

Supplemental Dental Codes List

The following list of preventive and comprehensive dental codes is effective as of 01/01/2020. Covered codes may change throughout the year. Covered codes vary by plan. The following list shows all codes covered for the following plans in the state of California: H0562-012, 039, 045, 055, 068, 079, 084, 090, 092, 097, 100-01, 100-02, 101-01, 101-02, 103, 112, 114, 117, 118, 119, 120, 121, H3561-001, 002, 004. Your plan may cover some, or all of these codes.

Call Member Services at the phone number listed on your Identification (ID) Card for more information or to check which codes are covered for your specific plan.

Y0020_20_17021WEB_C_01282020

DBP Dental Codes for Health Net California

Plans H0562-012, 039, 045, 055, 068, 079, 084, 090, 092, 097, 100-01, 100-02, 101-01, 101-02, 103, 112, 114, 117, 118, 119, 120, 121

Plans H3561-001, 002, and 004

ADA Code	Procedure Description	Copay
D0120	periodic oral evaluation	\$0
D0140	limited oral evaluation - problem focused	\$0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	comprehensive oral evaluation - new or established patient	\$0
D0170	re-evaluation, limited, problem focused	\$0
D0171	re-evaluation - post-operative office visit	\$0
D0180	comprehensive periodontal evaluation - new or established patient	\$0
D0210	intraoral - complete series of radiographic images	\$0
D0220	intraoral - periapical first radiographic image	\$0
D0230	intraoral - periapical each additional radiographic image	\$0
D0240	intraoral - occlusal radiographic image	\$0
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	\$0
D0251	extra-oral posterior dental radiographic image	\$0
D0270	bitewing - single radiographic image	\$0
D0272	bitewings - two radiographic images	\$0
D0273	bitewings - three radiographic images	\$0
D0274	bitewings - four radiographic images	\$0
D0277	vertical bitewings - 7 to 8 radiographic images	\$0
D0330	panoramic radiographic image	\$0
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	\$0
D0351	3D photographic image	\$0
D0460	pulp vitality tests	\$0
D0470	diagnostic casts	\$15
D0472	accession of tissue, gross examination, prep and transmission of written report	\$0
D0473	accession of tissue, gross and microscopic examination, prep and transmission of written report	\$0
D0474	accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	\$0
D0486	laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	\$0
D0600	non-ionizing diagnostic procedure	\$0
D0999	unspecified diagnostic procedure, by report	\$0
D1110	prophylaxis - adult	\$0
D1120	prophylaxis - child	\$0
D1206	topical application of fluoride varnish	\$0
D1310	nutritional counseling for control of dental disease	\$0
D1330	oral hygiene instructions	\$0
D1351	sealant - per tooth	\$12
D1353	sealant repair - per tooth	\$12
D1354	interim caries arresting medicament application	\$15
D1510	space maintainer - fixed - unilateral	\$55
D1516	space maintainer - fixed - bilateral, maxillary	\$55
D1517	space maintainer - fixed - bilateral, mandibular	\$55
D1520	space maintainer - removable - unilateral	\$55
D1526	space maintainer - removable - bilateral, maxillary	\$55
D1527	space maintainer - removable - bilateral, mandibular	\$55
D1551	re-cement or re-bond bilateral space maintainer - maxillary	\$10
D1552	re-cement or re-bond bilateral space maintainer - mandibular	\$10
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	\$10
D1556	removal of fixed unilateral space maintainer - per quadrant	\$10
D1557	removal of fixed bilateral space maintainer - maxillary	\$10
D1558	removal of fixed bilateral space maintainer - mandibular	\$10
D1575	distal shoe space maintainer - fixed unilateral	\$55
D2140	amalgam - one surface, primary or permanent	\$18
D2150	amalgam - two surfaces, primary or permanent	\$20
D2160	amalgam - three surfaces, primary or permanent	\$22
D2161	amalgam - four or more surfaces, primary or permanent	\$27
D2330	resin-based composite - one surface, anterior	\$20
D2331	resin-based composite - two surfaces, anterior	\$24
D2332	resin-based composite - three surfaces, anterior	\$40
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$50

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Plans H3561-001, 002, and 004

ADA Code	Procedure Description	Copay
D2390	resin-based composite crown, anterior	\$50
D2391	resin-based composite - one surface, posterior	\$80
D2392	resin-based composite - two surfaces, posterior	\$85
D2393	resin-based composite - three surfaces, posterior	\$90
D2394	resin-based composite - four or more surfaces, posterior	\$100
D2510	inlay - metallic - one surface	\$225
D2520	inlay - metallic - two surfaces	\$225
D2530	inlay - metallic - three or more surfaces	\$225
D2542	onlay metallic, two surfaces	\$225
D2543	onlay-metallic-three surfaces	\$225
D2544	onlay-metallic-four or more surfaces	\$225
D2740	crown - porcelain/ceramic substrate	\$300
D2750	crown - porcelain fused to high noble metal	\$225
D2751	crown - porcelain fused to predominantly base metal	\$225
D2752	crown - porcelain fused to noble metal	\$225
D2753	crown - porcelain fused to titanium and titanium alloys	\$225
D2780	crown, 3/4 cast high noble metal	\$225
D2781	crown, 3/4 cast predominately base metal	\$225
D2782	crown, 3/4 cast noble metal	\$225
D2783	crown, 3/4 porcelain/ceramic	\$225
D2790	crown - full cast high noble metal	\$225
D2791	crown - full cast predominantly base metal	\$225
D2792	crown - full cast noble metal	\$225
D2794	crown - titanium	\$225
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	\$10
D2920	recement or re-bond crown	\$10
D2930	prefabricated stainless steel crown - primary tooth	\$25
D2931	prefabricated stainless steel crown - permanent tooth	\$35
D2940	protective restoration	\$0
D2950	Core buildup, including any pins when required	\$30
D2951	pin retention - per tooth, in addition to restoration	\$15
D2952	cast post and core in addition to crown	\$75
D2953	each additional indirectly fabricated post, same tooth	\$40
D2954	prefabricated post and core in addition to crown	\$55
D2955	post removal	\$10
D2962	labial veneer (porcelain laminate) - laboratory	\$450
D3110	pulp cap - direct (excluding final restoration)	\$5
D3120	pulp cap - indirect (excluding final restoration)	\$5
D3220	therapeutic pulpotomy (excluding final restoration)	\$18
D3221	pulpal debridement, primary and permanent teeth	\$18
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$25
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$25
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$85
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	\$145
D3330	endodontic therapy, molar (excluding final restoration)	\$225
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85
D3346	retreatment of previous root canal therapy - anterior	\$170
D3347	retreatment of previous root canal therapy - bicuspid	\$245
D3348	retreatment of previous root canal therapy - molar	\$275
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	\$65
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	\$65
D3353	apexification/recalcification - final visit (includes completed root	\$65
D3410	Apicoectomy - anterior	\$125
D3421	Apicoectomy - bicuspid (first root)	\$150
D3425	Apicoectomy - molar (first root)	\$160
D3426	Apicoectomy (each additional root)	\$125
D3430	retrograde filling - per root	\$95

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Plans H3561-001, 002, and 004

ADA Code	Procedure Description	Copay
D3450	root amputation - per root	\$150
D3920	hemisection (including any root removal), not including root canal therapy	\$125
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$100
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$35
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	\$275
D4241	gingival flap procedure - including root planning -one to three contiguous teeth or tooth bounded spaces per quadrant	\$275
D4249	clinical crown lengthening - hard tissue	\$160
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$350
D4270	pedicle soft tissue graft procedure	\$375
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	\$375
D4274	mesial/distal wedge procedure single tooth(when not perormed in conjunction with surgical procedures in the same area	\$50
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	\$375
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$40
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$40
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$35
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$60
D4910	periodontal maintenance	\$35
D4999	unspecified periodontal procedure, by report	\$0
D5110	complete denture - maxillary	\$200
D5120	complete denture - mandibular	\$200
D5130	immediate denture - maxillary	\$200
D5140	immediate denture - mandibular	\$200
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$200
D5212	mandibular partial denture - resin base (including any conventional clasps,rests and teeth)	\$225
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$250
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	\$250
D5221	immediate maxillary partial denture - resin base	\$70
D5222	immediate mandibular partial denture - resin base	\$70
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases	\$70
D5224	immediate mandibular partial denture-cast metal framework with resin denture bases	\$70
D5410	adjust complete denture - maxillary	\$15
D5411	adjust complete denture - mandibular	\$15
D5421	adjust partial denture - maxillary	\$15
D5422	adjust partial denture - mandibular	\$15
D5511	repair broken complete denture base, mandibular	\$15
D5512	repair broken complete denture base, maxillary	\$15
D5520	replace missing or broken teeth - complete denture (each tooth)	\$25
D5611	repair resin partial denture base, mandibular	\$15
D5612	repair resin partial denture base, maxillary	\$15
D5621	repair cast partial framework, mandibular	\$15
D5622	repair cast partial framework, maxillary	\$15
D5630	repair or replace broken clasp - per tooth	\$30
D5640	replace broken teeth - per tooth	\$35
D5650	add tooth to existing partial denture	\$35
D5660	add clasp to existing partial denture - per tooth	\$35
D5710	rebase complete maxillary denture	\$100
D5711	rebase complete mandibular denture	\$100
D5720	rebase maxillary partial denture	\$100
D5721	rebase mandibular partial denture	\$100
D5730	reline complete maxillary denture (chairside)	\$45
D5731	reline complete mandibular denture (chairside)	\$45
D5740	reline maxillary partial denture (chairside)	\$45
D5741	reline mandibular partial denture (chairside)	\$45
D5750	reline complete maxillary denture (laboratory)	\$70
D5751	reline complete mandibular denture (laboratory)	\$70
D5760	reline maxillary partial denture (laboratory)	\$70

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Plans H3561-001, 002, and 004

ADA Code	Procedure Description	Copay
D5761	reline mandibular partial denture (laboratory)	\$70
D5810	interim complete denture (maxillary)	\$100
D5811	interim complete denture (mandibular)	\$100
D5820	interim partial denture (maxillary)	\$70
D5821	interim partial denture (mandibular)	\$70
D5850	tissue conditioning, maxillary	\$25
D5851	tissue conditioning, mandibular	\$25
D5876	add metal substructure to acrylic full denture (per arch)	\$100
D6210	pontic - cast high noble metal	\$225
D6211	pontic - cast predominantly base metal	\$225
D6212	pontic - cast noble metal	\$225
D6214	pontic - titanium	\$225
D6240	pontic - porcelain fused to high noble metal	\$225
D6241	pontic - porcelain fused to predominantly base metal	\$225
D6242	pontic - porcelain fused to noble metal	\$225
D6243	pontic - porcelain fused to titanium and titanium alloys	\$225
D6245	pontic-porcelain/ceramic	\$225
D6750	retainer crown - porcelain fused to high noble metal	\$225
D6751	retainer crown - porcelain fused to predominantly base metal	\$225
D6752	retainer crown - porcelain fused to noble metal	\$225
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$225
D6780	retainer crown - 3/4 cast high noble metal	\$225
D6781	retainer crown-3/4 cast predominately based metal	\$225
D6782	retainer crown-3/4 cast noble metal	\$225
D6784	retainer crown 3/4 - titanium and titanium alloys	\$225
D6790	retainer crown - full cast high noble metal	\$225
D6791	retainer crown - full cast predominantly base metal	\$225
D6792	retainer crown - full cast noble metal	\$225
D6794	retainer crown - titanium	\$225
D6930	recement or re-bond fixed partial denture	\$0
D7111	extraction, coronal remnants - deciduous tooth	\$15
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$15
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	\$40
D7220	removal of impacted tooth - soft tissue	\$60
D7230	removal of impacted tooth - partially bony	\$80
D7240	removal of impacted tooth - completely bony	\$125
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$150
D7250	removal of residual tooth roots (cutting procedure)	\$50
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$110
D7280	exposure of an unerupted tooth	\$175
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$60
D7286	incisional biopsy of oral tissue - soft (all others)	\$60
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$55
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$18
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$70
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$23
D7510	incision and drainage of abscess - intraoral soft tissue	\$0
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$0
D7960	frenulectomy (frenectomy or frenotomy) - separate procedure not incidental to another procedure	\$45
D7963	frenuloplasty	\$45
D7971	excision of pericoronal gingiva	\$60
D8050	interceptive orthodontic treatment of the primary dentition	\$725
D8060	interceptive orthodontic treatment of the transitional dentition	\$725
D8070	comprehensive orthodontic treatment of the transitional dentition	\$1,950
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$1,950
D8090	comprehensive orthodontic treatment of the adult dentition	\$2,250
D8660	pre-orthodontic treatment examination to monitor growth and development	\$0
D8670	periodic orthodontic treatment visit	\$0

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Plans H3561-001, 002, and 004

ADA Code	Procedure Description	Copay
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8681	removable orthodontic retainer adjustment	\$0
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	\$250
D8698	re-cement or re-bond fixed retainer – maxillary	\$0
D8699	re-cement or re-bond fixed retainer – mandibular	\$0
D8999	unspecified orthodontic procedure, by report	\$250
D9110	palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120	fixed partial denture sectioning	\$0
D9210	local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	regional block anesthesia	\$0
D9215	local anesthesia in conjunction with operative or surgical procedures	\$0
D9219	evaluation for deep sedation or general anesthesia	\$0
D9222	deep sedation/general anesthesia - first 15 minutes	\$60
D9223	deep sedation/general anesthesia-each subsequent 15 minute increment	\$60
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	\$60
D9243	intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	\$60
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0
D9311	consultation with a medical health care professional	\$0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	office visit - after regularly scheduled hours	\$20
D9630	drugs orbmedicaments, dispensed in the office for home use	\$15
D9910	application of desensitizing medicament	\$15
D9942	repair and/or reline of occlusal guards	\$45
D9943	occlusal adjustment	\$15
D9944	occlusal guard – hard appliance, full arch	\$100
D9945	occlusal guard – soft appliance, full arch	\$100
D9946	occlusal guard – hard appliance, partial arch	\$100
D9951	occlusal adjustment - limited	\$0
D9952	occlusal adjustment - complete	\$75
D9961	duplicate/copy patient's records	\$15
D9972	external bleaching-per arch-performed in office	\$125
D9999	unspecified adjunctive procedure, by report	\$15