

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: H0562-122. 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_17019WEB_C_01282020

DBP Dental Codes for Health Net California
Plan H0562-122

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%
D0160	detailed and extensive oral evaluation - problem-focused, by report	100%	80%
D0170	re-evaluation, limited, problem focused	100%	80%
D0180	comprehensive periodontal 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%
D0240	intraoral - occlusal 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%
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	100%	80%
D0351	3D photographic image	100%	80%
D0411	HbA1c in office point of service testing	100%	80%
D0412	blood glucose level test – in-office using a glucose meter	100%	80%
D0414	Lab processing of microbial specimen to include culture and sensitivity studies.	100%	80%
D0415	collection of microorganisms for culture and sensitivity	100%	80%
D0416	viral culture	100%	80%
D0422	collection and preparation of genetic sample material for laboratory analysis and report	100%	80%
D0423	genetic test for susceptibility to diseases-specimen analysis	100%	80%
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesi	100%	80%
D0460	pulp vitality tests	100%	80%
D0470	diagnostic casts	100%	80%
D0600	non-ionizing diagnostic procedure	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%
D1120	prophylaxis - child	100%	80%
D1206	topical application of fluoride varnish	100%	80%
D1208	Topical application of fluoride - excluding varnish	100%	80%
D1351	sealant - per tooth	100%	80%
D1352	preventive resin restoration - permanent tooth	100%	80%
D1353	sealant repair - per tooth	100%	80%
D1510	space maintainer - fixed - unilateral	100%	80%
D1516	space maintainer – fixed – bilateral, maxillary	80%	60%
D1517	space maintainer – fixed – bilateral, mandibular	80%	60%
D1520	space maintainer - removable - unilateral	80%	60%
D1526	space maintainer – removable – bilateral, maxillary	80%	60%
D1527	space maintainer – removable – bilateral, mandibular	80%	60%
D1551	re-cement or re-bond bilateral space maintainer – maxillary	80%	60%
D1552	re-cement or re-bond bilateral space maintainer – mandibular	80%	60%

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D1556	removal of fixed unilateral space maintainer – per quadrant	80%	60%
D1557	removal of fixed bilateral space maintainer – maxillary	80%	60%
D1558	removal of fixed bilateral space maintainer – mandibular	80%	60%
D1575	distal shoe space maintainer - fixed unilateral	80%	60%
D2140	amalgam - one surface, primary or permanent	80%	60%
D2150	amalgam - two surfaces, primary or permanent	80%	60%
D2160	amalgam - three surfaces, primary or permanent	80%	60%
D2161	amalgam - four or more surfaces, primary or permanent	80%	60%
D2330	resin-based composite - one surface, anterior	80%	60%
D2331	resin-based composite - two surfaces, anterior	80%	60%
D2332	resin-based composite - three surfaces, anterior	80%	60%
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	80%	60%
D2391	resin-based composite - one surface, posterior	80%	60%
D2392	resin-based composite - two surfaces, posterior	80%	60%
D2393	resin-based composite - three surfaces, posterior	80%	60%
D2394	resin-based composite - four or more surfaces, posterior	80%	60%
D4341	periodontal scaling and root planing - four or more teeth per quadrant	80%	60%
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	80%	60%
D4346	scaling in presence of generalized moderate or severe gingival inflammation	80%	60%
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	80%	60%
D4910	periodontal maintenance	80%	60%
D7111	extraction, coronal remnants - primary tooth	80%	60%
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	80%	60%