



ODS OHP BENEFITS AS OF 1/1/2025

Fees effective 1/1/2025. New 2025 CDT codes in BOLD.

BENEFITS INDICATED ARE SUBJECT TO PROCESSING POLICIES AND PROFESSIONAL REVIEW AND ARE NOT A GUARANTEE OF PAYMENT

Dental Procedure Code	Description	OHP Benefit Package for members under the age of 21. Effective 01/01/25 this also includes members under age 26 identified as Young Adults with Special Health Care Needs (YSHCN)	OHP Benefit Package for members age 21 and over and not pregnant	OHP Benefit Package for Pregnant members age 21 and over	ODS Fee	If covered limitations are:
D0120	periodic oral eval-established patient	YES	YES	YES	\$28.00	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	\$35.00	Limited evaluations (D0140, D0170) are limited to five (5) in a twelve (12) month period.
D0145	oral evaluation, patient < 3 yrs	YES	NO	NO	\$27.00	Comprehensive (D0145, D0150, D0180) and periodic oral evaluations (D0120) are allowed twice in a 12 month period
D0150	comprehensive oral evaluation	YES	YES	YES	\$38.00	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	\$65.00	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	\$28.00	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	N/A
D0180	comp periodic eval-new or established	YES	YES	YES	\$42.00	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	N/A
D0191	assessment of a patient	YES	YES	YES	\$18.00	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	\$58.00	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	\$13.00	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	\$9.00	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	\$16.00	N/A
D0250	extraoral-first	YES	YES	YES	\$24.00	N/A
D0251	extra-oral posterior dental radiographic image	YES	YES	YES	By report	N/A
D0270	bitewing-single	YES	YES	YES	\$11.00	N/A
D0272	bitewing-two radiographic images	YES	YES	YES	\$20.00	Only one (1) series of bitewing x-rays in a twelve (12) month period
D0273	bitewing-three radiographic images	YES	YES	YES	\$23.00	Only one (1) series of bitewing x-rays in a twelve (12) month period
D0274	bitewing-four radiographic images	YES	YES	YES	\$29.00	Only one (1) series of bitewing x-rays in a twelve (12) month period
D0277	vertical bitewing 7-8	YES	YES	YES	\$32.00	Only one (1) in a twelve (12) month period



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D0310	sialography	YES	YES	YES	\$44.00	By report
D0320	tmj arthrogram, including injection	NO	NO	NO	N/A	N/A
D0321	other tmj radiographic images	YES	YES	YES	\$75.00	By report
D0322	tomographic survey	YES	YES	YES	\$117.00	By report
D0330	panoramic radiographic image	YES	YES	YES	\$52.00	One Intraoral - complete series or a panoramic film is covered once in a five (5) year period
D0340	cephalometric radiographic image	NO	NO	NO	N/A	N/A
D0350	2d oral/facial photographic image	NO	NO	NO	N/A	N/A
D0351	3d photographic image	NO	NO	NO	N/A	N/A
D0364	cone beam, less than one whole jaw	YES	NO	NO	N/A	Included as part of the fee for handicapping malocclusion treatment.
D0365	cone beam, mandible	YES	NO	NO	N/A	Included as part of the fee for handicapping malocclusion treatment.
D0366	cone beam, maxilla	YES	NO	NO	N/A	Included as part of the fee for handicapping malocclusion treatment.
D0367	cone beam, both jaws	YES	NO	NO	N/A	Included as part of the fee for handicapping malocclusion treatment.
D0368	cone beam for tmj services	NO	NO	NO	N/A	N/A
D0369	maxillofacial mri	NO	NO	NO	N/A	N/A
D0370	maxillofacial ultrasound	NO	NO	NO	N/A	N/A
D0371	sialoendoscopy	NO	NO	NO	N/A	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	N/A
D0381	cone beam image only, mandible	NO	NO	NO	N/A	N/A
D0382	cone beam image only, maxilla	NO	NO	NO	N/A	N/A



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D0383	cone beam image only, both jaws	NO	NO	NO	N/A	N/A
D0384	cone beam image only, for tmj series	NO	NO	NO	N/A	N/A
D0385	maxillofacial mri image only	NO	NO	NO	N/A	N/A
D0386	maxillofacial ultrasound image only	NO	NO	NO	N/A	N/A
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	N/A
D0393	treatment simulation using 3d image volume	NO	NO	NO	N/A	N/A
D0394	digital subtraction of two of more images or image volumes	NO	NO	NO	N/A	N/A
D0395	fusion of two or more 3d images volumes	NO	NO	NO	N/A	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	\$10.00	Covered once per year.
D0412	Blood glucose level test - in-office using a glucose meter	NO	NO	NO	N/A	N/A
D0414	Laboratory Processing of Microbial Specimen	NO	NO	NO	N/A	N/A
D0415	collection for culture and sensitivity	YES	YES	YES	\$14.00	By report
D0416	viral culture	NO	NO	NO	N/A	N/A



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D0417	collection and prep of saliva sample	NO	NO	NO	N/A	N/A
D0418	analysis of saliva sample	NO	NO	NO	N/A	N/A
D0419	Assessment of salivary flow by measurement	NO	NO	NO	N/A	N/A
D0422	collection and preparation of genetic sample material for laboratory analysis and report	NO	NO	NO	N/A	N/A
D0423	genetic test for susceptibility to diseases - specimen analysis	NO	NO	NO	N/A	N/A
D0425	caries susceptibility test	NO	NO	NO	N/A	N/A
D0431	adjunctive pre-diagnostic test	NO	NO	NO	N/A	N/A
D0460	pulp vitality	NO	NO	NO	N/A	N/A
D0470	diagnostic casts	NO	NO	NO	N/A	N/A
D0472	accession of tissue	NO	NO	NO	N/A	N/A
D0473	accession of tissue	NO	NO	NO	N/A	N/A
D0474	accession of tissue	NO	NO	NO	N/A	N/A
D0475	decalcification proc	NO	NO	NO	N/A	N/A
D0476	special stains for microorganism	NO	NO	NO	N/A	N/A
D0477	special stains not for microorganism	NO	NO	NO	N/A	N/A
D0478	immunohistochemical stains	NO	NO	NO	N/A	N/A
D0479	tissue in-situ hybridization	NO	NO	NO	N/A	N/A
D0480	accession of exfoliative cytologic smears	NO	NO	NO	N/A	N/A
D0481	electron microscopy	NO	NO	NO	N/A	N/A
D0482	direct immunofluorescence	NO	NO	NO	N/A	N/A
D0483	indirect immunofluorescence	NO	NO	NO	N/A	N/A
D0484	consult on slides prepared elsewhere	NO	NO	NO	N/A	N/A
D0485	consultation	NO	NO	NO	N/A	N/A
D0486	accession of brush biopsy	NO	NO	NO	N/A	N/A
D0502	other oral pathology procedure	NO	NO	NO	N/A	N/A
D0600	Non-ionizing Diagnostic Procedure	NO	NO	NO	N/A	N/A



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D0601	caries risk assessment and documentation, low risk	YES	YES	YES	\$11.00	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	\$11.00	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	\$11.00	Benefit is limited to one (1) risk assessment in a twelve (12) month period.
D0604	Antigen testing for a public health related pathogen including coronavirus	YES	YES	YES	\$14.00	N/A
D0605	Antibody testing for a public health related pathogen including coronavirus	NO	NO	NO	N/A	N/A
D0606	Molecular testing for a public health related pathogen, including coronavirus	NO	NO	NO	N/A	N/A
D0701	panoramic radiographic image - image capture only	YES	YES	YES	\$13.00	N/A
D0702	2-D cephalometric radiographic image - image capture only	YES	YES	YES	\$19.00	N/A
D0703	2-D oral/facial photographic image obtained intra- orally or extra-orally - image	YES	YES	YES	\$8.00	N/A
D0704	3-D photographic image - image capture only	YES	YES	YES	\$15.00	N/A
D0705	extra-oral posterior dental radiographic image - image capture only	YES	YES	YES	by Report	N/A
D0706	intraoral - occlusal radiographic image - image capture only	YES	YES	YES	\$4.00	N/A
D0707	intraoral - periapical radiographic image - image capture only	YES	YES	YES	\$3.00	N/A
D0708	intraoral - bitewing radiographic image - image capture only	YES	YES	YES	\$2.00	N/A
D0709	intraoral - complete series of radiographic images - image capture only	YES	YES	YES	\$15.00	N/A
D0801	3D dental surface scan – direct	YES	NO	NO		Included as part of the fee for handicapping malocclusion treatment



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D0802	3D dental surface scan – indirect	YES	NO	NO		Included as part of the fee for handicapping malocclusion treatment
D0803	3D dental facial surface scan – direct	*	*	*	*	*Awaiting guidance from OHA
D0804	3D dental facial surface scan –	*	*	*	*	*Awaiting guidance from OHA
D0999	unspecified diagnostic proc	NO	NO	NO	N/A	N/A
D1110	prophylaxis-adult	YES	YES	YES	\$47.00	Prophylaxis (D1110, D1120) is limited to two (2) in a twelve (12) month period. Additional may be allowed by review.
D1120	prophylaxis-child	YES	NO	NO	\$40.00	Prophylaxis (D1110, D1120) is limited to two (2) in a twelve (12) month period. Additional may be allowed by review.
D1206	topical fluoride varnish	YES	YES	YES	\$19.00	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	\$19.00	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	N/A
D1310	nutritional counseling	**	**	**	\$10.00	** 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 odscommunitydental.com for more information on this program.
D1320	tobacco counseling	YES	YES	YES	\$10.00	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	\$16.00	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	**	**	**	\$10.00	** 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 odscommunitydental.com for more information on this program.



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D1351	sealant	YES	NO	NO	\$35.00	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	N/A
D1353	sealant repair - per tooth	NO	NO	NO	N/A	N/A
D1354	interim caries arresting medicament application	YES	YES	YES	\$2.00	Benefit is limited to two (2) applications per tooth in a twelve (12) month period.
D1355	caries preventve medicament application - per tooth	YES	YES	YES	\$2.00	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	\$120.00	Covered for members under age 19.
D1516	space maintainer-fixed bilateral, maxillary	YES	NO	NO	\$226.00	Covered for members under age 19.
D1517	space maintainer-fixed bilateral, mandibular	YES	NO	NO	\$226.00	Covered for members under age 19.
D1520	space maintainer-removable unilateral	YES	NO	NO	\$229.00	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	\$152.00	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	\$152.00	Benefit for a removable space maintainer is once per tooth space, per lifetime, under age 19
D1551	re-cement or re-bond bilateral space maintainer- maxillary	YES	NO	NO	\$30.00	N/A
D1552	re-cement or rebond bilateral space maintainer- mandibular	YES	NO	NO	\$30.00	N/A
D1553	re-cement or rebond unilateral space maintainer- per quadrant	YES	NO	NO	\$30.00	N/A
D1556	removal fixed unilateral space maintainer - per quadrant	YES	YES	YES	\$30.00	N/A
D1557	removal of fixed bilateral space maintainer - maxillary	YES	YES	YES	\$30.00	N/A



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D1558	removal of fixed bilateral space maintainer - mandibular	YES	YES	YES	\$30.00	N/A
D1575	distal shoe space maintainer - fixed - unilateral	YES	NO	NO	\$104.00	Covered for members under age 19.
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	NO	NO	NO	N/A	N/A
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	NO	NO	NO	N/A	N/A
D1703	Moderna Covid-19 vaccine administration – first dose	NO	NO	NO	N/A	N/A
D1704	Moderna Covid-19 vaccine administration – second dose	NO	NO	NO	N/A	N/A
D1705	AstraZeneca Covid-19 vaccine administration – first dose	NO	NO	NO	N/A	N/A
D1706	AstraZeneca Covid-19 vaccine administration – second dose	NO	NO	NO	N/A	N/A
D1707	Janssen Covid-19 vaccine administration	NO	NO	NO	N/A	N/A
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	NO	NO	NO	N/A	N/A
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose	NO	NO	NO	N/A	N/A
D1710	Moderna Covid-19 vaccine administration – third dose	NO	NO	NO	N/A	N/A
D1711	Moderna Covid-19 vaccine administration – booster dose	NO	NO	NO	N/A	N/A
D1712	Janssen Covid-19 vaccine administration - booster dose	NO	NO	NO	N/A	N/A
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose	NO	NO	NO	N/A	N/A
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose	NO	NO	NO	N/A	N/A
D1781	vaccine administration – human papillomavirus	NO	NO	NO	N/A	N/A
D1782	vaccine administration – human papillomavirus	NO	NO	NO	N/A	N/A



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D1783	vaccine administration – human papillomavirus	NO	NO	NO	N/A	N/A
D1999	unspecified preventive procedure	NO	NO	NO	N/A	N/A
D2140	amalgam-1 surface prim or perm	YES	YES	YES	\$52.00	N/A
D2150	amalgam-2 surface prim or perm	YES	YES	YES	\$66.00	N/A
D2160	amalgam-3 surface prim or perm	YES	YES	YES	\$79.00	N/A
D2161	amalgam-4 or more surface prim or perm	YES	YES	YES	\$93.00	N/A
D2330	resin based composite-1 anterior	YES	YES	YES	\$58.00	N/A
D2331	resin based composite-2 anterior	YES	YES	YES	\$72.00	N/A
D2332	resin based composite-3 anterior	YES	YES	YES	\$99.00	N/A
D2335	resin based composite-4 or > anterior	YES	YES	YES	\$113.00	N/A
D2390	resin based composite - crown anterior	YES	NO	YES	\$236.00	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	\$56.00	N/A
D2392	resin based composite-2 posterior	YES	YES	YES	\$71.00	Replacement is limited to once every five years
D2393	resin based composite-3 posterior	YES	YES	YES	\$84.00	Replacement is limited to once every five years
D2394	resin based composite-4 or > posterior	YES	YES	YES	\$97.00	Replacement is limited to once every five years
D2410	gold foil - 1 surface	NO	NO	NO	N/A	N/A
D2420	gold foil - 2 surface	NO	NO	NO	N/A	N/A
D2430	gold foil - 3 surface	NO	NO	NO	N/A	N/A
D2510	inlay metallic - 1 surface	NO	NO	NO	N/A	N/A
D2520	inlay metallic - 2 surface	NO	NO	NO	N/A	N/A
D2530	inlay metallic - 3 or more surface	NO	NO	NO	N/A	N/A
D2542	only metallic - 2 surface	NO	NO	NO	N/A	N/A
D2543	only metallic - 3 surface	NO	NO	NO	N/A	N/A



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D2544	onlay metallic - 4 or more surface	NO	NO	NO	N/A	N/A
D2610	inlay porcelain/ceramic - 1 surface	NO	NO	NO	N/A	N/A
D2620	inlay porcelain/ceramic - 2 surface	NO	NO	NO	N/A	N/A
D2630	inlay porcelain/ceramic - 3 surface	NO	NO	NO	N/A	N/A
D2642	onlay porcelain/ceramic - 2 surface	NO	NO	NO	N/A	N/A
D2643	onlay porcelain/ceramic - 3 surface	NO	NO	NO	N/A	N/A
D2644	onlay porcelain/ceramic - 4 or more surface	NO	NO	NO	N/A	N/A
D2650	inlay resin-based composite - 1 surface	NO	NO	NO	N/A	N/A
D2651	inlay resin-based composite - 2 surface	NO	NO	NO	N/A	N/A
D2652	inlay resin-based composite - 3 or more surfaces	NO	NO	NO	N/A	N/A
D2662	onlay resin-based composite 2 surface	NO	NO	NO	N/A	N/A
D2663	onlay resin-based composite - 3 surface	NO	NO	NO	N/A	N/A
D2664	onlay resin-based composite - 4 or more surfaces	NO	NO	NO	N/A	N/A
D2710	crown resin based composite	YES	NO	YES	\$225.00	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	\$384.00	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	N/A
D2721	crown resin with predominantly base metal	NO	NO	NO	N/A	N/A
D2722	crown resin with noble metal	NO	NO	NO	N/A	N/A



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D2740	crown porcelain/ceramic	YES	NO	YES	\$560.00	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	N/A
D2751	crown porcelain fused to predom base metal	YES	NO	YES	\$442.00	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	\$443.00	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	N/A
D2780	crown 3/4 cast high noble metal	NO	NO	NO	N/A	N/A
D2781	crown 3/4 cast predominantly base metal	NO	NO	NO	N/A	N/A
D2782	crown 3/4 cast noble metal	NO	NO	NO	N/A	N/A
D2783	crown 3/4 porcelain/ceramic	NO	NO	NO	N/A	N/A
D2790	crown full cast high noble metal	NO	NO	NO	N/A	N/A
D2791	crown full cast predominantly base metal	NO	NO	NO	N/A	N/A
D2792	crown full cast noble metal	NO	NO	NO	N/A	N/A
D2794	crown titanium	NO	NO	NO	N/A	N/A
D2799	provisional crown	NO	NO	NO	N/A	N/A
D2910	re-cement or re-bond inlay, onlay, veneer or part coverage restoration	YES	YES	YES	\$34.00	N/A



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D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	YES	YES	YES	\$57.00	N/A
D2920	re-cement or re-bond crown	YES	YES	YES	\$35.00	N/A
D2921	reattachment of tooth fragment	YES	YES	YES	\$142.00	Limited to once per tooth per lifetime
D2928	prefabricated porcelain/ceramic crown - permanent tooth - prefabricated porcelain/ceramic	NO	NO	NO	N/A	N/A
D2929	prefab porcelain/ceramic crown, primary	YES	YES	YES	\$105.00	Benefit is limited to once in a five year period for primary teeth.
D2930	crown prefabricated stainless steel primary	YES	YES	YES	\$105.00	Benefit is limited to once in a five year period for primary teeth.
D2931	crown prefabricated stainless steel permanent	YES	YES	YES	\$111.00	Benefit is limited to once in a five year period for permanent posterior teeth.
D2932	crown prefabricated resin	YES	No	YES	\$99.00	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	\$119.00	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	N/A
D2940	protective restoration	YES	YES	YES	\$35.00	N/A
D2949	restorative foundation for indirect restoration	NO	NO	NO	N/A	N/A
D2950	core buildup	YES	YES	YES	\$86.00	<p>For members under 15: Covered on anterior teeth (6-11, 22, 27, C-H, M-R) when final restoration codes are D2932 or D2933</p> <p>-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> <p>For members 16-20 and members who are pregnant: Covered on anterior teeth (6-11, 22, 27) when final restoration codes are D2710, D2712, D2740, D2751, D2752, D2932 or D2933</p> <p>-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> <p>For non-pregnant members aged 21 and over: 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>



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D2951	pin retention	YES	YES	YES	\$33.00	N/A
D2952	post & core in addition to crown, indirectly fabricated	NO	NO	NO	N/A	N/A
D2953	post-each addt indirectly fabricated	NO	NO	NO	N/A	N/A
D2954	prefabricated post & core	YES	NO	YES	\$99.00	Covered for members who are under 21 and members who are pregnant.
D2955	post removal	NO	NO	NO	N/A	N/A
D2956	removal of an indirect restoration on a natural tooth	NO	NO	NO	N/A	N/A
D2957	prefabricated port- each add'l	YES	NO	YES	\$72.00	Covered for members who are under 21 and members who are pregnant.
D2960	labial veneer, resin laminate -chairside	NO	NO	NO	N/A	N/A
D2961	labial veneer, resin laminate -laboratory	NO	NO	NO	N/A	N/A
D2962	labial veneer porcelain laminate - laboratory	NO	NO	NO	N/A	N/A
D2971	construct new crown under existing partial	NO	NO	NO	N/A	N/A
D2975	coping	NO	NO	NO	N/A	N/A
D2976	Band stabilization - per tooth	*	*	*	*	*Awaiting guidance from OHA
D2980	crown repair	YES	YES	YES	\$77.00	Benefit is limited to anterior teeth.
D2981	inlay repair	NO	NO	NO	N/A	N/A
D2982	onlay repair	NO	NO	NO	N/A	N/A
D2983	veneer repair	NO	NO	NO	N/A	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	N/A
D2991	Application of hydroxyapatite regeneration medicament – per tooth	*	*	*	*	*Awaiting guidance from OHA
D2999	unspecified restorative proc	NO	NO	NO	N/A	N/A
D3110	pulp cap direct	NO	NO	NO	N/A	N/A



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D3120	pulp cap indirect	NO	NO	NO	N/A	N/A
D3220	therapeutic pulpotomy	YES	YES	YES	\$73.00	N/A
D3221	pulpal debridement	YES	YES	YES	\$70.00	N/A
D3222	partial pulpotomy for apexogenesis	YES	YES	YES	By report	Covered once in a lifetime per tooth by review.
D3230	pulpal therapy - anterior, primary	YES	NO	NO	\$78.00	Covered for members under 21 on primary teeth, once in a lifetime per tooth.
D3240	pulp therapy - posterior, primary	YES	NO	NO	\$78.00	Covered for members under 21 on primary teeth, once in a lifetime per tooth.
D3310	endodontic therapy, anterior	YES	YES	YES	\$250.00	Covered if the tooth has good long term prognosis.
D3320	endodontic therapy, bicuspid	YES	YES	YES	\$302.00	Covered if the tooth has good long term prognosis.
D3330	endodontic therapy, molar	1st/2nd molars YES	NO	1st molar YES	\$392.00	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 age 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	\$243.00	Covered once in a lifetime per tooth.
D3332	incomplete endodontic therapy	YES	YES	YES	\$198.00	N/A
D3333	internal root repair of perforation defects	YES	YES	YES	\$226.00	N/A
D3346	previous root canal therapy- anterior	YES	YES	YES	\$208.00	N/A
D3347	previous root canal therapy- bicuspid	NO	NO	NO	N/A	N/A
D3348	previous root canal therapy- molar	NO	NO	NO	N/A	N/A
D3351	apexification/recalcification- initial visit	YES	NO	YES	\$158.00	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	\$70.00	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	\$151.00	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	N/A



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D3356	pulpal regeneration - interim medication replacement	NO	NO	NO	N/A	N/A
D3357	pulpal regeneration- completion of treatment	NO	NO	NO	N/A	N/A
D3410	apicoectomy - anterior	YES	YES	YES	\$295.00	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	N/A
D3425	apicoectomy - molar	NO	NO	NO	N/A	N/A
D3426	each addtl root	NO	NO	NO	N/A	N/A
D3428	bone graft in conjunction with periradicular surgery	NO	NO	NO	N/A	N/A
D3429	each additional contiguous tooth	NO	NO	NO	N/A	N/A
D3430	retrograde filling	YES	YES	YES	\$88.00	Covered only on anterior teeth 6-11 and 22-27 if submitted in conjunction with D3410.
D3431	biologic materials to aid in soft and osseous tissue regeneration	NO	NO	NO	N/A	N/A
D3432	guided tissue regeneration	NO	NO	NO	N/A	N/A
D3450	root amputation	NO	NO	NO	N/A	N/A
D3460	endodontic endosseous implant	NO	NO	NO	N/A	N/A
D3470	reimplantation	NO	NO	NO	N/A	N/A
D3471	surgical repair of root resorption - anterior	NO	NO	NO	N/A	N/A
D3472	surgical repair of root resorption - premolar	NO	NO	NO	N/A	N/A
D3473	surgical repair of root resorption - molar	NO	NO	NO	N/A	N/A
D3501	(anterior) surgical exposure of root surface without apicoectomy or repair of root resorption	NO	NO	NO	N/A	N/A
D3502	(premolar) surgical exposure of root surface without apicoectomy or repair of root resorption	NO	NO	NO	N/A	N/A



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D3503	(molar) surgical exposure of root surface without apicoectomy or repair of root resorption	NO	NO	NO	N/A	N/A
D3910	surgical proc for isolation of tooth w/ rubber dam	NO	NO	NO	N/A	N/A
D3911	Intraorifice barrier	NO	NO	NO	N/A	N/A
D3920	hemisection	NO	NO	NO	N/A	N/A
D3921	Decoronation or submergence of an erupted tooth	YES	NO	YES	N/A	-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	N/A
D3999	unspecified endodontic proc	NO	NO	NO	N/A	N/A
D4210	gingivectomy/gingivoplasty - 4 or more contiguous teeth	YES	YES	YES	\$185.00	N/A
D4211	gingivectomy/gingivoplasty - 1 to 3 teeth	YES	YES	YES	\$55.00	N/A
D4212	gingivectomy/gingivoplasty - per tooth	NO	NO	NO	N/A	N/A
D4230	anatomical crown exposure - 4 or > teeth	NO	NO	NO	N/A	N/A
D4231	anatomical crown exposure - 1 to 3 teeth	NO	NO	NO	N/A	N/A
D4240	gingival flap proc - 4 or more teeth	NO	NO	NO	N/A	N/A
D4241	gingival flap proc - 1 to 3 teeth	NO	NO	NO	N/A	N/A
D4245	apically positioned flap	NO	NO	NO	N/A	N/A
D4249	clinical crown lengthening	NO	NO	NO	N/A	N/A
D4260	osseous surgery - 4 or more teeth	NO	NO	NO	N/A	N/A
D4261	osseous surgery - 1 to 3 teeth	NO	NO	NO	N/A	N/A
D4263	bone replacement graft - first site	NO	NO	NO	N/A	N/A
D4264	bone replacement graft - each add'l site	NO	NO	NO	N/A	N/A
D4265	biologic materials	NO	NO	NO	N/A	N/A



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D4266	tissue regeneration, resorbable	NO	NO	NO	N/A	N/A
D4267	tissue regeneration, nonresorbable barrier	NO	NO	NO	N/A	N/A
D4268	surgical revision	NO	NO	NO	N/A	N/A
D4270	pedicle soft tissue graft	NO	NO	NO	N/A	N/A
D4273	subepithelial connective tissue graft	NO	NO	NO	N/A	N/A
D4274	distal or proximal wedge	NO	NO	NO	N/A	N/A
D4275	soft tissue allograft	NO	NO	NO	N/A	N/A
D4276	pedicle graft	NO	NO	NO	N/A	N/A
D4277	free soft tissue graft, first tooth, implant or edentulous tooth position in graft	NO	NO	NO	N/A	N/A
D4278	free soft tissue graft, each addtl	NO	NO	NO	N/A	N/A
D4283	autogenous connective tissue graft - each addtl (including donor and recipient)	NO	NO	NO	N/A	N/A
D4285	graft procedure (including recipient)	NO	NO	NO	N/A	N/A
D4286	removal of non-resorbable barrier	NO	NO	NO	N/A	N/A
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	NO	NO	NO	N/A	N/A
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	NO	NO	NO	N/A	N/A
D4341	periodontal scaling - 4 or more teeth	YES	YES	YES	\$90.00	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	\$69.00	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.



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D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation	YES	YES	YES	\$44.00	Benefit is limited to once every 2 years.
D4355	full mouth debridement	YES	YES	YES	\$63.00	Benefit is limited to once every 2 years.
D4381	localized delivery of antimicrobial	NO	NO	NO	N/A	N/A
D4910	periodontal maintenance	YES	YES	YES	\$70.00	Benefit is limited to once every 6 months. Additional periodontal maintenance may be allowed by review
D4920	unscheduled dressing change	YES	YES	YES	By	N/A
D4921	gingival irrigation - per quad	NO	NO	NO	N/A	N/A
D4999	unspecified periodontal proc	NO	NO	NO	N/A	N/A
D5110	complete denture - maxillary	YES	YES	YES	\$861.00	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	\$861.00	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	\$900.00	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	\$900.00	Complete or Immediate full dentures (D5110, D5120, D5130, D5140) are covered once per 10 year period for members age 16 and older.
D5211	partial denture - maxillary - resin	YES	YES	YES	\$700.00	<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>



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D5212	partial denture - mandibular - resin	YES	YES	YES	\$700.00	<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	N/A
D5214	partial denture - mandibular - cast metal	NO	NO	NO	N/A	N/A
D5221	immediate maxillary partial denture - resin base (including any conventional clasps, rest and teeth)	YES	YES	YES	\$483.00	<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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D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	YES	YES	YES	\$483.00	<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>
D5223	immediate maxillary partial denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	NO	NO	NO	N/A	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	N/A
D5225	partial denture - maxillary -flexible base	NO	NO	NO	N/A	N/A
D5226	partial denture - mandibular -flexible base	NO	NO	NO	N/A	N/A
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	NO	NO	NO	N/A	N/A



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D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	NO	NO	NO	N/A	N/A
D5282	partial denture - removable unilateral, maxillary	NO	NO	NO	N/A	N/A
D5283	partial denture - removable unilateral, mandibular	NO	NO	NO	N/A	N/A
D5284	removable unilateral partial denture - one piece flexible base, per quadrant	NO	NO	NO	N/A	N/A
D5286	removable unilateral partial denture - one piece resin, per quadrant	NO	NO	NO	N/A	N/A
D5410	adjust complete denture - maxillary	YES	YES	YES	\$30.00	Covered for members under 21. Covered 4 times per year for members 21 and older.
D5411	adjust complete denture - mandibular	YES	YES	YES	\$30.00	Covered for members under 21. Covered 4 times per year for members 21 and older.
D5421	adjust partial denture - maxillary	YES	YES	YES	\$32.00	Covered for members under 21. Covered 4 times per year for members 21 and older.
D5422	adjust partial denture - mandibular	YES	YES	YES	\$32.00	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	\$91.00	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	\$91.00	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	\$59.00	Covered for members under 21. Covered 4 times per year for members 21 and older.
D5611	Repair Resin Denture Base –Mandibular	YES	YES	YES	\$75.00	Covered for members under 21. Covered 2 times per year for members 21 and older.
D5612	Repair Resin Denture Base –Maxillary	YES	YES	YES	\$75.00	Covered for members under 21. Covered 2 times per year for members 21 and older.
D5621	Repair Cast Framework –Mandibular	YES	YES	YES	\$111.00	Covered for members under 21. Covered 2 times per year for members 21 and older.



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D5622	Repair Cast Framework – Maxillary	YES	YES	YES	\$111.00	Covered for members under 21. Covered 2 times per year for members 21 and older.
D5630	repair/replace broken clasp	YES	YES	YES	\$86.00	Covered for members under 21. Covered 2 times per year for members 21 and older.
D5640	replace broken tooth	YES	YES	YES	\$59.00	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	\$73.00	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	\$82.00	Covered for members under 21. Covered 2 times per year for members 21 and older.
D5670	replace all teeth - maxillary	YES	YES	YES	\$260.00	Benefit is covered for members age 16 and older once every 10 years per arch.
D5671	replace all teeth - mandibular	YES	YES	YES	\$260.00	Benefit is covered for members age 16 and older once every 10 years per arch.
D5710	rebase complete denture - maxillary	YES	YES	YES	\$228.00	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. 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.
D5711	rebase complete denture - mandibular	YES	YES	YES	\$228.00	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. 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.
D5720	rebase partial denture - maxillary	YES	YES	YES	\$215.00	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. 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.
D5721	rebase partial denture - mandibular	YES	YES	YES	\$215.00	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. 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.



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D5725	rebase hybrid prosthesis	YES	NO	NO	By report	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	\$108.00	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.
D5731	reline complete denture - mandibular	YES	YES	YES	\$108.00	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	\$93.00	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	\$93.00	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	\$155.00	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	\$155.00	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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D5760	reline partial denture - maxillary - lab	YES	YES	YES	\$150.00	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.
D5761	reline partial denture - mandibular - lab	YES	YES	YES	\$150.00	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	By report	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	N/A
D5811	interim complete denture - mandibular	NO	NO	NO	N/A	N/A
D5820	interim partial denture - maxillary	YES	YES	YES	\$221.00	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	\$221.00	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	\$54.00	Benefit is allowed once per lifetime when done in conjunction with immediate dentures.
D5851	tissue conditioning - mandibular	YES	YES	YES	\$54.00	Benefit is allowed once per lifetime when done in conjunction with immediate dentures.
D5862	precision attachment	NO	NO	NO	N/A	N/A
D5863	overdenture - complete maxillary	NO	NO	NO	N/A	N/A
D5864	overdenture - partial maxillary	NO	NO	NO	N/A	N/A
D5865	overdenture - complete mandibular	NO	NO	NO	N/A	N/A
D5866	overdenture - partial mandibular	NO	NO	NO	N/A	N/A



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D5867	replace semi-precision or precision attachment	NO	NO	NO	N/A	N/A
D5875	modification of removable prosthesis	NO	NO	NO	N/A	N/A
D5876	Add metal substructure to acrylic full denture (per arch)	YES	YES	YES	\$165.00	N/A
D5899	unspecified removable prosthodontic procedure, by report	NO	NO	NO	N/A	N/A
D5911	facial moulage - sectional	NO	NO	NO	N/A	N/A
D5912	facial moulage - complete	NO	NO	NO	N/A	N/A
D5913	nasal prosthesis	NO	NO	NO	N/A	N/A
D5914	auricular prosthesis	NO	NO	NO	N/A	N/A
D5915	orbital prosthesis	NO	NO	NO	N/A	N/A
D5916	ocular prosthesis	NO	NO	NO	N/A	N/A
D5919	facial prosthesis	NO	NO	NO	N/A	N/A
D5922	nasal septal prosthesis	NO	NO	NO	N/A	N/A
D5923	ocular prosthesis - interim	NO	NO	NO	N/A	N/A
D5924	cranial prosthesis	NO	NO	NO	N/A	N/A
D5925	facial augmentation	NO	NO	NO	N/A	N/A
D5926	nasal prosthesis - replacement	NO	NO	NO	N/A	N/A
D5927	auricular prosthesis - replacement	NO	NO	NO	N/A	N/A
D5928	orbital prosthesis - replacement	NO	NO	NO	N/A	N/A
D5929	facial prosthesis - replacement	NO	NO	NO	N/A	N/A
D5931	obturator prosthesis - surgical	NO	NO	NO	N/A	N/A
D5932	obturator prosthesis - definitive	NO	NO	NO	N/A	N/A
D5933	obturator prosthesis - modification	NO	NO	NO	N/A	N/A
D5934	mandibular resection prosthesis with guide flange	NO	NO	NO	N/A	N/A
D5935	mandibular resection prosthesis without guide flange	NO	NO	NO	N/A	N/A



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D5936	obturator prosthesis, interim	NO	NO	NO	N/A	N/A
D5937	trismus appliance	NO	NO	NO	N/A	N/A
D5951	feeding aid	NO	NO	NO	N/A	N/A
D5952	speech aid prosthesis - pediatric	NO	NO	NO	N/A	N/A
D5953	speech aid prosthesis - adult	NO	NO	NO	N/A	N/A
D5954	palatal augmentation prosthesis	NO	NO	NO	N/A	N/A
D5955	palatal lift prosthesis - definitive	NO	NO	NO	N/A	N/A
D5958	palatal lift prosthesis - interim	NO	NO	NO	N/A	N/A
D5959	palatal lift prosthesis - modification	NO	NO	NO	N/A	N/A
D5960	speech aid prosthesis - modification	NO	NO	NO	N/A	N/A
D5982	surgical stent	NO	NO	NO	N/A	N/A
D5983	radiation carrier	NO	NO	NO	N/A	N/A
D5984	radiation shield	NO	NO	NO	N/A	N/A
D5985	radiation cone locator	NO	NO	NO	N/A	N/A
D5986	fluoride gel carrier	YES	YES	YES	\$102.00	N/A
D5987	commissure splint	NO	NO	NO	N/A	N/A
D5988	surgical splint	NO	NO	NO	N/A	N/A
D5991	topical medicament carrier	NO	NO	NO	N/A	N/A
D5992	adjust maxillofacial prosthetic appliance, by report	NO	NO	NO	N/A	N/A
D5993	maintenance and cleaning of maxillofacial prosthesis	NO	NO	NO	N/A	N/A
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	NO	NO	NO	N/A	N/A
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	NO	NO	NO	N/A	N/A
D5999	unspecified maxillofacial prosthesis	NO	NO	NO	N/A	N/A



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D6010	endosteal	NO	NO	NO	N/A	N/A
D6011	second stage implant surgery	NO	NO	NO	N/A	N/A
D6012	surgical placement of interim implant body for transitional prosthesis-endosteal	NO	NO	NO	N/A	N/A
D6013	surgical placement of mini implant	NO	NO	NO	N/A	N/A
D6040	surgical placement - eposteal implant	NO	NO	NO	N/A	N/A
D6050	surgical placement - transosteal implant	NO	NO	NO	N/A	N/A
D6051	interim abutment	NO	NO	NO	N/A	N/A
D6055	dental implant supported connecting bar	NO	NO	NO	N/A	N/A
D6056	prefabricated abutment	NO	NO	NO	N/A	N/A
D6057	custom fabricated abutment	NO	NO	NO	N/A	N/A
D6058	porcelain/ceramic crown	NO	NO	NO	N/A	N/A
D6059	abutment supported porcelain fused to metal crown-high noble metal	NO	NO	NO	N/A	N/A
D6060	abutment supported porcelain fused to metal crown- predominantly base metal	NO	NO	NO	N/A	N/A
D6061	abutment supported porcelain fused to metal crown-noble metal	NO	NO	NO	N/A	N/A
D6062	abutment supported cast metal crown-high noble metal	NO	NO	NO	N/A	N/A
D6063	abutment supported cast metal crown- predominantly base metal	NO	NO	NO	N/A	N/A
D6064	crown-noble metal	NO	NO	NO	N/A	N/A
D6065	porcelain/ceramic crown	NO	NO	NO	N/A	N/A
D6066	metal crown	NO	NO	NO	N/A	N/A
D6067	implant supported metal crown	NO	NO	NO	N/A	N/A



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D6068	abutment supported retainer-porcelain/ceramic fpd	NO	NO	NO	N/A	N/A
D6069	abutment supported retainer-porcelain fused to metal fpd, high noble metal	NO	NO	NO	N/A	N/A
D6070	abutment supported retainer-porcelain fused to metal fpd, predom base metal	NO	NO	NO	N/A	N/A
D6071	abutment supported retainer-porcelain fused to metal fpd, noble metal	NO	NO	NO	N/A	N/A
D6072	abutment supported retainer- cast metal fpd, high noble metal	NO	NO	NO	N/A	N/A
D6073	abutment supported retainer-cast metal fpd, predom base metal	NO	NO	NO	N/A	N/A
D6074	abutment supported retainer-cast metal fpd, noble metal	NO	NO	NO	N/A	N/A
D6075	implant supported retainer-ceramic fpd	NO	NO	NO	N/A	N/A
D6076	implant supported retainer for porcelain fused to metal fpd	NO	NO	NO	N/A	N/A
D6077	implant supported retainer-cast metal fpd	NO	NO	NO	N/A	N/A
D6080	implant maintenance procedure	NO	NO	NO	N/A	N/A
D6081	Scaling and Debridement of a Single Implant	NO	NO	NO	N/A	N/A
D6082	implant supported crown -porcelain fused to predominantly base alloys	NO	NO	NO	N/A	N/A
D6083	implant supported crown - porcelain fused to noble alloys	NO	NO	NO	N/A	N/A
D6084	implant supported crown - porcelain fused to titanium or titanium alloy	NO	NO	NO	N/A	N/A



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D6085	Provisional Implant Crown	NO	NO	NO	N/A	N/A
D6086	implant supported crown - predominantly base alloys	NO	NO	NO	N/A	N/A
D6087	implant supported crown - noble alloys	NO	NO	NO	N/A	N/A
D6088	implant supported crown - titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6089	Accessing and retorquing loose implant screw - per screw	*	*	*	*	*Awaiting guidance from OHA
D6090	repair implant abutment	NO	NO	NO	N/A	N/A
D6091	replace semi/precision attachment	NO	NO	NO	N/A	N/A
D6092	re-cement or re-bond implant abutment supported crown	NO	NO	NO	N/A	N/A
D6093	re-cement or re-bond implant abutment supported fixed partial denture	NO	NO	NO	N/A	N/A
D6094	abutment supported crown	NO	NO	NO	N/A	N/A
D6095	repair implant abutment	NO	NO	NO	N/A	N/A
D6096	Remove Broken Implant Retaining Screw	YES	YES	YES	\$85.00	Only covered in cases of severe infection.
D6097	implant / abutment supported crown - porcelain fused to titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6098	implant supported retainer - porcelain fused to predominantly base alloys	NO	NO	NO	N/A	N/A
D6099	implant / abutment supported crown - porcelain fused to noble alloys	NO	NO	NO	N/A	N/A
D6100	implant removal	YES	YES	YES	\$285.00	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	N/A
D6102	debridement and osseous contouring of peri-implant defect	NO	NO	NO	N/A	N/A



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D6103	bone graft for repair of peri-implant defect	NO	NO	NO	N/A	N/A
D6104	bone graft at time of implant placement	NO	NO	NO	N/A	N/A
D6105	removal of implant body not requiring bone removal nor flap elevation	YES	YES	YES	\$85.00	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	N/A
D6107	guided tissue regeneration – non-resorbable barrier, per implant	NO	NO	NO	N/A	N/A
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	NO	NO	NO	N/A	N/A
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	NO	NO	NO	N/A	N/A
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	NO	NO	NO	N/A	N/A
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	NO	NO	NO	N/A	N/A
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	NO	NO	NO	N/A	N/A
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	NO	NO	NO	N/A	N/A
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	NO	NO	NO	N/A	N/A
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	NO	NO	NO	N/A	N/A



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D6118	Implant/Abutment Support Interim Fixed Denture for Edentulous Arch – Mandibular	NO	NO	NO	N/A	N/A
D6119	Implant/Abutment Support Interim Fixed Denture for Edentulous Arch – Maxillary	NO	NO	NO	N/A	N/A
D6120	implant supported retainer - porcelain fused to titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6121	implant supported retainer for metal fpd - predominantly base alloys	NO	NO	NO	N/A	N/A
D6122	implant supported retainer for metal fpd - noble alloys	NO	NO	NO	N/A	N/A
D6123	implant supported retainer for metal fpd - titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6180	implant maintenance procedure when a full arch fixed hybrid prosthesis is not removed including cleansing of prosthesis and abutments	NO	NO	NO	N/A	N/A
D6190	radiographic surgical implant index	NO	NO	NO	N/A	N/A
D6191	semi-precision abutment – placement	NO	NO	NO	N/A	N/A
D6192	semi-precision attachment – placement	NO	NO	NO	N/A	N/A
D6193	replacement of an implant screw	NO	NO	NO	N/A	N/A
D6194	abutment supported retainer crown for fpd	NO	NO	NO	N/A	N/A
D6195	abutment supported retainer - porcelain fused to titanium or titanium alloy	NO	NO	NO	N/A	N/A



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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	N/A
D6198	remove interim implant component	NO	NO	NO	N/A	N/A
D6199	unspecified implant proc	NO	NO	NO	N/A	N/A
D6205	pontic-indirect resin based	NO	NO	NO	N/A	N/A
D6210	pontic-cast high noble metal	NO	NO	NO	N/A	N/A
D6211	pontic-cast predom base metal	NO	NO	NO	N/A	N/A
D6212	pontic-cast noble metal	NO	NO	NO	N/A	N/A
D6214	pontic-titanium	NO	NO	NO	N/A	N/A
D6240	pontic-porcelain fused to high noble metal	NO	NO	NO	N/A	N/A
D6241	pontic-porcelain fused to predominantly base metal	NO	NO	NO	N/A	N/A
D6242	pontic-porcelain fused to noble metal	NO	NO	NO	N/A	N/A
D6243	pontic - porcelain fused to titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6245	pontic-porcelain/ceramic	NO	NO	NO	N/A	N/A
D6250	pontic-resin with high noble metal	NO	NO	NO	N/A	N/A
D6251	pontic-resin w/predominantly base metal	NO	NO	NO	N/A	N/A
D6252	pontic-resin with noble metal	NO	NO	NO	N/A	N/A
D6253	provisional pontic	NO	NO	NO	N/A	N/A
D6545	retainer - cast metal for resin bonded fixed prosthesis	NO	NO	NO	N/A	N/A
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	NO	NO	NO	N/A	N/A
D6549	resin retainer - for resin bonded fixed prosthesis	NO	NO	NO	N/A	N/A
D6600	inlay - porcelain/ceramic - two surfaces	NO	NO	NO	N/A	N/A



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D6601	inlay - porcelain/ceramic - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6602	inlay - cast high noble metal - 2 surfaces	NO	NO	NO	N/A	N/A
D6603	inlay - cast high noble metal - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6604	inlay - cast predom base metal - 2 surfaces	NO	NO	NO	N/A	N/A
D6605	inlay-cast predom base metal - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6606	inlay - cast noble metal - 2 surfaces	NO	NO	NO	N/A	N/A
D6607	inlay cast noble metal - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6608	onlay - porcelain/ceramic - 2 surfaces	NO	NO	NO	N/A	N/A
D6609	onlay - porcelain/ceramic 3 or more surfaces	NO	NO	NO	N/A	N/A
D6610	onlay - cast high noble metal - 2 surfaces	NO	NO	NO	N/A	N/A
D6611	onlay - cast high noble metal - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6612	onlay - cast predom base metal - 2 surfaces	NO	NO	NO	N/A	N/A
D6613	onlay-cast predom base metal - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6614	onlay-cast noble metal - 2 surfaces	NO	NO	NO	N/A	N/A
D6615	onlay-cast noble metal - 3 or more surfaces	NO	NO	NO	N/A	N/A
D6624	inlay - titanium	NO	NO	NO	N/A	N/A
D6634	onlay - titanium	NO	NO	NO	N/A	N/A
D6710	crown-indirect resin based	NO	NO	NO	N/A	N/A
D6720	crown-resin w/high noble metal	NO	NO	NO	N/A	N/A
D6721	crown-resin w/predom base metal	NO	NO	NO	N/A	N/A



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D6722	crown-resin w/noble metal	NO	NO	NO	N/A	N/A
D6740	crown-porcelain/ceramic	NO	NO	NO	N/A	N/A
D6750	crown-porcelain/fused to high noble metal	NO	NO	NO	N/A	N/A
D6751	crown-porcelain/fused to predom base metal	NO	NO	NO	N/A	N/A
D6752	crown-porcelain fused to noble metal	NO	NO	NO	N/A	N/A
D6753	retainer crown - porcelain fused to titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6780	crown 3/4 cast high noble metal	NO	NO	NO	N/A	N/A
D6781	crown 3/4 cast predom base metal	NO	NO	NO	N/A	N/A
D6782	crown 3/4 cast noble metal	NO	NO	NO	N/A	N/A
D6783	crown 3/4 porcelain/ceramic	NO	NO	NO	N/A	N/A
D6784	retainer crown 3/4 - titanium or titanium alloys	NO	NO	NO	N/A	N/A
D6790	crown full cast high noble metal	NO	NO	NO	N/A	N/A
D6791	crown full cast predom base metal	NO	NO	NO	N/A	N/A
D6792	crown full cast noble metal	NO	NO	NO	N/A	N/A
D6793	provisional retainer crown	NO	NO	NO	N/A	N/A
D6794	crown-titanium	NO	NO	NO	N/A	N/A
D6920	connector bar	NO	NO	NO	N/A	N/A
D6930	re-cement or re-bond fixed partial denture	YES	YES	YES	\$61.00	N/A
D6940	stress breaker	NO	NO	NO	N/A	N/A
D6950	precision attachment	NO	NO	NO	N/A	N/A
D6980	fixed partial denture repair	YES	YES	YES	\$105.00	N/A
D6985	pediatric partial denture, fixed	NO	NO	NO	N/A	N/A
D6999	unspecified fixed prosthodontics proc	NO	NO	NO	N/A	N/A
D7111	extraction deciduous tooth	YES	YES	YES	\$45.00	N/A
D7140	extraction-erupted tooth or exposed root	YES	YES	YES	\$80.00	N/A



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D7210	surgical removal erupted tooth	YES	YES	YES	\$110.00	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	\$142.00	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	\$183.00	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	\$210.00	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	\$210.00	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	\$124.00	N/A
D7251	coronectomy - intentional partial tooth removal	YES	YES	YES	\$258.00	N/A
D7252	partial extraction for immediate	NO	NO	NO	N/A	N/A
D7259	Nerve dissection	NO	NO	NO	N/A	N/A
D7260	oroantral fistula closure	YES	YES	YES	\$275.00	N/A
D7261	primary closure of sinus perforation	YES	YES	YES	\$374.00	N/A
D7270	tooth reimplantation	YES	YES	YES	\$126.00	N/A
D7272	tooth transplantation	NO	NO	NO	N/A	N/A



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D7280	surgical access unerupted tooth	YES	NO	NO	\$188.00	Covered for only for members under age 21 when deformities of head, craniofacial anomaly diagnosis 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	N/A
D7283	placement of devise to facilitate eruption of impacted tooth	YES	NO	NO	\$95.00	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	\$176.00	N/A
D7286	incisional biopsy of oral tissue - soft	YES	YES	YES	\$127.00	N/A
D7287	exfoliative cytological sample collection	YES	YES	YES	By report	N/A
D7288	brush biopsy	YES	YES	YES	\$42.00	N/A
D7290	surgical repositioning of teeth	NO	NO	NO	N/A	N/A
D7291	fibrotomy	NO	NO	NO	N/A	N/A
D7292	screw retained plate	NO	NO	NO	N/A	N/A
D7293	temp anchorage device w/flap	NO	NO	NO	N/A	N/A
D7294	temp anchorage device w/o flap	NO	NO	NO	N/A	N/A
D7295	harvest of bone for use in autogenous graft proc	NO	NO	NO	N/A	N/A
D7296	Corticotomy – One to Three Teeth or Tooth Spaces – Per Quadrant	NO	NO	NO	N/A	N/A
D7297	Corticotomy – Four or More Teeth or Tooth Spaces – Per Quadrant	NO	NO	NO	N/A	N/A
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	NO	NO	NO	N/A	N/A
D7299	removal of temporary anchorage device, requiring flap	NO	NO	NO	N/A	N/A



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D7300	removal of temporary anchorage device without flap	NO	NO	NO	N/A	N/A
D7310	alveoloplasty in conjunction w/extraction 4 or > teeth	NO	NO	NO	N/A	N/A
D7311	alveoloplasty in conjunction with extraction-1 to 3 teeth	NO	NO	NO	N/A	N/A
D7320	alveoloplasty not in conjunction w extraction-4 or > teeth	YES	NO	YES	\$177.00	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	\$162.00	Covered for members under 21 and members who are over 21 and pregnant.
D7340	vestibuloplasty ridge extension	YES	YES	YES	\$195.00	N/A
D7350	vestibuloplasty ridge extension w/graft	YES	YES	YES	By report	N/A
D7410	excision of benign lesion < = 1.25 cm	NO	NO	NO	N/A	N/A
D7411	excision of benign lesion > 1.25 cm	NO	NO	NO	N/A	N/A
D7412	excision of benign lesion, complicated	NO	NO	NO	N/A	N/A
D7413	excision of malignant lesion < = 1.25 cm	NO	NO	NO	N/A	N/A
D7414	excision of malignant lesion > 1.25 cm	NO	NO	NO	N/A	N/A
D7415	excision of malignant lesion, complicated	NO	NO	NO	N/A	N/A
D7440	excision malig tumor < = 1.25 cm	NO	NO	NO	N/A	N/A
D7441	excision malig tumor > 1.25 cm	NO	NO	NO	N/A	N/A
D7450	remove benign odontogenic cyst- < = 1.25cm	YES	YES	YES	\$167.00	N/A
D7451	remove benign odontogenic cyst- >1.25cm	YES	YES	YES	\$260.00	N/A
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	NO	NO	NO	N/A	N/A



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D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter > 1.25 cm	NO	NO	NO	N/A	N/A
D7465	destruction of lesion - physical or chemical method	YES	YES	YES	\$129.00	N/A
D7471	remove lateral exostosis	YES	YES	YES	\$222.00	N/A
D7472	remove torus palatinus	YES	YES	YES	\$290.00	N/A
D7473	remove torus mandibularis	YES	YES	YES	\$290.00	N/A
D7485	surgical reduction osseous tuberosity	NO	NO	NO	N/A	N/A
D7490	radical resection maxilla or mandible	NO	NO	NO	N/A	N/A
D7509	marsupialization of odontogenic cyst	YES	YES	YES	\$432.00	N/A
D7510	incision/drain abscess intra	YES	YES	YES	\$81.00	N/A
D7511	incision/drain abscess intra, complicated	NO	NO	NO	N/A	N/A
D7520	incision/drain abscess extra	YES	YES	YES	\$71.00	N/A
D7521	incision/drain abscess extra, complicated	NO	NO	NO	N/A	N/A
D7530	remove foreign body skin/alveolar	YES	YES	YES	\$95.00	N/A
D7540	remove reaction producing foreign body	YES	YES	YES	By report	N/A
D7550	non vital bone	YES	YES	YES	\$162.00	N/A
D7560	maxillary sinusotomy	YES	YES	YES	By report	N/A
D7610	simple fracture-maxilla open reduction	NO	NO	NO	N/A	N/A
D7620	simple fracture - maxilla closed reduction	NO	NO	NO	N/A	N/A
D7630	simple fracture - mandible open reduction	NO	NO	NO	N/A	N/A
D7640	simple fracture - mandible closed reduction	NO	NO	NO	N/A	N/A



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D7650	simple - malar and/or zygomatic arch - open reduction	NO	NO	NO	N/A	N/A
D7660	simple - malar and/or zygomatic arch - closed reduction	NO	NO	NO	N/A	N/A
D7670	simple - alveolus - closed reduction	YES	YES	YES	\$461.00	N/A
D7671	simple - alveolus - open reduction	NO	NO	NO	N/A	N/A
D7680	complicated reduction	NO	NO	NO	N/A	N/A
D7710	compound fracture-maxilla open reduction	NO	NO	NO	N/A	N/A
D7720	compound fracture-maxilla closed reduction	NO	NO	NO	N/A	N/A
D7730	mandible - open reduction	NO	NO	NO	N/A	N/A
D7740	mandible - closed reduction	NO	NO	NO	N/A	N/A
D7750	compound fracture- malar/zygomatic open reduction	NO	NO	NO	N/A	N/A
D7760	compound fracture- malar/zygomatic closed reduction	NO	NO	NO	N/A	N/A
D7770	alveolus - open reduction	YES	YES	YES	By report	N/A
D7771	compound fracture-alveolus open reduction	NO	NO	NO	N/A	N/A
D7780	compound fracture-facial bones - complicated reduction	NO	NO	NO	N/A	N/A
D7810	tmj open reduction of dislocation	NO	NO	NO	N/A	N/A
D7820	tmj closed reduction of dislocation	NO	NO	NO	N/A	N/A
D7830	tmj manipulation under anesthesia	NO	NO	NO	N/A	N/A
D7840	condylectomy	NO	NO	NO	N/A	N/A
D7850	surgical discectomy	NO	NO	NO	N/A	N/A
D7852	disc repair	NO	NO	NO	N/A	N/A
D7854	synovectomy	NO	NO	NO	N/A	N/A



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D7856	myotomy	NO	NO	NO	N/A	N/A
D7858	joint reconstruction	NO	NO	NO	N/A	N/A
D7860	arthrotomy	NO	NO	NO	N/A	N/A
D7865	arthroplasty	NO	NO	NO	N/A	N/A
D7870	arthrocentesis	NO	NO	NO	N/A	N/A
D7871	non-arthroscopic lysis and lavage	NO	NO	NO	N/A	N/A
D7872	arthroscopy-diagnosis	NO	NO	NO	N/A	N/A
D7873	arthroscopy-surgical lavage and lysis	NO	NO	NO	N/A	N/A
D7874	arthroscopy-surgical disc reposition	NO	NO	NO	N/A	N/A
D7875	arthroscopy-surgical synovectomy	NO	NO	NO	N/A	N/A
D7876	arthroscopy surgical discectomy	NO	NO	NO	N/A	N/A
D7877	arthroscopy surgical debridement	NO	NO	NO	N/A	N/A
D7880	occlusal orthotic device	NO	NO	NO	N/A	N/A
D7881	occlusal orthotic devise adjustment	NO	NO	NO	N/A	N/A
D7899	unspecified tmd therapy	NO	NO	NO	N/A	N/A
D7910	suture small wound <=5 cm	YES	YES	YES	\$55.00	N/A
D7911	suture complicated <=5 cm	YES	YES	YES	By report	N/A
D7912	suture complicated > 5 cm	YES	YES	YES	\$152.00	N/A
D7920	skin graft	NO	NO	NO	N/A	N/A
D7921	collection/application of autologous blood concentrate	NO	NO	NO	N/A	N/A
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	NO	NO	NO	N/A	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	N/A



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D7941	osteotomy - mandibular rami	NO	NO	NO	N/A	N/A
D7943	osteotomy mandibular rami w/bone graft	NO	NO	NO	N/A	N/A
D7944	osteotomy segmented or subapical	NO	NO	NO	N/A	N/A
D7945	osteotomy body of mandible	NO	NO	NO	N/A	N/A
D7946	left i-maxilla total	NO	NO	NO	N/A	N/A
D7947	left i-maxilla segmented	NO	NO	NO	N/A	N/A
D7948	left 2 or 3 w/out bone graft	NO	NO	NO	N/A	N/A
D7949	left 2 or 3 w/ bone graft	NO	NO	NO	N/A	N/A
D7950	osseous, osteoperiosteal, or cartilage graft-autogenous or non-autogenous	NO	NO	NO	N/A	N/A
D7951	sinus augmentation w bone/bone substitutes via lateral open approach	NO	NO	NO	N/A	N/A
D7952	sinus augmentation via a vertical approach	NO	NO	NO	N/A	N/A
D7953	bone replacement graft for ridge preservation	NO	NO	NO	N/A	N/A
D7955	repair of maxillofacial tissue defect	NO	NO	NO	N/A	N/A
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	NO	NO	NO	N/A	N/A
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	NO	NO	NO	N/A	N/A
D7961	Buccal/labial frenectomy (frenulectomy)	YES	YES	YES	\$201.00	Covered for member age 12 and above.
D7962	lingual frenectomy (frenulectomy)	YES	NO	NO	\$201.00	Covered for members under age 21. For tongue tie in newborns when it interferes with breastfeeding.
D7963	frenuloplasty	YES	NO	NO	\$212.00	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 frenum is placed under tension.



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D7970	excision of hyperplastic tissue	YES	YES	YES	\$182.00	N/A
D7971	excision of pericoronal gingiva	YES	NO	YES	\$100.00	Covered for members under 21 and members who are over 21 and pregnant.
D7972	surgical reduction of fibrous tuberosity	NO	NO	NO	N/A	N/A
D7979	Non-Surgical Sialolithotomy	NO	NO	NO	N/A	N/A
D7980	sialolithotomy	YES	YES	YES	\$104.00	N/A
D7981	excision of salivary gland	YES	YES	YES	\$127.00	N/A
D7982	sialodochoplasty	YES	YES	YES	\$131.00	N/A
D7983	closure of salivary fistula	YES	YES	YES	By report	N/A
D7990	emergency tracheotomy	YES	YES	YES	By report	N/A
D7991	coronoidectomy	NO	NO	NO	N/A	N/A
D7993	surgical placement of craniofacial implant - extra oral	NO	NO	NO	N/A	N/A
D7994	surgical placement: zygomatic implant	NO	NO	NO	N/A	N/A
D7995	synthetic graft	NO	NO	NO	N/A	N/A
D7996	implant - mandible for augmentation purposes	NO	NO	NO	N/A	N/A
D7997	appliance removal	YES	YES	YES	\$58.00	N/A
D7998	intraoral placement of fixation device	NO	NO	NO	N/A	N/A
D7999	unspecified oral surgery proc	NO	NO	NO	N/A	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.
D8070	comprehensive orthodontic treatment of the transitional 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.



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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 handicapping malocclusion, cleft palate or with cleft lip only. Documentation must include diagnosis, length and type of treatment necessary. Prior Authorization is required.
D8091	comprehensive orthodontic treatment visit associated with orthognathic surgery	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.
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.
D8671	periodic orthodontic treatment visit associated with orthognathic surgery	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.
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	N/A	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	N/A	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	N/A	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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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.
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	N/A
D9110	palliative treatment dental pain	YES	YES	YES	\$48.00	N/A
D9120	fix partial denture sectioning	YES	YES	YES	\$93.00	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	N/A
D9210	local anesthesia	NO	NO	NO	N/A	N/A
D9211	regional block anesthesia	YES	YES	YES	\$23.00	N/A
D9212	trigeminal block anesthesia	YES	YES	YES	By report	N/A
D9215	local anesthesia	NO	NO	NO	N/A	N/A
D9219	evaluation for deep sedation or general anesthesia	NO	NO	NO	N/A	N/A
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	YES	YES	YES	\$105.00	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	\$70.00	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	\$26.00	N/A



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D9239	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes	YES	YES	YES	\$92.00	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	\$61.00	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	\$127.00	Benefit is covered up to four times per year for members under age 13.
D9310	consultation	YES	YES	YES	\$45.00	N/A
D9311	Consultation with a Medical Health Care Professional	NO	NO	NO	N/A	N/A
D9410	house/extended care facility call	YES	YES	YES	\$57.00	N/A
D9420	hospital call	YES	YES	YES	\$140.00	N/A
D9430	office visit for observation	NO	NO	NO	N/A	N/A
D9440	office after reg hrs	YES	YES	YES	\$35.00	N/A
D9450	case presentation	NO	NO	NO	N/A	N/A
D9610	therapeutic parenteral drug- single admin	YES	YES	YES	\$20.00	N/A
D9612	therapeutic parenteral drug - 2 or > admin	YES	YES	YES	\$41.00	N/A
D9613	infiltration of sustained release therapeutic drug – single or multiple sites	NO	NO	NO	N/A	N/A
D9630	other drugs or meds	YES	YES	YES	\$19.00	Covered by review.
D9910	application of desensitizing med	NO	NO	NO	N/A	N/A
D9911	application of desensitizing resin	NO	NO	NO	N/A	N/A
D9912	pre-visit patient screening	NO	NO	NO	N/A	N/A
D9913	administration of neuromodulators	NO	NO	NO	N/A	N/A
D9914	administration of dermal fillers	NO	NO	NO	N/A	N/A
D9920	behavior management	YES	YES	YES	\$55.00	N/A



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D9930	treatment of complication - unusual circ	YES	YES	YES	\$60.00	N/A
D9932	cleaning and inspection of a complete denture, maxillary	NO	NO	NO	N/A	N/A
D9933	cleaning and inspection of a removable complete denture, mandibular	NO	NO	NO	N/A	N/A
D9934	cleaning and inspection of removable partial denture, maxillary	NO	NO	NO	N/A	N/A
D9935	cleaning and inspection of removable partial denture, mandibular	NO	NO	NO	N/A	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	N/A
D9942	repair/reline occlusal guard	NO	NO	NO	N/A	N/A
D9943	occlusal guard adjustment	NO	NO	NO	N/A	N/A
D9944	occlusal guard – hard appliance, full arch	NO	NO	NO	N/A	N/A
D9945	occlusal guard – soft appliance, full arch	NO	NO	NO	N/A	N/A
D9946	occlusal guard – hard appliance, partial arch	NO	NO	NO	N/A	N/A
D9947	custom sleep apnea appliance fabrication and placement	YES	YES	YES	\$549.00	Covered once in a five (5) year period for members 19 and over
D9948	adjustment of custom sleep apnea appliance	YES	YES	YES	\$30.00	Covered for members 19 and over
D9949	repair of custom sleep apnea appliance	YES	YES	YES	\$107.00	Covered for members 19 and over
D9950	occlusion analysis	NO	NO	NO	N/A	N/A
D9951	occlusal adjustment - limited	NO	NO	NO	N/A	N/A



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D9952	occlusal adjustment - complete	NO	NO	NO	N/A	N/A
D9953	reline custom sleep apnea appliance (indirect)	YES	YES	YES	\$100.00	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
D9959	unspecified sleep apnea services procedure, by report	NO	NO	NO	N/A	N/A
D9961	duplicate/copy patient's records	NO	NO	NO	N/A	N/A
D9970	enamel microabrasion	NO	NO	NO	N/A	N/A
D9971	odontoplasty	NO	NO	NO	N/A	N/A
D9972	external bleaching-per arch-performed in office	NO	NO	NO	N/A	N/A
D9973	external bleaching-per tooth	NO	NO	NO	N/A	N/A
D9974	internal bleaching - per tooth	NO	NO	NO	N/A	N/A
D9975	external bleaching for home application, per arch	NO	NO	NO	N/A	N/A
D9985	sales tax	NO	NO	NO	N/A	N/A
D9986	missed appointment	NO	NO	NO	N/A	N/A
D9987	cancelled appointment	NO	NO	NO	N/A	N/A
D9990	Certified translation or sign language services- per visit	YES	YES	YES	N/A	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	N/A
D9992	Dental Case Management – Care Coordination	NO	NO	NO	N/A	N/A



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D9993	Dental Case Management – Motivational Interviewing	NO	NO	NO	N/A	N/A
D9994	Dental Case Management – Patient Education	NO	NO	NO	N/A	N/A
D9995	Teledentistry – Synchronous; Real Time Encounter	YES	YES	YES	\$5.00	N/A
D9996	Teledentistry – Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review	YES	YES	YES	\$5.00	N/A
D9997	Dental Case Management - Patients with Special Health Care Needs	YES	YES	YES	\$12.00	N/A
D9999	unspecified adjunctive proc	NO	NO	NO	N/A	N/A