



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
<b>Diagnostic</b>						
D0120	2 per calendar year	0-20 yrs	X			X
D0140	1 per day		X		X	
D0145	2 per calendar year	0-2 yrs	X			
D0150*	1 Q 3 yrs	0-20 yrs	X			X
D0160	1 per day	0-20 yrs		X		
D0180	1 per calendar year	0-20 yrs		X		X
<b>Radiographs/Diagnostic Imaging (Including Interpretation)</b>						
D0210	1 Q 3 yrs	6-20 yrs	X			X
D0220	1 per day		X		X	
D0230*	3 per day		X		X	
D0240	2 per day		X		X	
D0250	1 per day		X			
D0260	5 per day		X			
D0270	2 per calendar year	3-20 yrs	X			X
D0272*	1 per calendar year	3-20 yrs	X		X	X
D0273*	1 per calendar year	10-20 yrs	X			X
D0274*	1 per calendar year	10-20 yrs	X			X

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D0277	2 per calendar year	0-20 yrs		X		X
D0290	1 per day			X		
D0310	1 per day	0-20 yrs		X		
D0320	1 per day			X		
D0321	1 per day			X		
D0330*	1 Q 3 yrs (except for oral surgeons)	7-99 yrs	X			
D0340	1 per day	0-20 yrs		X		
D0350	2 per calendar year	0-20 yrs		X		
<b>Tests and Examinations/Oral Pathology Laboratory</b>						
D0470	1 per day	0-20 yrs		X		
D0502	1 per day	0-20 yrs		X		X
D0999	1 per day	0-20 yrs		X		X
<b>Preventive/Dental Prophylaxis</b>						
D1110	2 per calendar year	14-20 yrs	X			X
D1120	2 per calendar year	0-13 yrs	X			
D1203	1 per day	0-13 yrs (only covered with a cleaning)	X			

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D1204	2 per calendar year (only covered with cleaning)	14-20 and only covered with a cleaning (D1110)	X			X
D1206	2 per calendar year	0-20 yrs	X			
D1351	1 Q 3 yrs	0-15 yrs (limited to 2nd molars only) Adult teeth 2, 3, 14, 15, 18, 19, 30, 31	X			
D1352		0-20 yrs (Permanent: 2, 3, 14, 15, 18, 19, 30, 31)	X			
<b>Space Maintainers</b>						
D1510*	2 per day	0-14		X		
D1515*	2 per day	0-14		X		
D1520*	2 per day	0-14		X		
D1525*	2 per day	0-14		X		
D1550	2 per day	0-14	X			
D1555	1 per day	0-20 yrs	X			
<b>Restorative</b>						
D2140	12 per day	0-20ys	X			X
D2150	12 per day	0-20 yrs	X			X
D2160	6 per day	0-20 yrs	X			X
D2161	5 per day	0-20 yrs	X			X

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
<b>Resins</b>						
D2330	12 per day	0-20 yrs	X			X
D2331	12 per day	0-20 yrs	X			X
D2332	12 per day	0-20 yrs	X			X
D2335	12 per day	0-20 yrs	X		X	X
D2390	12 per day	0-20 yrs		X		X
D2391	12 per day	0-20 yrs	X			X
D2392	12 per day	0-20 yrs	X			X
D2393	12 per day	0-20 yrs	X			X
D2394	12 per day	0-20 yrs	X			X
<b>Crowns</b>						
D2740	4 per day	18-20 yrs				
D2750	4 per day	18-20 yrs		X		
D2751	4 per day	18-20 yrs		X (with root canal therapy only for ages 18 - 20)		
D2752	4 per day	18-20 yrs		X (with root canal therapy only for ages 18 - 20)		
D2790	4 per day	18-20 yrs		X		
D2791	4 per day	18-20 yrs		X (with root canal therapy only for ages 18 - 20)		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/2011



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D2792	4 per day	18-20 yrs		X (with root canal therapy only for ages 18 - 20)		
D2794	4 per day	0-20 yrs		X		
D2910	4 per day	18-20 yrs	X		X	X
D2915	4 per day	0-20 yrs	X		X	X
D2920	4 per day	0-20 yrs	X		X	X
D2930	20 per day	0-20 yrs	X			
D2931	5 per day	6-20 yrs		X	X	X
D2932	5 per day	0-20 yrs		X	X	X
D2933	5 per day	0-20 yrs		X		
D2934	5 per day	0-20 yrs		X		
D2940	10 per day	0-20 yrs	X			X
D2950	4 per day	0-20 yrs		X		X
D2951	4 per day	0-20 yrs		X		X
D2952	4 per day	0-20 yrs		X		X
D2954	4 per day	0-20 yrs		X		X
D2970	999 per day	0 - 20 yrs		X		
D2999	1 per day	0-20 yrs		X		X
<b>Endodontics</b>						
D3110*	20 per day	0-20 yrs		X		
D3120*	20 per day	0-20 yrs		X		
D3220	20 per day	0-20 yrs	X		X	
D3221	1 per day	0-20 yrs	X			X

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D3222	6 per day	5-20 yrs		X		
D3230	20 per day	0-12 yrs		X		
D3240	20 per day	0-14 yrs		X		
D3310	4 per day	6-20 yrs		X		X
D3320	3 per day	6-20 yrs		X		
D3330	4 per day	6-20 yrs		X		
D3331	1 per day	6-20 yrs		X		
D3332	1 per day	6-20 yrs		X		
D3333	1 per day	6-20 yrs		X		
D3346	1 per day	6-20 yrs		X		X
D3347	1 per day	6-20 yrs		X		
D3348	1 per day	6-20 yrs		X		
D3351	3 per day	6-20 yrs		X		
D3352	3 per day	6-20 yrs		X		
D3353	3 per day	6-20 yrs		X		
D3354	1 per day	0-20 yrs	X			
D3410	3 per day	6-20 yrs		X	X	X
D3421	1 per day	6-20 yrs		X		
D3425	1 per day	6-20 yrs		X		
D3426	8 per day	6-20 yrs		X		
D3430	8 per day	6-20 yrs		X		X
D3450	8 per day	6-20 yrs		X		
D3920	1 per day	6-20 yrs		X		
D3999	1 per day	0-20 yrs		X		X
<b>Periodontics</b>						
D4210	4 per day	0-20 yrs		X		X
D4211	4 per day	0-20 yrs		X		X

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D4240	4 per day	0-20 yrs		X		X
D4241	4 per day	0-20 yrs		X		X
D4249	5 per day	0-20 yrs		X		
D4260	4 per day	0-20 yrs		X		X
D4261	4 per day	0-20 yrs		X		X
D4263	4 per day	0-20 yrs		X		
D4264	4 per day	0-20 yrs		X		
D4265	1 per day	0-20 yrs		X		
D4266	32 per day	0-20 yrs		X		
D4267	32 per day	0-20 yrs		X		
D4270	5 per day	0-20 yrs		X		
D4271	5 per day	0-20 yrs		X		
D4273	5 per day	0-20 yrs		X		
D4274	5 per day	0-20 yrs		X		
D4275	1 per day	0-20 yrs		X		
D4276	8 per day	0-20 yrs		X		
D4320	1 per day	0-20 yrs		X		
D4321	1 per day	0-20 yrs		X		
D4341	4 per day	0-20 yrs		X		X
D4342	4 per day	0-20 yrs		X		X
D4355	1 per year	0-20 yrs		X		X
D4910	1 per day	0-20 yrs		X		X
D4920	1 per day	0-20 yrs		X		X
D4999	1 per day	0-20 yrs		X		X
D5110	1 per day	0-20 yrs		X		
D5120	1 per day	0-20 yrs		X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D5130	1 per day	0-20 yrs		X		
D5140	1 per day	0-20 yrs		X		
D5211	1 per day	0-20 yrs		X		
D5212	1 per day	0-20 yrs		X		
D5213	1 per day	0-20 yrs		X		
D5214	1 per day	0-20 yrs		X		
D5281	1 per day	0-20 yrs		X		
D5410	1 per day	0-20 yrs		X		
D5411	1 per day	0-20 yrs		X		
D5421	1 per day	0-20 yrs		X		
D5422	1 per day	0-20 yrs		X		
D5510	1 per day	0-20 yrs		X		
D5520	32 per day	0-20 yrs		X		
D5610	1 per day	0-20 yrs		X		
D5620	1 per day	0-20 yrs		X		
D5630	1 per day	0-20 yrs		X		
D5640	32 per day	0-20 yrs		X		
D5650	10 per day	0-20 yrs		X		
D5660	1 per day	0-20 yrs		X		
D5710	1 per day	0-20 yrs		X		
D5711	1 per day	0-20 yrs		X		
D5720	1 per day	0-20 yrs		X		
D5721	1 per day	0-20 yrs		X		
D5730	1 per day	0-20 yrs		X		
D5731	1 per day	0-20 yrs		X		
D5740	1 per day	0-20 yrs		X		
D5741	1 per day	0-20 yrs		X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D5750	1 per day	0-20 yrs		X		
D5751	1 per day	0-20 yrs		X		
D5760	1 per day	0-20 yrs		X		
D5761	1 per day	0-20 yrs		X		
D5820	1 per day	0-20 yrs		X		
D5821	1 per day	0-20 yrs		X		
D5850	1 per day	0-20 yrs		X		
D5851	1 per day	0-20 yrs		X		
D5899	1 per day	0-20 yrs		X		
D5911	1 per day	0-20 yrs		X		
D5912	1 per day	0-20 yrs		X		
D5913	1 per day	0-20 yrs		X		
D5914	1 per day	0-20 yrs		X		
D5915	1 per day	0-20 yrs		X		
D5916	1 per day	0-20 yrs		X		
D5919	1 per day	0-20 yrs		X		
D5922	1 per day	0-20 yrs		X		
D5923	1 per day	0-20 yrs		X		
D5924	1 per day	0-20 yrs		X		
D5925	1 per day	0-20 yrs		X		
D5926	1 per day	0-20 yrs		X		
D5927	1 per day	0-20 yrs		X		
D5928	1 per day	0-20 yrs		X		
D5929	1 per day	0-20 yrs		X		
D5931	1 per day	0-20 yrs		X		
D5932	1 per day	0-20 yrs		X		
D5933	1 per day	0-20 yrs		X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D5934	1 per day	0-20 yrs		X		
D5935	1 per day	0-20 yrs		X		
D5936	1 per day	0-20 yrs		X		
D5937	1 per day	0-20 yrs		X		
D5951	1 per day	0-2 yrs		X		
D5952	1 per day	0-16 yrs		X		
D5953	1 per day	16-20 yrs		X		
D5954	1 per day	0-20 yrs		X		
D5955	1 per day	0-20 yrs		X		
D5958	1 per day	0-20 yrs		X		
D5959	1 per day	0-20 yrs		X		
D5960	1 per day	0-20 yrs		X		
D5982	1 per day	0-20 yrs		X		
D5983	1 per day	0-20 yrs		X		
D5984	1 per day	0-20 yrs		X		
D5985	1 per day	0-20 yrs		X		
D5986	1 per day	0-20 yrs		X		
D5987	1 per day	0-20 yrs		X		
D5988	4 per day	0-20 yrs		X		
D5991	1 per day	0-20 yrs		X		
D5992	1 per day	0-20 yrs		X		
D5999	1 per day	0-20 yrs		X		
<b>Implant Services</b>						
D6999	1 per day	18-20 yrs		X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
<b>Oral Surgery</b>						
D7111*	10 per day	0-20 yrs		X (more than 2 per day requires PA)	X	
D7140*	21 per day	0-20 yrs		X (more than 2 per day requires PA)	X	X
D7210	10 per day	0-20 yrs		X	X	X
D7220	5 per day	0-20 yrs		X	X	X
D7230	5 per day	0-20 yrs		X		X
D7240	5 per day	0-20 yrs		X		X
D7241	5 per day	0-20 yrs		X		X
D7250	10 per day	0-20 yrs		X		X
D7251	1 per day	0-20 yrs	X			
D7260	1 per day			X		
D7261	1 per day			X	X	
D7270	5 per day	0-20 yrs	X		X	
D7280	2 per day	0-20 yrs		X		
D7282	2 per day	0-20 yrs		X		
D7283	2 per day	0-20 yrs		X		
D7285	3 per day		X			
D7286	3 per day		X			
D7292	2 per day			X		
D7293	2 per day			X		
D7294	2 per day			X		
D7310	4 per day	0-20 yrs		X		
D7311	4 per day	0-20 yrs		X		
D7320	4 per day	0-20 yrs		X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D7321	4 per day	0-20 yrs		X		
D7410	1 per day			X		
D7411	1 per day			X		
D7412	1 per day			X		
D7413	1 per day			X		
D7414	1 per day			X		
D7415	1 per day			X		
D7440	1 per day			X		
D7441	1 per day			X		
D7450	1 per day			X		
D7451	1 per day			X		
D7460	1 per day			X		
D7461	1 per day			X		
D7465	1 per day			X		
D7471	5 per day	0-20 yrs		X		
D7472	1 per day	0-20 yrs		X		
D7473	1 per day	0-20 yrs		X		
D7485	1 per day	0-20 yrs		X		
D7490	1 per day			X		
D7510	2 per day		X		X	
D7511	2 per day		X		X	
D7520	1 per day		X			
D7521	1 per day		X			
D7530	1 per day		X			
D7540	1 per day		X			
D7550	1 per day			X		
D7560	1 per day			X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D7610	1 per day			X	X	
D7620	1 per day			X	X	
D7630	1 per day			X	X	
D7640	1 per day			X	X	
D7650	1 per day			X		
D7660	1 per day			X		
D7670	1 per day			X		
D7671	1 per day			X		
D7680	1 per day			X		
D7710	1 per day			X		
D7720	1 per day			X		
D7730	1 per day			X		
D7740	1 per day			X		
D7750	1 per day			X		
D7760	1 per day			X		
D7770	1 per day			X		
D7771	1 per day			X		
D7780	1 per day			X		
D7810	2 per day			X		
D7820	2 per day			X		
D7830	2 per day			X		
D7840	1 per day			X		
D7850	1 per day			X		
D7852	1 per day			X		
D7854	1 per day			X		
D7856	1 per day			X		
D7858	1 per day			X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D7860	1 per day			X		
D7865	1 per day			X		
D7870	1 per day			X		
D7871	1 per day			X		
D7872	1 per day			X		
D7873	1 per day			X		
D7874	1 per day			X		
D7875	1 per day			X		
D7876	1 per day			X		
D7877	1 per day			X		
D7880	1 per day			X		
D7899	1 per day			X		
<b>Suturing</b>						
D7910	1 per day		X			
D7911	1 per day		X			
D7912	1 per day		X			
D7920	1 per day			X		
D7940	2 per day			X		
D7941	1 per day			X		
D7943	1 per day			X		
D7944	6 per day			X		
D7945	1 per day			X		
D7946	1 per day			X		
D7947	1 per day			X		
D7948	1 per day			X		
D7949	1 per day			X		
D7950	1 per day			X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D7951	2 per day			X		
D7953	1 per day			X		
D7955	1 per day			X		
D7960	1 per day	0.20 yrs		X		
D7963	1 per day	0.20 yrs		X		
D7970	2 per day	0.20 yrs		X		T
D7971	1 per day	0.20 yrs	X			T
D7972	1 per day	0.20 yrs		X		T
D7980	1 per day			X		
D7981	1 per day			X		
D7982	1 per day			X		
D7983	1 per day			X		
D7990	1 per day		X			
D7991	1 per day			X		
D7995	1 per day			X		
D7996	1 per day			X		
D7997	1 per day			X		
D7998	999 per day			X		
D7999	1 per day			X		
<b>Other</b>						
D9110	1 per day	0-20 yrs	X		X	
D9120	1 per day	0-20 yrs		X		
D9210	1 per day	0-20 yrs	X			
D9220	1 per day			X		
D9221	12 per day			X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/201



# Phoenix Health Plan

*An Affiliate of Abrazo Health Care*

## Phoenix Health Plan Dental Matrix

Revised 10/1/2010

\*Change effective 12/1/11

ADA Code	Frequency Limits allowed per AHCCCS	Age Limits set by AHCCCS	No Prior Authorization Required	Prior Authorization Required	Payable for Medically Necessary Services - Adults (21 and older)	Additional Codes limited to Pre-Transplant Services - Adults (21 and older)
D9230*	1 per day limited to operative and surgical procedures only		X		X	
D9241	1 per day			X	X	
D9242	4 per day			X	X	
D9248	1 per day			X	X	
D9310	1 per day	0-20 yrs		X		X
D9410	1 per day			X		
D9420	1 per day			X	X	
D9430	1 per day	0-20 yrs		X		
D9440	1 per day	0-20 yrs	X			
D9610	1 per day	0-20 yrs				X
D9612	1 per day	0-20 yrs		X		
D9930	1 per day	0-20 yrs		X		X
D9940	1 per day	0-20 yrs		X		
D9951	1 per day	0-20 yrs		X		
D9999	1 per day	0-20 yrs		X		

\*\*\*\*\*STANDARD BUNDLING RULES APPLY\*\*\*\*\*

\*\*\*NOTE: EMERGENCY SERVICES FOR MEMBERS OVER THE AGE OF 21 DO NOT REQUIRE PRIOR AUTHORIZATION\*\*\*

12/16/2011