

# BCBSAZ HEALTH CHOICE 2025 DENTAL BENEFITS FOR OVER 21 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 BCBSAZ Health Choice 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. **\*AI/AN members who receive dental treatment at an I.H.S/638 Tribal facility are not subject to this \$1000 per member contract year limit. Services performed outside of the IHS/638 Tribal facilities for AI/AN members (i.e., by BCBSAZ Health Choice contracted providers) remain limited to the \$1000 Emergency Dental Benefit for members 21 years of age and over.**

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. Re-cementation 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, and
14. Cast crowns limited to the restoration of recent emergency root canal treated teeth only.

## LIMITATIONS FOR ADULT EMERGENCY DENTAL SERVICES 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 and dentures to replace missing teeth are 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 patient's 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. In some permanent crowns may be approved if deemed necessary by the dental director.
- e. LEPAAT may be invoked in certain cases.

**Procedure**

- i. The Dental Department must be notified by our 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 us.
- 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 we receive a request for services on adult members with cancer of the jaw, neck or head, 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 us.
4. Cleaning for members who are in an inpatient hospital setting and are placed on a ventilator or are physically unable to perform oral hygiene are covered for dental cleanings performed by a hygienist working under the supervision of a physician.

These criteria will be reviewed on an annual basis.

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D0140	Limited oral evaluation-problem focused (Emergency Dental Services only)	X		No		
D0191	Assessment of a patient	X		No		
D0220	Intraoral – periapical first radiographic image	X		No	One of (D0220) per 1 Day Per Provider or group	
D0230	intraoral – periapical each additional radiographic image	X		No	Two of (D0230) per 1 Day Per patient per provider or group. Additional films require documentation to establish medical necessity.	
D0270	bitewing – single radiographic image	X		No	One of (D0270) per 6 Month(s) Per patient.	
D0272	Bitewings – two radiographic images	X		No	One of (D0272, D0273, D0274) per 6 Month(s) Per patient.	
D0273	Bitewings – three radiographic images	X		No	One of (D0272, D0273, D0274) per 6 Month(s) Per patient.	
D0374	Bitewings – four radiographic images	X		No	One of (D0272, D0273, D0274) per 6 Month(s) Per patient.	
D0277	Vertical bitewings – 7 to 8 films	X		No	One of (d0210, d0277, d0330) per 36 month(s) per patient.	
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.	

D0364	Cone beam CT capture and interpretation with limited field of view-less than one whole jaw	X		Yes	Frequency limit is 4 per year.	Treatment notes required to determine dental emergency. Limited to symptomatic tooth.
D0373	Intraoral tomosynthesis-bitewing radiographic image	X		No	One of (D0373) per 6 Month(s) Per patient. Cannot be billed with code D0270.	
D0374	Intraoral tomosynthesis-periapical radiograph image	X		No	One of (D0374) per 1 Day Per Provider or group. Cannot be billed with code D0220 or D0230.	
D0388	Tomosynthesis-bitewing radiographic image-Image capture only	X		No	One of (D0388) per 6 Month(s) Per patient. Must be billed with teledentistry codes D9995 or D9996.	
D0389	Intraoral tomosynthesis-periapical radiograph image- Image capture only	X		No	One of (D0389) per 1 Day Per Provider or group. Must be billed with teledentistry codes D9995 or D9996.	
D0604	Antigen testing for a public health related pathogen, including coronavirus	X		No		
D0605	Antibody testing for a public health related pathogen, including coronavirus	X		No		
D0701	Panoramic radiographic image- capture only	X		No	Must be billed with one of the teledentistry codes (D9995 or D9996)	
D0707	Intraoral-periapical radiographic image- image capture only	X		No	Must be billed with one of the teledentistry codes (D9995 or D9996)	
D0708	Intraoral-bitewing radiographic image- image capture only.	X		No	Must be billed with one of the teledentistry codes (D9995 or D9996)	

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	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	
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	
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.	
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.	
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.	
D2390	Resin-based composite anterior crown	X	Teeth 6 - 11, 22 - 27 (Recent fracture)	No	One per 24 month(s) per patient per tooth per provider or group.	
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. Pe-operative radiographs of adjacent and opposing teeth.	
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. Pe-operative radiographs of adjacent and opposing teeth.	

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.	
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.	
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.	
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.	
D2910	Re-cement or re-bond inlay, only, veneer or partially coverage restoration	X	Teeth 2-15, 18-31	No		
D2920	Re-cement Or re-bond crown	X	Teeth 2-15, 18-31	No		
D2928	Prefabricated porcelain/ceramic crown-permanent tooth	X		<b>Yes</b>	.	Treatment notes, pre- operative x-ray(s) of adjacent and opposing teeth. Post- operative x-ray for reimbursement (BW and PA)
D2931	Prefabricated stainless steel crown – permanent tooth	X	Teeth 2-15, 18-31	No		

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D2932	Prefabricated resin crown	X	Teeth 6 - 11, 22 - 27	No		
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	
D2940	Protective restoration BR on fee schedule	X	Teeth 1 - 32	No	Not reimbursed on same day as D2140, D2161, D2330- D2335, D3220- D3240.	
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 months per patient per tooth. Buildups are not considered a stand-alone restoration.	
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.	
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) per 5 years per patient per tooth. Same tooth for endodontically treated teeth.	



CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
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	No	One of (D3110) per life- time per patient per tooth	
D3120	Pulp cap - indirect (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	No	One of (D3120) per life- time per patient per tooth	
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 life- time per patient per tooth (for treatment of acute infection or to eliminate pain with favorable prognosis)	
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		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	X	Teeth 6 - 11, 22 - 27	No	One of (D3310) per life- time per patient per tooth (for treatment of acute infection or to eliminate pain with favorable prognosis)	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	X	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per life- time per patient per tooth (for treatment of acute infection or to eliminate pain with favorable prognosis)	
D3330	Endodontic therapy, molar (excluding final restoration)	X	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	One of (D3330) per life- time per patient per tooth (for treatment of acute infection or to eliminate pain with favorable prognosis)	

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D3331	Treatment of root canal obstruction; non- surgical access	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	
D3346	retreatment of previous root canal therapy-anterior (refer to Endodontist for retreatment)	X	Teeth 6 - 11, 22 - 27	No	Pre and postoperative radiographs shall be maintained in patient records. For treatment of acute infection or to eliminate pain with favorable prognosis. (Refer to Endodontist for retreatment)	
D3347	Retreatment of previous root canal therapy-bicuspid (Refer to Endodontist for retreatment)	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)	
D3348	Retreatment of previous root canal therapy-molar (refer to Endodontist for retreatment)	X	Teeth 2,3,14,15, 18,19,30,31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	Pre and postoperative radiographs shall be maintained in patient records. For treatment of acute infection or to eliminate pain with favorable prognosis. (Refer to Endodontist for retreatment)	
D3410	Apicoectomy - anterior	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)	
D3421	Apicoectomy - bicuspid (first root)	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. (Refer to Endodontist for retreatment)	

D3425	Apicoectomy -molar (first root)	X	Teeth 2,3,14,15, 18,19,30,31 reimbursement for a third molar will be considered only if it is functioning as a second molar.	No	One per lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	
D3426	Apicoectomy (each additional root)	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 lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	
D3430	Retrograde filling - per root	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 lifetime (for treatment of acute infection or to eliminate pain with favorable prognosis)	
D3471	Surgical repair of root resorption- anterior	X	Teeth 6-11, 22-27	<b>Yes</b>	Does not include placement of restoration.	Treatment plan, Treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth.
D3472	Surgical repair of root resorption- premolar	X	Teeth 4,5,12,13, 20, 21,28, 29	<b>Yes</b>	Does not include placement of restoration.	Treatment plan, Treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth.
D3473	Surgical repair of root resorption- molar	X	Teeth 2,3,14,15, 18,19,30,31 reimbursement for a third molar will be considered only if it is functioning as a second molar	<b>Yes</b>	Does not include placement of restoration.	Treatment plan, treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth.
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption- anterior	X	Teeth 6-11, 22-27	Yes	Not to be used in conjunction with apicoectomy or repair of root resorption.	Treatment plan, treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth.

D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption-premolar	X	Teeth 4,5,12,13, 20,21,28, 29	Yes	Not to be used in conjunction with apicoectomy or repair of root resorption.	Treatment plan, treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth.
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption-molar	X	Teeth 2,3,14,15, 18,19,30,31 reimbursement for a third molar will be considered only if it is functioning as a second molar	Yes	Not to be used in conjunction with apicoectomy or repair of root resorption.	Treatment plan, treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth.
D3921	Decoronation or submergence of an erupted tooth	X	Teeth 2-15, 18-	Yes		Treatment plan, treatment notes, pre- operative x- ray(s) of adjacent and opposing teeth

### PERIODONTIC

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D4286	Removal of non-resorbable barrier	X		Yes	Frequency limit is 4 per day.	X-rays and clinical notes/narrative required

### PROSTHODONTIC

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D6089	Accessing and retorquing loose implant screw-per screw	X		Yes	One per tooth per day.	X-rays and clinical notes/narrative required
D6105	Removal of implant body not requiring bone removal or flap elevation	X		Yes	One per lifetime per patient per tooth (if medically necessary for relief of pain associated with a maxillofacial condition)	X-rays and clinical notes/narrative required
D6193	Replacement of an implant screw	X		Yes	One per day per tooth	X-rays and clinical notes/narrative required
D6197	Replacement of restorative material used to close and access opening for screw retained implant supported prosthesis, per implant.	X		Yes	One per 24 month(s) per patient per tooth per provider or group.	X-rays and clinical notes/narrative required

## ORAL SURGERY

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D7111	Extraction, coronal remnants deciduous tooth	X	Teeth A - T	No	One per lifetime per patient per tooth. Removal of asymptomatic tooth not covered.	
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.	
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.	
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.	
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.	
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.	

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.	
D7250	Surgical removal of residual tooth roots (cutting procedure)	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.	
D7251	Coronectomy-intentional partial tooth removal is performed when a neurovascular complication likely if the entire impacted tooth is removed	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.	
D7259	Nerve dissection	X		Yes	One per day per tooth or per quadrant	Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7260	Oroantral fistula closure	X		No		
D7261	Primary closure of a sinus perforation	X		No	Not payable on the same date of service as the extraction	
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed, or displaced tooth	X	Teeth 6-11, 22-27 (Anterior teeth only)	No	Includes splinting and/or stabilization. (With favorable prognosis)	
D7284	Excisional biopsy of minor salivary glands	X		Yes		Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	X		No		
D7286	Incisional biopsy of oral tissue-soft	X		No		

D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	X	Per Quadrant (10, 20, 30, 40)	No	.	
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.	
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.	
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.	
D7410	Radical excision - lesion diameter up to 1.25cm	X		No	Pathology report in record.	
D7411	Excision of benign lesion greater than 1.25 cm	X		No	Pathology report in record.	
D7415	Excision of malignant lesion, complicated	X		No	Pathology report in record.	
D7440	Excision of malignant tumor - lesion diameter up to 1.25cm	X		No	Pathology report in record.	
D7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	X		No		
D7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	X		No	Pathology report in record.	
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25cm	X		No	Pathology report in record	
D7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	X		No	Pathology report in record.	
D7461	Removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	X		No	Pathology report in record.	

D7465	Destruction of lesion(s) by physical or chemical method, by report	X		No		Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7509	Marsupialization of odontogenic cyst	X		Yes		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		
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (Includes drainage of multiple fascial spaces)	X	Teeth 1-32, A -T	No		
D7520	Incision and drainage of abscess - extraoral soft tissue	X	Teeth 1-32, A -T	No		
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (Includes drainage of multiple fascial spaces)	X	Teeth 1-32, A -T	No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	X		No		
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	X		No		
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	X	Per Quadrant (10, 20, 30, 40)	No		
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	X		No		



D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation.	X		Yes		Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7956	Guided tissue regeneration, edentulous area-resorbable barrier, per site.	X		Yes		Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7957	Guided tissue regeneration, edentulous area-non resorbable barrier per site	X		Yes		Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7960	Max sinusotomy for removal of tooth fragment	X		Yes		Treatment notes, narrative of medical necessity, pre-op x- ray(s)
D7970	Excision of hyperplastic gingiva	X		No		
D7971	Excision of pericoronal gingiva	X	Teeth 1 - 32	No		
D7972	Surgical reduction of fibrous tuberosity	X		No		
D7979	Non-surgical sialolithotomy	X		Yes		Treatment plan, treatment notes, Narrative of medical necessity
D7980	Sialolithotomy	X		No		
D7981	Excision of salivary gland, by report	X		No		
D7982	Sialodochoplasty	X		No		
D7983	Closure of salivary fistula	X		No		
D7999	Unspecified oral surgery procedure, by report	X		No	Narrative describing service with claim.	

CODE	DESCRIPTION	ADULT EMERGENCY - \$1000 ANNUAL LIMIT	TEETH COVERED	AUTHORIZATION REQUIRED	BENEFIT LIMITATIONS	DOCUMENTATION REQUIRED
D9222	Deep sedation/ general anesthesia – first 15 minutes	X		Yes	One of (D9222) 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
D9223	Deep sedation/ general anesthesia – each additional 15 minutes	X		Yes	Maximum of seven 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	
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	X		Yes	One of (D9239) 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
D9243	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	X		Yes	Maximum of seven 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	
D9995	Teledentistry-synchronous	X		No		
D9996	Teledentistry-asynchronous	X		No		

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