

Covered and Non-Covered Dental Services

This document pertains to services provided on or after January 1, 2010

- Codes listed with a "Yes" in this table are covered services for the specific benefit package(s) listed. Codes list with a "No" are non-covered services for the specific benefit package(s) listed or are services that are "incidental" to another service and are not reimbursed separately.
- If dental services are billed as medical pursuant to rule, they are billed on a CMS-1500 claim for using CPT or HCPCS codes and ICD-9-CM diagnosis codes. (The procedures listed as "medical" on the table may not be all inclusive of every dental code that has a corresponding medical code.)
- Fees can be found on DHS's Fee-for-Service Fee Schedule.
- Those listed as Pricing Action Code (PAC) 5 are manually priced and will be paid at a percentage of the billed charge until sufficient data is available to price the code.
- BR (By report) indicates clinical documentation is required prior to payment determination.

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D0120	periodic oral eval-established patient	Yes	Yes	No		
D0140	limited oral eval-problem focus	Yes	Yes	Yes		
D0145	oral evaluation, pt < 3yrs	Yes	Yes	No		
D0150	comprehensive oral eval-new or established	Yes	Yes	No		
D0160	extensive oral eval-problem focus	Yes	Yes	No		
D0170	re-eval limited, problem focus	Yes	Yes	Yes		
D0180	comp periodic eval-new or established	Yes	Yes	No		
D0210	intraoral-complete series	Yes	Yes	No		
D0220	intraoral-periapical first film	Yes	Yes	Yes		
D0230	introral-periapical each addtl	Yes	Yes	Yes		
D0240	intraoral-occlusal	Yes	Yes	Yes		
D0250	extraoral-first	Yes	Yes	Yes		
D0260	extraoral-each addtl	Yes	Yes	Yes		
D0270	bitewing-single	Yes	Yes	Yes		
D0272	bitewing-two films	Yes	Yes	Yes		
D0273	bitewing-three films	Yes	Yes	Yes		
D0274	bitewing-four films	Yes	Yes	No		
D0277	vertical bitewing 7-8	Yes	Yes	No		
D0290	posterior-anterior or skull & facial film	Yes	Yes	No		
D0310	sialography	Yes	Yes	No	BR	
D0320	TMJ arthrogram	Yes	Yes	No	BR	
D0321	other TMJ films	Yes	Yes	No		
D0322	tomographic survey	Yes	Yes	No	BR	
D0330	panoramic film	Yes	Yes	Yes		
D0340	cephalometric film	Yes	Yes	No		
D0350	oral/facial photographic image	Yes	Yes	No		
D0360	cone beam ct	Yes	Yes	Yes	BR	
D0362	cone beam, two dimensional	Yes	Yes	Yes	BR	
D0363	cone beam, three dimensional	Yes	Yes	Yes	BR	
D0415	collection for culture and sensitivity	Yes	Yes	No	BR	
D0416	viral culture	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D0417	collection and prep of saliva sample	No	No	No		
D0418	analysis of saliva sample	No	No	No		
D0421	genetic test oral disease	No	No	No		
D0425	caries susceptibility test	No	No	No		
D0431	adjunctive pre-diagnostic test	No	No	No		
D0460	pulp vitality	No	No	No		
D0470	diagnostic casts	No	No	No		
D0472	accession of tissue	Yes	Yes	No		
D0473	accession of tissue	Yes	Yes	No		
D0474	accession of tissue	Yes	Yes	No		
D0475	decalcification proc	No	No	No		
D0476	special stains for microorganism	No	No	No		
D0477	special stains not for microorganism	No	No	No		
D0478	immunohistochemical stains	No	No	No		
D0479	tissue in-situ hybridization	No	No	No		
D0480	accession of exfoliative cytologic smears	Yes	Yes	No		
D0481	electron microscopy	No	No	No		
D0482	direct immunofluorescence	No	No	No		
D0483	indirect immunofluorescence	No	No	No		
D0484	consult on slides prepared elsewhere	No	No	No		
D0485	consultation	No	No	No		
D0486	accession of brush biopsy	Yes	Yes	No	BR	
D0502	other oral path proc	Yes	Yes	No	BR	
D0999	unspecified diagnostic proc	No	No	No		
D1110	prophylaxis-adult	Yes	Yes	No		
D1120	prophylaxis-child	Yes	Yes	No		
D1203	topical fluoride-child	Yes	Yes	No		
D1204	topical fluoride-adult	Yes	Yes	No		
D1206	topical fluoride varnish, mod to high risk	Yes	Yes	No		
D1310	nutritional counseling	No	No	No		
D1320	tobacco counseling	Yes	Yes	No		
D1330	oral hygiene instructions	No	No	No		
D1351	sealant	Yes	Yes	No		
D1510	space maintainer-fixed unilateral	Yes	Yes	No		
D1515	space maintainer-fixed bilateral	Yes	Yes	No		
D1520	space maintainer-removable unilateral	Yes	Yes	No		
D1525	space maintainer-removable bilateral	Yes	Yes	No		
D1550	re-cementation space maintainer	Yes	Yes	No		
D1555	removal fixed space maintainer	Yes	Yes	No		
D2140	amalgam-1 surface prim or perm	Yes	Yes	No		
D2150	amalgam-2 surface prim or perm	Yes	Yes	No		
D2160	amalgam-3 surface prim or perm	Yes	Yes	No		
D2161	amalgam-4 or more surface prim or perm	Yes	Yes	No		
D2330	resin based composite- 1 anterior	Yes	Yes	No		
D2331	resin based composite- 2 anterior	Yes	Yes	No		
D2332	resin based composite- 3 anterior	Yes	Yes	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D2335	resin based composite- 4 or > anterior	Yes	Yes	No		
D2390	resin based composite-crown anterior	Yes	No	No		
D2391	resin based composite- 1 posterior	Yes	Yes	No		
D2392	resin based composite- 2 posterior	Yes	Yes	No		
D2393	resin based composite- 3 posterior	Yes	Yes	No		
D2394	resin based composite- 4 or > posterior	Yes	Yes	No		
D2410	gold foil- 1 surface	No	No	No		
D2420	gold foil- 2 surface	No	No	No		
D2430	gold foil- 3 surface	No	No	No		
D2510	inlay metallic- 1 surface	No	No	No		
D2520	inlay metallic- 2 surface	No	No	No		
D2530	inlay metallic- 3 or more surface	No	No	No		
D2542	onlay metallic- 2 surface	No	No	No		
D2543	onlay metallic- 3 surface	No	No	No		
D2544	onlay metallic- 4 or more surface	No	No	No		
D2610	inlay porcelain/ceramic- 1 surface	No	No	No		
D2620	inlay porcelain/ceramic- 2 surface	No	No	No		
D2630	inlay porcelain/ceramic- 3 or more surface	No	No	No		
D2642	onlay porcelain/ceramic- 2 surface	No	No	No		
D2643	onlay porcelain/ceramic-3 surface	No	No	No		
D2644	onlay porcelain/ceramic- 4 or more surface	No	No	No		
D2650	inlay resin-based composite- 1 surface	No	No	No		
D2651	inlay resin-based composite- 2 surface	No	No	No		
D2652	inlay resin-based composite- 3 or > surface	No	No	No		
D2662	onlay resin-based composite- 2 surface	No	No	No		
D2663	onlay resin-based composite- 3 surface	No	No	No		
D2664	onlay resin-based composite- 4 or > surface	No	No	No		
D2710	crown resin based composite	Yes	No	No		
D2712	crown 3/4 resin based composite	No	No	No		
D2720	crown resin with high noble metal	No	No	No		
D2721	crown resin with predominantly base metal	No	No	No		
D2722	crown resin with noble metal	No	No	No		
D2740	crown porcelain/ceramic	No	No	No		
D2750	crown porcelain fused to high noble metal	No	No	No		
D2751	crown porcelain fused to predom base metal	Yes	No	No		
D2752	crown porcelain fused to noble metal	Yes	No	No		
D2780	crown 3/4 cast high noble metal	No	No	No		
D2781	crown 3/4 cast predominantly base metal	No	No	No		
D2782	crown 3/4 cast noble metal	No	No	No		
D2783	crown 3/4 porcelain/ceramic	No	No	No		
D2790	crown full cast high noble metal	No	No	No		
D2791	crown full cast predominantly base metal	No	No	No		
D2792	crown full cast noble metal	No	No	No		
D2794	crown titanium	No	No	No		
D2799	provisional crown	No	No	No		
D2910	reccement inlay, onlay or part coverage restoration	Yes	Yes	Yes		
D2915	reccement cast or prefabricated post and core	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D2920	recement crown	Yes	Yes	Yes		
D2930	crown prefabricated stainless steel prim	Yes	No	No		
D2931	crown prefabricated stainless steel perm	Yes	No	No		
D2932	crown prefabricated resin	Yes	No	No		
D2933	crown prefab stainless steel w resin window	Yes	No	No		
D2934	crown prefab esthetic coated stainless steel prim	No	No	No		
D2940	sedative filling	Yes	Yes	Yes		
D2950	core buildup	Yes	Yes	No		
D2951	pin retention	Yes	Yes	No		
D2952	post & core in addt to crown, indirectly fabricated	No	No	No		
D2953	post-each addtl indirectly fabricated	No	No	No		
D2954	prefabricated post & core	Yes	No	No		
D2955	post removal	Yes	Yes	No		
D2957	prefabricated post -each addtl	Yes	No	No		
D2960	labial veneer, resin laminate - chairside	No	No	No		
D2961	labial veneer, resin laminate - laboratory	No	No	No		
D2962	labial veneer, porcelain laminate - laboratory	No	No	No		
D2970	crown temporary fractured tooth	Yes	Yes	No		
D2971	construct new crown under existing partial	No	No	No		
D2975	coping	No	No	No		
D2980	crown repair	Yes	Yes	No	BR	
D2999	unspecified restorative proc	No	No	No		
D3110	pulp cap direct	No	No	Yes		
D3120	pulp cap indirect	No	No	No		
D3220	therapeutic pulpotomy	Yes	Yes	Yes		
D3221	pulpal debridement	Yes	Yes	Yes		
D3222	partial pulpotomy for apexogenesis	Yes	Yes	Yes		
D3230	pulpal therapy - anterior, primary	Yes	No	No		
D3240	pulpal therapy - posterior, primary	Yes	No	No		
D3310	anterior	Yes	Yes	No		
D3320	bicuspid	Yes	Yes	No		
D3330	molar	Yes	No	No		
D3331	root canal obstruction, non surgical	Yes	Yes	No		
D3332	incomplete endodontic therapy	Yes	Yes	No	BR	
D3333	internal root repair of perforation defects	Yes	Yes	No	BR	
D3346	previous root canal therapy-anterior	Yes	Yes	No	BR	
D3347	previous root canal therapy-bicuspid	No	No	No		
D3348	previous root canal therapy-molar	No	No	No		
D3351	apexification/recalcification-initial visit	Yes	No	No		
D3352	apexification/recalcification-interim med replacement	Yes	No	No		
D3353	apexification/recalcification-final visit	Yes	No	No	BR	
D3410	apicoectomy/periradicular surgery-anterior	Yes	Yes	No		
D3421	apicoectomy/periradicular surgery-bicuspid	No	No	No		
D3425	apicoectomy/periradicular surgery-molar	No	No	No		
D3426	apicoectomy/periradicular surgery-each addtl root	No	No	No		
D3430	retrograde filling	Yes	Yes	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D3450	root amputation	No	No	No		
D3460	endodontic endosseous implant	No	No	No		
D3470	reimplantation	No	No	No		
D3910	surgical proc for isolation of tooth w rubber dam	No	No	No		
D3920	hemisection	No	No	No		
D3950	canal prep	Yes	Yes	No		
D3999	unspecified endodontic proc	No	No	No		
D4210	gingivectomy/gingivoplasty- 4 or more teeth	Yes	Yes	No		
D4211	gingivectomy/gingivoplasty- 1 to 3 teeth	Yes	Yes	No		
D4230	anatomical crown exposure- 4 or > teeth	No	No	No		
D4231	anatomical crown exposure- 1 to 3 teeth	No	No	No		
D4240	gingival flap proc- 4 or more teeth	Yes	No	No		
D4241	gingival flap proc- 1 to 3 teeth	Yes	No	No		
D4245	apically positioned flap	Yes	No	No		
D4249	clinical crown lengthening	No	No	No		
D4260	osseous surgery- 4 or more teeth	Yes	No	No		
D4261	osseous surgery- 1 to 3 teeth	Yes	No	No		
D4263	bone replacement graft- first site	No	No	No		
D4264	bone replacement graft- each addtl site	No	No	No		
D4265	biologic materials	No	No	No		
D4266	tissue regeneration, resorbable barrier	No	No	No		
D4267	tissue regeneration, nonresorbable barrier	No	No	No		
D4268	surgical revision	Yes	No	No		
D4270	pedicle soft tissue graft	No	No	No		
D4271	free soft tissue graft	No	No	No		
D4273	subepithelial connective tissue graft	No	No	No		
D4274	distal or proximal wedge	No	No	No		
D4275	soft tissue allograft	No	No	No		
D4276	combined connective tissue & pedicle graft	No	No	No		
D4320	provisional splinting- intracoronal	No	No	No		
D4321	provisional splinting- extracoronal	No	No	No		
D4341	periodontal scaling- 4 or more teeth	Yes	Yes	No		
D4342	periodonal scaling- 1 to 3 teeth	Yes	Yes	No		
D4355	full mouth debridement	Yes	Yes	No		
D4381	localized delivery of antimicrobial agents	No	No	No		
D4910	periodontal maintenance	Yes	Yes	No		
D4920	unscheduled dressing change	Yes	Yes	No	BR	
D4999	unspecified periodontal proc	No	No	No		
D5110	complete denture-maxillary	Yes	Yes	No		
D5120	complete denture-mandibular	Yes	Yes	No		
D5130	immediate denture-maxillary	Yes	Yes	No		
D5140	immediate denture-mandibular	Yes	Yes	No		
D5211	partial denture-maxillary-resin	Yes	Yes	No		
D5212	partial denture-mandibular-resin	Yes	Yes	No		
D5213	partial denture-maxillary-cast metal	No	No	No		
D5214	partial denture-mandibular-cast metal	No	No	No		
D5225	partial denture-maxillary-flexible base	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D5226	partial denture-mandibular-flexible base	No	No	No		
D5281	partial denture-removable unilateral	No	No	No		
D5410	adjust complete denture-maxillary	Yes	Yes	No		
D5411	adjust complete denture-mandibular	Yes	Yes	No		
D5421	adjust partial denture-maxillary	Yes	Yes	No		
D5422	adjust partial denture-mandibular	Yes	Yes	No		
D5510	repair broken complete denture base	Yes	Yes	No		
D5520	replace missing/broken teeth-complete denture	Yes	Yes	No		
D5610	repair resin denture	Yes	Yes	No		
D5620	repair cast framework	Yes	Yes	No		
D5630	repair/replace broken clasp	Yes	Yes	No		
D5640	replace broken tooth	Yes	Yes	No		
D5650	add tooth to existing partial denture	Yes	Yes	No		
D5660	add clasp to existing partial denture	Yes	Yes	No		
D5670	replace all teeth-maxillary	No	No	No		
D5671	replace all teeth-mandibular	No	No	No		
D5710	rebase complete denture-maxillary	Yes	Yes	No		
D5711	rebase complete denture-mandibular	Yes	Yes	No		
D5720	rebase partial denture-maxillary	Yes	Yes	No		
D5721	rebase partial denture-mandibular	Yes	Yes	No		
D5730	reline complete denture-maxillary	Yes	Yes	No		
D5731	reline complete denture-mandibular	Yes	Yes	No		
D5740	reline partial denture-maxillary	Yes	Yes	No		
D5741	reline partial denture-mandibular	Yes	Yes	No		
D5750	reline complete denture-maxillary-lab	Yes	Yes	No		
D5751	reline complete denture-mandibular-lab	Yes	Yes	No		
D5760	reline partial denture-maxillary-lab	Yes	Yes	No		
D5761	reline partial denture-mandibular-lab	Yes	Yes	No		
D5810	interim complete denture-maxillary	No	No	No		
D5811	interim complete denture-mandibular	No	No	No		
D5820	interim partial denture-maxillary	Yes	Yes	No		
D5821	interim partial denture-mandibular	Yes	Yes	No		
D5850	tissue conditioning-maxillary	Yes	Yes	No		
D5851	tissue conditioning-mandibular	Yes	Yes	No		
D5860	overdenture-complete	No	No	No		
D5861	overdenture-partial	No	No	No		
D5862	precision attachment	No	No	No		
D5867	replace semi-precision or precision attachment	No	No	No		
D5875	modification of removable prosthesis	No	No	No		
D5899	unspecified removable prosthodontic proc	No	No	No		
D5911	facial moulage-sectional	Yes	Yes	No		Medical
D5912	facial moulage-complete	Yes	Yes	No		Medical
D5913	nasal prosthesis	Yes	Yes	No		Medical
D5914	auricular prosthesis	No	No	No		Medical
D5915	orbital prosthesis	Yes	Yes	No		Medical
D5916	ocular prosthesis	Yes	Yes	No		Medical
D5919	facial prosthesis	Yes	Yes	No		Medical

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D5922	nasal septal prosthesis	Yes	Yes	No		Medical
D5923	ocular prosthesis-interim	Yes	Yes	No		Medical
D5924	cranial prosthesis	Yes	Yes	No		Medical
D5925	facial augmentation	Yes	Yes	No		Medical
D5926	nasal prosthesis-replacement	Yes	Yes	No		Medical
D5927	auricular prosthesis-replacement	No	No	No		
D5928	orbital prosthesis-replacement	Yes	Yes	No		Medical
D5929	facial prosthesis-replacement	Yes	Yes	No		Medical
D5931	obturator prosthesis-surgical	Yes	Yes	No		Medical
D5932	obturator prosthesis-definitive	Yes	Yes	No		Medical
D5933	obturator prosthesis-modification	Yes	Yes	No		Medical
D5934	mandibular resection prosthesis w guide flange	Yes	Yes	No		Medical
D5935	mandibular resection prosthesis w/o guide flange	Yes	Yes	No		Medical
D5936	obturator prosthesis-interim	Yes	Yes	No		Medical
D5937	trismus appliance	Yes	Yes	No		Medical
D5951	feeding aid	Yes	Yes	No		Medical
D5952	speech aid prosthesis-pediatric	Yes	Yes	No		Medical
D5953	speech aid prosthesis-adult	Yes	Yes	No		Medical
D5954	palatal augmentation prosthesis	Yes	Yes	No		Medical
D5955	palatal lift prosthesis-definitive	Yes	Yes	No		Medical
D5958	palatal lift prosthesis-interim	Yes	Yes	No		Medical
D5959	palatal lift prosthesis-modification	Yes	Yes	No		Medical
D5960	speech aid prosthesis-modification	Yes	Yes	No		Medical
D5982	surgical stent	No	No	No		Medical
D5983	radiation carrier	Yes	Yes	No		Medical
D5984	radiation shield	Yes	Yes	No		Medical
D5985	radiation cone locator	Yes	Yes	No		Medical
D5986	fluoride gel carrier	Yes	Yes	No		Medical
D5987	comissure splint	Yes	Yes	No		Medical
D5988	surgical splint	No	No	No		
D5991	topical medicament carrier	Yes	Yes	No		
D5999	unspecified maxillofacial prosthesis	No	No	No		
D6010	surgical placement of implant body-endosteal	No	No	No		
D6012	surgical placement of interim implant body for transitional prosthesis-endosteal	No	No	No		
D6040	surgical placement-eposteal implant	No	No	No		
D6050	surgical placement-transosteal implant	No	No	No		
D6053	implant/abutment supported removable denture-completely edentulous arch	No	No	No		
D6054	implant/abutment supported removable denture-partially edentulous arch	No	No	No		
D6055	dental implant supported connecting bar	No	No	No		
D6056	prefabricated abutment	No	No	No		
D6057	custom abutment	No	No	No		
D6058	abutment supported porcelain/ceramic crown	No	No	No		
D6059	abutment supported porcelain fused to metal crown-high noble metal	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D6060	abutment supported porcelain fused to metal crown-predominantly base metal	No	No	No		
D6061	abutment supported porcelain fused to metal crown-noble metal	No	No	No		
D6062	abutment supported cast metal crown-high noble metal	No	No	No		
D6063	abutment supported cast metal crown-predominantly base metal	No	No	No		
D6064	metal	No	No	No		
D6065	implant supported porcelain/ceramic crown	No	No	No		
D6066	implant supported porcelain fused to metal crown	No	No	No		
D6067	implant supported metal crown	No	No	No		
D6068	abutment supported retainer-porcelain/ceramic FPD	No	No	No		
D6069	abutment supported retainer-porcelain fused to metal FPD, high noble metal	No	No	No		
D6070	abutment supported retainer-porcelain fused to metal FPD, predom base metal	No	No	No		
D6071	abutment supported retainer-porcelain fused to metal FPD, noble metal	No	No	No		
D6072	abutment supported retainer-cast metal FPD, high noble metal	No	No	No		
D6073	abutment supported retainer-cast metal FPD, predom base metal	No	No	No		
D6074	abutment supported retainer-cast metal FPD, noble metal	No	No	No		
D6075	Implant supported retainer-ceramic FPD	No	No	No		
D6076	metal FPD	No	No	No		
D6077	Implant supported retainer-cast metal FPD	No	No	No		
D6078	Implant/abutment supported fixed denture-completely edentulous arch	No	No	No		
D6079	Implant/abutment supported fixed denture-partially edentulous arch	No	No	No		
D6080	implant maintenance	No	No	No		
D6090	repair implant abutment	No	No	No		
D6091	replace semi/precision attachment	No	No	No		
D6092	re cement implant/abutment supported crown	No	No	No		
D6093	partial	No	No	No		
D6094	abutment supported crown	No	No	No		
D6095	repair implant abutment	No	No	No		
D6100	Implant removal	No	No	No		
D6190	radiographic/surgical implant index	No	No	No		
D6194	abutment supported retainer crown for FPD	No	No	No		
D6199	unspecified implant proc	No	No	No		
D6205	pontic-indirect resin based	No	No	No		
D6210	pontic-cast high noble metal	No	No	No		
D6211	pontic-cast predom base metal	No	No	No		
D6212	pontic-cast noble metal	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D6214	pontic-titanium	No	No	No		
D6240	pontic-porcelain fused to high noble metal	No	No	No		
D6241	pontic-porcelain fused to predom base metal	No	No	No		
D6242	pontic-porcelain fused to noble metal	No	No	No		
D6245	pontic-porcelain/ceramic	No	No	No		
D6250	pontic-resin w/ high noble metal	No	No	No		
D6251	pontic-resin w/ predom base metal	No	No	No		
D6252	pontic-resin w/ noble metal	No	No	No		
D6253	provisional pontic	No	No	No		
D6545	retainer-cast metal, resin bonded fixed pros	No	No	No		
D6548	pros	No	No	No		
D6600	inlay-porcelain/ceramic 2 surface	No	No	No		
D6601	inlay-porcelain/ceramic 3 or > surface	No	No	No		
D6602	inlay-cast high noble 2 surface	No	No	No		
D6603	inlay-cast high noble 3 or > surface	No	No	No		
D6604	inlay-cast predom base 2 surface	No	No	No		
D6605	inlay-cast predom base 3 or > surface	No	No	No		
D6606	inlay-cast noble 2 surface	No	No	No		
D6607	inlay-cast noble 3 or > surface	No	No	No		
D6608	onlay-porcelain/ceramic 2 surface	No	No	No		
D6609	onlay-porcelain/ceramic 3 or > surface	No	No	No		
D6610	onlay-cast high noble 2 surface	No	No	No		
D6611	onlay-cast high noble 3 or > surface	No	No	No		
D6612	onlay-cast predom base 2 surface	No	No	No		
D6613	onlay-cast predom base 3 or > surface	No	No	No		
D6614	onlay-cast noble 2 surface	No	No	No		
D6615	onlay-cast noble 3 or > surface	No	No	No		
D6624	inlay-titanium	No	No	No		
D6634	onlay-titanium	No	No	No		
D6710	crown-indirect resin based	No	No	No		
D6720	crown-resin w/ high noble metal	No	No	No		
D6721	crown-resin w/ predom base metal	No	No	No		
D6722	crown-resin w/ noble metal	No	No	No		
D6740	crown-porcelain/ceramic	No	No	No		
D6750	crown--porcelain fused to high noble metal	No	No	No		
D6751	crown--porcelain fused to predom base metal	No	No	No		
D6752	crown-porcelain fused to noble metal	No	No	No		
D6780	crown-3/4 cast high noble metal	No	No	No		
D6781	crown-3/4 cast predom base metal	No	No	No		
D6782	crown-3/4 cast noble metal	No	No	No		
D6783	crown-3/4 porcelain/ceramic	No	No	No		
D6790	crown-full cast high noble metal	No	No	No		
D6791	crown-full cast predom base metal	No	No	No		
D6792	crown-full cast noble metal	No	No	No		
D6793	provisional retainer crown	No	No	No		
D6794	crown-titanium	No	No	No		
D6920	connector bar	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D6930	recement fixed partial denture	Yes	Yes	Yes		
D6940	stress breaker	No	No	No		
D6950	precision attachment	No	No	No		
D6970	post & core, indirectly fabricated	No	No	No		
D6972	prefabricated post & core	Yes	Yes	No		
D6973	core build up	No	No	No		
D6975	coping - metal	No	No	No		
D6976	indirectly fabricated post-each addtl	No	No	No		
D6977	prefabricated post-each addtl	No	No	No		
D6980	fixed partial denture repair	Yes	Yes	No	BR	
D6985	pediatric partial denture, fixed	No	No	No		
D6999	unspecified fixed prosthodontics proc	No	No	No		
D7111	extraction-coronal remnants, deciduous tooth	Yes	Yes	Yes		
D7140	extraction-erupted tooth or exposed root	Yes	Yes	Yes		
D7210	surgical removal-erupted tooth	Yes	Yes	Yes		
D7220	removal impacted tooth-soft tissue	Yes	Yes	Yes		
D7230	removal impacted tooth-partially bony	Yes	Yes	Yes		
D7240	removal impacted tooth-completely bony	Yes	Yes	Yes		
D7241	remove impacted tooth-completely bony w/ complications	Yes	Yes	Yes	BR	
D7250	surgical removal of residual roots	Yes	Yes	Yes		
D7260	oroantral fistula closure	Yes	Yes	Yes		
D7261	primary closure of sinus perforation	No	No	No		
D7270	tooth reimplantation	Yes	Yes	Yes		
D7272	tooth transplantation	No	No	No		
D7280	surgical access unerupted tooth	No	No	No		
D7282	mobilization erupted/malpositioned tooth	No	No	No		
D7283	tooth	No	No	No		
D7285	biopsy of oral tissue-hard	Yes	Yes	No	BR	Medical
D7286	biopsy of oral tissue-soft	Yes	Yes	No		Medical
D7287	exfoliative cytological sample collection	Yes	Yes	No	BR	Medical
D7288	brush biopsy	Yes	Yes	No	BR	Medical
D7290	surgical repositioning of teeth	No	No	No		
D7291	transseptal fiberotomy/supra crestal fiberotomy	No	No	No		
D7292	screw retained plate	No	No	No		
D7293	temp anchorage device w flap	No	No	No		
D7294	temp anchorage device w/o flap	No	No	No		
D7310	alveoloplasty in conjunction with extraction-4 or > teeth	No	No	No		
D7311	alveoloplasty in conjunction with extraction-1 to 3 teeth	No	No	No		
D7320	alveoloplasty not in conjunction w extraction-4 or > teeth	Yes	No	No		
D7321	alveoloplasty not in conjunction w extraction-1 to 3 teeth	No	No	No		
D7340	vestibuloplasty ridge extension	Yes	Yes	No	BR	Medical
D7350	vestibuloplasty ridge extension w/ graft	Yes	Yes	No	BR	Medical

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D7410	excision of benign lesion-<=1.25 cm	No	No	No		
D7411	excision of benign lesion->1.25 cm	No	No	No		
D7412	excision of benign lesion, complicated	No	No	No		
D7413	excision of malignant lesion-<=1.25 cm	No	No	No		
D7414	excision of malignant lesion->1.25 cm	No	No	No		
D7415	excision of malignant lesion, complicated	No	No	No		
D7440	excision malig tumor-<=1.25 cm	Yes	Yes	No	BR	Medical
D7441	excision malig tumor->1.25 cm	Yes	Yes	No	BR	Medical
D7450	remove benign odontogenic cyst-<=1.25cm	Yes	Yes	No		Medical
D7451	remove benign odontogenic cyst->1.25cm	Yes	Yes	No		Medical
D7460	remove benign nonodontogenic cyst-<=1.25cm	No	No	No		
D7461	remove benign nonodontogen cyst->1.25cm	No	No	No		
D7465	Destruction of lesion - physical or chemical method	Yes	Yes	No		Medical
D7471	remove lateral exostosis	Yes	Yes	No		Medical
D7472	remove torus palatinus	No	No	No		
D7473	remove torus madibularis	No	No	No		
D7485	surgical reduction osseous tuberosity	No	No	No		
D7490	radical resection maxilla or mandible	Yes	Yes	No	BR	Medical
D7510	incision/drain abscess intra	Yes	Yes	Yes		
D7511	incision/drain abscess intra, complicated	Yes	Yes	No	BR	Medical
D7520	incision/drain abscess extra	Yes	Yes	Yes		
D7521	incision/drain abscess extra, complicated	Yes	Yes	No	BR	Medical
D7530	remove foreign body skin/alveolar tissue	Yes	Yes	No		Medical
D7540	remove reaction producing foreign body	Yes	Yes	No	BR	
D7550	partial ostectomy/sequestrectomy non vital bone	Yes	Yes	No	BR	Medical
D7560	maxillary sinusotomy	Yes	Yes	No	BR	Medical
D7610	simple fracture-maxilla open reduction	Yes	Yes	No	BR	Medical
D7620	simple fracture-maxilla closed reduction	Yes	Yes	No	BR	Medical
D7630	simple fracture-mandible open reduction	Yes	Yes	No	BR	Medical
D7640	simple fracture-mandible closed reduction	Yes	Yes	No	BR	Medical
D7650	simple fracture-malar/zygomatic open reduction	Yes	Yes	No	BR	Medical
D7660	simple fracture-malar/zygomatic closed reduction	Yes	Yes	No	BR	Medical
D7670	simple fracture-alveolus closed reduction	Yes	Yes	No		Medical
D7671	simple fracture-alveolus open reduction	No	No	No		Medical
D7680	reduction	Yes	Yes	No	BR	Medical
D7710	compound fracture-maxilla open reduction	Yes	Yes	No	BR	Medical
D7720	compound fracture-maxilla closed reduction	Yes	Yes	No		Medical
D7730	compound fracture-mandible open reduction	Yes	Yes	No	BR	Medical
D7740	compound fracture-mandible closed reduction	Yes	Yes	No	BR	Medical
D7750	compound fracture-malar/zygomatic open reduction	Yes	Yes	No	BR	Medical
D7760	compound fracture-malar/zygomatic closed reduction	Yes	Yes	No	BR	Medical
D7770	compound fracture-alveolus closed reduction	Yes	Yes	No	BR	Medical
D7771	compound fracture-alveolus open reduction	No	No	No		Medical

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D7780	compound fracture-facial bones-complicated reduction	Yes	Yes	No	BR	Medical
D7810	TMJ open reduction of dislocation	No	No	No		Medical
D7820	TMJ closed reduction of dislocation	No	No	No		Medical
D7830	TMJ manipulation under anesthesia	No	No	No		Medical
D7840	condylectomy	No	No	No		
D7850	surgical discectomy	No	No	No		
D7852	disc repair	No	No	No		
D7854	synovectomy	No	No	No		
D7856	myotomy	No	No	No		
D7858	joint reconstruction	No	No	No		
D7860	arthrotomy	No	No	No		
D7865	arthroplasty	No	No	No		
D7870	arthrocentesis	No	No	No		
D7871	non-artroscopic lysis and lavage	No	No	No		
D7872	arthroscopy-diagnosis	No	No	No		
D7873	arthroscopy-surgical, lavage & lysis of adhesions	No	No	No		
D7874	arthroscopy-surgical, disc reposition	No	No	No		
D7875	arthroscopy-surgical, synovectomy	No	No	No		
D7876	arthroscopy-surgical,discetomy	No	No	No		
D7877	arthroscopy-surgical, debridement	No	No	No		
D7880	occlusal orthotic device	No	No	No		
D7899	unspecified TMD therapy	No	No	No		
D7910	suture small wound <=5cm	Yes	Yes	No		
D7911	suture complicated <= 5cm	Yes	Yes	Yes		
D7912	suture complicated > 5 cm	Yes	Yes	No		Medical
D7920	skin graft	Yes	Yes	No	BR	Medical
D7940	osteoplasty-orthognathic deformities	No	No	No		
D7941	osteotomy-mandibular rami	No	No	No		
D7943	osteotomy-mandibular rami w/bone graft	No	No	No		
D7944	osteotomy-segmented or subapical	No	No	No		
D7945	osteotomy-body of mandible	No	No	No		
D7946	lefort I-maxilla total	No	No	No		
D7947	lefort I-maxilla segmented	No	No	No		
D7948	lefort II or III w/o bone graft	No	No	No		
D7949	lefort II or III w/bone graft	No	No	No		
D7950	osseous, osteoperiosteal, or cartilage graft-autogenous or non-autogenous	Yes	Yes	No	BR	Medical
D7951	sinus augmentation w bone/bone substitutes	No	No	No		
D7953	bone replacement graft	No	No	No		
D7955	repair maxillofacial tissue defect	No	No	No		
D7960	frenulectomy	No	No	No		
D7963	frenuloplasty	No	No	No		
D7970	excision hyperplastic tissue	Yes	Yes	No		
D7971	excision pericoronal gingiva	No	No	No		
D7972	surgical reduction fibrous tuberosity	No	No	No		
D7980	sialolithotomy	Yes	Yes	No	BR	Medical

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D7981	excision of salivary gland	Yes	Yes	No	BR	Medical
D7982	sialodochoplasty	Yes	Yes	No	BR	Medical
D7983	closure of salivary fistula	Yes	Yes	No	BR	Medical
D7990	emergency tracheotomy	Yes	Yes	No	BR	
D7991	coronoidectomy	No	No	No		
D7995	synthetic graft	No	No	No		
D7996	implant-mandible for augmentation	No	No	No		
D7997	appliance removal	Yes	Yes	No	BR	
D7998	intraoral placement of fixation device	No	No	No		
D7999	unspecified oral surgery proc	No	No	No		
D8010	limited orthodontic primary dentition	Yes	Yes	No	BR	
D8020	limited orthodontic transitional dentition	Yes	Yes	No	BR	
D8030	limited orthodontic adolescent dentition	Yes	Yes	No	BR	
D8040	limited orthodontic adult dentition	Yes	Yes	No	BR	
D8050	interceptive orthodontic primary dentition	Yes	Yes	No	BR	
D8060	interceptive orthodontic transitional dentition	Yes	Yes	No	BR	
D8070	comprehensive orthodontic transitional dentition	Yes	Yes	No	BR	
D8080	comprehensive orthodontic adolescent dentition	Yes	Yes	No	BR	
D8090	comprehensive orthodontic adult dentition	Yes	Yes	No	BR	
D8210	removable appliance therapy	Yes	Yes	No	BR	
D8220	fixed appliance therapy	Yes	Yes	No	BR	
D8660	pre-orthodontic visit	Yes	Yes	No	BR	
D8670	periodic orthodontic visit	Yes	Yes	No	BR	
D8680	orthodontic retention	Yes	Yes	No	BR	
D8690	orthodontic treatment-alternative billing	Yes	Yes	No	BR	
D8691	repair orthodontic appliance	No	No	No		
D8692	replacement lost/broken retainer	No	No	No		
D8693	rebond/cement/repair retainer	No	No	No		
D8999	unspecified orthodontics proc	Yes	Yes	No	BR	
D9110	palliative treatment dental pain	Yes	Yes	Yes		
D9120	fix partial denture sectioning	No	No	No		
D9210	local anesthesia	No	No	No		
D9211	regional block anesthesia	Yes	Yes	No	BR	Medical
D9212	trigeminal block anesthesia	Yes	Yes	No		Medical
D9215	local anesthesia	No	No	No		
D9220	deep sedation/general anesth-1st 30min	Yes	Yes	No		
D9221	deep sedation/gen anesth-ea addtl 15min	Yes	Yes	No		
D9230	analgesia, anxiolysis, nitrous oxide	Yes	Yes	Yes		
D9241	IV conscious sedation-1st 30min	Yes	Yes	No		
D9242	IV conscious sedation-ea addtl 15min	Yes	Yes	No		
D9248	non-IV conscious sedation	Yes	Yes	No		
D9310	consultation	Yes	Yes	No		
D9410	house/LTC facility call	Yes	Yes	No		
D9420	hospital call	Yes	Yes	Yes		
D9430	office visit for observation	Yes	No	No		
D9440	office after reg hrs	Yes	Yes	Yes		
D9450	case presentation	No	No	No		

DENTAL CODES	DESCRIPTION	OHP PLUS BENEFIT PACKAGE (under age 21 and pregnant women)	OHP PLUS BENEFIT PACKAGE (age 21 and over, non-pregnant adults)	OHP STANDARD BENEFIT PACKAGE	BR = BY REPORT	MEDICAL = Has CPT code or usually billed on medical claim
D9610	therapeutic parenteral drug-single admin	Yes	Yes	No		
D9612	therapeutic parenteral drug-2 or > admin	Yes	Yes	No	BR	
D9630	other drugs or meds	Yes	Yes	No		
D9910	application of desensitizing med	No	No	No		
D9911	application of desensitizing resin	No	No	No		
D9920	behavior management	Yes	Yes	No	BR	
D9930	treatment of complications-unusal circ	Yes	Yes	No	BR	
D9940	occlusal guard	No	No	No		
D9941	fabrication of athletic mouthguard	No	No	No		
D9942	repair/reline occlusal guard	No	No	No		
D9950	occlusion analysis	No	No	No		
D9951	occlusal adjustment-limited	No	No	No		
D9952	occlusal adjustment-complete	No	No	No		
D9970	enamel microabrasion	No	No	No		
D9971	odontoplasty	No	No	No		
D9972	external bleaching-per arch	No	No	No		
D9973	external bleaching-per tooth	No	No	No		
D9974	internal bleaching-per tooth	No	No	No		
D9999	unspecified adjunctive proc	Yes	Yes	No	BR	