

ODS OHP BENEFITS AS OF 1/1/2023



Fees effective 1/1/2023. New 2024 CDT codes in BOLD.

THESE BENEFITS ARE SUBJECT TO REVIEW AND ARE NOT A GUARANTEE OF PAYMENT OR BENEFITS

| Dental Procedure Code | Description | OHP Benefit Package for members under the age of 21 | OHP Benefit Package for members over 21 and not pregnant | OHP Benefit Package for Pregnant members over age 21 | If covered limitations are: |
|-----------------------|------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D0120 | periodic oral eval-established patient | YES | YES | YES | Comprehensive (D0145, D0150, D0180) and periodic oral evaluations (D0120) are allowed twice in a 12 month period. |
| D0140 | limited oral eval-problem focus | YES | YES | YES | Limited evaluations (D0140, D0170) are limited to five (5) in a twelve (12) month period. |
| D0145 | oral evaluation, pt< 3 yrs | YES | NO | NO | Comprehensive (D0145, D0150, D0180) and periodic oral evaluations (D0120) are allowed twice in a 12 month period |
| D0150 | comprehensive oral evaluation | YES | YES | YES | Comprehensive (D0145, D0150, D0180) and periodic oral evaluations (D0120) are allowed twice in a 12 month period |
| D0160 | extensive oral eval-problem focus | YES | YES | YES | Benefit is limited to one (1) examination in a twelve (12) month period when submitted by the same Practitioner |
| D0170 | re-eval limited, problem focus | YES | YES | YES | Limited evaluations (D0140, D0170) are limited to five (5) in a twelve (12) month period. |
| D0171 | re-eval post operative office visit | NO | NO | NO | N/A |
| D0180 | comp periodic eval-new or established | YES | YES | YES | Comprehensive (D0145, D0150, D0180) and periodic oral evaluations (D0120) are allowed twice in a 12 month period |
| D0190 | screening of a patient | NO | NO | NO | N/A |
| D0191 | assessment of a patient | YES | YES | YES | For members under age 19, benefit is limited to two (2) in a twelve (12) month period. For members age 19 and over, benefit is limited to once in a twelve (12) month period |
| D0210 | intraoral-complete series | YES | YES | YES | One Intraoral - Complete Series or a Panoramic film is covered once in a five (5) year period |
| D0220 | intraoral-periapical first radiographic image | YES | YES | YES | If the fee for all periapical images is greater than the allowed amount of a full mouth x-ray (D0210) reimbursement will be based on a D0210. |
| D0230 | intraoral-periapical each addtl | YES | YES | YES | If the fee for all periapical images is greater than the allowed amount of a full mouth x-ray (D0210) reimbursement will be based on a D0210. |
| D0240 | intraoral-occlusal | YES | YES | YES | N/A |
| D0250 | extraoral-first | YES | YES | YES | N/A |
| D0251 | extra-oral posterior dental radiographic image | YES | YES | YES | N/A |
| D0270 | bitewing-single | YES | YES | YES | N/A |
| D0272 | bitewing-two radiographic images | YES | YES | YES | Only one (1) series of bitewing x-rays in a twelve (12) month period |
| D0273 | bitewing-three radiographic images | YES | YES | YES | Only one (1) series of bitewing x-rays in a twelve (12) month period |
| D0274 | bitewing-four radiographic images | YES | YES | YES | Only one (1) series of bitewing x-rays in a twelve (12) month period |
| D0277 | vertical bitewing 7-8 | YES | YES | YES | Only one (1) in a twelve (12) month period |
| D0310 | sialography | YES | YES | YES | By report |
| D0320 | tmj arthropram | NO | NO | NO | N/A |
| D0321 | other tmj radiographic images | YES | YES | YES | By report |
| D0322 | tomographic survey | YES | YES | YES | By report |
| D0330 | panoramic radiographic image | YES | YES | YES | One Intraoral - complete series or a panoramic film is covered once in a five (5) year period |

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| D0340 | cephalometric radiographic image | NO | NO | NO | N/A |
| D0350 | 2d oral/facial photographic image | NO | NO | NO | N/A |
| D0351 | 3d photographic image | NO | NO | NO | N/A |
| D0364 | cone beam, less than one whole jaw | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D0365 | cone beam, mandible | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D0366 | cone beam, maxilla | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D0367 | cone beam, both jaws | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D0368 | cone beam for tmj services | NO | NO | NO | N/A |
| D0369 | maxillofacial mri | NO | NO | NO | N/A |
| D0370 | maxillofacial ultrasound | NO | NO | NO | N/A |
| D0371 | sialoendoscopy | NO | NO | NO | Considered under medical benefits |
| D0372 | intraoral tomosynthesis – comprehensive series of radiographic images | * | * | * | *Awaiting guidance from OHA |
| D0373 | intraoral tomosynthesis - bitewing – radiographic image | * | * | * | *Awaiting guidance from OHA |
| D0374 | intraoral tomosynthesis - periapical radiographic image | * | * | * | *Awaiting guidance from OHA |
| D0380 | cone beam image only, less than one whole jaw | NO | NO | NO | N/A |
| D0381 | cone beam image only, mandible | NO | NO | NO | N/A |
| D0382 | cone beam image only, maxilla | NO | NO | NO | N/A |
| D0383 | cone beam image only, both jaws | NO | NO | NO | N/A |
| D0384 | cone beam image only, for tmj series | NO | NO | NO | N/A |
| D0385 | maxillofacial mri image only | NO | NO | NO | N/A |
| D0386 | maxillofacial ultrasound image only | NO | NO | NO | N/A |

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| D0387 | intraoral tomosynthesis – comprehensive series of radiographic images – capture only | * | * | * | *Awaiting guidance from OHA |
| D0388 | intraoral tomosynthesis bitewing – radiographic image - capture only | * | * | * | *Awaiting guidance from OHA |
| D0389 | intraoral tomosynthesis - periapical radiographic image – capture only | * | * | * | *Awaiting guidance from OHA |
| D0391 | interpretation of image by other practitioner | NO | NO | NO | N/A |
| D0393 | treatment simulation using 3d image volume | NO | NO | NO | N/A |
| D0394 | digital subtraction of two of more images or image volumes | NO | NO | NO | N/A |
| D0395 | fusion of two or more 3d images volumes | NO | NO | NO | N/A |
| D0396 | 3D printing of a 3D dental surface scan | * | * | * | *Awaiting guidance from OHA |
| D0411 | HbA1c In-Office Point of Service Testing | YES | YES | YES | Covered once per year. |
| D0412 | Blood glucose level test - in-office using a glucose meter | NO | NO | NO | N/A |
| D0414 | Laboratory Processing of Microbial Specimen | NO | NO | NO | N/A |
| D0415 | collection for culture and sensitivity | YES | YES | YES | By report |
| D0416 | viral culture | NO | NO | NO | N/A |
| D0417 | collection and prep of saliva sample | NO | NO | NO | N/A |
| D0418 | analysis of saliva sample | NO | NO | NO | N/A |
| D0419 | Assessment of salivary flow by measurement | NO | NO | NO | N/A |
| D0422 | collection and preparation of genetic sample material for laboratory analysis and report | NO | NO | NO | N/A |
| D0423 | genetic test for susceptibility to diseases - specimen analysis | NO | NO | NO | N/A |
| D0425 | caries susceptibility test | NO | NO | NO | N/A |
| D0431 | adjunctive pre-diagnostic test | NO | NO | NO | N/A |

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| D0460 | pulp vitality | NO | NO | NO | N/A |
| D0470 | diagnostic casts | NO | NO | NO | N/A |
| D0472 | accession of tissue | NO | NO | NO | N/A |
| D0473 | accession of tissue | NO | NO | NO | N/A |
| D0474 | accession of tissue | NO | NO | NO | N/A |
| D0475 | decalcification proc | NO | NO | NO | N/A |
| D0476 | special stains for microorganism | NO | NO | NO | N/A |
| D0477 | special stains not for microorganism | NO | NO | NO | N/A |
| D0478 | immunohistochemical stains | NO | NO | NO | N/A |
| D0479 | tissue in-situ hybridization | NO | NO | NO | N/A |
| D0480 | accession of exfoliative cytologic smears | NO | NO | NO | N/A |
| D0481 | electron microscopy | NO | NO | NO | N/A |
| D0482 | direct immunofluorescence | NO | NO | NO | N/A |
| D0483 | indirect immunofluorescence | NO | NO | NO | N/A |
| D0484 | consult on slides prepared elsewhere | NO | NO | NO | N/A |
| D0485 | consultation | NO | NO | NO | N/A |
| D0486 | accession of brush biopsy | NO | NO | NO | N/A |
| D0502 | other oral path proc | NO | NO | NO | N/A |
| D0600 | Non-Ionizing Diagnostic Procedure | NO | NO | NO | N/A |
| D0601 | caries risk assessment and documentation, low risk | YES | YES | YES | Benefit is limited to one (1) risk assessment in a twelve (12) month period. |
| D0602 | caries risk assessment and documentation, moderate risk | YES | YES | YES | Benefit is limited to one (1) risk assessment in a twelve (12) month period. |
| D0603 | caries risk assessment and documentation, high risk | YES | YES | YES | Benefit is limited to one (1) risk assessment in a twelve (12) month period. |
| D0604 | Angen tesng for a public health related pathogen includes coronavirus | YES | YES | YES | N/A |
| D0605 | Anbodies tesng for a public health related pathogen includes coronavirus | NO | NO | NO | N/A |
| D0606 | Molecular testing for a public health related pathogen, including coronavirus | NO | NO | NO | N/A |
| D0701 | panoramic radiographic image - image capture only | YES | YES | YES | N/A |

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| D0702 | 2-D cephalometric radiographic image - image capture only | YES | YES | YES | N/A |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only | YES | YES | YES | N/A |
| D0704 | 3-D photographic image - image capture only | YES | YES | YES | N/A |
| D0705 | extra-oral posterior dental radiographic image - image capture only | YES | YES | YES | N/A |
| D0706 | intraoral - occlusal radiographic image - image capture only | YES | YES | YES | N/A |
| D0707 | intraoral - periapical radiographic image - image capture only | YES | YES | YES | N/A |
| D0708 | intraoral - bitewing radiographic image - image capture only | YES | YES | YES | N/A |
| D0709 | intraoral - complete series of radiographic images - image capture only | YES | YES | YES | N/A |
| D0801 | 3D dental surface scan – direct | * | * | * | *Awaiting guidance from OHA |
| D0802 | 3D dental surface scan – indirect | * | * | * | *Awaiting guidance from OHA |
| D0803 | 3D dental facial surface scan – direct | * | * | * | *Awaiting guidance from OHA |
| D0804 | 3D dental facial surface scan – indirect | * | * | * | *Awaiting guidance from OHA |
| D0999 | unspecified diagnostic proc | NO | NO | NO | N/A |
| D1110 | prophylaxis-adult | YES | YES | YES | Prophylaxis (D1110, D1120) is limited to two (2) in a twelve (12) month period. Additional prophylaxes may be allowed by review. |
| D1120 | prophylaxis-child | YES | NO | NO | Prophylaxis (D1110, D1120) is limited to two (2) in a twelve (12) month period. Additional prophylaxes may be allowed by review. |
| D1206 | topical fluoride varnish | YES | YES | YES | Fluoride (D1206, D1208) is limited to two (2) in a twelve (12) month period. Additional fluoride may be allowed by review. |
| D1208 | topical application of fluoride | YES | YES | YES | Fluoride (D1206, D1208) is limited to two (2) in a twelve (12) month period. Additional fluoride may be allowed by review. |
| D1301 | Immunization counseling | NO | NO | NO | N/A |

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| D1310 | nutritional counseling | ** | ** | ** | ** ODS Medicaid members that qualify for enhanced benefits through the Health through Oral Wellness® program are eligible to receive Nutritional Counseling (D1310) or Oral Hygiene Instruction (D1330) once in any 12 month period. To qualify, a PreViser clinical risk assessment must be performed by a PreViser registered dentist and the member's risk assessment score must be 3+ or higher for caries risk/periodontitis risk or a score of 4+ for periodontal disease severity. Please visit deltadentalor.com/oralwellness for more information on this program. |
| D1320 | tobacco counseling | YES | YES | YES | Tobacco Counseling is a benefit. Submit claim with clinical documentation indicating type of counseling provided |
| D1321 | counseling for the control and prevenon of adverse oral, behavioral, and systemic health | YES | YES | YES | limited to two(2) in a twelve(12) month period for childred under 19 year of age. For members 19 and older limited to one (1) in a twelve(12) month period. |
| D1330 | oral hygiene instructions | ** | ** | ** | ** ODS Medicaid members that qualify for enhanced benefits through the Health through Oral Wellness® program are eligible to receive Nutritional Counseling (D1310) or Oral Hygiene Instruction (D1330) once in any 12 month period. To qualify, a PreViser clinical risk assessment must be performed by a PreViser registered dentist and the member's risk assessment score must be 3+ or higher for caries risk/periodontitis risk or a score of 4+ for periodontal disease severity. Please visit deltadentalor.com/oralwellness for more information on this program. |
| D1351 | sealant | YES | NO | NO | Benefit is limited to once in a two (2) year period, per tooth, on the occlusal surface of permanent molars (teeth #s 1-3, 14-16, 17-19 and 30-32) up to age 16 |
| D1352 | preventive resin restoration, mod to high risk - permanent tooth | NO | NO | NO | N/A |
| D1353 | sealant repair - per tooth | NO | NO | NO | N/A |
| D1354 | interim caries arresting medicament application | YES | YES | YES | Benefit is limited to two (2) applications per tooth in a twelve (12) month period. |
| D1355 | caries prevenve medicament applicaon - per tooth | YES | YES | YES | limited to two(2) in a twelve(12) month period for childred under 19 year of age. For members 19 and older limited to one (1) in a twelve(12) month period. |
| D1510 | space maintainer-fixed unilateral | YES | NO | NO | Covered for members under age 19. |
| D1516 | space maintainer-fixed bilateral, maxillary | YES | NO | NO | Covered for members under age 19. |
| D1517 | space maintainer-fixed bilateral, mandibular | YES | NO | NO | Covered for members under age 19. |
| D1520 | space maintainer-removable unilateral | YES | NO | NO | Benefit for a removable space maintainer is once per tooth space, per lifetime, under age 19 |
| D1526 | space maintainer-removable bilateral, maxillary | YES | NO | NO | Benefit for a removable space maintainer is once per tooth space, per lifetime, under age 19 |
| D1527 | space maintainer-removable bilateral, mandibular | YES | NO | NO | Benefit for a removable space maintainer is once per tooth space, per lifetime, under age 19 |

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| D1551 | re-cement or re-bond bilateral space maintainer- maxillary | YES | NO | NO | N/A |
| D1552 | re-cement or rebond bilateral space maintainer- mandibular | YES | NO | NO | N/A |
| D1553 | re-cement or rebond unilateral space maintainer- per quadrant | YES | NO | NO | N/A |
| D1556 | removal fixed unilateral space maintainer - per quadrant | YES | YES | YES | N/A |
| D1557 | removal of fixed bilateral space maintainer - maxillary | YES | YES | YES | N/A |
| D1558 | removal of fixed bilateral space maintainer - mandibular | YES | YES | YES | N/A |
| D1575 | distal shoe space maintainer - fixed - unilateral | YES | NO | NO | Covered for members under age 19. |
| D1701 | Pfizer-BioNTech Covid-19 vaccine administration – first dose | NO | NO | NO | N/A |
| D1702 | Pfizer-BioNTech Covid-19 vaccine administration – second dose | NO | NO | NO | N/A |
| D1703 | Moderna Covid-19 vaccine administration – first dose | NO | NO | NO | N/A |
| D1704 | Moderna Covid-19 vaccine administration – second dose | NO | NO | NO | N/A |
| D1705 | AstraZeneca Covid-19 vaccine administration – first dose | NO | NO | NO | N/A |
| D1706 | AstraZeneca Covid-19 vaccine administration – second dose | NO | NO | NO | N/A |
| D1707 | Janssen Covid-19 vaccine administration | NO | NO | NO | N/A |
| D1708 | Pfizer-BioNTech Covid-19 vaccine administration – third dose | NO | NO | NO | N/A |
| D1709 | Pfizer-BioNTech Covid-19 vaccine administration – booster dose | NO | NO | NO | N/A |
| D1710 | Moderna Covid-19 vaccine administration – third dose | NO | NO | NO | N/A |
| D1711 | Moderna Covid-19 vaccine administration – booster dose | NO | NO | NO | N/A |
| D1712 | Janssen Covid-19 vaccine administration - booster dose | NO | NO | NO | N/A |

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| D1713 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose | NO | NO | NO | N/A |
| D1714 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose | NO | NO | NO | N/A |
| D1781 | vaccine administration – human papillomavirus | NO | NO | NO | N/A |
| D1782 | vaccine administration – human papillomavirus | NO | NO | NO | *Awaiting guidance from OHA |
| D1783 | vaccine administration – human papillomavirus | NO | NO | NO | *Awaiting guidance from OHA |
| D1999 | unspecified preventive procedure | NO | NO | NO | N/A |
| D2140 | amalgam-1 surface prim or perm | YES | YES | YES | N/A |
| D2150 | amalgam-2 surface prim or perm | YES | YES | YES | N/A |
| D2160 | amalgam-3 surface prim or perm | YES | YES | YES | N/A |
| D2161 | amalgam-4 or more surface prim or perm | YES | YES | YES | N/A |
| D2330 | resin based composite-1 anterior | YES | YES | YES | N/A |
| D2331 | resin based composite-2 anterior | YES | YES | YES | N/A |
| D2332 | resin based composite-3 anterior | YES | YES | YES | N/A |
| D2335 | resin based composite-4 or > anterior | YES | YES | YES | N/A |
| D2390 | resin based composite - crown anterior | YES | NO | YES | Limited to anterior teeth C-H, M-R & 6-11, 22-27 for members to age 21 and pregnant women of all ages. |
| D2391 | resin based composite-1 posterior | YES | YES | YES | N/A |
| D2392 | resin based composite-2 posterior | YES | YES | YES | Replacement is limited to once every five years |
| D2393 | resin based composite-3 posterior | YES | YES | YES | Replacement is limited to once every five years |
| D2394 | resin based composite-4 or > posterior | YES | YES | YES | Replacement is limited to once every five years |
| D2410 | gold foil - 1 surface | NO | NO | NO | N/A |
| D2420 | gold foil - 2 surface | NO | NO | NO | N/A |
| D2430 | gold foil - 3 surface | NO | NO | NO | N/A |
| D2510 | inlay metallic - 1 surface | NO | NO | NO | N/A |

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| D2520 | inlay metallic - 2 surface | NO | NO | NO | N/A |
| D2530 | inlay metallic - 3 or more surface | NO | NO | NO | N/A |
| D2542 | only metallic - 2 surface | NO | NO | NO | N/A |
| D2543 | only metallic - 3 surface | NO | NO | NO | N/A |
| D2544 | onlay metallic - 4 or more surface | NO | NO | NO | N/A |
| D2610 | inlay porcelain/ceramic - 1 surface | NO | NO | NO | N/A |
| D2620 | inlay porcelain/ceramic - 2 surface | NO | NO | NO | N/A |
| D2630 | inlay porcelain/ceramic - 3 surface | NO | NO | NO | N/A |
| D2642 | onlay porcelain/ceramic - 2 surface | NO | NO | NO | N/A |
| D2643 | onlay porcelain/ceramic - 3 surface | NO | NO | NO | N/A |
| D2644 | onlay porcelain/ceramic - 4 or more surface | NO | NO | NO | N/A |
| D2650 | inlay resin-based composite - 1 surface | NO | NO | NO | N/A |
| D2651 | inlay resin-based composite - 2 surface | NO | NO | NO | N/A |
| D2652 | inlay resin-based composite - 3 or more surfaces | NO | NO | NO | N/A |
| D2662 | onlay resin-based composite 2 surface | NO | NO | NO | N/A |
| D2663 | onlay resin-based composite - 3 surface | NO | NO | NO | N/A |
| D2664 | onlay resin-based composite - 4 or more surfaces | NO | NO | NO | N/A |
| D2710 | crown resin based composite | YES | NO | YES | Limited to teeth 6-11, 22, and 27 only once in a seven year period. In addition, only four crowns are allowed in a seven year period. Benefit is limited to members age 16 through 20 years and/or who are pregnant. |
| D2712 | crown 3/4 resin based composite | YES | NO | YES | Limited to teeth 6-11, 22, and 27 only once in a seven year period. In addition, only four crowns are allowed in a seven year period. Benefit is limited to members age 16 through 20 years and/or who are pregnant. |
| D2720 | crown resin with high noble metal | NO | NO | NO | N/A |
| D2721 | crown resin with predominantly base metal | NO | NO | NO | N/A |
| D2722 | crown resin with noble metal | NO | NO | NO | N/A |

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| D2740 | crown porcelain/ceramic | YES | NO | YES | Limited to teeth 6-11, 22, and 27 only once in a seven year period. In addition, only four crowns are allowed in a seven year period. Benefit is limited to members age 16 through 20 years and/or who are pregnant. |
| D2750 | crown porcelain fused to high noble metal | NO | NO | NO | N/A |
| D2751 | crown porcelain fused to predom base metal | YES | NO | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. Limited to teeth 6-11, 22, and 27 only once in a seven year period and teeth must have good long term prognosis. In addition, only four crowns are allowed in a seven year period. Benefit is limited to members age 16 through 20 years and/or who are pregnant. All other treatment options must have been attempted and documented failure of those options must be in the chart notes. |
| D2752 | crown porcelain fused to noble metal | YES | NO | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. Limited to teeth 6-11, 22, and 27 only once in a seven year period and teeth must have good long term prognosis. In addition, only four crowns are allowed in a seven year period. Benefit is limited to members age 16 through 20 years and/or who are pregnant. All other treatment options must have been attempted and documented failure of those options must be in the chart notes. |
| D2753 | crown - porcelain fused to titanium or titanium alloy | NO | NO | NO | N/A |
| D2780 | crown 3/4 cast high noble metal | NO | NO | NO | N/A |
| D2781 | crown 3/4 cast predominantly base metal | NO | NO | NO | N/A |
| D2782 | crown 3/4 cast noble metal | NO | NO | NO | N/A |
| D2783 | crown 3/4 porcelain/ceramic | NO | NO | NO | N/A |
| D2790 | crown full cast high noble metal | NO | NO | NO | N/A |
| D2791 | crown full cast predominantly base metal | NO | NO | NO | N/A |
| D2792 | crown full cast noble metal | NO | NO | NO | N/A |
| D2794 | crown titanium | NO | NO | NO | N/A |
| D2799 | provisional crown | NO | NO | NO | N/A |
| D2910 | re-cement or re-bond inlay, onlay, veneer or part coverage restoration | YES | YES | YES | N/A |
| D2915 | re-cement or re-bond indirectly fabricated or prefabricated post and core | YES | YES | YES | N/A |
| D2920 | re-cement or re-bond crown | YES | YES | YES | N/A |
| D2921 | reattachment of tooth fragment | YES | YES | YES | Limited to once per tooth per lifetime |

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|-----------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D2928 | prefabricated porcelain/ceramic crown - permanent tooth - prefabricated porcelain/ceramic | NO | NO | NO | N/A |
| D2929 | prefab porcelain/ceramic crown, primary | YES | YES | YES | Benefit is limited to once in a five year period for primary teeth. |
| D2930 | crown prefabricated stainless steel prim | YES | YES | YES | Benefit is limited to once in a five year period for primary teeth. |
| D2931 | crown prefabricated stainless steel perm | YES | YES | YES | Benefit is limited to once in a five year period for permanent posterior teeth. |
| D2932 | crown prefabricated resin | YES | No | YES | Prefabricated crowns (D2932, D2933) are a benefit once in a five year period for primary and permanent anterior teeth. |
| D2933 | crown prefab stainless steel w/resin window | YES | NO | YES | Prefabricated crowns (D2932, D2933) are a benefit once in a five year period for primary and permanent anterior teeth. |
| D2934 | crown prefab esthetic coated stainless steel prim | NO | NO | NO | N/A |
| D2940 | protective restoration | YES | YES | YES | N/A |
| D2941 | interim therapeutic restoration - primary dentition | YES | YES | YES | N/A |
| D2949 | restorative foundation for indirect restoration | NO | NO | NO | N/A |
| D2950 | core buildup | YES | YES | YES | <p>For members under 15:</p> <ul style="list-style-type: none"> -Covered on anterior teeth (6-11, 22, 27, C-H, M-R) when final restoration codes are D2932 or D2933 -Covered on posterior teeth (2-5, 12-15, 18-21, 28-31 and all primary teeth) when final restoration codes are D2930 or D2931 <p>For members 16-20 and members who are pregnant:</p> <ul style="list-style-type: none"> -Covered on anterior teeth (6-11, 22, 27) when final restoration codes are D2710, D2712, D2740, D2751, D2752, D2932 or D2933 -Covered on posterior teeth (2-5, 12-15, 18-21, 28-31 and all primary teeth) when final restoration codes are D2930 or D2931 <p>For non-pregnant members aged 21 and over:</p> <ul style="list-style-type: none"> -Covered on posterior teeth (2-5, 12-15, 18-21, 28-31 and all primary teeth) when final restoration codes are D2930 or D2931 |
| D2951 | pin retention | YES | YES | YES | N/A |
| D2952 | post & core in addt to crown, indirectly fabricated | NO | NO | NO | N/A |
| D2953 | post-each addt indirectly fabricated | NO | NO | NO | N/A |
| D2954 | prefabricated post & core | YES | NO | YES | Covered for members who are under 21 and members who are pregnant. |

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|-----------------------|---------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------|
| D2955 | post removal | NO | NO | NO | N/A |
| D2957 | prefabricated port- each addtl | YES | NO | YES | Covered for members who are under 21 and members who are pregnant. |
| D2960 | labial veneer, resin laminate - chairside | NO | NO | NO | N/A |
| D2961 | labial veneer, resin laminate - laboratory | NO | NO | NO | N/A |
| D2962 | labial veneer porcelain laminate - laboratory | NO | NO | NO | N/A |
| D2971 | construct new crown under existing partial | NO | NO | NO | N/A |
| D2975 | coping | NO | NO | NO | N/A |
| D2976 | Band stabilization - per tooth | * | * | * | *Awaiting guidance from OHA |
| D2980 | crown repair | YES | YES | YES | Benefit is limited to anterior teeth. |
| D2981 | inlay repair | NO | NO | NO | N/A |
| D2982 | onlay repair | NO | NO | NO | N/A |
| D2983 | veneer repair | NO | NO | NO | N/A |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | * | * | * | *Awaiting guidance from OHA |
| D2990 | resin infiltration of smooth surface lesions | NO | NO | NO | N/A |
| D2991 | Application of hydroxyapatite regeneration medicament – per tooth | * | * | * | *Awaiting guidance from OHA |
| D2999 | unspecified restorative proc | NO | NO | NO | N/A |
| D3110 | pulp cap direct | NO | NO | NO | N/A |
| D3120 | pulp cap indirect | NO | NO | NO | N/A |
| D3220 | therapeutic pulpotomy | YES | YES | YES | N/A |
| D3221 | pulpal debridement | YES | YES | YES | N/A |
| D3222 | partial pulpotomy for apexogenesis | YES | YES | YES | Covered once in a lifetime per tooth by review. |
| D3230 | pulpal therapy - anterior, primary | YES | NO | NO | Covered for members under 21 on primary teeth, once in a lifetime per tooth. |
| D3240 | pulp therapy - posterior, primary | YES | NO | NO | Covered for members under 21 on primary teeth, once in a lifetime per tooth. |
| D3310 | endodontic therapy, anterior | YES | YES | YES | Covered if the tooth has good long term prognosis. |
| D3320 | endodontic therapy, bicuspid | YES | YES | YES | Covered if the tooth has good long term prognosis. |

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|-----------------------|---------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D3330 | endodontic therapy, molar | 1st/2nd molars YES | NO | 1st molar YES | Predetermination not required, however, this procedure is eligible for the predetermination service. Covered by review and if the tooth has good long term prognosis. Covered on first molar teeth for members under ag 21 and/or pregnant if the final restoration following the root canal therapy is covered. Covered on the second molar teeth for members under age 21 only if the final restoration following the root canal therapy is covered. |
| D3331 | root canal obstruction, non surgical | YES | YES | YES | Covered once in a lifetime per tooth. |
| D3332 | incomplete endodontic therapy | YES | YES | YES | N/A |
| D3333 | internal root repair of perforation defects | YES | YES | YES | N/A |
| D3346 | previous root canal therapy- anterior | YES | YES | YES | N/A |
| D3347 | previous root canal therapy- bicuspid | NO | NO | NO | N/A |
| D3348 | previous root canal therapy- molar | NO | NO | NO | N/A |
| D3351 | apexification/recalcification- initial visit | YES | NO | YES | Apexification/recalcification (D3351, D3352, D3353) is covered up to a maximum of 5 treatments on permanent teeth. |
| D3352 | apexification/recalcification- interim medication replacement | YES | NO | YES | Apexification/recalcification (D3351, D3352, D3353) is covered up to a maximum of 5 treatments on permanent teeth. |
| D3353 | apexification/recalcification-final visit | YES | NO | YES | Apexification/recalcification (D3351, D3352, D3353) is covered up to a maximum of 5 treatments on permanent teeth. |
| D3355 | pulpal regeneration- initial visit | NO | NO | NO | N/A |
| D3356 | pulpal regeneration - interim medication replacement | NO | NO | NO | N/A |
| D3357 | pulpal regeneration- completion of treatment | NO | NO | NO | N/A |
| D3410 | apicoectomy - anterior | YES | YES | YES | Covered only on anterior teeth 6-11 and 22-27. If crown to root ratio is 50:50 or better, the tooth is restorable without other surgical procedures, or loss of tooth would result in the need for removable prosthodontics. |
| D3421 | apicoectomy - bicuspid | NO | NO | NO | N/A |
| D3425 | apicoectomy - molar | NO | NO | NO | N/A |
| D3426 | each addtl root | NO | NO | NO | N/A |
| D3428 | bone graft in conjunction with periradicular surgery | NO | NO | NO | N/A |
| D3429 | each additional contiguous tooth | NO | NO | NO | N/A |
| D3430 | retrograde filling | YES | YES | YES | Covered only on anterior teeth 6-11 and 22-27 if submitted in conjunction with D3410. |

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|-----------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D3431 | biologic materials to aid in soft and osseous tissue regeneration | NO | NO | NO | N/A |
| D3432 | guided tissue regeneration | NO | NO | NO | N/A |
| D3450 | root amputation | NO | NO | NO | N/A |
| D3460 | endodontic endosseous implant | NO | NO | NO | N/A |
| D3470 | reimplantation | NO | NO | NO | N/A |
| D3471 | surgical repair of root resorption - anterior | NO | NO | NO | N/A |
| D3472 | surgical repair of root resorption - premolar | NO | NO | NO | N/A |
| D3473 | surgical repair of root resorption - molar | NO | NO | NO | N/A |
| D3501 | (anterior) surgical exposure of root surface without apicoectomy or repair of root resorption | NO | NO | NO | N/A |
| D3502 | (premolar) surgical exposure of root surface without apicoectomy or repair of root | NO | NO | NO | N/A |
| D3503 | (molar) surgical exposure of root surface without apicoectomy or repair of root resorption | NO | NO | NO | N/A |
| D3910 | surgical proc for isolation of tooth w/ rubber dam | NO | NO | NO | N/A |
| D3911 | Intraorifice barrier | NO | NO | NO | N/A |
| D3920 | hemisection | NO | NO | NO | N/A |
| D3921 | Decoronation or submergence of an erupted tooth | YES | NO | YES | Covered for members under 21 by review For members who are pregnant and over 21: -Covered on teeth 3-14 and 19-30 by review For non-pregnant members over 21: -Covered on teeth 4-13 and 20-29 by review |
| D3950 | canal prep | NO | NO | NO | N/A |
| D3999 | unspecified endodontic proc | NO | NO | NO | N/A |
| D4210 | gingivectomy/gingivoplasty - 4 or more contiguous teeth | YES | YES | YES | N/A |
| D4211 | gingivectomy/gingivoplasty - 1 to 3 teeth | YES | YES | YES | N/A |

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|-----------------------|---------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------|
| D4212 | gingivectomy/gingivoplasty - per tooth | NO | NO | NO | N/A |
| D4230 | anatomical crown exposure - 4 or > teeth | NO | NO | NO | N/A |
| D4231 | anatomical crown exposure - 1 to 3 teeth | NO | NO | NO | N/A |
| D4240 | gingival flap proc - 4 or more teeth | NO | NO | NO | N/A |
| D4241 | gingival flap proc - 1 to 3 teeth | NO | NO | NO | N/A |
| D4245 | apically positioned flap | NO | NO | NO | N/A |
| D4249 | clinical crown lengthening | NO | NO | NO | N/A |
| D4260 | osseous surgery - 4 or more teeth | NO | NO | NO | N/A |
| D4261 | osseous surgery - 1 to 3 teeth | NO | NO | NO | N/A |
| D4263 | bone replacement graft - first site | NO | NO | NO | N/A |
| D4264 | bone replacement graft - each addtl site | NO | NO | NO | N/A |
| D4265 | biologic materials | NO | NO | NO | N/A |
| D4266 | tissue regeneration, resorbable | NO | NO | NO | N/A |
| D4267 | tissue regeneration, nonresorbable barrier | NO | NO | NO | N/A |
| D4268 | surgical revision | NO | NO | NO | N/A |
| D4270 | pedicle soft tissue graft | NO | NO | NO | N/A |
| D4273 | subepithelial connective tissue graft | NO | NO | NO | N/A |
| D4274 | distal or proximal wedge | NO | NO | NO | N/A |
| D4275 | soft tissue allograft | NO | NO | NO | N/A |
| D4276 | pedicle graft | NO | NO | NO | N/A |
| D4277 | edentulous | NO | NO | NO | N/A |
| D4278 | free soft tissue graft, each addtl | NO | NO | NO | N/A |
| D4283 | autogenous connective tissue graft - each addtl (including donor and recipient) | NO | NO | NO | N/A |
| D4285 | graft procedure (including recipient) | NO | NO | NO | N/A |
| D4286 | removal of non-resorbable barrier | NO | NO | NO | N/A |
| D4322 | splint – intra-coronal; natural teeth or prosthetic crowns | NO | NO | NO | N/A |

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|-----------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| D4323 | splint – extra-coronal; natural teeth or prosthetic crowns | NO | NO | NO | N/A |
| D4341 | periodontal scaling - 4 or more teeth | YES | YES | YES | Benefit is limited to once per quadrant every 2 years. Maximum of 2 quadrants on one date of service is payable except in extraordinary circumstances. |
| D4342 | periodontal scaling - 1 to 3 teeth | YES | YES | YES | Benefit is limited to once per quadrant every 2 years. |
| D4346 | Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation | YES | YES | YES | Benefit is limited to once every 2 years. |
| D4355 | full mouth debridement | YES | YES | YES | Benefit is limited to once every 2 years. |
| D4381 | localized delivery of antimicrobial | NO | NO | NO | N/A |
| D4910 | periodontal maintenance | YES | YES | YES | Benefit is limited to once every 6 months. Additional periodontal maintenance may be allowed by review. |
| D4920 | unscheduled dressing change | YES | YES | YES | N/A |
| D4921 | gingival irrigation - per quad | NO | NO | NO | N/A |
| D4999 | unspecified periodontal proc | NO | NO | NO | N/A |
| D5110 | complete denture - maxillary | YES | YES | YES | Complete or Immediate full dentures (D5110, D5120, D5130, D5140) are covered once per 10 year period for members age 16 and older. |
| D5120 | complete denture - mandibular | YES | YES | YES | Complete or Immediate full dentures (D5110, D5120, D5130, D5140) are covered once per 10 year period for members age 16 and older. |
| D5130 | immediate denture - maxillary | YES | YES | YES | Complete or Immediate full dentures (D5110, D5120, D5130, D5140) are covered once per 10 year period for members age 16 and older. |
| D5140 | immediate denture - mandibular | YES | YES | YES | Complete or Immediate full dentures (D5110, D5120, D5130, D5140) are covered once per 10 year period for members age 16 and older. |

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|-----------------------|-------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D5211 | partial denture - maxillary - resin | YES | YES | YES | <p>Predetermination not required, however, this procedure is eligible for the predetermination service.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 16 through 20. The benefit is covered if one or more anterior teeth or four (4) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 21 and older. The benefit is covered if one or more anterior teeth or six (6) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Replacement of partial denture with a full or immediate denture is payable 5 years after the partial denture placement and only if dentally appropriate</p> |
| D5212 | partial denture - mandibular - resin | YES | YES | YES | <p>Predetermination not required, however, this procedure is eligible for the predetermination service.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 16 through 21. The benefit is covered if one or more anterior teeth or four (4) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 21 and older. The benefit is covered if one or more anterior teeth or six (6) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Replacement of partial denture with a full or immediate denture is payable 5 years after the partial denture placement and only if dentally appropriate</p> |
| D5213 | partial denture - maxillary - cast metal | NO | NO | NO | N/A |
| D5214 | partial denture - mandibular - cast metal | NO | NO | NO | N/A |

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|-----------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D5221 | immediate maxillary partial denture - resin base (including any conventional clasps, rest and teeth) | YES | YES | YES | <p>Predetermination not required, however, this procedure is eligible for the predetermination service.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 16 through 21. The benefit is covered if one or more anterior teeth or four (4) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 21 and older. The benefit is covered if one or more anterior teeth or six (6) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Replacement of partial denture with a full or immediate denture is payable 5 years after the partial denture placement and only if dentally appropriate</p> |
| D5222 | immediate mandibular partial denture - resin base (including any conventional clasps, rests, and teeth) | YES | YES | YES | <p>Predetermination not required, however, this procedure is eligible for the predetermination service.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 16 through 21. The benefit is covered if one or more anterior teeth or four (4) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Resin partial dentures (D5211, D5212) are a covered benefit once per 5 years for members age 21 and older. The benefit is covered if one or more anterior teeth or six (6) or more posterior teeth are missing per arch with the resulting space equivalent to that loss demonstrating inability to chew. Third molars are not a consideration when counting missing teeth. Stainless steel crowns cannot be used as resin partial denture abutments. The limitations start from when the last partial denture or denture was received.</p> <p>Replacement of partial denture with a full or immediate denture is payable 5 years after the partial denture placement and only if dentally appropriate</p> |

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|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------|
| D5223 | immediate maxillary partial denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | NO | NO | NO | N/A |
| D5224 | immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | NO | NO | NO | N/A |
| D5225 | partial denture - maxillary - flexible base | NO | NO | NO | N/A |
| D5226 | partial denture - mandibular - flexible base | NO | NO | NO | N/A |
| D5227 | immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | NO | NO | NO | N/A |
| D5228 | immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | NO | NO | NO | N/A |
| D5282 | partial denture - removable unilateral, maxillary | NO | NO | NO | N/A |
| D5283 | partial denture - removable unilateral, mandibular | NO | NO | NO | N/A |
| D5284 | removable unilateral partial denture - one piece flexible base, per quadrant | NO | NO | NO | N/A |
| D5286 | removable unilateral partial denture - one piece resin, per quadrant | NO | NO | NO | N/A |
| D5410 | adjust complete denture - maxillary | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |
| D5411 | adjust complete denture - mandibular | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |
| D5421 | adjust partial denture - maxillary | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |

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| D5422 | adjust partial denture - mandibular | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |
| D5511 | Repair Resin Partial Denture Base – Mandibular | YES | YES | YES | Covered for members under 21. Covered 6 months after placement, twice per year for members 21 and older. |
| D5512 | Repair Resin Partial Denture Base – Maxillary | YES | YES | YES | Covered for members under 21. Covered 6 months after placement, twice per year for members 21 and older. |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |
| D5611 | Repair Resin Denture Base – Mandibular | YES | YES | YES | Covered for members under 21. Covered 2 times per year for members 21 and older. |
| D5612 | Repair Resin Denture Base – Maxillary | YES | YES | YES | Covered for members under 21. Covered 2 times per year for members 21 and older. |
| D5621 | Repair Cast Framework – Mandibular | YES | YES | YES | Covered for members under 21. Covered 2 times per year for members 21 and older. |
| D5622 | Repair Cast Framework – Maxillary | YES | YES | YES | Covered for members under 21. Covered 2 times per year for members 21 and older. |
| D5630 | repair/replace broken clasp | YES | YES | YES | Covered for members under 21. Covered 2 times per year for members 21 and older. |
| D5640 | replace broken tooth | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |
| D5650 | add tooth to existing partial denture | YES | YES | YES | Covered for members under 21. Covered 4 times per year for members 21 and older. |
| D5660 | add clasp to existing partial denture | YES | YES | YES | Covered for members under 21. Covered 2 times per year for members 21 and older. |
| D5670 | replace all teeth - maxillary | YES | YES | YES | Benefit is covered for members age 16 and older once every 10 years per arch. |
| D5671 | replace all teeth - mandibular | YES | YES | YES | Benefit is covered for members age 16 and older once every 10 years per arch. |

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| Dental Procedure Code | Description | OHP Benefit Package for members under the age of 21 | OHP Benefit Package for members over 21 and not pregnant | OHP Benefit Package for Pregnant members over age 21 | If covered limitations are: |
|-----------------------|--------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D5710 | rebase complete denture - maxillary | YES | YES | YES | <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members under age of 21 once every three years if a reline will not suffice.</p> <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members age 21 and over once every five years if there is documentation of a current reline that has been completed and failed.</p> |
| D5711 | rebase complete denture - mandibular | YES | YES | YES | <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members under age 21 once every three years if a reline will not suffice.</p> <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members age 21 and over once every five years if there is documentation of a current reline that has been completed and failed.</p> |
| D5720 | rebase partial denture - maxillary | YES | YES | YES | <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members under age 21 once every three years if a reline will not suffice.</p> <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members age 21 and over once every five years if there is documentation of a current reline that has been completed and failed.</p> |
| D5721 | rebase partial denture - mandibular | YES | YES | YES | <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members under age 21 once every three years if a reline will not suffice.</p> <p>Denture rebase for complete or partial dentures (D5710, D5711, D5720, D5721) are covered for members age 21 and over once every five years if there is documentation of a current reline that has been completed and failed.</p> |
| D5725 | rebase hybrid prosthesis | YES | NO | NO | Rebase hybrid prosthesis (D5725) is a covered benefit once per 5 years for members age 16 through 21. |
| D5730 | reline complete denture - maxillary | YES | YES | YES | <p>Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21.</p> <p>Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over.</p> |

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| D5731 | reline complete denture - mandibular | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members ages 16 to 20. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |
| D5740 | reline partial denture - maxillary | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |
| D5741 | reline partial denture - mandibular | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |
| D5750 | reline complete denture - maxillary - lab | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |
| D5751 | reline complete denture - mandibular - lab | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |
| D5760 | reline partial denture - maxillary - lab | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |

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| D5761 | reline partial denture - mandibular - lab | YES | YES | YES | Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 3 years for members under age 21. Relines, laboratory and chairside, (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) on full or partial dentures are allowed once every 5 years for members age 21 and over. |
| D5765 | soft liner for complete or partial removable denture – indirect | YES | YES | YES | For members 16-20: -Covered once in a 3 year period For members 21 and older: -Covered once in a 5 year period |
| D5810 | interim complete denture - maxillary | NO | NO | NO | N/A |
| D5811 | interim complete denture - mandibular | NO | NO | NO | N/A |
| D5820 | interim partial denture - maxillary | YES | YES | YES | Benefit is allowed for members with one or more missing anterior teeth once in a five year period. |
| D5821 | interim partial denture - mandibular | YES | YES | YES | Benefit is allowed for members with one or more missing anterior teeth once in a five year period. |
| D5850 | tissue conditioning - maxillary | YES | YES | YES | Benefit is allowed once per lifetime when done in conjunction with immediate dentures. |
| D5851 | tissue conditioning - mandibular | YES | YES | YES | Benefit is allowed once per lifetime when done in conjunction with immediate dentures. |
| D5862 | precision attachment | NO | NO | NO | N/A |
| D5863 | overdenture - complete maxillary | NO | NO | NO | N/A |
| D5864 | overdenture - partial maxillary | NO | NO | NO | N/A |
| D5865 | overdenture - complete mandibular | NO | NO | NO | N/A |
| D5866 | overdenture - partial mandibular | NO | NO | NO | N/A |
| D5867 | replace semi-precision or precision attachment | NO | NO | NO | N/A |
| D5875 | modification of removable prosthesis | NO | NO | NO | N/A |
| D5876 | Add metal substructure to acrylic full denture (per arch) | YES | YES | YES | N/A |
| D5899 | unspecified removable prosthodontic proc | NO | NO | NO | N/A |
| D5911 | facial moulage - sectional | NO | NO | NO | N/A |
| D5912 | facial moulage - complete | NO | NO | NO | N/A |
| D5913 | nasal prosthesis | NO | NO | NO | N/A |

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| D5914 | auricular prosthesis | NO | NO | NO | N/A |
| D5915 | orbital prosthesis | NO | NO | NO | N/A |
| D5916 | ocular prosthesis | NO | NO | NO | N/A |
| D5919 | facial prosthesis | NO | NO | NO | N/A |
| D5922 | nasal septal prosthesis | NO | NO | NO | N/A |
| D5923 | ocular prosthesis - interim | NO | NO | NO | N/A |
| D5924 | cranial prosthesis | NO | NO | NO | N/A |
| D5925 | facial augmentation | NO | NO | NO | N/A |
| D5926 | nasal prosthesis - replacement | NO | NO | NO | N/A |
| D5927 | auricular prosthesis - replacement | NO | NO | NO | N/A |
| D5928 | orbital prosthesis - replacement | NO | NO | NO | N/A |
| D5929 | facial prosthesis - replacement | NO | NO | NO | N/A |
| D5931 | obturator prosthesis - surgical | NO | NO | NO | N/A |
| D5932 | obturator prosthesis - definitive | NO | NO | NO | N/A |
| D5933 | obturator prosthesis - modification | NO | NO | NO | N/A |
| D5934 | mandibular resection prosthesis with guide flange | NO | NO | NO | N/A |
| D5935 | mandibular resection prosthesis without guide flange | NO | NO | NO | N/A |
| D5936 | obturator prosthesis, interim | NO | NO | NO | N/A |
| D5937 | trismus appliance | NO | NO | NO | N/A |
| D5951 | feeding aid | NO | NO | NO | N/A |
| D5952 | speech aid prosthesis - pediatric | NO | NO | NO | N/A |
| D5953 | speech aid prosthesis - adult | NO | NO | NO | N/A |
| D5954 | palatal augmentation prosthesis | NO | NO | NO | N/A |
| D5955 | palatal lift prosthesis - definitive | NO | NO | NO | N/A |
| D5958 | palatal lift prosthesis - interim | NO | NO | NO | N/A |
| D5959 | palatal lift prosthesis - modification | NO | NO | NO | N/A |
| D5960 | speech aid prosthesis - modification | NO | NO | NO | N/A |
| D5982 | surgical stent | NO | NO | NO | N/A |
| D5983 | radiation carrier | NO | NO | NO | N/A |
| D5984 | radiation shield | NO | NO | NO | N/A |

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| D5985 | radiation cone locator | NO | NO | NO | N/A |
| D5986 | fluoride gel carrier | YES | YES | YES | N/A |
| D5987 | commissure splint | NO | NO | NO | N/A |
| D5988 | surgical splint | NO | NO | NO | N/A |
| D5991 | topical medicament carrier | NO | NO | NO | N/A |
| D5992 | adjust maxillofacial prosthetic appliance, by report | NO | NO | NO | N/A |
| D5993 | maintenance and cleaning of maxillofacial prosthesis | NO | NO | NO | N/A |
| D5995 | periodontal medicament carrier with peripheral seal - laboratory processed - maxillary | NO | NO | NO | N/A |
| D5996 | periodontal medicament carrier with peripheral seal - laboratory processed - mandibular | NO | NO | NO | N/A |
| D5999 | unspecified maxillofacial prosthesis | NO | NO | NO | N/A |
| D6010 | endosteal | NO | NO | NO | N/A |
| D6011 | second stage implant surgery | NO | NO | NO | N/A |
| D6012 | surgical placement of interim implant body for transitional prosthesis-endosteal | NO | NO | NO | N/A |
| D6013 | surgical placement of mini implant | NO | NO | NO | N/A |
| D6040 | surgical placement - eposteal implant | NO | NO | NO | N/A |
| D6050 | surgical placement - transosteal implant | NO | NO | NO | N/A |
| D6051 | interim abutment | NO | NO | NO | N/A |
| D6055 | dental implant supported connecting bar | NO | NO | NO | N/A |
| D6056 | prefabricated abutment | NO | NO | NO | N/A |
| D6057 | custom fabricated abutment | NO | NO | NO | N/A |
| D6058 | porcelain/ceramic crown | NO | NO | NO | N/A |
| D6059 | abutment supported porcelain fused to metal crown-high noble metal | NO | NO | NO | N/A |
| D6060 | abutment supported porcelain fused to metal crown-predominantly base metal | NO | NO | NO | N/A |

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| D6061 | abutment supported porcelain fused to metal crown-noble metal | NO | NO | NO | N/A |
| D6062 | abutment supported cast metal crown-high noble metal | NO | NO | NO | N/A |
| D6063 | abutment supported cast metal crown-predominantly base metal | NO | NO | NO | N/A |
| D6064 | crown-noble metal | NO | NO | NO | N/A |
| D6065 | porcelain/ceramic crown | NO | NO | NO | N/A |
| D6066 | metal crown | NO | NO | NO | N/A |
| D6067 | implant supported metal crown | NO | NO | NO | N/A |
| D6068 | abutment supported retainer-porcelain/ceramic fpd | NO | NO | NO | N/A |
| D6069 | abutment supported retainer-porcelain fused to metal fpd, high noble metal | NO | NO | NO | N/A |
| D6070 | abutment supported retainer-porcelain fused to metal fpd, predom base metal | NO | NO | NO | N/A |
| D6071 | abutment supported retainer-porcelain fused to metal fpd, noble metal | NO | NO | NO | N/A |
| D6072 | abutment supported retainer-cast metal fpd, high noble metal | NO | NO | NO | N/A |
| D6073 | abutment supported retainer-cast metal fpd, predom base metal | NO | NO | NO | N/A |
| D6074 | abutment supported retainer-cast metal fpd, noble metal | NO | NO | NO | N/A |
| D6075 | implant supported retainer-ceramic fpd | NO | NO | NO | N/A |
| D6076 | implant supported retainer for porcelain fused to metal fpd | NO | NO | NO | N/A |
| D6077 | implant supported retainer-cast metal fpd | NO | NO | NO | N/A |
| D6080 | implant maintenance procedure | NO | NO | NO | N/A |
| D6081 | Scaling and Debridement of a Single Implant | NO | NO | NO | N/A |

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| D6082 | implant supported crown - porcelain fused to predominantly base alloys | NO | NO | NO | N/A |
| D6083 | implant supported crown - porcelain fused to noble alloys | NO | NO | NO | N/A |
| D6084 | implant supported crown - porcelain fused to titanium or titanium alloy | NO | NO | NO | N/A |
| D6085 | Provisional Implant Crown | NO | NO | NO | N/A |
| D6086 | implant supported crown - predominantly base alloys | NO | NO | NO | N/A |
| D6087 | implant supported crown - noble alloys | NO | NO | NO | N/A |
| D6088 | implant supported crown - titanium or titanium alloys | NO | NO | NO | N/A |
| D6089 | Accessing and retorquing loose implant screw - per screw | * | * | * | *Awaiting guidance from OHA |
| D6090 | repair implant abutment | NO | NO | NO | N/A |
| D6091 | replace semi/precision attachment | NO | NO | NO | N/A |
| D6092 | re-cement or re-bond implant abutment supported crown | NO | NO | NO | N/A |
| D6093 | re-cement or re-bond implant abutment supported fixed partial denture | NO | NO | NO | N/A |
| D6094 | abutment supported crown | NO | NO | NO | N/A |
| D6095 | repair implant abutment | NO | NO | NO | N/A |
| D6096 | Remove Broken Implant Retaining Screw | YES | YES | YES | Only covered in cases of severe infection. |
| D6097 | implant / abutment supported crown - porcelain fused to titanium or titanium alloys | NO | NO | NO | N/A |
| D6098 | implant supported retainer - porcelain fused to predominantly base alloys | NO | NO | NO | N/A |
| D6099 | implant / abutment supported crown - porcelain fused to noble alloys | NO | NO | NO | N/A |
| D6100 | implant removal | YES | YES | YES | Benefits are covered only when there is advanced peri-implantitis with bone loss and mobility, abscess or implant fracture. |
| D6101 | debridement of peri-implant defect | NO | NO | NO | N/A |

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| D6102 | debridement and osseous contouring of peri-implant defect | NO | NO | NO | N/A |
| D6103 | bone graft for repair of peri-implant defect | NO | NO | NO | N/A |
| D6104 | bone graft at time of implant placement | NO | NO | NO | N/A |
| D6105 | removal of implant body not requiring bone removal nor flap elevation | YES | YES | YES | Covered only when there is advanced peri-implantitis with bone loss and mobility, abscess or implant fracture |
| D6106 | guided tissue regeneration – resorbable barrier, per implant | NO | NO | NO | N/A |
| D6107 | guided tissue regeneration – non-resorbable barrier, per implant | NO | NO | NO | N/A |
| D6110 | implant /abutment supported removable denture for edentulous arch – maxillary | NO | NO | NO | N/A |
| D6111 | implant /abutment supported removable denture for edentulous arch – mandibular | NO | NO | NO | N/A |
| D6112 | implant /abutment supported removable denture for partially edentulous arch – maxillary | NO | NO | NO | N/A |
| D6113 | implant /abutment supported removable denture for partially edentulous arch – mandibular | NO | NO | NO | N/A |
| D6114 | implant /abutment supported fixed denture for edentulous arch – maxillary | NO | NO | NO | N/A |
| D6115 | implant /abutment supported fixed denture for edentulous arch – mandibular | NO | NO | NO | N/A |
| D6116 | implant /abutment supported fixed denture for partially edentulous arch – maxillary | NO | NO | NO | N/A |
| D6117 | implant /abutment supported fixed denture for partially edentulous arch – mandibular | NO | NO | NO | N/A |
| D6118 | Implant/Abutment Support Interim Fixed Denture for Edentulous Arch – Mandibular | NO | NO | NO | N/A |

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| D6119 | Implant/Abutment Support Interim Fixed Denture for Edentulous Arch – Maxillary | NO | NO | NO | N/A |
| D6120 | implant supported retainer - porcelain fused to titanium or titanium alloys | NO | NO | NO | N/A |
| D6121 | implant supported retainer for metal fpd - predominantly base alloys | NO | NO | NO | N/A |
| D6122 | implant supported retainer for metal fpd - noble alloys | NO | NO | NO | N/A |
| D6123 | implant supported retainer for metal fpd - titanium or titanium alloys | NO | NO | NO | N/A |
| D6190 | radiographic surgical implant index | NO | NO | NO | N/A |
| D6191 | semi-precision abutment – placement | NO | NO | NO | N/A |
| D6192 | semi-precision attachment – placement | NO | NO | NO | N/A |
| D6194 | abutment supported retainer crown for fpd | NO | NO | NO | N/A |
| D6195 | abutment supported retainer - porcelain fused to titanium or titanium alloy | NO | NO | NO | N/A |
| D6197 | replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | NO | NO | NO | N/A |
| D6198 | remove interim implant component | NO | NO | NO | N/A |
| D6199 | unspecified implant proc | NO | NO | NO | N/A |
| D6205 | pontic-indirect resin based | NO | NO | NO | N/A |
| D6210 | pontic-cast high noble metal | NO | NO | NO | N/A |
| D6211 | pontic-cast predom base metal | NO | NO | NO | N/A |
| D6212 | pontic-cast noble metal | NO | NO | NO | N/A |
| D6214 | pontic-titanium | NO | NO | NO | N/A |
| D6240 | pontic-porcelain fused to high noble metal | NO | NO | NO | N/A |
| D6241 | pontic-porcelain fused to predominantly base metal | NO | NO | NO | N/A |

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| D6242 | pontic-porcelain fused to noble metal | NO | NO | NO | N/A |
| D6243 | pontic - porcelain fused to titanium or titanium alloys | NO | NO | NO | N/A |
| D6245 | pontic-porcelain/ceramic | NO | NO | NO | N/A |
| D6250 | pontic-resin with high noble metal | NO | NO | NO | N/A |
| D6251 | pontic-resin w/predominantly base metal | NO | NO | NO | N/A |
| D6252 | pontic-resin with noble metal | NO | NO | NO | N/A |
| D6253 | provisional pontic | NO | NO | NO | N/A |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | NO | NO | NO | N/A |
| D6548 | retainer-porcelain/ceramic for resin bonded fixed prosthesis | NO | NO | NO | N/A |
| D6549 | resin retainer - for resin bonded fixed prosthesis | NO | NO | NO | N/A |
| D6600 | inlay - porcelain/ceramic - two surfaces | NO | NO | NO | N/A |
| D6601 | inlay - porcelain/ceramic - 3 or more surfaces | NO | NO | NO | N/A |
| D6602 | inlay - cast high noble metal - 2 surfaces | NO | NO | NO | N/A |
| D6603 | inlay - cast high noble metal - 3 or more surfaces | NO | NO | NO | N/A |
| D6604 | inlay - cast predom base metal - 2 surfaces | NO | NO | NO | N/A |
| D6605 | inlay-cast predom base metal - 3 or more surfaces | NO | NO | NO | N/A |
| D6606 | inlay - cast noble metal - 2 surfaces | NO | NO | NO | N/A |
| D6607 | inlay cast noble metal - 3 or more surfaces | NO | NO | NO | N/A |
| D6608 | onlay - porcelain/ceramic - 2 surfaces | NO | NO | NO | N/A |
| D6609 | onlay - porcelain/ceramic 3 or more surfaces | NO | NO | NO | N/A |
| D6610 | onlay - cast high noble metal - 2 surfaces | NO | NO | NO | N/A |
| D6611 | onlay - cast high noble metal - 3 or more surfaces | NO | NO | NO | N/A |
| D6612 | onlay - cast predom base metal - 2 surfaces | NO | NO | NO | N/A |

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| D6613 | onlay-cast predom base metal - 3 or more surfaces | NO | NO | NO | N/A |
| D6614 | onlay-cast noble metal - 2 surfaces | NO | NO | NO | N/A |
| D6615 | onlay-cast noble metal - 3 or more surfaces | NO | NO | NO | N/A |
| D6624 | inlay - titanium | NO | NO | NO | N/A |
| D6634 | onlay - titanium | NO | NO | NO | N/A |
| D6710 | crown-indirect resin based | NO | NO | NO | N/A |
| D6720 | crown-resin w/high noble metal | NO | NO | NO | N/A |
| D6721 | crown-resin w/predom base metal | NO | NO | NO | N/A |
| D6722 | crown-resin w/noble metal | NO | NO | NO | N/A |
| D6740 | crown-porcelain/ceramic | NO | NO | NO | N/A |
| D6750 | crown-porcelain/fused to high noble metal | NO | NO | NO | N/A |
| D6751 | crown-porcelain/fused to predom base metal | NO | NO | NO | N/A |
| D6752 | crown-porcelain fused to noble metal | NO | NO | NO | N/A |
| D6753 | retainer crown - porcelain fused to titanium or titanium alloys | NO | NO | NO | N/A |
| D6780 | crown 3/4 cast high noble metal | NO | NO | NO | N/A |
| D6781 | crown 3/4 cast predom base metal | NO | NO | NO | N/A |
| D6782 | crown 3/4 cast noble metal | NO | NO | NO | N/A |
| D6783 | crown 3/4 porcelain/ceramic | NO | NO | NO | N/A |
| D6784 | retainer crown 3/4 - titanium or titanium alloys | NO | NO | NO | N/A |
| D6790 | crown full cast high noble metal | NO | NO | NO | N/A |
| D6791 | crown full cast predom base metal | NO | NO | NO | N/A |
| D6792 | crown full cast noble metal | NO | NO | NO | N/A |
| D6793 | provisional retainer crown | NO | NO | NO | N/A |
| D6794 | crown-titanium | NO | NO | NO | N/A |
| D6920 | connector bar | NO | NO | NO | N/A |
| D6930 | re-cement or re-bond fixed partial denture | YES | YES | YES | N/A |
| D6940 | stress breaker | NO | NO | NO | N/A |

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|-----------------------|--------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D6950 | precision attachment | NO | NO | NO | N/A |
| D6980 | fixed partial denture repair | YES | YES | YES | N/A |
| D6985 | pediatric partial denture, fixed | NO | NO | NO | N/A |
| D6999 | unspecified fixed prosthodontics proc | NO | NO | NO | N/A |
| D7111 | extraction deciduous tooth | YES | YES | YES | N/A |
| D7140 | extraction-erupted tooth or exposed root | YES | YES | YES | N/A |
| D7210 | surgical removal erupted tooth | YES | YES | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. For third molar extractions (D7210, D7220, D7230, D7240, D7241, D7250, D7251) are only a benefit when tooth has acute infection or abscess, severe tooth pain and/or unusual swelling of the face or gum not related to normal eruption. Chart notes showing multiple symptoms must be submitted for review. |
| D7220 | removal impacted tooth - soft tissue | YES | YES | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. For third molar extractions (D7210, D7220, D7230, D7240, D7241, D7250, D7251) are only a benefit when tooth has acute infection or abscess, severe tooth pain and/or unusual swelling of the face or gum not related to normal eruption. Chart notes showing multiple symptoms must be submitted for review. |
| D7230 | removal impacted tooth partially bony | YES | YES | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. For third molar extractions (D7210, D7220, D7230, D7240, D7241, D7250, D7251) are only a benefit when tooth has acute infection or abscess, severe tooth pain and/or unusual swelling of the face or gum not related to normal eruption. Chart notes showing multiple symptoms must be submitted for review. |
| D7240 | removal impacted tooth completely bony | YES | YES | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. For third molar extractions (D7210, D7220, D7230, D7240, D7241, D7250, D7251) are only a benefit when tooth has acute infection or abscess, severe tooth pain and/or unusual swelling of the face or gum not related to normal eruption. Chart notes showing multiple symptoms must be submitted for review. |
| D7241 | removal impacted tooth-completely bony w/complications | YES | YES | YES | Predetermination not required, however, this procedure is eligible for the predetermination service. For third molar extractions (D7210, D7220, D7230, D7240, D7241, D7250, D7251) are only a benefit when tooth has acute infection or abscess, severe tooth pain and/or unusual swelling of the face or gum not related to normal eruption. Chart notes showing multiple symptoms must be submitted for review. |
| D7250 | surgical removal of residual roots | YES | YES | YES | N/A |
| D7251 | coronectomy - intentional partial tooth removal | YES | YES | YES | N/A |
| D7260 | oroantral fistula closure | YES | YES | YES | N/A |
| D7261 | primary closure of sinus perforation | YES | YES | YES | N/A |
| D7270 | tooth reimplantation | YES | YES | YES | N/A |
| D7272 | tooth transplantation | NO | NO | NO | N/A |

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| D7280 | surgical access unerupted tooth | YES | NO | NO | Covered for only for members under age 21 when deformities of head, craniofacial anomaly diagnoses when there is significant malocclusion expected to result in difficulty with mastication, speech, or other oral function. |
| D7282 | mobilization erupted/malpositioned tooth | NO | NO | NO | N/A |
| D7283 | placement of devise to facilitate eruption of impacted tooth | YES | NO | NO | Covered for members under age 21. |
| D7284 | Excisional biopsy of minor salivary glands | * | * | * | *Awaiting guidance from OHA |
| D7285 | incisional biopsy of oral tissue - hard | YES | YES | YES | N/A |
| D7286 | incisional biopsy of oral tissue - soft | YES | YES | YES | N/A |
| D7287 | exfoliative cytological sample collection | YES | YES | YES | N/A |
| D7288 | brush biopsy | YES | YES | YES | N/A |
| D7290 | surgical repositioning of teeth | NO | NO | NO | N/A |
| D7291 | fiberotomy | NO | NO | NO | N/A |
| D7292 | screw retained plate | NO | NO | NO | N/A |
| D7293 | temp anchorage device w/flap | NO | NO | NO | N/A |
| D7294 | temp anchorage device w/o flap | NO | NO | NO | N/A |
| D7295 | harvest of bone for use in autogenous graft proc | NO | NO | NO | N/A |
| D7296 | Corticotomy – One to Three Teeth or Tooth Spaces – Per Quadrant | NO | NO | NO | N/A |
| D7297 | Corticotomy – Four or More Teeth or Tooth Spaces – Per Quadrant | NO | NO | NO | N/A |
| D7298 | removal of temporary anchorage device [screw retained plate], requiring flap | NO | NO | NO | N/A |
| D7299 | removal of temporary anchorage device, requiring flap | NO | NO | NO | N/A |
| D7300 | removal of temporary anchorage device without flap | NO | NO | NO | N/A |
| D7310 | alveoloplasty in conjunction w/extraction 4 or > teeth | NO | NO | NO | N/A |
| D7311 | alveoloplasty in conjunction with extraction-1 to 3 teeth | NO | NO | NO | N/A |

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|-----------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------|
| D7320 | alveoloplasty not in conjunction w extraction-4 or > teeth | YES | NO | YES | Covered for members under 21 and members who are over 21 and pregnant. |
| D7321 | alveoloplasty not in conjunction w extraction-1 to 3 teeth | YES | NO | YES | Covered for members under 21 and members who are over 21 and pregnant. |
| D7340 | vestibuloplasty ridge extension | YES | YES | YES | N/A |
| D7350 | vestibuloplasty ridge extension w/graft | YES | YES | YES | N/A |
| D7410 | excision of benign lesion < = 1.25 cm | NO | NO | NO | N/A |
| D7411 | excision of benign lesion > 1.25 cm | NO | NO | NO | N/A |
| D7412 | excision of benign lesion, complicated | NO | NO | NO | N/A |
| D7413 | excision of malignant lesion < = 1.25 cm | NO | NO | NO | N/A |
| D7414 | excision of malignant lesion > 1.25 cm | NO | NO | NO | N/A |
| D7415 | excision of malignant lesion, complicated | NO | NO | NO | N/A |
| D7440 | excision malig tumor < = 1.25 cm | NO | NO | NO | N/A |
| D7441 | excision malig tumor > 1.25 cm | NO | NO | NO | N/A |
| D7450 | remove benign odontogenic cyst- < = 1.25cm | YES | YES | YES | N/A |
| D7451 | remove benign odontogenic cyst- >1.25cm | YES | YES | YES | N/A |
| D7460 | removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm | NO | NO | NO | N/A |
| D7461 | removal of benign nonodontogenic cyst or tumor - lesion diameter > 1.25 cm | NO | NO | NO | N/A |
| D7465 | destruction of lesion - physical or chemical method | YES | YES | YES | N/A |
| D7471 | remove lateral exostosis | YES | YES | YES | N/A |
| D7472 | remove torus palatinus | YES | YES | YES | N/A |
| D7473 | remove torus mandibularis | YES | YES | YES | N/A |
| D7485 | surgical reduction osseous tuberosity | NO | NO | NO | N/A |

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|-----------------------|---------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------|
| D7490 | radical resection maxilla or mandible | NO | NO | NO | N/A |
| D7509 | marsupialization of odontogenic cyst | YES | YES | YES | N/A |
| D7510 | incision/drain abscess intra | YES | YES | YES | N/A |
| D7511 | incision/drain abscess intra, complicated | NO | NO | NO | N/A |
| D7520 | incision/drain abscess extra | YES | YES | YES | N/A |
| D7521 | incision/drain abscess extra, complicated | NO | NO | NO | N/A |
| D7530 | remove foreign body skin/alveolar | YES | YES | YES | N/A |
| D7540 | remove reaction producing foreign body | YES | YES | YES | N/A |
| D7550 | non vital bone | YES | YES | YES | N/A |
| D7560 | maxillary sinusotomy | YES | YES | YES | N/A |
| D7610 | simple fracture-maxilla open reduction | NO | NO | NO | N/A |
| D7620 | simple fracture - maxilla closed reduction | NO | NO | NO | N/A |
| D7630 | simple fracture - mandible open reduction | NO | NO | NO | N/A |
| D7640 | simple fracture - mandible closed reduction | NO | NO | NO | N/A |
| D7650 | simple - malar and/or zygomatic arch - open reduction | NO | NO | NO | N/A |
| D7660 | simple - malar and/or zygomatic arch - closed reduction | NO | NO | NO | N/A |
| D7670 | simple - alveolus - closed reduction | YES | YES | YES | N/A |
| D7671 | simple - alveolus - open reduction | NO | NO | NO | N/A |
| D7680 | complicated reduction | NO | NO | NO | N/A |
| D7710 | compound fracture-maxilla open reduction | NO | NO | NO | N/A |
| D7720 | compound fracture-maxilla closed reduction | NO | NO | NO | N/A |
| D7730 | mandible - open reduction | NO | NO | NO | N/A |
| D7740 | mandible - closed reduction | NO | NO | NO | N/A |

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| D7750 | compound fracture-malar/zygomatic open reduction | NO | NO | NO | N/A |
| D7760 | compound fracture-malar/zygomatic closed reduction | NO | NO | NO | N/A |
| D7770 | alveolus - open reduction | YES | YES | YES | N/A |
| D7771 | compound fracture-alveolus open reduction | NO | NO | NO | N/A |
| D7780 | compound fracture-facial bones - complicated reduction | NO | NO | NO | N/A |
| D7810 | tmj open reduction of dislocation | NO | NO | NO | N/A |
| D7820 | tmj closed reduction of dislocation | NO | NO | NO | N/A |
| D7830 | tmj manipulation under anesthesia | NO | NO | NO | N/A |
| D7840 | condylectomy | NO | NO | NO | N/A |
| D7850 | surgical discectomy | NO | NO | NO | N/A |
| D7852 | disc repair | NO | NO | NO | N/A |
| D7854 | synovectomy | NO | NO | NO | N/A |
| D7856 | myotomy | NO | NO | NO | N/A |
| D7858 | joint reconstruction | NO | NO | NO | N/A |
| D7860 | arthrotomy | NO | NO | NO | N/A |
| D7865 | arthroplasty | NO | NO | NO | N/A |
| D7870 | arthrocentesis | NO | NO | NO | N/A |
| D7871 | non-arthroscopic lysis and lavage | NO | NO | NO | N/A |
| D7872 | arthroscopy-diagnosis | NO | NO | NO | N/A |
| D7873 | arthroscopy-surgical lavage and lysis | NO | NO | NO | N/A |
| D7874 | arthroscopy-surgical disc reposition | NO | NO | NO | N/A |
| D7875 | arthroscopy-surgical synovectomy | NO | NO | NO | N/A |
| D7876 | arthroscopy surgical discectomy | NO | NO | NO | N/A |
| D7877 | arthroscopy surgical debridement | NO | NO | NO | N/A |
| D7880 | occlusal orthotic device | NO | NO | NO | N/A |
| D7881 | occlusal orthotic devise adjustment | NO | NO | NO | N/A |
| D7899 | unspecified tmd therapy | NO | NO | NO | N/A |

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|-----------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------|
| D7910 | suture small wound <=5 cm | YES | YES | YES | N/A |
| D7911 | suture complicated <=5 cm | YES | YES | YES | N/A |
| D7912 | suture complicated > 5 cm | YES | YES | YES | N/A |
| D7920 | skin graft | NO | NO | NO | N/A |
| D7921 | collection/application of autologous blood concentrate | NO | NO | NO | N/A |
| D7922 | placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | NO | NO | NO | N/A |
| D7939 | Indexing for osteotomy using dynamic robotic assisted or dynamic navigation | * | * | * | *Awaiting guidance from OHA |
| D7940 | osteoplasty - orthognathic deformities | NO | NO | NO | N/A |
| D7941 | osteotomy - mandibular rami | NO | NO | NO | N/A |
| D7943 | osteotomy mandibular rami w/bone graft | NO | NO | NO | N/A |
| D7944 | osteotomy segmented or subapical | NO | NO | NO | N/A |
| D7945 | osteotomy body of mandible | NO | NO | NO | N/A |
| D7946 | lefort i-mazilla total | NO | NO | NO | N/A |
| D7947 | lefort i-maxilla segmented | NO | NO | NO | N/A |
| D7948 | lefort 2 or 3 w/out bone graft | NO | NO | NO | N/A |
| D7949 | lefort 2 or 3 w/ bone graft | NO | NO | NO | N/A |
| D7950 | osseous, osteoperiosteal, or cartilage graft-autogenous or non-autogenous | NO | NO | NO | N/A |
| D7951 | sinus augmentation w bone/bone substitutes via lateral open approach | NO | NO | NO | N/A |
| D7952 | sinus augmentation via a vertical approach | NO | NO | NO | N/A |
| D7953 | bone replacement graft for ridge preservation | NO | NO | NO | N/A |
| D7955 | repair of maxillofacial tissue defect | NO | NO | NO | N/A |
| D7956 | Guided tissue regeneration, edentulous area – resorbable barrier, per site | NO | NO | NO | N/A |

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| D7957 | guided tissue regeneration, edentulous area – non-resorbable barrier, per site | NO | NO | NO | N/A |
| D7961 | Buccal/labial frenectomy (frenulectomy) | YES | YES | YES | Covered for member age 12 and above. |
| D7962 | lingual frenectomy (frenulectomy) | YES | NO | NO | Covered for members under age 21. For tongue tie in newborns when it interferes with breastfeeding. |
| D7963 | frenuloplasty | YES | NO | NO | Frenulectomy/Frenuloplasty (D7963) is covered once per lifetime per arch for members up to age 21 when the member has ankyloglossia, when the condition is deemed to cause gingival recession, or when the condition is deemed to cause movement of the gingival margin when the frenem is placed under tension. |
| D7970 | excision of hyperplastic tissue | YES | YES | YES | N/A |
| D7971 | excision of pericoronal gingiva | YES | NO | YES | Covered for members under 21 and members who are over 21 and pregnant. |
| D7972 | surgical reduction of fibrous tuberosity | NO | NO | NO | N/A |
| D7979 | Non-Surgical Sialolithotomy | NO | NO | NO | N/A |
| D7980 | sialolithotomy | YES | YES | YES | N/A |
| D7981 | excision of salivary gland | YES | YES | YES | N/A |
| D7982 | sialodochoplasty | YES | YES | YES | N/A |
| D7983 | closure of salivary fistula | YES | YES | YES | N/A |
| D7990 | emergency tracheotomy | YES | YES | YES | N/A |
| D7991 | coronoidectomy | NO | NO | NO | N/A |
| D7993 | surgical placement of craniofacial implant - extra oral | NO | NO | NO | N/A |
| D7994 | surgical placement: zygomatic implant | NO | NO | NO | N/A |
| D7995 | synthetic graft | NO | NO | NO | N/A |
| D7996 | implant - mandible for augmentation purposes | NO | NO | NO | N/A |
| D7997 | appliance removal | YES | YES | YES | N/A |
| D7998 | intraoral placement of fixation device | NO | NO | NO | N/A |
| D7999 | unspecified oral surgery proc | NO | NO | NO | N/A |
| D8010 | limited orthodontic primary dentition | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8020 | limited orthodontic transitional dentition | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8030 | limited orthodontic adolescent dentition | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8040 | limited orthodontic adult dentition | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |

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| D8070 | comprehensive orthodontic treatment of the transitional dentition | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8080 | comprehensive orthodontic treatment of the adolescent dentition | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. Prior Authorization is required. |
| D8090 | comprehensive orthodontic treatment of the adult dentition | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8210 | removable appliance therapy | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8220 | fixed appliance therapy | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. Prior Authorization is required. |
| D8660 | pre-orthodontic visit | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8670 | periodic orthodontic visit | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8680 | orthodontic retention | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. Prior Authorization is required. |
| D8681 | removable orthodontic retainer adjustment | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8695 | Removal of Fixed Orthodontic Appliance(s) for reasons other than completion of treatment | YES | NO | NO | Benefits are covered for the diagnosis of handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. Prior Authorization is required. |
| D8696 | repair of orthodontic appliance - maxillary | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8697 | repair of orthodontic appliance - mandibular | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8698 | re-cement or re-bond fixed retainer - maxillary | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8699 | re-cement or re-bond fixed retainer - mandibular | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8701 | repair of fixed retainer, includes reattachment - maxillary | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8702 | repair of fixed retainer, includes reattachment - mandibular | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8703 | replacement of lost or broken retainer - maxillary | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |

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| D8704 | replacement of lost or broken retainer - mandibular | YES | NO | NO | Benefits are covered for the diagnosis of cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. |
| D8999 | unspecified orthodontics proc | NO | NO | NO | N/A |
| D9110 | palliative treatment dental pain | YES | YES | YES | N/A |
| D9120 | fix partial denture sectioning | YES | YES | YES | Benefit is covered when extracting a tooth connected to a fixed prosthesis |
| D9130 | Temporomandibular joint dysfunction – non-invasive physical therapies | NO | NO | NO | N/A |
| D9210 | local anesthesia | NO | NO | NO | N/A |
| D9211 | regional block anesthesia | YES | YES | YES | N/A |
| D9212 | trigeminal block anesthesia | YES | YES | YES | N/A |
| D9215 | local anesthesia | NO | NO | NO | N/A |
| D9219 | evaluation for deep sedation or general anesthesia | NO | NO | NO | N/A |
| D9222 | Deep Sedation/General Anesthesia – First 15 Minutes | YES | YES | YES | General Anesthesia (D9222, D9223) and IV Sedation (D9239, D9243) are a benefit when billed in conjunction with covered endodontic surgery, periodontal surgery, or oral surgery procedures. Benefit is also allowed with covered services when submitted for members with concurrent medical condition, or classified by the State as having special needs, and for members age five (5) and under. |
| D9223 | deep sedation/general anesthesia - each subsequent 15 minute increment | YES | YES | YES | General Anesthesia (D9222, D9223) and IV Sedation (D9239, D9243) are a benefit when billed in conjunction with covered endodontic surgery, periodontal surgery, or oral surgery procedures. Benefit is also allowed with covered services when submitted for members with concurrent medical condition, or classified by the State as having special needs, and for members age five (5) and under. |
| D9230 | analgesia, anxiolysis, nitrous oxide | YES | YES | YES | N/A |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes | YES | YES | YES | General Anesthesia (D9222, D9223) and IV Sedation (D9239, D9243) are a benefit when billed in conjunction with covered endodontic surgery, periodontal surgery, or oral surgery procedures. Benefit is also allowed with covered services when submitted for members with concurrent medical condition, or classified by the State as having special needs, and for members age five (5) and under. |
| D9243 | intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | YES | YES | YES | General Anesthesia (D9222, D9223) and IV Sedation (D9239, D9243) are a benefit when billed in conjunction with covered endodontic surgery, periodontal surgery, or oral surgery procedures. Benefit is also allowed with covered services when submitted for members with concurrent medical condition, or classified by the State as having special needs, and for members age five (5) and under. |
| D9248 | non-iv conscious sedation | YES | NO | NO | Benefit is covered up to four times per year for members under age 13. |
| D9310 | consultation | YES | YES | YES | N/A |
| D9311 | Consultation with a Medical Health Care Professional | NO | NO | NO | N/A |
| D9410 | house/extended care facility call | YES | YES | YES | N/A |

ODS OHP BENEFITS AS OF 1/1/2023



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| Dental Procedure Code | Description | OHP Benefit Package for members under the age of 21 | OHP Benefit Package for members over 21 and not pregnant | OHP Benefit Package for Pregnant members over age 21 | If covered limitations are: |
|-----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|-----------------------------|
| D9420 | hospital call | YES | YES | YES | N/A |
| D9430 | office visit for observation | NO | NO | NO | N/A |
| D9440 | office after reg hrs | YES | YES | YES | N/A |
| D9450 | case presentation | NO | NO | NO | N/A |
| D9610 | therapeutic parenteral drug - single admin | YES | YES | YES | N/A |
| D9612 | therapeutic parenteral drug - 2 or > admin | YES | YES | YES | N/A |
| D9613 | infiltration of sustained release therapeutic drug – single or multiple sites | NO | NO | NO | N/A |
| D9630 | other drugs or meds | YES | YES | YES | Covered by review. |
| D9910 | application of desensitizing med | NO | NO | NO | N/A |
| D9911 | application of desensitizing resin | NO | NO | NO | N/A |
| D9912 | pre-visit patient screening | NO | NO | NO | N/A |
| D9920 | behavior management | YES | YES | YES | N/A |
| D9930 | treatment of complication - unusual circ | YES | YES | YES | N/A |
| D9932 | cleaning and inspection of a complete denture, maxillary | NO | NO | NO | N/A |
| D9933 | cleaning and inspection of a removable complete denture, mandibular | NO | NO | NO | N/A |
| D9934 | cleaning and inspection of removable partial denture, maxillary | NO | NO | NO | N/A |
| D9935 | cleaning and inspection of removable partial denture, mandibular | NO | NO | NO | N/A |
| D9938 | Fabrication of a custom removable clear plastic temporary aesthetic appliance | * | * | * | *Awaiting guidance from OHA |
| D9939 | Placement of a custom removable clear plastic temporary aesthetic appliance | * | * | * | *Awaiting guidance from OHA |
| D9941 | fabrication of athletic mouthguard | NO | NO | NO | N/A |
| D9942 | repair/reline occlusal guard | NO | NO | NO | N/A |
| D9943 | occlusal guard adjustment | NO | NO | NO | N/A |

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|-----------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| D9944 | occlusal guard – hard appliance, full arch | NO | NO | NO | N/A |
| D9945 | occlusal guard – soft appliance, full arch | NO | NO | NO | N/A |
| D9946 | occlusal guard – hard appliance, partial arch | NO | NO | NO | N/A |
| D9947 | custom sleep apnea appliance fabrication and placement | YES | YES | YES | Covered once in a five (5) year period for members 19 and over |
| D9948 | adjustment of custom sleep apnea appliance | YES | YES | YES | Covered for members 19 and over |
| D9949 | repair of custom sleep apnea appliance | YES | YES | YES | Covered for members 19 and over |
| D9950 | occlusion analysis | NO | NO | NO | N/A |
| D9951 | occlusal adjustment - limited | NO | NO | NO | N/A |
| D9952 | occlusal adjustment - complete | NO | NO | NO | N/A |
| D9953 | reline custom sleep apnea appliance (indirect) | YES | YES | YES | Covered for members 19 and over |
| D9954 | Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device | * | * | * | *Awaiting guidance from OHA |
| D9955 | Oral appliance therapy (OAT) titration visit | * | * | * | *Awaiting guidance from OHA |
| D9956 | Administration of a home sleep apnea test | * | * | * | *Awaiting guidance from OHA |
| D9957 | Screening for sleep related breathing disorders | * | * | * | *Awaiting guidance from OHA |
| D9961 | duplicate/copy patient's records | NO | NO | NO | N/A |
| D9970 | enamel microabrasion | NO | NO | NO | N/A |
| D9971 | odontoplasty | NO | NO | NO | N/A |
| D9972 | external bleaching-per arch-performed in office | NO | NO | NO | N/A |
| D9973 | external bleaching-per tooth | NO | NO | NO | N/A |
| D9974 | internal bleaching - per tooth | NO | NO | NO | N/A |
| D9975 | external bleaching for home application, per arch | NO | NO | NO | N/A |
| D9985 | sales tax | NO | NO | NO | N/A |
| D9986 | missed appointment | NO | NO | NO | N/A |
| D9987 | cancelled appointment | NO | NO | NO | N/A |

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| Dental Procedure Code | Description | OHP Benefit Package for members under the age of 21 | OHP Benefit Package for members over 21 and not pregnant | OHP Benefit Package for Pregnant members over age 21 | If covered limitations are: |
|-----------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D9990 | Certified translation or sign language services- per visit | YES | YES | YES | Reimbursed when provided for covered dental services through our preferred vendor, Passport to Languages. Refer to ODS Community Dental Provider Handbook for more information. |
| D9991 | Dental Case Management – Addressing Appointment Compliance Barriers | NO | NO | NO | N/A |
| D9992 | Dental Case Management – Care Coordination | NO | NO | NO | N/A |
| D9993 | Dental Case Management – Motivational Interviewing | NO | NO | NO | N/A |
| D9994 | Dental Case Management – Patient Education | NO | NO | NO | N/A |
| D9995 | Teledentistry – Synchronous; Real Time Encounter | YES | YES | YES | N/A |
| D9996 | Teledentistry – Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review | YES | YES | YES | N/A |
| D9997 | Dental Case Management - Patients with Special Health Care Needs | YES | YES | YES | N/A |
| D9999 | unspecified adjunctive proc | NO | NO | NO | N/A |