

Below is a list of updated changes to the prior authorization list found in your provider manual and on the Texas Children's Health Plan website. These medical services require prior Authorization, A check mark indicates the medical service is a covered benefit if medical necessity criteria are met and with prior authorization, All services will be subject to benefit limitations

BENEFIT CATEGORY

[Bariatric Surgery](#)

[Circumcision greater than 1 year of age](#)

[Cosmetic Surgery](#)

[General Anesthesia for Dental Procedures \(Facility and Physician\) 6 years and under](#)

[Oral Surgery & Medically Necessary Dental Procedures](#)

[Therapeutic and Reconstructive Breast Procedures \(including breast prosthesis\)](#)

[TMJ diagnosis and treatment](#)

[Transplant Services](#)



BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Bariatric Surgery	43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less).	X		X	X	X
Bariatric Surgery	43645	Laparoscopy with gastric bypass and small intestine reconstruction to limit absorption. (Do not report 43645 in conjunction with 49320, 43847.)	X		X	X	X
Bariatric Surgery	43659	Unlisted laparoscopy procedure, stomach	X		X	X	X
Bariatric Surgery	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components).	X		X	X	X
Bariatric Surgery	43771	Laparoscopy, surgical, gastric restrictive procedure; revisi	X		X	X	X
Bariatric Surgery	43772	Laparoscopy, surgical, gastric restrictive procedure; remova	X		X	X	X
Bariatric Surgery	43773	Laparoscopy, surgical, gastric restrictive procedure; remova	X		X	X	X
Bariatric Surgery	43774	Laparoscopy, surgical, gastric restrictive procedure; remova	X		X	X	X
Bariatric Surgery	43775	Laparoscopy, surgical, gastric restrictive procedure; longit	X		X	X	X
Bariatric Surgery	43842	Gastric restrictive procedure, without gastric bypass, for m	X		X	X	X
Bariatric Surgery	43843	Gastric restrictive procedure, without gastric bypass, for m	X		X	X	X
Bariatric Surgery	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel.) to limit absorption (biliopancreatic diversion with duodenal switch).	X		X	X	X
Bariatric Surgery	43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less Roux-en-Y gastroenterostomy. (For greater than 150 cm, use 43847)(For laparoscopic procedure, use 43644).	X		X	X	X
Bariatric Surgery	43847	With small intestine reconstruction to limit absorption.	X		X	X	X
Bariatric Surgery	43848	Revision, open, of gastric restrictive procedure for morbid	X		X	X	X
Bariatric Surgery	43886	Gastric restrictive procedure, open; revision of subcutaneou	X		X	X	X
Bariatric Surgery	43887	Gastric restrictive procedure, open; removal of subcutaneous	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Bariatric Surgery	43888	Gastric restrictive procedure, open; removal and replacement	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Circumcision greater than 1 year of age	54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	X		X	X	X
Circumcision greater than 1 year of age	54161	Circumcision, surgical excision other than clamp, device, or dorsal slit, older than 28 days of age	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Cosmetic Surgery	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkl	X		X	X	X
Cosmetic Surgery	15781	Dermabrasion; segmental, face	X		X	X	X
Cosmetic Surgery	15782	Dermabrasion; regional, other than face	X		X	X	X
Cosmetic Surgery	15783	Dermabrasion; superficial, any site (eg, tattoo removal)	X		X	X	X
Cosmetic Surgery	15788	Chemical peel, facial; epidermal	X		X	X	X
Cosmetic Surgery	15789	Chemical peel, facial; dermal	X		X	X	X
Cosmetic Surgery	15792	Chemical peel, nonfacial; epidermal	X		X	X	X
Cosmetic Surgery	15793	Chemical peel, nonfacial; dermal	X		X	X	X
Cosmetic Surgery	15820	Blepharoplasty, lower eyelid;	X		X	X	X
Cosmetic Surgery	15821	Blepharoplasty, lower eyelid; with extensive herniated fat p	X		X	X	X
Cosmetic Surgery	15822	Blepharoplasty, upper eyelid;	X		X	X	X
Cosmetic Surgery	15823	Blepharoplasty, upper eyelid; with excessive skin weighting	X		X	X	X
Cosmetic Surgery	15824	Rhytidectomy; forehead	X		X	X	X
Cosmetic Surgery	15825	Rhytidectomy; neck with platysmal tightening (platysmal flap	X		X	X	X
Cosmetic Surgery	15826	Rhytidectomy; glabellar frown lines	X		X	X	X
Cosmetic Surgery	15828	Rhytidectomy; cheek, chin, and neck	X		X	X	X
Cosmetic Surgery	15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) f	X		X	X	X
Cosmetic Surgery	15832	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15833	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15834	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15835	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15836	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15837	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15838	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15839	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15847	Excision, excessive skin and subcutaneous tissue (includes l	X		X	X	X
Cosmetic Surgery	15876	Suction assisted lipectomy; head and neck	X		X	X	X
Cosmetic Surgery	15877	Suction assisted lipectomy; trunk	X		X	X	X
Cosmetic Surgery	15878	Suction assisted lipectomy; upper extremity	X		X	X	X
Cosmetic Surgery	15879	Suction assisted lipectomy; lower extremity	X		X	X	X
Cosmetic Surgery	17380	Electrolysis epilation, each 30 minutes	X		X	X	X
Cosmetic Surgery	19300	Mastectomy for gynecomastia	X		X	X	X
Cosmetic Surgery	19316	Mastopexy	X		X	X	X
Cosmetic Surgery	19318	Reduction mammoplasty	X		X	X	X
Cosmetic Surgery	19328	Removal of intact mammary implant	X		X	X	X
Cosmetic Surgery	19330	Removal of mammary implant material	X		X	X	X
Cosmetic Surgery	19342	Delayed insertion of breast prosthesis following mastopexy,	X		X	X	X
Cosmetic Surgery	19350	Nipple/areola reconstruction	X		X	X	X
Cosmetic Surgery	19396	Preparation of moulage for custom breast implant	X		X	X	X
Cosmetic Surgery	30400	Rhinoplasty, primary; lateral and alar cartilages and/or ele	X		X	X	X
Cosmetic Surgery	30410	Rhinoplasty, primary; complete, external parts including bon	X		X	X	X
Cosmetic Surgery	30420	Rhinoplasty, primary; including major septal repair	X		X	X	X
Cosmetic Surgery	30430	Rhinoplasty, secondary; minor revision (small amount of nasa	X		X	X	X
Cosmetic Surgery	30435	Rhinoplasty, secondary; intermediate revision (bony work wit	X		X	X	X
Cosmetic Surgery	30450	Rhinoplasty, secondary; major revision (nasal tip work and o	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Cosmetic Surgery	30460	Rhinoplasty for nasal deformity secondary to congenital clef	X		X	X	X
Cosmetic Surgery	30462	Rhinoplasty for nasal deformity secondary to congenital clef	X		X	X	X
Cosmetic Surgery	67904	Repair of blepharoptosis; (tarso) levator resection or advan	X		X	X	X
Cosmetic Surgery	67906	Repair of blepharoptosis; superior rectus technique with fas	X		X	X	X
Cosmetic Surgery	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-	X		X	X	X
Cosmetic Surgery	69300	Otoplasty, protruding ear, with or without size reduction	X		X	X	X
Cosmetic Surgery	11920	Tattooing, intradermal introduction of insoluble opaque pigm	X		X	X	X
Cosmetic Surgery	11921	Tattooing, intradermal introduction of insoluble opaque pigm	X		X	X	X
Cosmetic Surgery	11922	Tattooing, intradermal introduction of insoluble opaque pigm	X		X	X	X
Cosmetic Surgery	11950	Subcutaneous injection of filling material (eg, collagen); 1	X		X	X	X
Cosmetic Surgery	11951	Subcutaneous injection of filling material (eg, collagen); 1	X		X	X	X
Cosmetic Surgery	11952	Subcutaneous injection of filling material (eg, collagen); 5	X		X	X	X
Cosmetic Surgery	11954	Subcutaneous injection of filling material (eg, collagen); o	X		X	X	X
Cosmetic Surgery	11960	Insertion of tissue expander(s) for other than breast, inclu	X		X	X	X
Cosmetic Surgery	15786	Abrasion; single lesion (eg, keratosis, scar)	X		X	X	X
Cosmetic Surgery	15787	Abrasion; each additional 4 lesions or less (List separately	X		X	X	X
Cosmetic Surgery	17360	Chemical exfoliation for acne (eg, acne paste, acid)	X		X	X	X
Cosmetic Surgery	21235	Graft; ear cartilage, autogenous, to nose or ear (includes o	X		X	X	X
Cosmetic Surgery	21740	Reconstructive repair of pectus excavatum or carinatum; open	X		X	X	X
Cosmetic Surgery	21742	Reconstructive repair of pectus excavatum or carinatum; mini	X		X	X	X
Cosmetic Surgery	21743	Reconstructive repair of pectus excavatum or carinatum; mini	X		X	X	X
Cosmetic Surgery	36468	Injection(s) of sclerosant for spider veins (telangiectasia)	X		X	X	X
Cosmetic Surgery	36469	Single or multiple injections of sclerosing solutions, spide	X		X	X	X
Cosmetic Surgery	36470	Injection of sclerosant; single incompetent vein (other than	X		X	X	X
Cosmetic Surgery	36471	Injection of sclerosant; multiple incompetent veins (other t	X		X	X	X
Cosmetic Surgery	36475	Endovenous ablation therapy of incompetent vein, extremity,	X		X	X	X
Cosmetic Surgery	36476	Endovenous ablation therapy of incompetent vein, extremity,	X		X	X	X
Cosmetic Surgery	36478	Endovenous ablation therapy of incompetent vein, extremity,	X		X	X	X
Cosmetic Surgery	36479	Endovenous ablation therapy of incompetent vein, extremity,	X		X	X	X
Cosmetic Surgery	37500	Vascular endoscopy, surgical, with ligation of perforator ve	X		X	X	X
Cosmetic Surgery	37501	Unlisted vascular endoscopy procedure	X		X	X	X
Cosmetic Surgery	37700	Ligation and division of long saphenous vein at saphenofemor	X		X	X	X
Cosmetic Surgery	37718	Ligation, division, and stripping, short saphenous vein	X		X	X	X
Cosmetic Surgery	37722	Ligation, division, and stripping, long (greater) saphenous	X		X	X	X
Cosmetic Surgery	37735	Ligation and division and complete stripping of long or shor	X		X	X	X
Cosmetic Surgery	37760	Ligation of perforator veins, subfascial, radical (Linton ty	X		X	X	X
Cosmetic Surgery	37761	Ligation of perforator vein(s), subfascial, open, including	X		X	X	X
Cosmetic Surgery	37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab	X		X	X	X
Cosmetic Surgery	37766	Stab phlebectomy of varicose veins, 1 extremity; more than 2	X		X	X	X
Cosmetic Surgery	37780	Ligation and division of short saphenous vein at saphenopopl	X		X	X	X
Cosmetic Surgery	37785	Ligation, division, and/or excision of varicose vein cluster	X		X	X	X
Cosmetic Surgery	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under	00170_U3	Anesthesia for intraoral procedures, including biopsy; not o			X	X	X
General Anesthesia for Dental Procedures (Facility and Physician) 6 years and under	41899_U3	Unlisted procedure, dentoalveolar structures			X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	21076	Impression and custom preparation; surgical obturator prosth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21079	Impression and custom preparation; interim obturator prosth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21080	Impression and custom preparation; definitive obturator pros	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21081	Impression and custom preparation; mandibular resection pros	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21082	Impression and custom preparation; palatal augmentation pros	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21083	Impression and custom preparation; palatal lift prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21120	Genioplasty; augmentation (autograft, allograft, prosthetic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21121	Genioplasty; sliding osteotomy, single piece	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21123	Genioplasty; sliding, augmentation with interpositional bone	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21125	Augmentation, mandibular body or angle; prosthetic material	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21127	Augmentation, mandibular body or angle; with bone graft, onl	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21141	Reconstruction midface, LeFort I; single piece, segment move	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	21145	Reconstruction midface, LeFort I; single piece, segment move	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, T	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21151	Reconstruction midface, LeFort II; any direction, requiring	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21154	Reconstruction midface, LeFort III (extracranial), any type,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21155	Reconstruction midface, LeFort III (extracranial), any type,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21159	Reconstruction midface, LeFort III (extra and intracranial)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21160	Reconstruction midface, LeFort III (extra and intracranial)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21188	Reconstruction midface, osteotomies (other than LeFort type)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21193	Reconstruction of mandibular rami, horizontal, vertical, C,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21194	Reconstruction of mandibular rami, horizontal, vertical, C,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21195	Reconstruction of mandibular rami and/or body, sagittal spli	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21196	Reconstruction of mandibular rami and/or body, sagittal spli	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21198	Osteotomy, mandible, segmental;	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	21199	Osteotomy, mandible, segmental; with genioglossus advancement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21215	Graft, bone; mandible (includes obtaining graft)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21244	Reconstruction of mandible, extraoral, with transosteal bone	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21245	Reconstruction of mandible or maxilla, subperiosteal implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21246	Reconstruction of mandible or maxilla, subperiosteal implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	21247	Reconstruction of mandibular condyle with bone and cartilage	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5934	Mandibular resection prosthesis with guide flange	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5935	Mandibular resection prosthesis without guide flange	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5982	Surgical stent	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5988	Surgical splint	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7471	Removal of lateral exostosis (maxilla or mandible)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7472	Removal of torus palatinus	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7473	Removal of torus mandibularis	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7490	Radical resection of maxilla or mandible	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7610	Maxilla, open reduction (teeth immobilized if present)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7630	Mandible, open reduction (teeth immobilized if present)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7650	Malar and/or zygomatic arch, open reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7671	Alveolus - open reduction, may include stabilization of teet	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7680	Facial bones, complicated reduction with fixation and multip	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7710	Maxilla, open reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7730	Mandible, open reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7750	Malar and/or zygomatic arch, open reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7770	Alveolus - open reduction stabilization of teeth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7780	Facial bones, complicated reduction with fixation and multip	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7940	Osteoplasty, for orthognathic deformities	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7941	Osteotomy - mandibular rami	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7943	Osteotomy - mandibular rami with bone graft; includes obtain	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7944	Osteotomy-segmented or subapical	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7945	Osteotomy, body of mandible	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7946	LeFort I (maxilla, total)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7947	LeFort I (maxilla, segmented)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7948	LeFort II or LeFort III (osteoplasty of facial bones for mid	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7949	LeFort II or LeFort III, with bone graft	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7953	Bone replacement graft for ridge preservation - per site	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7955	Repair of maxillofacial soft and/or hard tissue defect	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7995	Synthetic graft, mandible or facial bones, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7996	Implant, mandible for augmentation purposes (excluding alveo	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7997	Appliance removal (not by dentist who placed appliance), inc	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7999	Unspecified oral surgery procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3410	Apicoectomy/periradicular surgery, anterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3425	Apicoectomy/periradicular surgery, molar (first root)	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D3426	Apicoectomy/periradicular surgery (each additional root)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4260	Osseous surgery (including flap entry and closure), 4 or mor	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4261	Osseous surgery (including flap entry and closure), 1 to 3 c	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0120	Periodic oral evaluation - established patient	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0140	Limited oral evaluation - problem focused	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0145	Oral evaluation for a patient under 3 years of age and couns	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0150	Comprehensive oral evaluation - new or established patient	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0160	Detailed and extensive oral evaluation - problem focused, by	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0170	Re-evaluation, limited, problem-focused (established patient	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0180	Comprehensive periodontal evaluation - new or established pa	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0210	Intraoral, complete series (including bitewings)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0220	Intraoral, periapical, first film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0230	Intraoral, periapical, each additional film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0240	Intraoral - occlusal film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0250	Extraoral, first film	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D0260	Extraoral, each additional film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0270	Bitewing, single film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0272	Bitewings, 2 films	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0273	Bitewings, 3 films	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0274	Bitewings, 4 films	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0277	Vertical bitewings - 7 to 8 films	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0290	Posterior-anterior or lateral skull and facial bone survey f	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0310	Sialography	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0320	Temporomandibular joint arthrogram, including injection	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0321	Other temporomandibular joint films, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0322	Tomographic survey	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0330	Panoramic film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0340	Cephalometric film	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0350	Oral/facial photographic images	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0360	Cone beam CT - craniofacial data capture	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D0362	Cone beam, 2-dimensional image reconstruction using existing	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0363	Cone beam, 3-dimensional image reconstruction using existing	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0415	Collection of microorganisms for culture and sensitivity	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0416	Viral culture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0421	Genetic test for susceptibility to oral diseases	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0425	Caries susceptibility tests	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0431	Adjunctive prediagnostic test that aids in detection of muco	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0460	Pulp vitality tests	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0470	Diagnostic casts	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0472	Accession of tissue, gross examination, preparation, and tra	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0473	Accession of tissue, gross and microscopic examination, prep	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0474	Accession of tissue, gross and microscopic examination, incl	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0475	Decalcification procedure	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0476	Special stains for microorganisms	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0477	Special stains, not for microorganisms	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D0478	Immunohistochemical stains	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0479	Tissue in-situ hybridization, including interpretation	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0480	Accession of exfoliative cytologic smears, microscopic exami	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0481	Electron microscopy - diagnostic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0482	Direct immunofluorescence	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0483	Indirect immunofluorescence	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0484	Consultation on slides prepared elsewhere	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0485	Consultation, including preparation of slides from biopsy ma	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0486	Laboratory accession of brush biopsy sample, microscopic exa	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0502	Other oral pathology procedures, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D0999	Unspecified diagnostic procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1110	Prophylaxis, adult	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1120	Prophylaxis, child	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1203	Topical application of fluoride, child	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1204	Topical application of fluoride, adult	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D1206	Topical fluoride varnish; therapeutic application for modera	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1310	Nutritional counseling for the control of dental disease	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1320	Tobacco counseling for the control and prevention of oral di	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1330	Oral hygiene instruction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1351	Sealant, per tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1510	Space maintainer, fixed unilateral	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1515	Space maintainer, fixed bilateral	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1520	Space maintainer, removable unilateral	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1525	Space maintainer, removable bilateral	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1550	Recementation of space maintainer	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D1555	Removal of fixed space maintainer	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2140	Amalgam-one surface, primary or permanent	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2150	Amalgam, 2 surfaces, primary or permanent	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2160	Amalgam, 3 surfaces, primary or permanent	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2161	Amalgam, 4 or more surfaces, primary or permanent	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D2330	Resin, one surface, anterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2331	Resin, 2 surfaces, anterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2332	Resin, 3 surfaces, anterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2335	Resin, 4 or more surfaces or involving incisal angle (anterior)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2390	Resin-based composite crown, anterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2391	Resin-based composite - one surface, posterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2392	Resin-based composite, 2 surfaces, posterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2393	Resin-based composite, 3 surfaces, posterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2394	Resin-based composite, 4 or more surfaces, posterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2410	Gold foil, one surface	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2420	Gold foil, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2430	Gold foil, 3 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2510	Inlay, metallic, one surface	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2520	Inlay, metallic, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2530	Inlay, metallic, 3 or more surfaces	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D2542	Onlay, metallic, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2543	Onlay, metallic, 3 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2544	Onlay, metallic, 4 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2610	Inlay, porcelain/ceramic, one surface	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2620	Inlay, porcelain/ceramic, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2630	Inlay, porcelain/ceramic, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2642	Onlay, porcelain/ceramic, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2643	Onlay, porcelain/ceramic, 3 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2644	Onlay, porcelain/ceramic, 4 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2650	Inlay, resin-based composite - one surface	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2651	Inlay, resin-based composite, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2652	Inlay, resin-based composite, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2662	Onlay, resin-based composite, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2663	Onlay, resin-based composite, 3 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2664	Onlay, resin-based composite, 4 or more surfaces	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D2710	Crown - resin-based composite (indirect)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2712	Crown - 3/4 resin-based composite (indirect)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2720	Crown, resin with high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2721	Crown, resin with predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2722	Crown, resin with noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2740	Crown, porcelain/ceramic substrate	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2750	Crown, porcelain fused to high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2751	Crown - porcelain fused to predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2752	Crown, porcelain fused to noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2780	Crown - 3/4 cast high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2781	Crown - 3/4 cast predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2782	Crown - 3/4 cast noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2783	Crown - 3/4 porcelain/ceramic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2790	Crown, full cast high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2791	Crown, full cast predominantly base metal	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D2792	Crown, full cast noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2794	Crown, titanium	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2799	Provisional crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2910	Recement inlay, onlay or partial coverage restoration	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2915	Recement cast or prefabricated post and core	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2920	Recement crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2930	Prefabricated stainless steel crown, primary tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2931	Prefabricated stainless steel crown, permanent tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2932	Prefabricated resin crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2933	Prefabricated stainless steel crown with resin window	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2934	Prefabricated esthetic coated stainless steel crown - primar	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2940	Sedative filling	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2950	Core buildup, including any pins	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2951	Pin retention, per tooth, in addition to restoration	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2952	Post and core in addition to crown, indirectly fabricated	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D2953	Each additional indirectly fabricated post - same tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2954	Prefabricated post and core in addition to crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2955	Post removal (not in conjunction with endodontic therapy)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2957	Each additional prefabricated post - same tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2960	Labial veneer (lamine)-chairside	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2961	Labial veneer (resin laminate), laboratory	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2962	Labial veneer (porcelain laminate), laboratory	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2971	Additional procedures to construct new crown under existing	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2975	Coping	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2980	Crown repair, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D2999	Unspecified restorative procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3110	Pulp cap, direct (excluding final restoration)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3120	Pulp cap, indirect (excluding final restoration)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3220	Therapeutic pulpotomy (excluding final restoration), removal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3221	Pulpal debridement, primary and permanent teeth	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D3230	Pulpal therapy (resorbable filling), anterior, primary tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3240	Pulpal therapy (resorbable filling), posterior, primary tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3310	Endodontic therapy, anterior tooth (excluding final restorat	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3320	Endodontic therapy, bicuspid tooth (excluding final restorat	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3330	Endodontic therapy, molar (excluding final restoration)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3331	Treatment of root canal obstruction; nonsurgical access	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3332	Incomplete endodontic therapy; inoperable, unrestorable or f	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3333	Internal root repair of perforation defects	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3346	Retreatment of previous root canal therapy, anterior	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3347	Retreatment of previous root canal therapy, bicuspid	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3348	Retreatment of previous root canal therapy, molar	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3351	Apexification/recalcification, initial visit (apical closure	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3352	Apexification/recalcification, interim medication replacemen	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3353	Apexification/recalcification, final visit (includes complet	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3410	Apicoectomy/periradicular surgery, anterior	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D3421	Apicoectomy/periradicular surgery, bicuspid (first root)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3425	Apicoectomy/periradicular surgery, molar (first root)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3426	Apicoectomy/periradicular surgery (each additional root)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3430	Retrograde filling, per root	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3450	Root amputation, per root	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3460	Endodontic endosseous implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3470	Intentional replantation (including necessary splinting)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3910	Surgical procedure for isolation of tooth with rubber dam	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3920	Hemisection (including any root removal), not including root	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3950	Canal preparation and fitting of preformed dowel or post	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D3999	Unspecified endodontic procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4210	Gingivectomy or gingivoplasty, 4 or more contiguous teeth or	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4211	Gingivectomy or gingivoplasty, 1 to 3 contiguous teeth or to	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4230	Anatomical crown exposure, 4 or more contiguous teeth per qu	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4231	Anatomical crown exposure, 1 to 3 teeth per quadrant	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D4240	Gingival flap procedure, including root planing, 4 or more c	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4241	Gingival flap procedure, including root planing, 1 to 3 cont	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4245	Apically positioned flap	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4249	Clinical crown lengthening, hard tissue	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4260	Osseous surgery (including flap entry and closure), 4 or mor	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4261	Osseous surgery (including flap entry and closure), 1 to 3 c	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4263	Bone replacement graft - first site in quadrant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4264	Bone replacement graft - each additional site in quadrant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4265	Biologic materials to aid in soft and osseous tissue regener	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4266	Guided tissue regeneration - resorbable barrier, per site	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4267	Guided tissue regeneration, nonresorbable barrier, per site	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4268	Surgical revision procedure, per tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4270	Pedicle soft tissue graft procedure	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4271	Free soft tissue graft procedure (including donor site surge	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4273	Subepithelial connective tissue graft procedures, per tooth	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D4274	Distal or proximal wedge procedure (when not performed in co	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4275	Soft tissue allograft	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4276	Combined connective tissue and double pedicle graft, per too	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4320	Provisional splinting, intracoronal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4321	Provisional splinting, extracoronal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4341	Periodontal scaling and root planing, 4 or more teeth per qu	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4342	Periodontal scaling and root planing, 1 to 3 teeth, per quad	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4355	Full mouth debridement to enable comprehensive evaluation an	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4381	Localized delivery of antimicrobial agents via a controlled	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4910	Periodontal maintenance	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4920	Unscheduled dressing change (by someone other than treating	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D4999	Unspecified periodontal procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5110	Complete denture - maxillary	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5120	Complete denture - mandibular	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5130	Immediate denture - maxillary	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D5140	Immediate denture - mandibular	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5211	Upper partial denture - resin base (including any convention	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5212	Lower partial denture - resin base (including any convention	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5213	Maxillary partial denture - cast metal framework with resin	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5214	Mandibular partial denture, cast metal framework with resin	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5225	Maxillary partial denture - flexible base (including any cla	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5226	Mandibular partial denture - flexible base (including any cl	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5281	Removable unilateral partial denture, 1 piece cast metal (in	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5410	Adjust complete denture - maxillary	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5411	Adjust complete denture - mandibular	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5421	Adjust partial denture - maxillary	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5422	Adjust partial denture - mandibular	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5510	Repair broken complete denture base	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5520	Replace missing or broken teeth, complete denture (each toot	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5610	Repair resin denture base	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D5620	Repair cast framework	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5630	Repair or replace broken clasp	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5640	Replace broken teeth, per tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5650	Add tooth to existing partial denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5660	Add clasp to existing partial denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5670	Replace all teeth and acrylic on cast metal framework (maxil	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5671	Replace all teeth and acrylic on cast metal framework (mandi	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5710	Rebase complete maxillary denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5711	Rebase complete mandibular denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5720	Rebase maxillary partial denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5721	Rebase mandibular partial denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5730	Reline complete maxillary denture (chairside)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5731	Reline lower complete mandibular denture (chairside)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5740	Reline maxillary partial denture (chairside)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5741	Reline mandibular partial denture (chairside)	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D5750	Reline complete maxillary denture (laboratory)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5751	Reline complete mandibular denture (laboratory)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5760	Reline maxillary partial denture (laboratory)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5761	Reline mandibular partial denture (laboratory)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5810	Interim complete denture (maxillary)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5811	Interim complete denture (mandibular)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5820	Interim partial denture (maxillary)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5821	Interim partial denture (mandibular)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5850	Tissue conditioning, maxillary	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5851	Tissue conditioning, mandibular	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5860	Overdenture, complete, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5861	Overdenture, partial, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5862	Precision attachment, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5867	Replacement of replaceable part of semi-precision or precisi	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5875	Modification of removable prosthesis following implant surge	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D5899	Unspecified removable prosthodontic procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5911	Facial moulage (sectional)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5912	Facial moulage (complete)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5913	Nasal prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5914	Auricular prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5915	Orbital prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5916	Ocular prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5919	Facial prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5922	Nasal septal prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5923	Ocular prosthesis, interim	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5924	Cranial prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5925	Facial augmentation implant prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5926	Nasal prosthesis, replacement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5927	Auricular prosthesis, replacement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5928	Orbital prosthesis, replacement	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D5929	Facial prosthesis, replacement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5931	Obturator prosthesis, surgical	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5932	Obturator prosthesis, definitive	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5933	Obturator prosthesis, modification	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5936	Obturator/prosthesis, interim	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5937	Trismus appliance (not for TM treatment)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5951	Feeding aid	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5952	Speech aid prosthesis, pediatric	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5953	Speech aid prosthesis, adult	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5954	Palatal augmentation prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5955	Palatal lift prosthesis, definitive	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5958	Palatal lift prosthesis, interim	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5959	Palatal lift prosthesis, modification	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5960	Speech aid prosthesis, modification	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5983	Radiation carrier	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D5984	Radiation shield	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5985	Radiation cone locator	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5986	Fluoride gel carrier	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5987	Commissure splint	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D5999	Unspecified maxillofacial prosthesis, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6010	Surgical placement of implant body: endosteal implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6012	Surgical placement of interim implant body for transitional	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6040	Surgical placement: eosteal implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6050	Surgical placement: transosteal implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6053	Implant/abutment supported removable denture for completely	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6054	Implant/abutment supported removable denture for partially e	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6055	Dental implant supported connecting bar	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6056	Prefabricated abutment - includes placement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6057	Custom abutment - includes placement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6058	Abutment supported porcelain/ceramic crown	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6059	Abutment supported porcelain fused to metal crown (high nobl	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6060	Abutment supported porcelain fused to metal crown (predomina	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6061	Abutment supported porcelain fused to metal crown (noble met	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6062	Abutment supported cast metal crown (high noble metal)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6063	Abutment supported cast metal crown (predominantly base meta	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6064	Abutment supported cast metal crown (noble metal)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6065	Implant supported porcelain/ceramic crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6066	Implant supported porcelain fused to metal crown (titanium,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6067	Implant supported metal crown (titanium, titanium alloy, hig	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6068	Abutment supported retainer for porcelain/ceramic FPD	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6069	Abutment supported retainer for porcelain fused to metal FPD	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6070	Abutment supported retainer for porcelain fused to metal FPD	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6071	Abutment supported retainer for porcelain fused to metal FPD	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6072	Abutment supported retainer for cast metal FPD (high noble m	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6073	Abutment supported retainer for cast metal FPD (predominantl	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6074	Abutment supported retainer for cast metal FPD (noble metal)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6075	Implant supported retainer for ceramic FPD	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6076	Implant supported retainer for porcelain fused to metal FPD	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6077	Implant supported retainer for cast metal FPD (titanium, tit	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6078	Implant/abutment supported fixed denture for completely eden	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6079	Implant/abutment supported fixed denture for partially edent	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6080	Implant maintenance procedures, including removal of prosthe	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6090	Repair implant-supported prosthesis, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6091	Replacement of semi-precision or precision attachment (male	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6092	Recement implant/abutment supported crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6093	Recement implant/abutment supported fixed partial denture	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6094	Abutment supported crown - (titanium)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6095	Repair implant abutment, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6100	Implant removal, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6190	Radiographic/surgical implant index, by report	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6194	Abutment supported retainer crown for FPD - (titanium)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6199	Unspecified implant procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6205	Pontic - indirect resin based composite	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6210	Pontic, cast high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6211	Pontic, cast predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6212	Pontic, cast noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6214	Pontic - titanium	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6240	Pontic, porcelain fused to high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6241	Pontic, porcelain fused to predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6242	Pontic, porcelain fused to noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6245	Pontic - porcelain/ceramic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6250	Pontic, resin with high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6251	Pontic, resin with predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6252	Pontic, resin with noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6253	Provisional pontic	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6545	Retainer, cast metal for resin bonded fixed prosthesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthes	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6600	Inlay, porcelain/ceramic, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6601	Inlay, porcelain/ceramic, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6602	Inlay, cast high noble metal, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6603	Inlay, cast high noble metal, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6604	Inlay, cast predominantly base metal, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6605	Inlay, cast predominantly base metal, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6606	Inlay, cast noble metal, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6607	Inlay, cast noble metal, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6608	Onlay, porcelain/ceramic, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6609	Onlay, porcelain/ceramic, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6610	Onlay, cast high noble metal, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6611	Onlay, cast high noble metal, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6612	Onlay, cast predominantly base metal, 2 surfaces	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6613	Onlay, cast predominantly base metal, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6614	Onlay, cast noble metal, 2 surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6615	Onlay, cast noble metal, 3 or more surfaces	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6624	Inlay, titanium	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6634	Onlay, titanium	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6710	Crown - indirect resin based composite	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6720	Crown, resin with high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6721	Crown, resin with predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6722	Crown, resin with noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6740	Crown - porcelain/ceramic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6750	Crown, porcelain fused to high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6751	Crown, porcelain fused to predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6752	Crown, porcelain fused to noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6780	Crown, 3/4 cast high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6781	Crown - 3/4 cast predominantly base metal	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6782	Crown - 3/4 cast noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6783	Crown - 3/4 porcelain/ceramic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6790	Crown, full cast high noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6791	Crown, full cast predominantly base metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6792	Crown, full cast noble metal	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6793	Provisional retainer crown	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6794	Crown - titanium	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6920	Connector bar	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6930	Recement bridge	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6940	Stress breaker	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6950	Precision attachment	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6970	Post and core in addition to fixed partial denture retainer,	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6972	Prefabricated post and core in addition to bridge retainer	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6973	Core build up for retainer, including any pins	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6975	Coping, metal	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D6976	Each additional indirectly fabricated post - same tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6977	Each additional prefabricated post - same tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6980	Bridge repair, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6985	Pediatric partial denture, fixed	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D6999	Unspecified fixed prosthodontic procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7111	Extraction, coronal remnants - deciduous tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7140	Extraction, erupted tooth or exposed root (elevation and/or	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7210	Surgical removal of erupted tooth requiring elevation of muc	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7220	Removal of impacted tooth, soft tissue	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7230	Removal of impacted tooth, partially bony	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7240	Removal of impacted tooth, completely bony	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7241	Removal of impacted tooth, completely bony, with unusual sur	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7250	Surgical removal of residual tooth roots (cutting procedure)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7260	Oral antral fistula closure	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7261	Primary closure of a sinus perforation	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7270	Tooth reimplantation and/or stabilization of accidentally ev	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7272	Tooth transplantation (includes reimplantation from one site	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7280	Surgical access of an unerupted tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7282	Mobilization of erupted or malpositioned tooth to aid erupti	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7283	Placement of device to facilitate eruption of impacted tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7285	Biopsy of oral tissue - hard (bone, tooth)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7286	Biopsy of oral tissue - soft	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7287	Exfoliative cytological sample collection	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7288	Brush biopsy - transepithelial sample collection	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7290	Surgical repositioning of teeth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7292	Surgical placement: temporary anchorage device (screw retain	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7293	Surgical placement: temporary anchorage device requiring sur	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7294	Surgical placement: temporary anchorage device without surgi	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7310	Alveoloplasty in conjunction with extractions, 4 or more tee	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7311	Alveoloplasty in conjunction with extractions, 1 to 3 teeth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7320	Alveoloplasty not in conjunction with extractions, 4 or more	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7321	Alveoloplasty not in conjunction with extractions, 1 to 3 te	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7340	Vestibuloplasty, ridge extension (second epithelialization)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7350	Vestibuloplasty, ridge extension (including soft tissue graf	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7410	Excision of benign lesion up to 1.25 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7411	Excision of benign lesion greater than 1.25 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7412	Excision of benign lesion, complicated	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7413	Excision of malignant lesion up to 1.25 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7414	Excision of malignant lesion greater than 1.25 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7415	Excision of malignant lesion, complicated	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7440	Excision of malignant tumor, lesion diameter up to 1.25 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7441	Excision of malignant tumor, lesion diameter greater than 1.	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7450	Removal of benign odontogenic cyst or tumor - lesion diamete	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7451	Removal of benign odontogenic cyst or tumor, lesion diameter	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7460	Removal of benign nonodontogenic cyst or tumor, lesion diame	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7461	Removal of benign nonodontogenic cyst or tumor, lesion diame	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7465	Destruction of lesion(s) by physical or chemical methods, by	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7485	Surgical reduction of osseous tuberosity	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7510	Incision and drainage of abscess, intraoral soft tissue	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7511	Incision and drainage of abscess - intraoral soft tissue - c	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7520	Incision and drainage of abscess, extraoral soft tissue	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7521	Incision and drainage of abscess - extraoral soft tissue - c	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7530	Removal of foreign body from mucosa, skin, or subcutaneous a	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7540	Removal of reaction-producing foreign bodies, musculoskeleta	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7550	Partial ostectomy/sequestrectomy for removal of nonvital bon	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7560	Maxillary sinusotomy for removal of tooth fragment or foreig	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7620	Maxilla, closed reduction (teeth immobilized if present)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7640	Mandible, closed reduction (teeth immobilized if present)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7660	Malar and/or zygomatic arch, closed reduction	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7670	Alveolus - closed reduction, may include stabilization of te	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7720	Maxilla, closed reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7740	Mandible, closed reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7760	Malar and/or zygomatic arch, closed reduction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7771	Alveolus, closed reduction stabilization of teeth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7810	Open reduction of dislocation	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7820	Closed reduction of dislocation	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7830	Manipulation under anesthesia	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7840	Condylectomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7850	Surgical discectomy; with/without implant	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7852	Disc repair	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7854	Synovectomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7856	Myotomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7858	Joint reconstruction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7860	Arthrotomy	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7865	Arthroplasty	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7870	Arthrocentesis	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7871	Nonarthroscopic lysis and lavage	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7872	Arthroscopy, diagnosis, with or without biopsy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7873	Arthroscopy, surgical: lavage and lysis of adhesions	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7874	Arthroscopy, surgical: disc repositioning and stabilization	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7875	Arthroscopy, surgical: synovectomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7876	Arthroscopy, surgical: discectomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7877	Arthroscopy, surgical: debridement	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7880	Occlusal orthotic appliance	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7899	Unspecified TMD therapy, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7910	Suture of recent small wounds up to 5 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7911	Complicated suture, up to 5 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7912	Complicated suture, greater than 5 cm	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7920	Skin graft (identify defect covered, location, and type of g	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D7951	Sinus augmentation with bone or bone substitutes	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7963	Frenuloplasty	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7970	Excision of hyperplastic tissue, per arch	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7971	Excision of pericoronal gingiva	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7972	Surgical reduction of fibrous tuberosity	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7980	Sialolithotomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7981	Excision of salivary gland, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7982	Sialodochoplasty	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7983	Closure of salivary fistula	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7990	Emergency tracheotomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7991	Coronoidectomy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7998	Intraoral placement of a fixation device not in conjunction	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D7999	Unspecified oral surgery procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8010	Limited orthodontic treatment of the primary dentition	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D8020	Limited orthodontic treatment of the transitional dentition	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8030	Limited orthodontic treatment of the adolescent dentition	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8040	Limited orthodontic treatment of the adult dentition	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8050	Interceptive orthodontic treatment of the primary dentition	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8060	Interceptive orthodontic treatment of the transitional denti	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8070	Comprehensive orthodontic treatment of the transitional dent	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8080	Comprehensive orthodontic treatment of the adolescent dentit	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8090	Comprehensive orthodontic treatment of the adult dentition	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8210	Removable appliance therapy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8220	Fixed appliance therapy	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8660	Preorthodontic visit	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8670	Periodic orthodontic treatment visit (as part of contract)	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8680	Orthodontic retention (removal of appliances, construction a	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8690	Orthodontic treatment (alternative billing to a contract fee	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8691	Repair of orthodontic appliance	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D8692	Replacement of lost or broken retainer	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8693	Rebonding or recementing; and/or repair, as required, of fix	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D8999	Unspecified orthodontic procedure, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9110	Palliative (emergency) treatment of dental pain-minor proced	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9120	Fixed partial denture sectioning	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9210	Local anesthesia not in conjunction with operative or surgic	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9211	Regional block anesthesia	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9212	Trigeminal division block anesthesia	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9215	Local anesthesia	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9220	Deep sedation/general anesthesia, first 30 minutes	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9221	Deep sedation/general anesthesia, each additional 15 minutes	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9241	Intravenous conscious sedation/analgesia - first 30 minutes	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9242	Intravenous conscious sedation/analgesia - each additional 1	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9248	Nonintravenous conscious sedation	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D9310	Consultation, diagnostic service provided by dentist or phys	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9410	House/extended care facility call	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9420	Hospital call	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9430	Office visit for observation (during regularly scheduled hou	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9440	Office visit, after regularly scheduled hours	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9450	Case presentation, detailed and extensive treatment planning	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9610	Therapeutic parenteral drug, single administration	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9612	Therapeutic parenteral drugs, 2 or more administrations, dif	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9630	Other drugs and/or medicaments, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9910	Application of desensitizing medicament	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9911	Application of desensitizing resin for cervical and/or root	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9920	Behavior management, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9930	Treatment of complications (postsurgical) - unusual circumst	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9940	Occlusal guards, by report	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9941	Fabrication of athletic mouthguard	X		X	X	X

BACK TO TABLE OF CONTENTS							
BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Oral Surgery & Medically Necessary Dental Procedures	D9942	Repair and/or reline of occlusal guard	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9950	Occlusion analysis, mounted case	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9951	Occlusal adjustment, limited	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9952	Occlusal adjustment, complete	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9970	Enamel microabrasion	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9971	Odontoplasty 1-2 teeth; includes removal of enamel projectio	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9972	External bleaching - per arch	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9973	External bleaching - per tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9974	Internal bleaching - per tooth	X		X	X	X
Oral Surgery & Medically Necessary Dental Procedures	D9999	Unspecified adjunctive procedure, by report	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11970	Replacement of tissue expander with permanent prosthesis	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	11971	Removal of tissue expander(s) without insertion of prosthesi	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantecto	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19303	Mastectomy, simple, complete	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19304	Mastectomy, subcutaneous	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19305	Mastectomy, radical, including pectoral muscles, axillary ly	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19306	Mastectomy, radical, including pectoral muscles, axillary an	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19307	Mastectomy, modified radical, including axillary lymph nodes	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19316	Mastopexy	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19324	Mammaplasty, augmentation; without prosthetic implant	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19325	Mammaplasty, augmentation; with prosthetic implant	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19340	Immediate insertion of breast prosthesis following mastopexy	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19342	Delayed insertion of breast prosthesis following mastopexy,	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19350	Nipple/areola reconstruction	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19355	Correction of inverted nipples	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19357	Breast reconstruction, immediate or delayed, with tissue exp	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19361	Breast reconstruction with latissimus dorsi flap, without pr	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19364	Breast reconstruction with free flap	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19366	Breast reconstruction with other technique	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19367	Breast reconstruction with transverse rectus abdominis myocu	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19368	Breast reconstruction with transverse rectus abdominis myocu	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19369	Breast reconstruction with transverse rectus abdominis myocu	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	S2068	Breast reconstruction with deep inferior epigastric perforat	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19370	Open periprosthetic capsulotomy, breast	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19371	Periprosthetic capsulectomy, breast	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19380	Revision of reconstructed breast	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	19499	Unlisted procedure, breast	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8001	Breast prosthesis, mastectomy bra, with integrated breast pr	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8002	Breast prosthesis, mastectomy bra, with integrated breast pr	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8010	Breast prosthesis, mastectomy sleeve	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8015	External breast prosthesis garment, with mastectomy form, po	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8020	Breast prosthesis, mastectomy form	X		X	X	X

[BACK TO TABLE OF CONTENTS](#)

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8030	Breast prosthesis, silicone or equal, without integral adhes	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8031	Breast prosthesis, silicone or equal, with integral adhesive	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8032	Nipple prosthesis, reusable, any type, each	X		X	X	X
Therapeutic and Reconstructive Breast Procedures (including breast prosthesis)	L8035	Custom breast prosthesis, post mastectomy, molded to patient	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
TMJ diagnosis and treatment	21010	Arthrotomy, temporomandibular joint	X		X	X	X
TMJ diagnosis and treatment	21060	Menisectomy, partial or complete, temporomandibular joint (separate procedure)	X		X	X	X
TMJ diagnosis and treatment	21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	X		X	X	X
TMJ diagnosis and treatment	21242	Arthroplasty, temporomandibular joint, with allograft	X		X	X	X
TMJ diagnosis and treatment	21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	X		X	X	X
TMJ diagnosis and treatment	21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	X		X	X	X
TMJ diagnosis and treatment	21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)	X		X	X	X
TMJ diagnosis and treatment	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	X		X	X	X
TMJ diagnosis and treatment	29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	X		X	X	X
TMJ diagnosis and treatment	29804	Arthroscopy, temporomandibular joint, surgical	X		X	X	X
TMJ diagnosis and treatment	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	X		X	X	X
TMJ diagnosis and treatment	21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	X		X	X	X
TMJ diagnosis and treatment	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	X		X	X	X
TMJ diagnosis and treatment	21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	X		X	X	X
TMJ diagnosis and treatment	21073	Manipulation of temporomandibular joint(s) (TMJ), therapeuti	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Transplant Services	38205	Blood-derived hematopoietic progenitor cell harvesting for t	X		X	X	X
Transplant Services	38206	Blood-derived hematopoietic progenitor cell harvesting for t	X		X	X	X
Transplant Services	38230	Bone marrow harvesting for transplantation; allogeneic	X		X	X	X
Transplant Services	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantat	X		X	X	X
Transplant Services	38241	Hematopoietic progenitor cell (HPC); autologous transplantat	X		X	X	X
Transplant Services	38242	Allogeneic lymphocyte infusions	X		X	X	X
Transplant Services	38243	Hematopoietic progenitor cell (HPC); HPC boost	X		X	X	X
Transplant Services	44132	Donor enterectomy (including cold preservation), open; from	X		X	X	X
Transplant Services	44133	Donor enterectomy (including cold preservation), open; parti	X		X	X	X
Transplant Services	44135	Intestinal allotransplantation; from cadaver donor	X		X	X	X
Transplant Services	44136	Intestinal allotransplantation; from living donor	X		X	X	X
Transplant Services	44137	Removal of transplanted intestinal allograft, complete	X		X	X	X
Transplant Services	44715	Backbench standard preparation of cadaver or living donor in	X		X	X	X
Transplant Services	44720	Backbench reconstruction of cadaver or living donor intestin	X		X	X	X
Transplant Services	44721	Backbench reconstruction of cadaver or living donor intestin	X		X	X	X
Transplant Services	47133	Donor hepatectomy (including cold preservation), from cadave	X		X	X	X
Transplant Services	47135	Liver allotransplantation, orthotopic, partial or whole, fro	X		X	X	X
Transplant Services	47140	Donor hepatectomy (including cold preservation), from living	X		X	X	X
Transplant Services	47141	Donor hepatectomy (including cold preservation), from living	X		X	X	X
Transplant Services	47142	Donor hepatectomy (including cold preservation), from living	X		X	X	X
Transplant Services	47143	Backbench standard preparation of cadaver donor whole liver	X		X	X	X
Transplant Services	47144	Backbench standard preparation of cadaver donor whole liver	X		X	X	X
Transplant Services	47145	Backbench standard preparation of cadaver donor whole liver	X		X	X	X
Transplant Services	47146	Backbench reconstruction of cadaver or living donor liver gr	X		X	X	X
Transplant Services	47147	Backbench reconstruction of cadaver or living donor liver gr	X		X	X	X
Transplant Services	48160	Pancreatectomy, total or subtotal, with autologous transplan	X		X	X	X
Transplant Services	48550	Donor pancreatectomy (including cold preservation), with or	X		X	X	X
Transplant Services	48551	Backbench standard preparation of cadaver donor pancreas all	X		X	X	X
Transplant Services	48552	Backbench reconstruction of cadaver donor pancreas allograft	X		X	X	X
Transplant Services	48554	Transplantation of pancreatic allograft	X		X	X	X
Transplant Services	48556	Removal of transplanted pancreatic allograft	X		X	X	X
Transplant Services	50300	Donor nephrectomy (including cold preservation); from cadave	X		X	X	X
Transplant Services	50320	Donor nephrectomy (including cold preservation); open, from	X		X	X	X
Transplant Services	50323	Backbench standard preparation of cadaver donor renal allogr	X		X	X	X
Transplant Services	50325	Backbench standard preparation of living donor renal allogra	X		X	X	X
Transplant Services	50327	Backbench reconstruction of cadaver or living donor renal al	X		X	X	X
Transplant Services	50328	Backbench reconstruction of cadaver or living donor renal al	X		X	X	X
Transplant Services	50329	Backbench reconstruction of cadaver or living donor renal al	X		X	X	X
Transplant Services	50340	Recipient nephrectomy (separate procedure)	X		X	X	X
Transplant Services	50360	Renal allotransplantation, implantation of graft; without re	X		X	X	X
Transplant Services	50365	Renal allotransplantation, implantation of graft; with recip	X		X	X	X
Transplant Services	50370	Removal of transplanted renal allograft	X		X	X	X
Transplant Services	50380	Renal autotransplantation, reimplantation of kidney	X		X	X	X
Transplant Services	50547	Laparoscopy, surgical; donor nephrectomy (including cold pre	X		X	X	X
Transplant Services	S2053	Transplantation of small intestine and liver allografts	X		X	X	X

BACK TO TABLE OF CONTENTS

BENEFIT CATEGORY	CODE	CODE DESCRIPTION	CHIP	CHIP Perinate	STAR	STAR Kids	STAR Kids MDCP
Transplant Services	S2054	Transplantation of multivisceral organs	X		X	X	X
Transplant Services	S2055	Harvesting of donor multivisceral organs, with preparation a	X		X	X	X
Transplant Services	S2060	Lobar lung transplantation	X		X	X	X
Transplant Services	S2061	Donor lobectomy (lung) for transplantation, living donor	X		X	X	X
Transplant Services	S2065	Simultaneous pancreas kidney transplantation	X		X	X	X
Transplant Services	S2140	Cord blood harvesting for transplantation, allogeneic	X		X	X	X
Transplant Services	S2142	Cord blood-derived stem-cell transplantation, allogeneic	X		X	X	X
Transplant Services	S2150	Bone marrow or blood-derived stem cells (peripheral or umbil	X		X	X	X
Transplant Services	S2152	Solid organ(s), complete or segmental, single organ or combi	X		X	X	X