



## 2017 Dental Codes that require Prior Auth per AHCCCS

For dates of service from 02/01/2017-12/31/2017

CODES	DESCRIPTIONS
	<b>DIAGNOSTIC</b>
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT
D0250	EXTRA-ORAL - FIRST RADIOGRAPHIC IMAGE
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE
D0310	SIALOGRAPHY
D0320	TEMPOROMANDIBULAR JOINT ARTHOGRAM, INCLUDING INJECTION
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT
D0330	PANORAMIC RADIOGRAPHIC IMAGE (UNDER 6)
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES
D0470	DIAGNOSTIC CASTS
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT
	<b>PREVENTIVE</b>
D1510	SPACE MAINTAINER-FIXED-UNILATERAL
D1515	SPACE MAINTAINER-FIXED-BILATERAL
D1520	SPACE MAINTAINER-REMOVEABLE- UNILATERAL
D1525	SPACE MAINTAINER-REMOVEABLE- BILATERAL
D1575	Distal SHOE SPACE MAINTAINER - FIXED - UNILATERAL
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT
	<b>RESTORATIVE</b>
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE
D2750	CROWN-PROCELAIN FUSED TO HIGH NOBLE METAL
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL



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D2752	CROWN- PROCELAIN FUSED TO NOBLE METAL
D2790	CROWN-FULL CAST HIGH NOBLE METAL
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL
D2792	CROWN-FULL CAST NOBLE METAL
D2794	CROWN-TITANIUM
D2929	PREFABRICATED PORCELAIN CERAMIC CROWN-PRIMARY TOOTH
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH
D2932	PREFABRICATED RESIN CROWN
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARY TOOTH
D2940	PROTECTIVE RESTORATION-BY REPORT
D2941	INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITION
D2950	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION
D2952	CAST POST AND CORE IN ADDITION TO CROWN
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
<b>ENDODONTICS</b>	
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)
D3222	PULPAL DEBRIDEMENT PERMANENT TEETH ONLY
D3230	PULPAL THERAP (RESTORABLE FILLING) ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
D3240	PULPAL THERAP (RESTORABLE FILLING) POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
D3310	ENDODONTIC THERAPY-ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
D3320	ENDODONTIC THERAPY-BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)
D3330	ENDODONTIC THERAPY-MOLAR TOOTH (EXCLUDING FINAL RESTORATION)



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D3331	TREATMENT OF ROOT CANAL OBSTRUCTION NON-SURGICAL ACCESS
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- BICUSPID
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY- MOLAR
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS ROOT RESORPTION, ECT.)
D3352	APEXIFICATION/RECALCIFICATION-INTERM MEDICATION REPLACEMENT
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS ROOT RESORPTION, ECT.)
D3410	APICOECTOMY-ANTERIOR
D3421	APICOECTOMY-BICUSPID (FIRST ROOT)
D3425	APICOECTOMY- MOLAR (FIRST ROOT)
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)
D3430	RETROGRADE FILLING – PER ROOT
D3450	ROOT AMPUTATION – PER ROOT
D3920	HEMISECTION (INCLUDING ROOT REMOVAL) NOT INCLUDING ROOT CANAL THERAPY
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT
<b>PERIODONTICS</b>	
D4210	GINGIVECTOMY OR GIGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4211	GINGIVECTOMY OR GIGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4240	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4249	CLINICAL CROWN LENGTHENING – HARD TISSUE



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D4260	OSSEOUS SURGERY ( INCLUDING ELEVATION OF A FULL THICKNESS FLAP & CLOSURE ) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4261	OSSEOUS SURGERY ( INCLUDING ELEVATION OF A FULL THICKNESS FLAP & CLOSURE ) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
D4263	BONE REPLACEMENT GRAFT – FIRST SITE IN QUADRANT
D4264	BONE REPLACEMENT GRAFT – EACH ADDITIONAL SITE IN QUADRANT
D4265	BIOLOGICAL MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION
D4266	GUIDED TISSUE REGENERATE – RESORBABLE BARRIER, PER SITE, PER TOOTH
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, PER TOOTH
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE
D4275	SOFT TISSUE ALLOGRAFT
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT
D4320	PROVISION SPLINTING - INTRACORAL
D4321	PROVISION SPLINTING – EXTRACORAL
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT
D4346	SCALING IN THE PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION IN THE ABSENCE OF PERIODONTITIS - FULL MOUTH, AFTER ORAL EVALUATION
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT
	<b>PROSTHODONTICS</b>
D5110	COMPLETE DENTURE – MAXILLARY
D5120	COMPLETE DENTURE – MANDIBULAR
D5130	IMMEDIATE DENTURE – MAXILLARY
D5140	IMMEDIATE DENTURE – MANDIBULAR



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D5211	MAXILLARY PARTIAL DENTURE – RESEN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5212	MADIBULAR PARTIAL DENTURE – RESEN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5214	MADIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5221	IMMEDIATE MAXILLARY – PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5222	IMMEDIATE MANDIBULAR – PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5223	IMMEDIATE MAXILLARY – PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5224	IMMEDIATE MADIBULAR – PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE CAST METAL
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE
D5710	REBASE COMPLETE MAXILLARY DENTURE
D5711	REBASE COMPLETE MANDIBULAR DENTURE
D5720	REBASE MAXILLARY PARTIAL DENTURE
D5721	REBASE MANDIBULAR PARTIAL DENTURE
D5730	RELINE COMPLETE MAXILLARY DENTURE(CHAIRSIDE)
D5731	RELINE COMPLETE MANDIBULAR DENTURE ( CHAIRSIDE)
D5740	RELINE MAXILLARY PARTIAL DENTURE ( CHAIRSIDE)
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)



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D5820	INTERIM PARTIAL DENTURE (MAXILLARY)
D5821	INTERIM PARTIAL DENTURE – MANDIBULAR
D5850	TISSUE CONDITIONING MAXILLARY
D5851	TISSUE CONDITIONING MANDIBULAR
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT
D5911	FACIAL MOULAGE (SECTIONAL)
D5912	FACIAL MOULAGE ( COMPLETE)
D5913	NASAL PROSTHESIS
D5914	AURICULAR PROSTHESIS
D5915	ORBITAL PROSTHESIS
D5916	OCULAR PROSTHESIS
D5919	FACIAL PROSTHESIS
D5922	NASAL SPETAL PROSTHESIS
D5923	OCUALR PROSTHESIS, INTERIM
D5924	CRANIAL PROSTHESIS
D5925	FACIAL AUGMENT IMPLANT PROSTHESIS
D5926	NASAL PROSTHESIS, REPLACEMENT
D5927	AURICULAR PROSTHESIS, REPLACEMENT
D5928	ORBITAL PROSTHESIS, REPLACEMENT
D5929	FACIAL PROSTHESIS, REPLACEMENT
D5931	OBTURATOR PROSTHESIS, SURGICAL
D5932	OBTURATOR PROSTHESIS, DEFINITIVE
D5933	OBTURATOR PROSTHESIS, MODIFIVATION
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE
D5936	OBTURATOR PROSTHESIS, INTERIM
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)



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D5951	FEEDING AID
D5952	SPEECH AID PROTHESIS, PEDIATRIC
D5953	SPEECH AID PROTHESIS, ADULT
D5954	PALATAL AUGMENT PROTHESIS
D5955	PALATAL LIFT PROTHESIS DEFINITIVE
D5958	PALATAL LIFT PROTHESIS INTERIM
D5959	PALATAL LIFT PROTHESIS MODIFICATION
D5960	SPEECH AID PROSTHESIS MODIFICATION
D5982	SURGICAL SPLINT
D5983	RADIATION CARRIER
D5984	RADIATION SHIELD
D5985	RADIATION CONE LOCATOR
D5986	FLUORIDE GEL CARRIER
D5987	COMMISSURE SPLINT
D5988	SURGICAL SPLINT
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE
D5999	UNSPECIFIED MAXILLOFACIAL PROTHESIS, BY REPORT
<b>IMPLANT SERVICES</b>	
D6081	SCALING OF A SINGLE IMPLANT-SCALING AND DEBRIEMENT IN THE PRESECE OF IMFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT-INCLUDING CLENAING OF IMPLANT SURFACES WITHOUT FLAP ENTRY AND CLOSURE(NOT PERFORMED IN CONJUNCTION WITH D1110 OR D4910)
D6999	FIXED PROSTHODONTIC PROCEDURE
<b>ORAL AND MAXILLOFACIAL SURGERY</b>	
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED



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D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
D7251	CORONECTOMY – INTENTIONAL PARTIAL TOOTH REMOVAL IS PERFORMED WHEN A NEUROVASCULAR COMPLICATION IS LIKELY IF THE ENTIRE IMPACTED TOOTH IS REMOVED.
D7260	ORAL ANTRAL FISTULA CLOSURE
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)
D7286	OF ORAL TISSUE - SOFT
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT
D7292	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; INCLUDES DEVICE REMOVAL
D7293	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP: INCLUDES DEVICE REMOVAL
D7294	SURGICAL PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP: INCLUDES DEVICE REMOVAL
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT





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D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR – LESION DIAMETER GREATER THAN 1.25 CM
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT
D7471	REMOVAL OF EXOSTOSIS PER SITE
D7472	REMOVAL OF TORTUS PALATINUS
D7473	REMOVAL OF TORUS MANDIBULARIS
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY
D7490	RADICAL RESECTION OF MANDIBLE WITH BONE GRAFT
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH



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D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES
D7710	MAXILLA-OPEN REDUCTION
D7720	MAXILLA-CLOSED REDUCTION
D7730	MANDIBLE-OPEN REDUCTION
D7740	MANDIBLE-CLOSED REDUCTION
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES
D7810	OPEN REDUCTION OF DISLOCATION
D7820	CLOSED REDUCTION OF DISLOCATION
D7830	MANIPULATION UNDER ANESTHESIA
D7840	CONDYLECTOMY
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT
D7852	DISC REPAIR
D7854	SYNOVECTOMY
D7856	MYOTOMY
D7858	JOINT RECONSTRUCTION
D7860	ARTHROTOMY
D7865	ARTHROPLASTY
D7870	ARTHROCENTESIS
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE
D7872	SCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS
D7874	ROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION



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D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT
D7899	UNPECIFIED TMD THRAPY, BY REPORT
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM
D7911	COMPLICATED SUTURE-UP TO 5 CM
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES
D7941	OSTEOTOMY - MANDIBULAR RAMI
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL – PER SEXTANT OR QUADRANT
D7945	OSTEOTOMY-BODY OF MANDIBLE
D7946	LEFORT I (MAXILLA-TOTAL)
D7947	LEFORT I (MAXILLA-SEGMENTED)
D7948	LEFORT II OR LEFORT III – WITHOUT BONE GRAFT
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA – AUTOGENOUS OR NONAUTOGENOUS, BY REPORT
D7951	SINUS AUGMENTATION
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION – PER SITE
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE
D7963	FRENULOPLASTY
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH
D7971	EXCISION OF PERICORONAL GINGIVA



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D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY
D7980	SIALOLITHOTOMY
D7982	SIALODOCHOPLASTY
D7983	CLOSURE OF SALIVARY FISTULA
D7990	EMERGENCY TRACHEOTOMY
D7991	CORONOIDECTOMY
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT
D7996	INPLANCE-MANDIBLE FOR AUGMENTATION PURPOSES, BY REPORT
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPIANCE) INCLUDES REMOVAL OF ARCHBAR
D7998	INTRAORAL FIXATION DEVICE – NON FRACTURE
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT
<b>ORTHODONTICS</b>	
D8010	LIMITED ORTHODONTIC TREATMENT OF PRIMARY DENTITION
D8020	LIMITED ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION
D8030	LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION
D8040	LIMITED ORTHODONTIC TREATMENT OF ADULT DENTITION
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF PRIMARY DENTITON
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION
D8070	COMPREHENSIVE ORTHODONITC TREATMENT OF TRANSITIONAL DENTITION
D8080	COMPREHENSIVE ORTHODONITC TREATMENT OF ADOLESCENT DENTITION
D8090	COMPREHENSIVE ORTHODONITC TREATMENT OF ADULT DENTITION
D8210	REMOVABLE APPIANCE THERAPY (INCLUDES APPLIANCE FOR THUMB SUCKING AND TONGUE THRUSTING)
D8220	FIXED APPLIANCE THERAPY (INCLUDES APPLIANCE FOR THUMB SUCKING AND TONGUE THRUSTING)
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES)
D8690	ORTHODONTIC TREATMENT ( ALTERNATIVE BILLING TO A CONTRACT FEE)



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D8691	REPAIR OF ORTHODONTIC APPLIANCE
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER
D8694	REPAIR LOST OR BROKEN RETAINERS INCLUDING REATTACHMENTS
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT
<b>ADJUNCTIVE GENERAL SERVICES</b>	
D9120	FIXED PARTIAL DENTURE SECTIONING
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH 15 MINUTES
D9230	INHALATION OF NITROUS OXIDE/ ANESTHESIA ( 11 & UP)
D9243	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH 15 MINUTES
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION
D9410	HOUSE/EXTENDED CARE FACILITY CALL
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS
D9940	OCCLUSAL GUARDS, BY REPORT
D9951	OCCLUSAL ADJUSTMENT-LIMITED
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT