



AZ Complete Care, RBHA Adult

Emergency \$1,000 Benefit Year Maximum

Member's receive an annual \$1,000 emergency benefit year maximum to be used towards the emergency services listed below

***PA - Procedure codes requires pre-authorization and are subject to clinical guidelines (see documentation/X-rays required)

**PPR - Procedure codes require claim pre-payment review and are subject to clinical guidelines. (see documentation/X-rays required)

Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Diagnostic Services				
D0140	Limited oral evaluation			
D0220	Intraoral, periapical, first radiographic image	3 (D0220) every 6 months. Limited to symptomatic teeth only		
D0230	Intraoral, periapical, each add '1 radiographic image	6 (D0230) every 12 months. Limited to symptomatic teeth only		
D0330	Panoramic radiographic image	3 of (D0330) per lifetime per provider. Limited to symptomatic teeth only	PPR	Narrative of medical necessity required with claim submission
D0461	Testing for cracked tooth	1(D0461) per day per tooth		
D0701	Panoramic radiographic image, image capture only	Must be billed with (D9995 or D9996) teledentistry codes		
D0707	Intraoral, periapical radiographic image, image capture only	5 of (D0707) per day. Must be billed with one of the teledentistry codes (D9995 or D9996)		
Restorative Services				
D2330	Resin-based composite, one surface, anterior	Due to recent tooth fracture only		
D2331	Resin-based composite, two surfaces, anterior	Due to recent tooth fracture only		
D2332	Resin-based composite, three surfaces, anterior	Due to recent tooth fracture only		
D2335	Resin-based composite, four or more surfaces	Due to recent tooth fracture only		
D2740	Crown, porcelain/ceramic	1 of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per 60 Months per tooth. Endodontically treated teeth only	PA	Post-Operative X-rays showing competed endodontic treatment required with prior authorization
D2750	Crown, porcelain fused to high noble metal		PA	
D2751	Crown, porcelain fused to predominantly base metal		PA	
D2752	Crown, porcelain fused to noble metal		PA	
D2753	Crown, porcelain fused to titanium and titanium alloys		PA	
D2790	Crown, full cast high noble metal		PA	
D2791	Crown, full cast predominantly base metal		PA	
D2792	Crown, full cast noble metal		PA	
D2794	Crown, titanium and titanium alloys		PA	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage		Tooth must be clinically sound. Not allowed within 6 months of placement	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	Tooth must be clinically sound. Not allowed within 6 months of placement		
D2920	Re-cement or re-bond crown	1 (D2920) every 24 months, per tooth. Tooth must be clinically sound. Not allowed within 6 months of placement		
D2921	Reattachment of tooth fragment, incisal edge or cusp	Due to recent tooth fracture only		
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	1of (D2928, D2931, D2932, D2933) per 36 Month(s) Per Provider per tooth. Allowed for recent tooth fracture only	PPR	Pre and Post-Operative X-rays required with claim submission. Allowed for recent tooth fracture only
D2931	Prefabricated stainless steel crown, permanent tooth		PPR	
D2932	Prefabricated resin crown		PPR	
D2933	Prefabricated stainless steel crown with resin window		PPR	
D2940	Placement of interim direct restoration	1 of (D2940) per 12 Month per tooth. Limited to tooth receiving emergency treatment only. Not to be intended as a base under restoration or crown	PPR	Narrative of medical necessity and post-operative X-rays with claim submission
D2950	Core buildup, including any pins when required	1 of (D2950, D2952, D2954) per 24 months per tooth. Same tooth for endodontically treated teeth. Refers to building up of anatomical crown when restorative crown will be placed	PPR	Post-Endodontic X-rays Required with claim submission
D2952	Post and core in addition to crown, indirectly fabricated		PPR	
D2954	Prefabricated post and core in addition to crown		PPR	
Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	1 (D3110) per tooth per lifetime		
D3120	Pulp cap, indirect (excluding final restoration)	1 (D3120) per tooth per lifetime		
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain	PPR	Pre-Operative X-rays with claim submission
D3221	Pulpal debridement, primary and permanent teeth	Not to be billed with restoration of same tooth on the same day. Only covered when indicated for the treatment of acute infection or to eliminate pain		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain	PPR	Pre and Post-operative X-rays required with claim submission
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		PPR	
D3330	Endodontic therapy, molar tooth (excluding final restoration)		PPR	
D3331	Treatment of root canal obstruction; non-surgical access	Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	Pre and Post-operative X-rays required with claim submission



AZ Complete Care, RBHA Adult

Code	Description	Limitations*	***PA **PPR	Documentation/X-Ray Required
Endodontic Services (continued)				
D3346	Retreatment of previous root canal therapy, anterior	1 of (D3346-D3348) per lifetime, per tooth, unless medically necessary. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	Pre and Post-operative X-rays required with claim submission
D3347	Retreatment of previous root canal therapy, premolar		PPR	
D3348	Retreatment of previous root canal therapy, molar		PPR	
D3410	Apicoectomy, anterior	1 of (D3410-D3425) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	
D3421	Apicoectomy, premolar (first root)		PPR	
D3425	Apicoectomy, molar (first root)		PPR	
D3426	Apicoectomy, (each additional root)	1 (D3426) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	
D3430	Retrograde filling, per root	1 (D3430) per lifetime, per tooth. Only covered when indicated for the treatment of acute infection or to eliminate pain. Inclusive with Root Canal Therapy	PPR	
Oral & Maxillofacial Surgical Services				
D7140	Extraction, erupted tooth or exposed root		PPR only for teeth 1, 16, 17, 32	Pre-operative X-ray required with claim submission only for teeth 1, 16, 17, 32
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth		PPR	Pre-operative X-ray required with claim submission
D7220	Removal of impacted tooth, soft tissue		PA	Pre-operative X-ray required with prior authorization
D7230	Removal of impacted tooth, partially bony		PA	Pre-operative X-ray required with prior authorization
D7240	Removal of impacted tooth, completely bony		PA	Pre-operative X-ray required with prior authorization
D7241	Removal impacted tooth, complete bony, complication	By Report	PA	Pre-operative X-ray required with prior authorization
D7260	Oroantral fistula closure			
D7270	Tooth reimplantation and/or stabilization, accident			
D7510	Incision & drainage of abscess, intraoral soft tissue	(D7510) inclusive if done with extraction. By report	PPR	Narrative or pathology report required with claim submission
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	By Report	PPR	
D7520	Incision & drainage of abscess, extraoral soft tissue	By Report	PPR	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	By Report	PPR	
Adjunctive General Services				
D9222	Administration of deep sedation/general anesthesia, first 15 minute increment	12 total units per day. Only reimbursable when provided by a qualified dental provider who has the appropriate level of certification in Dental Anesthesia. Not payable with (D9239, D9243, D9244, D9245, D9246, D9247, or D9230). If additional units are necessary, documentation of medical necessity required with claim submission	PPR	Narrative and anesthesia log required with claim submission
D9223	Administration of deep sedation/general anesthesia, each subsequent 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9224	Administration of general anesthesia with advanced airway, first 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9225	Administration of general anesthesia with advanced airway, each subsequent 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9230	Administration of nitrous oxide	1 of (D9230) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9244, D9224, D9225, D9245, D9246, or D9247)	PPR	Narrative and anesthesia log required with claim submission
D9239	Administration of moderate sedation, intravenous, first 15 minute increment	12 total units per day. Will only be reimbursable when provided by a qualified dental provider who has the appropriate level of certification in Dental Anesthesia. Not to be combined with (D9222, D9223, D9224, D9225, D9244, D9245, D9246, D9247, or D9230). If additional units are necessary, documentation of medical necessity required with claim submission	PPR	Narrative and anesthesia log required with claim submission
D9243	Administration of moderate sedation, intravenous, each subsequent 15 minute increment		PPR	Narrative and anesthesia log required with claim submission
D9244	In-office administration of minimal sedation, single drug, enteral	1 of (D9244) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9224, D9225, D9245, D9246, D9247, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9245	Administration of moderate sedation, enteral	1 of (D9245) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9244, D9224, D9225, D9246, D9247, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9246	Administration of moderate sedation, non-intravenous parenteral, first 15 minute increment	1 of (D9246) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9224, D9225, D9244, D9245, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9247	Administration of moderate sedation, non-intravenous parenteral, each subsequent 15 minute increment	11 of (D9247) per date of service. Not payable with (D9222, D9223, D9239, D9243, D9224, D9225, D9244, D9245, or D9230)	PPR	Narrative and anesthesia log required with claim submission
D9995	Teledentistry, synchronous; real-time encounter	Allowed with D0140, D0220, D0230, D0330, D0707		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	Allowed with D0140, D0220, D0230, D0330, D0707		