

# EXHIBIT C BENEFITS COVERED FOR HEALTH CHOICE MEMBERS OVER 21 AND TRANSPLANT MEMBERS



## OVERVIEW:

AHCCCS allows for coverage of medical and surgical dental services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist (A.A.C.R9-22-207). The following is based on Health Choice Arizona interpretation of these covered services when it considers the services as medically/dentally necessary. AHCCCS covers the following dental services provided by a licensed dentist for members who are 21 years of age or older.

## EMERGENCY DENTAL SERVICES COVERAGE FOR PERSONS AGE 21 YEARS AND OLDER:

### Dental Criteria:

Medically necessary emergency dental care is covered for persons age 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology of trauma. Emergency dental services are allowed up to \$1000 per member contract year (October 1st to September 30th). Follow up procedures necessary to stabilize teeth as a result of the emergency service are covered and subject to the \$1000 limit. The following services and procedures are covered as emergency dental services:

1. Emergency oral diagnostic examination (limited oral examination – problem focused),
2. Radiographs and laboratory services, limited to the symptomatic teeth
3. Composite resin due to recent tooth fracture for anterior teeth
4. Prefabricated crowns, to eliminate pain due to recent tooth fracture only
5. Recementation of clinically sound inlays, onlays, crowns, and fixed bridges
6. Pulp cap, direct or indirect plus filling, limited to the symptomatic teeth
7. Root canals and vital pulpotomies when indicated for the treatment of acute infection or to eliminate pain

8. Apicoectomy performed as a separate procedure, for treatment of acute infection or to eliminate pain, with favorable prognosis
9. Immediate and palliative procedures, including extractions if medically necessary, for relief of pain associated with an oral or maxillofacial condition
10. Tooth reimplantation of accidentally avulsed or displaced anterior tooth, with favorable prognosis
11. Temporary restoration which provided palliative/sedative care (limited to the tooth receiving emergency treatment)
12. Initial treatment for acute infection, including, but not limited to, periapical and periodontal infections and abscesses by appropriate methods
13. Preoperative procedures and anesthesia appropriate for optimal patient management
14. Cast crowns limited to the restoration of root canal treated teeth only

## LIMITATIONS for Adult Emergency Dental Services Limitations for Persons age 21 Years and Older

1. Maxillofacial dental services provided by a dentist are not covered except to the extent prescribed for the reduction of trauma, including reconstruction of regions of the maxilla and mandible.
2. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.
3. Routine restorative procedures and routine root canal therapy are not emergency dental services.
4. Treatment for the prevention of pulpal death and imminent tooth loss is limited to non-cast fillings, crowns constructed from pre-formed stainless steel, pulp caps, and pulpotomies only for the tooth causing pain or in the presence of active infection.
5. Fixed bridgework to replace missing teeth is not covered.

## **NOTIFICATION REQUIREMENTS FOR CHARGES TO MEMBERS**

In order for a provider to bill the member for emergency dental services exceeding the \$1000 limit, the provider must first inform the member in a way she/he understands, that the requested dental service exceeds the \$1000 limit and is not covered by AHCCCS. Before providing the dental services that will be billed to the member, the provider must furnish the member with a document to be signed in advance of the service, stating that the member understands that the dental service will not be fully paid by AHCCCS and that the member agrees to pay for the amount exceeding the \$1000 emergency dental services limit, as well as services not covered by AHCCCS. The member must sign the document before receiving the service in order for the provider to bill the member. It is expected that the document contains information describing the type of service to be provided and the charge for the service.

## **FACILITY AND ANESTHESIA CHARGES**

AHCCCS expects that in rare instances a member may have an underlying medical condition which necessitates that services provided under the emergency dental benefit be provided in an Ambulatory Service Center or an Outpatient Hospital and may require anesthesia as part of the emergency service. In those instances, the facility and anesthesia charges are subject to the \$1000 emergency dental limit.

Dentists performing General Anesthesia (GA) on members will bill using dental codes and the cost will count towards the \$1000 emergency dental limit.

Physicians performing GA on members for a dental procedure will bill medical codes and the cost will count towards the \$1000 emergency dental limit.

## **INFORMED CONSENT**

Informed consent is a process by which the provider advises the member/guardian/designated representative of the diagnosis, proposed treatment and alternate treatment methods with associated risks and benefits of each, as well as the associated risks and benefits of not receiving treatment.

1. Informed consents for oral health treatment include:
  - a. A written consent for examination and/or any treatment measure, which does not include an irreversible procedure, as mentioned below. This consent is

completed at the time of initial examination and is updated at each subsequent six month follow-up appointment.

- b. A separate written consent for any irreversible, invasive procedure, including but not limited to dental fillings, pulpotomy, etc. In addition, a written treatment plan must be reviewed and signed by both parties, as described below, with the member/guardian/designated representative receiving a copy of the complete treatment plan.
2. All providers shall complete the appropriate informed consents and treatment plans for AHCCCS members as listed above, in order to provide quality and consistent care, in a manner that protects and is easily understood by the member/guardian/designated representative. This requirement extends to all Contractor mobile unit providers. Consents and treatment plans shall be in writing and signed/dated by both the provider and the patient, or patients representative, if under the 18 years of age or is 18 years of age or older and considered an incapacitated adult. Completed consents and treatment plans must be maintained in the members' chart and are subject to audit.

## **MEDICAL EXCEPTIONS NOT SUBJECT TO THE \$1000 ADULT EMERGENCY DENTAL LIMIT:**

1. Services related to the treatment of a medical condition such as acute pain infection, or fracture of the jaw excluding Temporomandibular Joint Dysfunction (TMJ) pain. Diagnosis and treatment of TMJ is not covered except for reduction of trauma. Covered services include:
  - a. limited problem focused examination of the oral cavity
  - b. required radiographs
  - c. treatment of maxillofacial fractures
  - d. administration of an appropriate anesthesia
  - e. prescription of pain medication and antibiotics
2. Dental Services for Member's Eligible for Transplantation Services For members who require medically necessary dental services as a pre-requisite to AHCCCS covered organ or tissue transplantation. AHCCCS covers these services only after a transplant evaluation determines that the member is an appropriate candidate for organ or tissue transplantation. Covered dental services are limited to the elimination of oral infections and the treatment of oral disease. These services are not subject to the \$1000 adult emergency dental limit. Covered services include:

- a. limited problem focused examination of the oral cavity
- b. dental cleanings, treatment of periodontal disease
- c. medically necessary extractions
- d. provision of simple restorations. For purposes of this Policy, a simple restoration means silver amalgam and/ or composite resin fillings, stainless steel crowns or preformed crowns

- 4. Lymphoma: The elimination of oral infection and treatment of oral disease, including:
  - a. dental cleanings, treatment of periodontal disease
  - b. medically necessary extraction(s),
  - c. provisions of simple restorations, oral examination
  - d. necessary dental x-rays with respect to the management of mucositis, hemorrhage, and related side effects of underlying disease

#### **Procedure**

- i. The Dental Department must be notified by the Health Choice Arizona Transplant Coordinator of the need for a dental evaluation to assist in qualifying a potential transplant patient. A dental examination and necessary x-rays will be approved. The provider must submit a treatment plan with supporting documents to Health Choice Arizona.
  - ii. Once the Dental Unit has been notified that the member has been listed for transplant, an authorization for approved services as determined by the Dental Director will be sent to the treating dentist.
3. Cancer of the jaw, neck or head: The extraction of severely decayed teeth in preparation for radiation treatment. These services are not subject to the \$1000 adult emergency dental limit:
- a. Oral examination
  - b. Necessary dental x-rays if extractions are to be performed.
  - c. Prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head is covered.

#### **Procedure**

- i. When Health Choice Arizona receives a request for services on adult members with cancer of the jaw, neck or head or lymphoma, the medical documentation is reviewed by the Dental Director, Chief Medical officer or designee to determine if criteria is met.
- ii. If it is determined that the adult member meets the criteria, a dental examination and necessary x-rays will be approved. The provider must submit a treatment plan with supporting documentation to Health Choice Arizona.

These criteria will be reviewed on an annual basis.

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D0140	limited oral evaluation-problem focused (Emergency Dental Services only)	X	X		No		Treatment notes required to determine dental emergency
D0191	Assessment of a patient	X			No		Treatment notes required to determine dental emergency
D0220	intraoral - periapical first radiographic image	X	X		No	One of (D0220) per 1 Day Per Provider OR Group.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0230	intraoral - periapical each additional radiographic image	X			No	Two of (D0230) per 1 Day Per patient OR Group. Additional Films require documentation to establish medical necessity.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0270	bitewing - single radiographic image	X			No	One of (D0270) per 6 Month(s) Per patient.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0272	bitewings - two radiographic images	X			No	One of (D0272, D0273, D0274) per 6 Month(s) Per patient.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0273	bitewings - three radiographic images	X			No	One of (D0272, D0273, D0274) per 6 Month(s) Per patient.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0274	bitewings - four radiographic images	X			No	One of (D0272, D0273, D0274) per 6 Month(s) Per patient.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0277	vertical bitewings - 7 to 8 films	X			No	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0330	panoramic radiographic image	X			No	One of (D0330) per 36 months Three of (D0330) per lifetime. Not payable within 12 months of (D0277-D0274) when billed by the same provider or group	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D2330	resin-based composite - one surface, anterior	X		Teeth 6 - 11, 22 - 27 (recent fracture)	No	One per 24 Month(s) Per patient per tooth per provider OR group.	Treatment notes and pre- operative x-ray(s) to determine dental emergency
D2331	resin-based composite - two surfaces, anterior	X		Teeth 6 - 11, 22 - 27 (recent fracture)	No	One per 24 Month(s) Per patient per tooth per provider OR group.	Treatment notes and pre- operative x-ray(s) to determine dental emergency
D2332	resin-based composite - three surfaces, anterior	X		Teeth 6 - 11, 22 - 27 (recent fracture)	No	One per 24 Month(s) Per patient per tooth per provider OR group.	Treatment notes and pre- operative x-ray(s) to determine dental emergency
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	X		Teeth 6 - 11, 22 - 27 (recent fracture)	No	One per 24 Month(s) Per patient per tooth per provider OR group.	Treatment notes and pre- operative x-ray(s) to determine dental emergency
D2390	resin-based composite crown, anterior	X		Teeth 6 - 11, 22 - 27 (recent fracture)	No	One per 24 Month(s) Per patient per tooth per provider OR group.	Treatment notes, pre- operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA) to determine dental emergency
D2740	crown - porcelain/ ceramic substrate	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per 5 years per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth.	Treatment notes, pre- operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA)
D2750	crown - porcelain fused to high noble metal	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per 5 years per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth.	Treatment notes, pre- operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA)
D2751	crown - porcelain fused to predominantly base metal	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per 5 years per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth.	Treatment notes, pre- operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA)
D2752	crown - porcelain fused to noble metal	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per 5 years per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth.	Treatment notes, pre- operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D2790	crown-full cast high noble metal	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per 5 years per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth.	Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA)
D2791	crown - full cast predominantly base metal	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per 5 years per tooth. Endodontic treated teeth only. Pre-operative radiographs of adjacent and opposing teeth.	Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement (BW and PA)
D2933	prefabricated stainless steel crown with resin window	X		Teeth 6 - 11, 22 - 27	No	Reimbursed at D2932 payable one time per 36 months, same provider OR group. To eliminate pain due to recent tooth fracture only	Treatment notes, pre-operative x-ray(s)
D2940	protective restoration BR on fee schedule	X		Teeth 1 - 32	No	Not reimbursed on same day as D2140, D2161, D2330-D2335, D3220-D3240.	Treatment notes, pre-operative x-ray(s)
D2950	core buildup, including any pins when required	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One of (D2950, D2952, D2954) per 24 Month(s) Per patient per tooth. Buildups are not considered a stand-alone restoration.	Treatment notes, pre-operative x-ray(s)
D2952	cast post and core in addition to crown	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One of (D2950, D2952, D2954) per 5 years Per patient per tooth. Same tooth for endodontically treated teeth.	Treatment notes, pre-operative x-ray(s) Post-operative x-ray for payment
D2954	prefabricated post and core in addition to crown	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One of (D2950, D2952, D2954) 5 years Per patient per tooth. Same tooth for endodontically treated teeth.	Treatment notes, pre-operative x-ray(s)
D3110	pulp cap - direct (excluding final restoration, when related to pain)	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One of (D3110) per 1 Life- time Per patient per tooth	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D3120	pulp cap - indirect (excluding final restoration, when related to pain)	X		Teeth 1 - 32	No	One of (D3120) per 1 Life- time Per patient per tooth	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for reimbursement
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One of (D3220) per 1 Life- time Per patient per tooth. (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth
D3221	pulpal debridement, permanent teeth only	X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	HCA does not generally reimburse for pulpal debridement. (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3310	endodontic therapy, anterior tooth (excluding final restoration)	X		Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Life- time Per patient per tooth. (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	X		Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Life- time Per patient per tooth. (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3330	endodontic therapy, molar (excluding final restoration)	X		Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per 1 Life- time Per patient per tooth. (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3331		X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	Pre-operative radiographs of adjacent and opposing teeth. (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D3346		X		Teeth 6 - 11, 22 - 27	No	Pre and post-operative radiographs shall be maintained in patient records. For treatment of acute infection or to eliminate pain with favorable prognosis (refer to Endodontist for retreatment)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3347		X		Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Pre and post-operative radiographs shall be maintained in patient records. For treatment of acute infection or to eliminate pain with favorable prognosis (refer to Endodontist for retreatment)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3348		X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	Pre and post-operative radiographs shall be maintained in patient records. For treatment of acute infection or to eliminate pain with favorable prognosis (refer to Endodontist for retreatment)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3410		X		Teeth 6 - 11, 22 - 27	No	Pre-operative x-ray(s) with authorization Fill radiographs with claim. 1 per lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3421		X		Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Pre-operative x-ray(s) with authorization Fill radiographs with claim. 1 per lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3425		X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	Pre-operative x-ray(s) with authorization Fill radiographs with claim. 1 per lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment



DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D3426		X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	Pre-operative x-ray(s) with authorization Fill radiographs with claim. 1 per lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D3430		X		Teeth 2-15, 18-31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	Pre-operative x-ray(s) with authorization Fill radiographs with claim. 1 per lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	Treatment plan, Treatment notes, pre-operative x-ray(s) of adjacent and opposing teeth. Post-operative x-ray for payment
D7111	extraction, coronal remnants deciduous tooth	X		Teeth A - T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7140	extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	X		Teeth 1-32, A - T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	X		Teeth 1-32, A - T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7220	removal of impacted tooth- soft tissue	X		Teeth 1-32, A - T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7230	removal of impacted tooth- partially bony	X		Teeth 1-32, A -T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7240	removal of impacted tooth- completely bony	X		Teeth 1-32, A -T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	X		Teeth 1-32, A -T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7250		X		Teeth 1-32, A -T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, pre-operative x-ray(s)
D7251		X		Teeth 1-32, A -T	No	One per lifetime per patient per tooth (if medically necessary, for relief of pain associated with an oral maxillofacial condition) Removal of asymptomatic tooth not covered.	Treatment notes, narrative of medical necessity, preop x-ray(s)
D7260		X			No		Treatment notes, narrative of medical necessity, preop x-ray(s)
D7261		X			No	Not payable on the same date of service as the extraction	Treatment notes, narrative of medical necessity, preop x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7270		X		Teeth 6-11, 22-27 (anterior teeth only)	No	Includes splinting and/or stabilization. (with favorable prognosis)	Treatment notes, narrative of medical necessity, preop x-ray(s)
D7285		X			No		Treatment notes, narrative of medical necessity, Pathology report
D7286		X			No		Treatment notes, narrative of medical necessity, Pathology report
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	X		Per Quadrant (10, 20, 30, 40)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Minimum of three extractions in the affected quadrant.	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	X		Per Quadrant (10, 20, 30, 40)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. One to three extractions in the affected quadrant.	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	X		Per Quadrant (10, 20, 30, 40)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	X		Per Quadrant (10, 20, 30, 40)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7410	radical excision - lesion diameter up to 1.25cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7411	excision of benign lesion greater than 1.25 cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7415	excision of malignant lesion, complicated	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	X			No		Treatment notes, narrative of medical necessity, Pathology report
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	X			No	Pathology report in record.	Treatment notes, narrative of medical necessity, Pathology report
D7465	destruction of lesion(s) by physical or chemical method, by report	X			No		Treatment notes, narrative of medical necessity, Pathology report
D7490	radical resection of mandible with bone graft		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7485	surgical reduction of osseous tuberosity	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7510	incision and drainage of abscess - intraoral soft tissue	X		Teeth 1-32, A -T	No	One of (D7510, D7511) per 1 Lifetime Per patient per tooth. Not payable on the same date of service as the extraction	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	X		Teeth 1-32, A -T	No	One of (D7510, D7511) per 1 Lifetime Per patient per tooth. Not payable on the same date of service as the extraction	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7520	incision and drainage of abscess - extraoral soft tissue	X		Teeth 1-32, A -T	No	One of (D7520, D7521) per 1 Lifetime Per patient per tooth. Not payable on the same date of service as the extraction	Treatment notes, narrative of medical necessity, pre-op x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	X		Teeth 1-32, A-T	No	One of (D7520, D7521) per 1 Lifetime Per patient per tooth. Not payable on the same date of service as the extraction	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7540	removal of reaction-producing foreign bodies, musculo-skeletal system	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7550	Partial ostectomy/ sequestrectom-y for removal of non-vital bone	X		Per Quadrant (10, 20, 30, 40)	No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7970	excision of hyperplastic tissue - per arch		X	Per Arch (01, 02)	No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7610	maxilla - open reduction		X		Yes	Documentation from physician, pre-op xray	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7620	maxilla - closed reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7630	mandible-open reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7640	mandible - closed reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7650	malar and/or zygomatic arch-open reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7660	malar and/or zygomatic arch-closed		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7670	alveolus stabilization of teeth, closed reduction splinting		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7671	alveolus - open reduction, may include stabilization of teeth		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7710	maxilla - open reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7720	maxilla - closed reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7730	mandible - open reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7740	mandible - closed reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7760	malar and/or zygomatic arch-closed reduction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7771	alveolus, closed reduction stabilization of teeth		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7780	facial bones - complicated reduction with fixation and multiple surgical approaches		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7810	open reduction of dislocation		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7820	closed reduction dislocation		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7830	manipulation under anesthesia		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7840	condylectomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7850	surgical discectomy, with/ without implant		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7852	disc repair		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7854	synovectomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7856	myotomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7858	joint reconstruction		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7860	arthrotomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7865	arthroplasty		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7870	arthrocentesis		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7871	non-arthroscopic lysis and lavage		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7872	arthroscopy - diagnosis with or without biopsy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7873	arthroscopy-surgical: lavage and lysis of adhesion		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7874	arthroscopy-surgical: disc repositioning and stabilization		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7875	arthroscopy-surgical synovectomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7876	arthroscopy-surgery discectomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7877	arthroscopy-surgical debridement		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7910	suture small wounds up to 5 cm		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7911	complicated suture-up to 5 cm		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7912	complex suture - greater than 5cm		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7920	skin graft (identify defect covered, location and type of graft)		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7940	osteoplasty- for orthognathic deformities		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7941	osteotomy - madibular rami		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7943	osteotomy- mandibular rami with bone graft; includes obtaining the graft		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7945	osteotomy - body of mandible		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7946	LeFort I (maxilla - total)		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7947	LeFort I (maxilla - segmented)		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7948	LeFort II or LeFort III - without bone graf		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7949	LeFort II or LeFort III - with bone graft		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)



DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-autogenous or nonautogenous, by report		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7951	sinus augmentation		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7953	bone replacement graft for ridge preservation - per site		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7955	repair of maxillofacial soft and/or hard tissue defect		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7971	excision of pericoronal gingiva	X		Teeth 1 - 32	No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7972	surgical reduction of fibrous tuberosity	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7980	sialolithotomy	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7981	excision of salivary gland, by report	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7982	sialodochoplasty	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7983	closure of salivary fistula	X			No		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7990	emergency tracheotomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7991	coronoidectomy		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7995	synthetic graft-mandible or facial bones, by report		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)

DIAGNOSTIC							
CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	ADULT MEDICAL EXCEPTION	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7996	implant-mandible for augmentation purposes, by report		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7998	intraoral fixation device--- non-fracture		X		Yes		Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D7999	unspecified oral surgery procedure, by report	X			No	Narrative describing service.	Treatment notes, narrative of medical necessity, pre-op x-ray(s)
D9223	deep sedation/ general anesthesia – each 15 minute increment	X			No	Eight of (D9223) per 1 Day(s) Per patient. Not allowed on same day with D9230, D9243 or D9248.	Complete treatment plan, health history, narrative describing necessity for sedation, x-rays when available, sedation records
D9230	inhalation of nitrous oxide/ analgesia	X			No	Not allowed on the same day with D9223, D9243 or D9248. Cannot be billed with D9248	Complete treatment plan, health history, narrative describing necessity for sedation, x-rays when available
D9243	intravenous moderate (conscious) sedation/ analgesia – each 15 minute increment	X			No	Eight of (D9243) per treatment plan per patient. Not allowed on same day with D9230, D9223 or D9248	Complete treatment plan, health history, narrative describing necessity for sedation, x-rays when available, sedation records
D9248	non-intravenous moderate (conscious) sedation	X			No	Two of (D9248) per 1 Day(s) Per patient. Not allowed on the same day with D9223, D9243 or D9230. Must	Complete treatment plan, health history, narrative describing necessity for sedation, x-rays when available, sedation records

## **PRE-AUTHORIZATION REQUESTS:**

<https://www.healthchoicearizona.com/ProviderPortal/login/>

\*Benefits of your provider portal:

- ✓ Your office can check status of authorization immediately
- ✓ Your office can retrieve authorization numbers sooner than “standard-mail”
- ✓ You can schedule your patients sooner
- ✓ You have an electronic record of your transactions with Health Choice
- ✓ It’s FREE!

## **NEED HELP SIGNING UP TO USE THE PROVIDER PORTAL?**

### **CONTACT HEALTH CHOICE FOR ASSISTANCE!**

480-968-6866

Standard Mail:

Health Choice Arizona

410 N. 44th Street, Suite 520

Phoenix, AZ 85008

## **QUESTIONS?**

<https://www.healthchoicearizona.com/Provider-Portal/login/>

## **PROVIDER SERVICES:**

(480) 968-6866

## **NEED HELP SIGNING UP TO USE THE PROVIDER PORTAL?**

### **CONTACT HEALTH CHOICE FOR ASSISTANCE!**

ORAL HEALTH PROGRAM MANAGER

VWarman@iasishealthcare.com