

# NOTICE: Dental Uniform Prior Authorization Revisions

Effective 10/01/2019

September 1, 2019

Dear Provider,

We have been working closely with our Dental community in an effort to streamline and expedite prior authorization by minimizing the number of procedures requiring prior authorization.

CPT Code	Definition
D1510	space maintainer-fixed unilateral
D1516	space maintainer - fixed – bilateral maxillary
D1517	Space maintainer-fixed-bilateral mandibular
D1520	space maintainer removable-unilateral
D1526	space maintainer removable-bilateral maxillary
D1527	Space maintainer removable-bilateral mandibular
D2740	crown - porcelain/ ceramic substrate
D2750	crown - porcelain fused to high noble metal
D2751	crown - porcelain fused to predominantly base metal
D2752	crown - porcelain fused to noble metal
D2790	crown - full cast high noble metal
D2791	crown - full cast predominantly base metal
D2792	crown - full cast noble metal
D2794	crown - titanium
D5110	complete denture - maxillary
D5120	complete denture - mandibular
D5130	immediate denture - maxillary
D5140	immediate denture - mandibular
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

CPT Code	Definition
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5282	removable unilateral partial
D8283	denture - one piece cast metal (including clasps and teeth) maxillary
D8010	limited orthodontic treatment of the primary dentition
D8020	limited orthodontic treatment of the transitional dentition
D8030	limited orthodontic treatment of the adolescent dentition
D8040	limited orthodontic treatment of the adult dentition
D8050	interceptive orthodontic treatment of the primary dentition
D8060	interceptive orthodontic treatment of the transitional dentition
D8070	comprehensive orthodontic treatment of the transitional dentition
D8080	comprehensive orthodontic treatment of the adolescent dentition
D8090	comprehensive orthodontic treatment of the adult dentition
D8210	removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)
D8220	fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)
D8660	pre-orthodontic treatment examination to monitor growth and development
D8680	orthodontic retention (removal of appliances)
D8690	orthodontic treatment (alternative billing to a contract fee)
D8691	repair of orthodontic appliance
D8692	replacement of lost or broken retainer
D8693	re-cement or re-bond fixed retainer
D8694	repair of fixed retainers, includes reattachment
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment
D8999	D8999 unspecified orthodontic procedure, by report

PA list is available online through our Dental page. Please also refer to the appropriate Dental Matrix for additional guidelines:

<https://www.stewardhealthchoiceaz.com/providers/dental-matrix/>



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