

Updates to Prior Authorization and Benefit Limits Effective December 1, 2011

November 17, 2011

Dear Phoenix Health Plan (PHP) Dental Providers:

As a reminder beginning on December 1, 2011 PHP will require prior authorization for the following dental codes:

- D1510, D1515, D1520, D1525 (space maintainers)
- D3110 and D3120 (pulp cap)
- D7111 (simple extractions) greater than two in one day requires prior authorization
- D7140 (extraction by elevation and/or forceps) greater than two in one day requires prior authorization.

Updates to benefit limits are as follows:

- D0150 – comprehensive oral evaluation – limited to 1 per 3 years (specific to provider group)
- D0230 – intraoral/periapical each additional film – limited to three per day
- D0272 – bitewing two films – limited to 1 per year
- D0273 – bitewing three films – limited to 1 per year
- D0274 – bitewing four films – limited to 1 per year
- D0330 – limited to 1 per 3 years excludes oral surgeons
- D9230 – limited to operative and surgical procedures only

This updates a blast fax that was distributed on October 10, 2011.

PHP predeterminations are valid for 6 months from the Plan received date based on continued eligibility of the member.

If you have any questions, please contact your Provider Relations Representative directly or at the department number shown below.