## **NOTICE:** Dental Prior Authorization Updates for Blue Cross Blue Shield of Arizona Health Choice

#### Dear Provider,

We're notifying you of important updates to our **Dental Prior Authorization requirements**, effective **January 1, 2026**.

#### What's Changing:

- New Prior Authorization Requirements:
  - Several new CDT codes will now require prior authorization. These include updates related to prosthetic services, implant maintenance, sedation, and anesthesia procedures.
- EPSDT-Specific Coverage:
  - Many of the new codes are covered **only for EPSDT members under age 21**, while select sedation and anesthesia codes will also apply to **members aged 21 and older**.
- Code Retirements:

A few CDT codes will be removed from the matrix and no longer accepted for billing.

The **updated Dental Matrix** and the **full list of impacted CDT codes** will be available on **January 1, 2026** at: <a href="https://www.azblue.com/medicaid">https://www.azblue.com/medicaid</a> \( \rightarrow Providers section \)

The codes will also be **attached to the Provider Notice** posted on the website.

#### **Questions?**

Dental Prior Authorization Department: 480-968-686

Thank you for your continued partnership!

To view this notice for embedded links and content specific to education-related material, please visit us online at <a href="https://www.azblue.com/health-choice-az">https://www.azblue.com/health-choice-az</a> under our "For Providers" tab.



# **NOTICE:** Dental Prior Authorization Updates for Blue Cross Blue Shield of Arizona Health Choice

Dear Provider,

## Effective 01/01/2026, the following new CDT codes will require prior authorization:

CDT Code	Description	Coverage
D5877	Duplication of complete denture-maxillary	Covered for EPSDT members
		under age 21 only
D5878	Duplication of complete denture-mandibular	Covered for EPSDT members
		under age 21 only
D5909	Maxillary guidance prosthesis with guide flange	Covered for EPSDT members
		under age 21 only
D5930	Maxillary guidance prosthesis with guide flange	Covered for EPSDT members
		under age 21 only
D5938	Resection prosthesis, maxillary complete removable	Covered for EPSDT members
		under age 21 only
D5939	Resection prosthesis, mandibular complete	Covered for EPSDT members
	removable	under age 21 only
D5940	Resection prosthesis, maxillary partial removable	Covered for EPSDT members
		under age 21 only
D5941	Resection prosthesis, mandibular partial removable	Covered for EPSDT members
		under age 21 only
D6049	Scaling and debridement of a single implant in the	Covered for EPSDT members
	presence of peri-implantitis inflammation, bleeding	under age 21 only
	upon probing and increased pocket depths, including	
	cleaning of the implant surfaces, without flap entry	
	and closure	
D9244	In-office administration of minimal sedation-single drug-enteral	Coverage applies to EPSDT
		members under age 21, as well
		as members aged 21 and older.
D9245	Administration of moderate sedation-enteral	Coverage applies to EPSDT
		members under age 21, as well
		as members aged 21 and older.
D9246	Administration of moderate sedation-non-	Coverage applies to EPSDT
	intravenous parenteral-first 15 minute increment, or	members under age 21, as well
	any portion thereof	as members aged 21 and older.
D9247	Administration of moderate sedation-non-	Coverage applies to EPSDT
	intravenous parenteral-each subsequent 15 minute	members under age 21, as well
	increment, or any portion thereof	as members aged 21 and older.
D9224	Administration of general anesthesia with advanced	Coverage applies to EPSDT
	airway-first 15 minute increment, or any portion of	members under age 21, as well
	thereof	as members aged 21 and older.

D9225	Administration of general anesthesia with advanced	Coverage applies to EPSDT
	airway-each subsequent 15 minute increment, or any	members under age 21, as well
	portion thereof	as members aged 21 and older.

### **Deleted CDT Codes for 2026:**

D1352 Preventative resin restoration in a moderate to high caries risk patient-permanent tooth.

D9248 Non-intravenous conscious sedation.

The updated Dental Matrix will be available on 01/01/2026 on the Blue Cross Blue Shield of Arizona Health Choice website at <a href="https://www.azblue.com/medicaid">https://www.azblue.com/medicaid</a> under the 'Providers' section.

If you have any questions or need additional information, please call the Dental Prior Authorization Department at 480-968-6866.