

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: H0562-009, 044, 113. 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.

H0562_20_17013WEB_C_01292020

**DBP Dental Codes for Health Net California Plans
H0562-009, 044, and 113**

Procedure Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance
D0120	periodic oral evaluation	100%	80%
D0140	limited oral evaluation - problem focused	100%	80%
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	100%	80%
D0150	comprehensive oral evaluation - new or established patient	100%	80%
D0210	intraoral - complete series of radiographic images	100%	80%
D0220	intraoral - periapical first radiographic image	100%	80%
D0230	intraoral - periapical each additional radiographic image	100%	80%
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	100%	80%
D0251	extra-oral posterior dental radiographic image	100%	80%
D0270	bitewing - single radiographic image	100%	80%
D0272	bitewings - two radiographic images	100%	80%
D0273	bitewings - three radiographic images	100%	80%
D0274	bitewings - four radiographic images	100%	80%
D0277	vertical bitewings - 7 to 8 radiographic images	100%	80%
D0330	panoramic radiographic image	100%	80%
D0601	caries risk assessment and documentation, with a finding of low risk	100%	80%
D0602	caries risk assessment and documentation, with a finding of moderate risk	100%	80%
D0603	caries risk assessment and documentation, with a finding of high risk	100%	80%
D1110	prophylaxis - adult	100%	80%
D1206	topical application of fluoride varnish	100%	80%
D1208	Topical application of fluoride - excluding varnish	100%	80%