partial denture - one piece cast metal (including clasps and teeth)(Age 21+) Must meet Medical Necessity Criteria)	\$360.81	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	No	None
D5410	Adjust complete denture - maxillary (Age 21+) Must meet Medical Necessity Criteria)	\$40.09	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5411	Adjust complete denture - mandibular (Age 21+) Must meet Medical Necessity Criteria)	\$40.09	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5421	Adjust partial denture - maxillary (Age 21+) Must meet Medical Necessity Criteria)	\$40.09	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5422	Adjust partial denture - mandibular (Age 21+) Must meet Medical Necessity Criteria)	\$40.09	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5510	Repair broken complete denture base (Age 21+) Must meet Medical Necessity Criteria)	\$106.21	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5520	Replace missing or broken teeth - complete denture (each tooth) (Age 21+) Must meet Medical Necessity Criteria)	\$81.23	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5610	Repair resin denture base (Age 21+) Must meet Medical Necessity Criteria)	\$74.20	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative

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D5620	Repair cast framework (Age 21+) Must meet Medical Necessity Criteria)	\$85.22	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5630	Repair or replace broken clasp (Age 21+) Must meet Medical Necessity Criteria)	\$87.21	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5640	Replace broken teeth - per tooth (Age 21+) Must meet Medical Necessity Criteria)	\$81.23	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes (Medically necessary only)	Yes	Xrays & Clinical Diagnostic Narrative
D5650	Add tooth to existing partial denture	\$96.24	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D5660	Add clasp to existing partial denture	\$128.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D5710	Rebase complete maxillary denture (Age 21+) Must meet Medical Necessity Criteria)	\$308.66	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5711	Rebase complete mandibular denture (Age 21+) Must meet Medical Necessity Criteria)	\$308.66	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5720	Rebase maxillary partial denture (Age 21+) Must meet Medical Necessity Criteria)	\$308.66	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5721	Rebase mandibular partial denture (Age 21+) Must meet Medical Necessity Criteria)	\$308.66	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5730	Reline complete maxillary denture (chairside) (Age 21+) Must meet Medical Necessity Criteria)	\$170.43	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5731	Reline complete mandibular denture (chairside) (Age 21+) Must meet Medical Necessity Criteria)	\$170.43	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5740	Reline maxillary partial denture (chairside) (Age 21+) Must meet Medical Necessity Criteria)	\$156.37	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5741	Reline mandibular partial denture (chairside) (Age 21+) Must meet Medical Necessity Criteria)	\$156.37	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5750	Reline complete maxillary denture (laboratory) (Age 21+) Must meet Medical Necessity Criteria)	\$238.55	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5751	Reline complete mandibular denture (laboratory) (Age 21+) Must meet Medical Necessity Criteria)	\$238.55	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative

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D5760	Reline maxillary partial denture (laboratory) (Age 21+) Must meet Medical Necessity Criteria)	\$202.45	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5761	Reline mandibular partial denture (laboratory) (Age 21+) Must meet Medical Necessity Criteria)	\$202.45	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5820	Interim partial denture (maxillary)	\$340.77	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D5821	Interim partial denture (mandibular)	\$340.77	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D5850	Tissue conditioning, maxillary (Age 21+) Must meet Medical Necessity Criteria)	\$85.22	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5851	Tissue conditioning, mandibular (Age 21+) Must meet Medical Necessity Criteria)	\$85.22	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D5899	Unspecified removable prosthodontic procedure, by report	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D5911	Facial moulage (sectional)	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D5912	Facial moulage (complete)	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
ORAL SURGERY								
SEE DESCRIPTION REQUIREMENTS. EXTRACTION INCLUDES LOCAL ANES., SUTURING, AND ROUTINE POST-OP CARE.								
ALLOW FOR THE POSSIBILITY OF EXTRACTION CODES BEING DOWNCODED.								
D7111	Coronal Remnants - Deciduous tooth	\$57.00	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	Yes	None
D7140	Extraction, erupted tooth or exposed root (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$83.60	Yes	No (unless 3rd molar)	Xrays & Clinical Diagnostic Narrative	Yes	No (unless 3rd molar)	Xrays & Clinical Diagnostic Narrative
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$128.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7220	Removal of impacted tooth - soft tissue (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$157.32	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative

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D7230	Removal of impacted tooth - partially bony (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$200.45	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7240 - D 7912 Limited to Oral Surgeons Only								
D7240	Removal of tooth - completely bony (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$234.56	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$290.70	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7250	Surgical removal of residual tooth roots - cutting procedure (Age 21+) Emergency Extractions are limited to 2 teeth identified as symptomatic, infected and non-restorable. If more than 2 symptomatic teeth Prior Authorization is required.)	\$128.25	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7260	Oroantral fistula closure	\$300.68	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7261	Primary closure of sinus preforation	\$300.68	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	\$290.70	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7280	Surgical access of an unerupted tooth	\$216.51	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$130.34	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7283	Placement of device to facilitate eruption of impacted tooth	\$130.34	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$53.11	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7286	Biopsy of oral tissue -soft (all others)	\$153.33	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7288	Brush biopsy - transepithelial sample collection	\$153.33	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None

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D7292	Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7293	Surgical placement: temporary anchorage device requiring surgical flap	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7294	Surgical placement: temporary anchorage device without surgical flap	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
OTHER ORAL SURGERY CODES D7610-D7877 ARE AUTHORIZED ONLY IN THE REDUCTION OF TRAUMA, INCLUDING THE RECONSTRUCTION OF THE MAXILLA OR MANDIBLE AND/OR THE TREATMENT OF TMJ DYSFUNCTION AS IT RELATES TO AN ACUTE TRAUMATIC INCIDENT OR WHEN DETERMINED TO BE MEDICALLY NECESSARY.								
D7310	Alveoplasty in conjunction with extractions - per quadrant	\$152.38	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7311	Alveoplasty in conjunction with extractions- one to three teeth or tooth spaces, per quadrant (only with an approved denture)	\$96.24	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant (Only with an approved denture)	\$200.45	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7321	Alveoplasty not in conjunction with extractions- one to three teeth or tooth spaces, per quadrant (Only with an approved denture)	\$133.29	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7410	Radical excision - lesion diameter up to 1.25 cm	\$106.21	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7411	Excision of benign lesion greater than 1.25 CM	\$235.51	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7412	Excision of benign lesion, complicated	\$275.60	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7413	Excision of malignant lesion up to 1.25 CM	\$210.52	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7414	Excision of malignant lesion greater than 1.25 CM	\$310.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7415	Excision of malignant lesion, complicated	\$325.76	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$205.49	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative

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D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$305.71	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$152.38	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$195.42	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$111.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$147.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$71.25	No	No	None	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7471	Removal of exostosis - per site	\$237.50	No	No	None	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7472 - D7521 Limited to Oral Surgeon Only - Please refer to the health plan								
D7530	Removal of foreign body, skin, or subcutaneous alveolar tissue	\$88.35	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7540	Removal of reaction-producing foreign bodies, muskoskeletal system	\$109.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7550	Sequestrectomy for osteomyelitis	\$180.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$346.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$1,662.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$1,187.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative

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D7630	Mandible - open reduction (teeth immobilized, if present)	\$2,025.40	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7640	Mandible - Closed reduction (teeth immobilized, if present)	\$1,045.00	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7650	Malar and/or zygomatic arch - open reduction	\$1,187.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7660	Malar and/or zygomatic arch - closed reduction	\$807.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7670	Alveolus - stabilization of teeth, closed reduction splinting	\$325.85	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7671	Alveolus - open reduction, may include stabilization of teeth (Limited to Oral Surgeon Only)	\$1,638.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$2,707.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7710	Maxilla - open reduction	\$1,852.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7720	Maxilla - closed reduction	\$1,135.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7730	Mandible - open reduction	\$1,947.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7740	Mandible - closed reduction	\$1,225.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7750	Malar and/or zygomatic arch - open reduction	\$1,781.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7760	Malar and/or zygomatic arch - closed reduction	\$1,230.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7770	Alveolus - stabilization of teeth, open reduction splinting	\$1,187.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative

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D7771	Alveolus, closed reduction stabilization of teeth (Limited to Oral Surgeon Only)	\$688.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$3,410.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7810	Open reduction of dislocation	\$1,700.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7820	Closed reduction of dislocation	\$147.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7830	Manipulation under anesthesia	\$223.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7840	Condylectomy	\$2,161.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7850	Surgical discectomy, with/without implant	\$1,971.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7852	Disc repair	\$0.62	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7854	Synovectomy	\$2,460.50	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7856	Myotomy	\$1,290.10	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7858	Joint reconstruction	\$2,581.15	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7860	Arthrotomy	\$508.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7865	Arthroplasty	\$2,581.15	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7870	Arthrocentesis	\$156.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative

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D7871	Non-arthroscopic lysis and lavage	\$285.00	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7872	Arthroscopy - diagnosis, with or without biopsy	\$441.75	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7873	Arthroscopy - surgical: lavage and lysis of adhesions	\$1,154.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7874	Arthroscopy - surgical: disc repositioning and stabilization	\$1,154.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7875	Arthroscopy - surgical: synovectomy	\$1,559.90	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7876	Arthroscopy - surgical: disectomy	\$1,559.90	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7877	Arthroscopy - surgical: debridement	\$2,581.15	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7880	Occlusal orthotic device, by report (Limited to Oral Surgeon Only)	\$316.35	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D7910	Suture of recent small wounds up to 5 cm	\$66.50	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	No	Xrays & Clinical Diagnostic Narrative
D7911	Complicated suture - up to 5 cm	\$112.10	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	No	Xrays & Clinical Diagnostic Narrative
D7912	Complicated suture - greater than 5 cm	\$261.25	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D7920 - D7999 Limited to Oral Surgeon Only - Please refer to the health plan								
D8010 - D8999 All orthodontic treatment will require prior authorization to include the following elements: Treatment plan, Photographs, interpreted cephalometric x-ray with analysis, a panograph or full series of intra-oral radiographs, intra-oral and facial photographs, complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period and estimated fee to Avesis.								
D8010	LIMITED ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	\$280.63	Yes	Yes	See above	No	No	None

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D8020	LIMITED ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	\$280.63	Yes	Yes	See above	No	No	None
D8030	LIMITED ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	\$280.63	Yes	Yes	See above	No	No	None
D8040	LIMITED ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	\$280.63	Yes	Yes	See above	No	No	None
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE PRIMARY DENTITION	\$1,302.93	Yes	Yes	See above	No	No	None
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	\$1,302.93	Yes	Yes	See above	No	No	None
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE TRANSITIONAL DENTITION	\$2,605.85	Yes	Yes	See above	No	No	None
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADOLESCENT DENTITION	\$2,930.56	Yes	Yes	See above	No	No	None
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT; OF THE ADULT DENTITION	\$3,032.78	Yes	Yes	See above	No	No	None
D8210	REMOVABLE APPLIANCE THERAPY	\$305.71	Yes	Yes	See above	No	No	None
D8220	FIXED APPLIANCE THERAPY	\$335.73	Yes	Yes	See above	No	No	None
D8660	PRE-ORTHODONTIC VISIT	\$45.13	Yes	Yes	See above	No	No	None
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	\$132.34	Yes	Yes	See above	No	No	None
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS)	\$200.45	Yes	Yes	See above	No	No	None
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO CONTRACT FEE)	\$65.17	Yes	Yes	See above	No	No	None
D8691	REPAIR OF ORTHODONTIC APPLIANCE	\$0.62	Yes	Yes	See above	No	No	None
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$130.34	Yes	Yes	See above	No	No	None
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR OF FIXED RETAINER	\$46.08	Yes	Yes	See above	No	No	None
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY RE	\$0.62	Yes	Yes	See above	No	No	None

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MISCELLANEOUS AND PAIN MANAGEMENT - SEE DESCRIPTION REQUIREMENTS								
D9110	Palliative (emergency treatment of dental pain - minor procedure) (Not payable in conjunction with other dental services.)	\$57.10	Yes	No	Xrays & Clinical Diagnostic Narrative	Yes	No	None
D9120	Rebounding or Recememnting; AND/OR Repair or Fixed Retainer	\$52.16	Yes	Yes	Xrays & Clinical Diagnostic Narrative	No	No	None
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$10.07	Yes	No	None	No	No	None
D9220	General anesthesia - first 30 minutes (Limited to 90 min per date of service additional time requires Authorization) (Requires permit by the Arizona State Dental Board) (Age 21+) Used only if local anesthesia failed- supported by document)	\$138.70	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record
D9221	General anesthesia - each additional 15 minutes (Limited to 90 min per date of service additional time requires Authorization) (Requires permit by the Arizona State Dental Board) (Age 21+) Used only if local anesthesia failed)	\$64.60	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide (Not payable in conjunction with codes D9248 and D9920, only one unit per appointment) (Age 21+) Used only if local anesthesia failed)	\$25.08	Yes	No	Clinical Diagnostic Narrative	Yes	Yes	Clinical Diagnostic Narrative
D9241	Intravenous sedation/analgesia - first 30 minutes (Limited to 90 min per date of service additional time requires Authorization) (Requires permit by the Arizona State Dental Board) (Age 21+) Used only if local anesthesia failed)	\$133.29	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record
D9242	Intravenous sedation/analgesia - each additional 15 minutes (Limited to 90 min per date of service additional time requires Authorization) (Requires permit by the Arizona State Dental Board)	\$38.10	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record	No	No	None
D9248	Non-intravenous conscious sedation (Requires permit by the Arizona State Dental Board) (Not payable in conjunction with codes D9230 and D9920) (Age 21+) Used only if local anesthesia failed)	\$60.14	Yes	Yes	Clinical Diagnostic Narrative & Anesthesia Record	No	No	None
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$39.05	Yes	Yes	Clinical Diagnostic Narrative	Yes	Yes	Clinical Diagnostic Narrative
D9410	House/ extended care facility call	\$45.13	Yes	Yes	Requires Documentation	No	No	None
D9420	Hospital call (Requires 24 hour notification after services rendered.)	\$80.18	Yes	Yes	Clinical Diagnostic Narrative	Yes	Yes	Clinical Diagnostic Narrative

ADA CODE	DESCRIPTIONS	FEE	COVERED BENEFITS (0 - 20)	AUTHORIZATION REQUIRED YES / NO	DOCUMENTS REQUIRED FOR AUTHORIZATION &/OR w/CLAIM	COVERED BENEFITS (21 & OVER)	AUTHORIZATION REQUIRED YES / NO	DOCUMENTS REQUIRED FOR AUTHORIZATION &/OR w/CLAIM
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$28.03	Yes	Yes	Clinical Diagnostic Narrative	No	No	None
D9440	Office visit after regularly scheduled hours	\$63.18	Yes	Yes	Xrays & Clinical Diagnostic Narrative	Yes	Yes	Xrays & Clinical Diagnostic Narrative
D9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$19.00	Yes	Yes	Clinical Diagnostic Narrative	No	No	None
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$19.00	Yes	Yes	Clinical Diagnostic Narrative	No	No	None
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$35.06	Yes	No	Clinical Diagnostic Narrative	Yes	Yes	Clinical Diagnostic Narrative
D9940	Occlusal guard, by report	\$28.03	Yes	Yes	Must include xrays	No	No	None
D9951	Occlusal adjustment, limited	\$180.41	No	No	None	No	No	None
D9999	Unspecified adjunctive procedure, by report	\$49.12	Yes	Yes	Clinical Diagnostic Narrative	No	No	None