

## Oregon Medicaid Covered and Non-Covered Dental Codes

Starting January 1, 2021, the Covered and Non-Covered Dental Codes list will be posted as a searchable, interactive list where you can:

- Search and filter the list by criteria such as code, description or service type.
- View links to applicable Prioritized List lines for each code.
- View links to applicable Prioritized List guidance and Oregon Administrative Rules (OARs).
- Download the list in various formats and create custom views of the list.
- Read special notes and limitations about code coverage.

### Where to find the new dental codes list

The new list will be available under the “Dental quick links” on the [OHP Dental Policy page](#).

### To determine OHP coverage:

The “OHP Plus Benefit Coverage” column tells you whether the code is:

- Covered for all members,
- Covered only for members under age 21,
- Covered only for members under age 21 and pregnant adult members, or
- A non-covered code. Non-covered codes are highlighted orange.

### To find a code by full or partial code:

Search by “Code” on the “Filters” tab on the right side of the screen. Results display on the left.

| Service T... | Code  | Description                                |
|--------------|-------|--|
| Diagnostic   | D0120 | periodic oral eval-established patient     |
| Diagnostic   | D0140 | limited oral eval-problem focus            |
| Diagnostic   | D0145 | oral evaluation, pt < 3yrs                 |
| Diagnostic   | D0150 | comprehensive oral eval-new or established |
| Diagnostic   | D0160 | extensive oral eval-problem focus          |
| Diagnostic   | D0170 | re-eval limited, problem focus             |
| Diagnostic   | D0171 | re-eval post operative office visit        |
| Diagnostic   | D0180 | comp periodic eval-new or established      |
| Diagnostic   | D0190 | screening of a patient                     |
| Diagnostic   | D0191 | assessment of a patient                    |
| Diagnostic   | D0191 | assessment of a patient                    |

**Filter** [x]

Conditional Formatting

Sort & Roll-Up

Filter

Filter this dataset based on contents.

Code contains

[d01]

[ ]

### To find a code by full or partial description:

Search by “Description” on the “Filters” tab; view results on the left.

|             |       |   |
|-------------|-------|---|
| Restorative | D2740 | crown porcelain/ceramic                               |
| Restorative | D2750 | crown porcelain fused to high noble metal             |
| Restorative | D2751 | crown porcelain fused to predom base metal            |
| Restorative | D2752 | crown porcelain fused to noble metal                  |
| Restorative | D2753 | Crown - porcelain fused to titanium or titanium alloy |
| Restorative | D2780 | crown 3/4 cast high noble metal                       |
| Restorative | D2781 | crown 3/4 cast predominantly base metal               |
| Restorative | D2782 | crown 3/4 cast noble metal                            |
| Restorative | D2783 | crown 3/4 cast noble metal                            |

Code contains

[ ]

Not all filter operators may be available for all text columns.

Description contains

[crown]

## To find a code by line placement, OAR or Guideline Note (GN):

Enter the full or partial line, OAR or GN number in the top search field. View the results below.

Oregon Medicaid Covered and Non-Cover...  
Based on [Oregon Medicaid Covered and Non-Covered Dental Codes](#)  
This document pertains to services provided on or after January 1, ▶

More Views | Filter | Visualize | Export | Discuss | Embed | About

| Service T...     | Code  | Description  | OHP Plus Benefit Covera... | Prioritized List Placement                               | Guid...               |
|------------------|-------|--|----------------------------|--|-----------------------|
| Oral Surgery ... | D6096 | remove broken implant retainer screw, with severe c... | All members                | <a href="#">Line 344: Dental conditions (e.g., se...</a> | <a href="#">GN 34</a> |
| Oral Surgery ... | D7310 | surgical removal-erupted tooth                         | All members                | <a href="#">Line 344: Dental conditions (e.g., se...</a> | <a href="#">GN 34</a> |

Oral Surgery Services

## To view codes for a specific calendar year:

Choose the appropriate "File Date" on the Filters" tab.

- The "File Date" is the effective date of the list.
- The list will begin with "File Date" 1/1/2020.
- For older dates, refer to the lists posted [on the Dental Policy page](#).

| Service T... | Code  | Description                                | OHP Plus Ben   |
|--------------|-------|--|----------------|
| Diagnostic   | D0120 | periodic oral eval-established patient     | All members    |
| Diagnostic   | D0140 | limited oral eval-problem focus            | All members    |
| Diagnostic   | D0145 | oral evaluation, pt < 3yrs                 | Covered for un |
| Diagnostic   | D0150 | comprehensive oral eval-new or established | All members    |
| Diagnostic   | D0160 | extensive oral eval-problem focus          | All members    |
| Diagnostic   | D0170 | re-eval limited, problem focus             | All members    |
| Diagnostic   | D0171 | re-eval post operative office visit        | Not covered    |
| Diagnostic   | D0180 | comp periodic eval-new or established      | All members    |
| Diagnostic   | D0190 | screening of a patient                     | Not covered    |
| Diagnostic   | D0191 | assessment of a patient                    | All members    |

Filter

Description contains

File Date is

01/01/2020

01/01/2021

## To view specific types of codes:

Click the "More Views" tab, then click the list you want to view. The view will open in a new tab.

Oregon Medicaid Covered and Non-Cover...  
This document pertains to services provided on or after January 1, ▶

More Views | Filter | Visualize | Export | Discuss | Embed | About

More Views

Dataset Snapshots

Views

Sort by Show only

Search views

Oregon Medicaid Diagnostic Dental C...  
Updated September 14, 2020  
This document pertains to services provided on or

Non-Covered Codes  
Updated September 14, 2020  
Codes not covered under the OHP Plus benefit

| Service T... | Code  | Description                                | OHP Plus Ben   |
|--------------|-------|--|----------------|
| Diagnostic   | D0120 | periodic oral eval-established patient     | All members    |
| Diagnostic   | D0140 | limited oral eval-problem focus            | All members    |
| Diagnostic   | D0145 | oral evaluation, pt < 3yrs                 | Covered for un |
| Diagnostic   | D0150 | comprehensive oral eval-new or established | All members    |
| Diagnostic   | D0160 | extensive oral eval-problem focus          | All members    |
| Diagnostic   | D0170 | re-eval limited, problem focus             | All members    |
| Diagnostic   | D0171 | re-eval post operative office visit        | Not covered    |
| Diagnostic   | D0180 | comp periodic eval-new or established      | All members    |
| Diagnostic   | D0190 | screening of a patient                     | Not covered    |
| Diagnostic   | D0191 | assessment of a patient                    | All members    |