

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D0120	Periodic Oral Examination	7/1/2026	N	-
D0140	Limited Oral Evaluation – Problem Focused	7/1/2026	N	-
D0145	Oral Evaluation, Pt < 3Yrs	7/1/2026	N	AbCd Providers Only
D0150	Comprehensive Oral Evaluation - New Or Established Patient	7/1/2026	N	-
D0160	Detailed & Extensive Oral Eval. – Problem Based By Report	7/1/2026	N	-
D0180	Comp Periodontal Evaluation	7/1/2026	N	-
D0190	Screening Of A Patient	7/1/2026	N	-
D0191	Assessment Of A Patient	7/1/2026	N	-
D0210	Intraoral-Complete Series (Including Bitewings)	7/1/2026	N	-
D0220	Intraoral-Periapical-First Film	7/1/2026	N	-
D0230	Intraoral-Periapical-Each Additional Film	7/1/2026	N	-
D0240	Intraoral-Occlusal Film	7/1/2026	N	-
D0270	Bitewing-Single Film	7/1/2026	N	-
D0272	Bitewings-Two Films	7/1/2026	N	-
D0273	Bitewings - Three Films	7/1/2026	N	-
D0274	Bitewings-Four Films	7/1/2026	N	-
D0277	Vertical Bitewings -- 7 To 8 Films	7/1/2026	N	-
D0330	Panoramic Film	7/1/2026	N	-
D0364	Cone Beam Ct Capt & Interp	7/1/2026	Y	-
D0365	Cone Beam Ct Interpret Man	7/1/2026	Y	-
D0366	Cone Beam Ct Interpret Max	7/1/2026	Y	-
D0367	Cone Beam Ct Interp Both Jaw	7/1/2026	Y	-
D0391	Imterprete Diagnostic Image	7/1/2026	N	-
D0419	Assess Of Salivary Flow	7/1/2026	N	-
D0425	Caries Susceptibility Tests	7/1/2026	N	AbCd Providers Only
D0460	Puplp Vitality Tests	7/1/2026	N	-
D0472	Accession Of Tissue Gross Exam Prep/Trans Written Report	7/1/2026	N	-
D0473	Accession Of Tissue Gross/Micro Exam Prep/Trans Writ Report	7/1/2026	N	-
D0474	Accession Of Tiss Gross/Micro Exam Margins Prep/Trans Rprt	7/1/2026	N	-
D0485	Consult Inc Prep Of Slides	7/1/2026	N	-
D0502	Other Oral Pathology Procedures By Report	7/1/2026	N	-
D0601	Caries Risk Assess Low Risk	7/1/2026	N	-
D0602	Caries Risk Assess Mod Risk	7/1/2026	N	-
D0603	Caries Risk Assess High Risk	7/1/2026	N	-
D0999	Unspecified Diagnostic Procedure By Report	7/1/2026	N	-
D1110	Prophylaxis-Adult	7/1/2026	N	-
D1120	Prophylaxis-Child	7/1/2026	N	-
D1206	Topical Fluoride Varnish	7/1/2026	N	-
D1208	Topical App Of Fluoride	7/1/2026	N	-
D1310	Nutritional Counseling For The Control Of Dental Disease	7/1/2026	N	AbCd Providers Only
D1330	Oral Hygiene Instruction	7/1/2026	N	AbCd Providers Only
D1351	Sealant-Per Tooth	7/1/2026	N	First and second molars only (A, B, I, J, K, L, S, T, 2, 3, 14, 15, 18, 19, 30, 31)
D1353	Sealant Repair Per Tooth	7/1/2026	N	-
D1354	Interim Caries Med App	7/1/2026	N	-
D1510	Space Maintainer-Fixed Unilateral	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D1516	Fixed Bilat Space Maint, Max	7/1/2026	N	-
D1517	Fixed Bilat Space Maint, Man	7/1/2026	N	-
D1520	Space Maintainer-Removable Unilateral	7/1/2026	N	-
D1526	Remove Bilat Space Main, Max	7/1/2026	N	-
D1527	Remove Bilat Space Main, Man	7/1/2026	N	-
D1556	Rem Fixed Unilat Space Maint	7/1/2026	N	-
D1557	Remove Fixed Bilat Maint Max	7/1/2026	N	-
D1558	Remove Fixed Bilat Man	7/1/2026	N	-
D1575	Dist Space Maint, Fixed Unil	7/1/2026	N	-
D2140	Amalgam-One Surface Primary Or Permanent	7/1/2026	N	-
D2150	Amalgam-Two Surfaces Primary Or Permanent	7/1/2026	N	-
D2160	Amalgam-Three Surfaces Primary Or Permanent	7/1/2026	N	-
D2161	Amalgam-Four Or More Surfaces Primary Or Permanent	7/1/2026	N	-
D2330	Resin-One Surface Anterior	7/1/2026	N	-
D2331	Resin-Two Surfaces Anterior	7/1/2026	N	-
D2332	Resin-Three Or More Surfaces Anterior	7/1/2026	N	-
D2335	Resin-Four Surfaces(Fractured Anterior Repair Permanent)	7/1/2026	N	-
D2390	Ant Resin-Based Cmpst Crown	7/1/2026	N	-
D2391	Post 1 Srfc Resinbased Cmpst	7/1/2026	N	-
D2392	Post 2 Srfc Resinbased Cmpst	7/1/2026	N	-
D2393	Post 3 Srfc Resinbased Cmpst	7/1/2026	N	-
D2394	Post >=4Srfc Resinbase Cmpst	7/1/2026	N	-
D2510	Inlay-Metallic-One Surface	7/1/2026	N	-
D2520	Inlay-Metallic-Two Surfaces	7/1/2026	N	-
D2530	Inlay-Metallic-Three Surfaces	7/1/2026	N	-
D2542	Onlay--Metallic Two Surfaces	7/1/2026	N	-
D2543	Onlay -- Metallic -- Three Surfaces	7/1/2026	N	-
D2544	Onlay -- Metallic - Four Or More Surfaces	7/1/2026	N	-
D2610	Inlay-Porcelain/Ceramic-One Surface	7/1/2026	N	-
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	7/1/2026	N	-
D2630	Inlay-Porcelain/Ceramic-Three Surfaces	7/1/2026	N	-
D2642	Onlay -- Porcelain/Ceramic -- Two Surfaces	7/1/2026	N	-
D2643	Onlay -- Porcelain/Ceramic -- Three Surfaces	7/1/2026	N	-
D2644	Onlay -- Porcelain/Ceramic -- Four Or More Surfaces	7/1/2026	N	-
D2650	Inlay -- Resin-Based Composite -- One Surface	7/1/2026	N	-
D2651	Inlay -- Resin-Based Composite -- Two Surfaces	7/1/2026	N	-
D2652	Inlay -- Resin-Based Composite -- Three Or More Surfaces	7/1/2026	N	-
D2662	Onlay -- Resin-Based Composite -- Two Surfaces	7/1/2026	N	-
D2663	Onlay -- Resin-Based Composite -- Three Surfaces	7/1/2026	N	-
D2664	Onlay -- Resin-Based Composite -- Four Or More Surfaces	7/1/2026	N	-
D2710	Crown Resin (Laboratory)	7/1/2026	N	-
D2712	Crown 3/4 Resin-Based Compos	7/1/2026	N	-
D2720	Crown-Resin With High Noble Metal	7/1/2026	N	-
D2721	Crown-Resin With Predominantly Base Metal	7/1/2026	N	-
D2722	Crown-Resin With Noble Metal	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D2740	Crown-Porcelain/Ceramic Substrate	7/1/2026	N	-
D2750	Crown-Porcelain Fused To High Noble Metal	7/1/2026	N	-
D2751	Crown-Procelain Fused To Predominantly Base Metal	7/1/2026	N	-
D2752	Crown-Porcelain Fused To Noble Metal	7/1/2026	N	-
D2753	Crown Porc Fused To Titanium	7/1/2026	N	-
D2780	Crown -- 3/4 Cast High Noble Metal	7/1/2026	N	-
D2781	Crown -- 3/4 Cast Predominantly Base Metal	7/1/2026	N	-
D2782	Crown -- 3/4 Cast Noble Metal	7/1/2026	N	-
D2783	Crown -- 3/4 Porcelain/Ceramic	7/1/2026	N	-
D2790	Crown-Full Cast High Noble Metal	7/1/2026	N	-
D2791	Crown-Full Cast Predominantly Base Metal	7/1/2026	N	-
D2792	Crown-Full Cast Noble Metal	7/1/2026	N	-
D2794	Crown-Titanium	7/1/2026	N	-
D2910	Recement Inlay	7/1/2026	N	-
D2915	Recement Cast Or Prefab Post	7/1/2026	N	-
D2920	Recement Crown	7/1/2026	N	-
D2921	Reattach Tooth Fragment	7/1/2026	N	-
D2928	Prefab Porc/Cer Crown Perm	7/1/2026	N	-
D2929	Prefab Porc/Ceram Crown Pri	7/1/2026	N	-
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	7/1/2026	N	-
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	7/1/2026	N	-
D2932	Prefabricated Resin Crown	7/1/2026	N	-
D2933	Prefabricated Stainless Steel Crown With Resin Window	7/1/2026	N	-
D2934	Prefab Steel Crown Primary	7/1/2026	N	-
D2940	Sedative Filling	7/1/2026	N	-
D2950	Core Build-Up Including Any Pins	7/1/2026	N	-
D2951	Pin Retention-Per Tooth In Addition To Restoration	7/1/2026	N	-
D2952	Cast Post And Core In Addition To Crown	7/1/2026	N	-
D2953	Each Additional Cast Post -- Same Tooth	7/1/2026	N	-
D2954	Prefabricated Post And Core In Addition To Crown	7/1/2026	N	-
D2971	Add Proc Construct New Crown	7/1/2026	N	-
<b>D2976</b>	<b>Band Stabilization Per Tooth</b>	<b>7/1/2026</b>	<b>Y</b>	<b>-</b>
D2980	Crown Repair By Report	7/1/2026	N	-
D2981	Inlay Repair	7/1/2026	N	-
D2982	Onlay Repair	7/1/2026	N	-
D2999	Unspecified Restorative Procedure By Report	7/1/2026	N	-
D3110	Pulp Cap-Direct (Excluding Final Restoration)	7/1/2026	N	-
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	7/1/2026	N	-
D3221	Gross Pulpal Debridement	7/1/2026	N	-
D3222	Part Pulp For Apexogenesis	7/1/2026	N	-
D3230	Therapeutic Pulpotomy	7/1/2026	N	-
D3240	Pulpal Therapy(Resorbable Filling)Primary & Secondary Molars	7/1/2026	N	-
D3310	Endo Thxpy, Anterior Tooth	7/1/2026	N	-
D3320	End Thxpy, Bicuspid Tooth	7/1/2026	N	-
D3330	End Thxpy, Molar	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D3332	Incomplete Endodontic Therapy; Inoperable Or Fractured Tooth	7/1/2026	N	-
D3333	Internal Root Repair Of Perforation Defects	7/1/2026	N	-
D3346	Retreatment Of Previous Root Canal Therapy -- Anterior	7/1/2026	N	-
D3347	Retreatment Of Previous Root Canal Therapy -- Bicuspid	7/1/2026	N	-
D3348	Retreatment Of Previous Root Canal Therapy -- Molar	7/1/2026	N	-
D3351	Apexification/Recalcification -- Initial Visit	7/1/2026	N	-
D3352	Apexification/Recalcification -- Interim Visit	7/1/2026	N	-
D3353	Apexification/Recalcification -- Final Visit	7/1/2026	N	-
D3410	Apicoectomy/Periradicular Surgery-Anterior	7/1/2026	N	-
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	7/1/2026	N	-
D3425	Apicoectomy/Periradicular Surgery-Molar (First Root).	7/1/2026	N	-
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	7/1/2026	N	-
D3430	Retrograde Filling-Per Root	7/1/2026	N	-
D3450	Root Amputation-Per Root	7/1/2026	N	-
D3471	Surg Rep Root Res Anterior	7/1/2026	N	-
D3472	Surg Rep Root Res Premolar	7/1/2026	N	-
D3473	Surg Rep Root Res Molar	7/1/2026	N	-
D3501	Surg Exp Root Surf Anterior	7/1/2026	N	-
D3502	Surg Exp Root Surf Premolar	7/1/2026	N	-
D3503	Surg Exp Root Surf Molar	7/1/2026	N	-
D3920	Hemisection (Incl.Any Root Removal) Not Incl. Rt. Canal Ther	7/1/2026	N	-
D3921	Decor Or Submerg Erupt Tooth	7/1/2026	N	-
D3999	Unspecified Endodontic Procedure By Report	7/1/2026	N	-
D4210	Gingivectomy/Plasty 4 Or Mor	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4211	Gingivectomy/Plasty 1 To 3	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4240	Gingival Flap Proc W/ Planin	7/1/2026	N	-
D4241	Gngvl Flap W Rootplan 1-3 Th	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4245	Apically Positioned Flap	7/1/2026	N	-
D4249	Clinical Crown Lengthening -- Hard Tissue	7/1/2026	N	-
D4260	Osseous Surgery 4 Or More	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4261	Osseous Surg 1 To 3 Teeth	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4263	Bone Replacement Graft -- First Site In Quadrant	7/1/2026	N	-
D4264	Bone Replacement Graft -- Each Additional Site In Quadrant	7/1/2026	N	-
D4265	Bio Mtrls To Aid Soft/Os Reg	7/1/2026	N	-
D4266	Guided Tissue Regeneration -- Resorbable Barrier Per Site	7/1/2026	N	-
D4267	Guided Tissue Regeneration--Nonresorbable Barrier Per Site	7/1/2026	N	-
D4268	Surgical Revision Procedure Per Tooth	7/1/2026	N	-
D4270	Pedicle Soft Tissue Graft Procedure	7/1/2026	N	-
D4273	Subepithelial Tissue Graft	7/1/2026	N	-
D4274	Distal Or Proximal Wedge Proc (Not For Surg Proc Same Area)	7/1/2026	N	-
D4275	Soft Tissue Allograft	7/1/2026	N	-
D4276	Con Tissue W Dble Ped Graft	7/1/2026	N	-
D4277	Soft Tissue Graft Firsttooth	7/1/2026	N	-
D4278	Soft Tissue Graft Addl Tooth	7/1/2026	N	-
D4283	Auto Tissue Graft Addl Tooth	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D4285	Non-Auto Graft Addl Tooth	7/1/2026	N	-
D4341	Periodontal Scaling & Root	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4342	Periodontal Scaling 1-3Teeth	7/1/2026	N	1 unit= 1 quadrant; Maximum of 4 units per year
D4346	Scaling Gingiv Inflammation	7/1/2026	N	-
D4355	Full Mouth Debridement	7/1/2026	N	-
D4910	Periodontal Maint Procedures	7/1/2026	N	-
D4999	Unspecified Periodontal Procedure By Report	7/1/2026	N	-
D5110	Complete Denture Maxillary	7/1/2026	N	-
D5120	Complete Denture Mandibular	7/1/2026	N	-
D5130	Immediate Denture Maxillary	7/1/2026	N	-
D5140	Immediate Denture Mandibular	7/1/2026	N	-
D5211	Upper Partial-Resin Base (Including Any Conventional Clasps	7/1/2026	N	-
D5212	Lower Partial-Resin Base (Including Any Conventional Clasps	7/1/2026	N	-
D5213	Upper Partial-Cast Metal Base With Resin Saddles (Including	7/1/2026	N	-
D5214	Lower Partial-Cast Metal Base With Resin Saddles (Including	7/1/2026	N	-
D5221	Immed Max Part Denture Resin	7/1/2026	N	-
D5222	Immed Man Part Denture Resin	7/1/2026	N	-
D5223	Immed Max Part Dent Metal	7/1/2026	N	-
D5224	Immed Mand Part Dent Metal	7/1/2026	N	-
D5225	Maxillary Part Denture Flex	7/1/2026	N	-
D5226	Mandibular Part Denture Flex	7/1/2026	N	-
D5227	Immed Max Part Denture	7/1/2026	N	-
D5228	Immed Mand Part Denture	7/1/2026	N	-
D5282	Remove Unil Part Denture,Max	7/1/2026	N	-
D5283	Remove Unil Part Denture,Man	7/1/2026	N	-
D5284	Rem Unilat Dent Flex Base	7/1/2026	N	-
D5286	Rem Unilat Dent 1 Pc Resin	7/1/2026	N	-
D5410	Adjust Complete Denture-Upper	7/1/2026	N	-
D5411	Adjust Complete Denture-Lower	7/1/2026	N	-
D5421	Adjust Partial Denture-Upper	7/1/2026	N	-
D5422	Adjust Partial Denture-Lower	7/1/2026	N	-
D5511	Rep Broke Comp Dent Base Man	7/1/2026	N	-
D5512	Rep Broke Comp Dent Base Max	7/1/2026	N	-
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth	7/1/2026	N	-
D5611	Rep Resin Part Dent Base Man	7/1/2026	N	-
D5612	Rep Resin Part Dent Base Max	7/1/2026	N	-
D5621	Rep Cast Part Frame Man	7/1/2026	N	-
D5622	Rep Cast Part Frame Max	7/1/2026	N	-
D5630	Repair Or Replace Broken Clasp	7/1/2026	N	-
D5640	Replace Broken Teeth-Per Tooth	7/1/2026	N	-
D5650	Add Tooth To Existing Partial Denture	7/1/2026	N	-
D5660	Add Clasp To Existing Partial Denture	7/1/2026	N	-
D5670	Replace All Teeth And Acrylic On Cast Metal Frame (Max)	7/1/2026	N	-
D5671	Replc Tth&Acrlc Mandibular	7/1/2026	N	-
D5710	Rebase Complete Upper Denture	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D5711	Rebase Complete Lower Denture	7/1/2026	N	-
D5720	Rebase Upper Partial Denture	7/1/2026	N	-
D5721	Rebase Lower Partial Denture	7/1/2026	N	-
D5725	Rebase Hybrid Prosthesis	7/1/2026	N	-
D5730	Reline Maxillary Complete Denture (Chairside)	7/1/2026	N	-
D5731	Reline Mandibular Complete Denture (Chairside)	7/1/2026	N	-
D5740	Reline Upper Partial Denture (Chairside)	7/1/2026	N	-
D5741	Reline Lower Partial Denture (Chairside)	7/1/2026	N	-
D5750	Reline Upper Complete Denture (Laboratory)	7/1/2026	N	-
D5751	Reline Lower Complete Denture (Laboratory)	7/1/2026	N	-
D5760	Reline Upper Partial Denture (Laboratory)	7/1/2026	N	-
D5761	Reline Lower Partial Denture (Laboratory)	7/1/2026	N	-
D5765	Liner Compl/Partial Rem Dent	7/1/2026	N	-
D5820	Interim Partial Denture (Upper)	7/1/2026	N	-
D5821	Interim Partial Denture (Lower)	7/1/2026	N	-
D5850	Tissue Conditioning Maxillary	7/1/2026	N	-
D5851	Tissue Conditioning Mandibular	7/1/2026	N	-
D5863	Overdenture Complete Max	7/1/2026	N	-
D5864	Overdenture Partial Max	7/1/2026	N	-
D5865	Overdenture Complete Mandib	7/1/2026	N	-
D5866	Overdenture Partial Mandib	7/1/2026	N	-
D5899	Unspecified Removable Prosthodontic Procedure By Report	7/1/2026	N	-
D6010	Surgical Placement Of Implant Body: Endosteal Implant	7/1/2026	Y	-
D6011	Second Stage Implant Surgery	7/1/2026	Y	-
D6012	Endosteal Implant	7/1/2026	Y	-
D6013	Surgical Place Mini Implant	7/1/2026	Y	-
D6040	Surgical Placement: Eposteal Implant	7/1/2026	Y	-
<b>D6049</b>	<b>Scale Implt Peri-Implt Inflm</b>	<b>7/1/2026</b>	<b>N</b>	<b>-</b>
D6050	Surgical Placement: Transosteal Implant	7/1/2026	Y	-
D6055	Implant Connecting Bar	7/1/2026	Y	-
D6056	Prefabricated Abutment	7/1/2026	Y	-
D6057	Custom Abutment	7/1/2026	Y	-
D6058	Abutment Supported Porcelain/Ceramic Crown	7/1/2026	Y	-
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Nobl	7/1/2026	Y	-
D6060	Abutment Supported Porcelain Fused To Metal Crown (Base Meta	7/1/2026	Y	-
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Met	7/1/2026	Y	-
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	7/1/2026	Y	-
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Meta	7/1/2026	Y	-
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	7/1/2026	Y	-
D6065	Implant Supported Porcelain/Ceramic Crown	7/1/2026	Y	-
D6066	Implant Supported Porcelain Fused To Metal Crown	7/1/2026	Y	-
D6067	Implant Supported Metal Crown (Titanium Or Alloy High Noble	7/1/2026	Y	-
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	7/1/2026	Y	-
D6069	Abutment Supported Retainer Porcel Fused To Metal Fpd (High	7/1/2026	Y	-
D6070	Abutment Supported Retainer Porcel Fused To Metal Fpd (Base	7/1/2026	Y	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D6071	Abutment Supported Retainer Porcel Fused To Metal Fpd(Noble	7/1/2026	Y	-
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble)	7/1/2026	Y	-
D6073	Abutment Supported Retainer For Cast Metal Fpd (Base Metal)	7/1/2026	Y	-
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	7/1/2026	Y	-
D6075	Implant Supported Retainer For Ceramic Fpd	7/1/2026	Y	-
D6076	Implant Supported Retainer Porcel Fused To Metal Fpd (High	7/1/2026	Y	-
D6077	Implant Supported Retainer For Cast Metal Fpd (High Noble Me	7/1/2026	Y	-
D6080	Implant Maintenance Procedures Including: Removal Of Prost	7/1/2026	N	-
D6081	Scale & Debride, Single Imp	7/1/2026	N	-
D6082	Imp Crown Porc To Base Alloy	7/1/2026	Y	-
D6083	Imp Crown Porc To Noble Allo	7/1/2026	Y	-
D6084	Imp Crown Porc To Titanium	7/1/2026	Y	-
D6086	Imp Crown Base Alloys	7/1/2026	Y	-
D6087	Implant Crown Noble Alloys	7/1/2026	Y	-
D6088	Imp Crown Titanium Alloys	7/1/2026	Y	-
D6089	Access/Retorq Implant Screw	7/1/2026	N	-
D6090	Repair Implant Supported Prosthesis By Report	7/1/2026	N	-
D6091	Repl Semi/Precision Attach	7/1/2026	Y	-
D6092	Recement Supp Crown	7/1/2026	N	-
D6093	Recement Supp Part Denture	7/1/2026	N	-
D6094	Abut Support Crown Titanium	7/1/2026	Y	-
D6096	Remove Broken Imp Ret Screw	7/1/2026	N	-
D6097	Abut Crown Porc To Titanium	7/1/2026	Y	-
D6098	Imp Retain Porc To Base Allo	7/1/2026	Y	-
D6099	Imp Retainer For Fpd	7/1/2026	Y	-
D6100	Implant Removal By Report	7/1/2026	Y	-
D6101	Debridement Of A Periimplant	7/1/2026	Y	-
D6102	Debridement & Contouring	7/1/2026	Y	-
D6105	Remove Implant Body	7/1/2026	Y	-
D6110	Implnt/Abut Remov Dent Max	7/1/2026	Y	-
D6111	Implnt/Abut Remov Dent Mand	7/1/2026	Y	-
D6112	Imp/Abut Rem Dent Part Max	7/1/2026	Y	-
D6113	Imp/Abut Rem Dent Part Mand	7/1/2026	Y	-
D6114	Implnt/Abut Fixed Dent Max	7/1/2026	Y	-
D6115	Implnt/Abut Fixed Dent Mand	7/1/2026	Y	-
D6116	Imp/Abut Fixed Dent Part Max	7/1/2026	Y	-
D6117	Imp/Abut Fixed Dent Part Man	7/1/2026	Y	-
D6120	Imp Retain Porc To Titanium	7/1/2026	Y	-
D6121	Retain Metal Fpd Base Alloys	7/1/2026	Y	-
D6122	Retain Metal Fpd Noble Alloy	7/1/2026	Y	-
D6123	Retain Metal Fpd Titanium	7/1/2026	Y	-
D6180	Implnt Maint Proced	7/1/2026	Y	-
D6190	Radio/Surgical Implant Index	7/1/2026	Y	-
D6193	Replace Implnt Screw	7/1/2026	Y	-
D6194	Abut Support Retainer Titani	7/1/2026	Y	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D6195	Abut Retain Porc To Titanium	7/1/2026	Y	-
D6197	Replace Material Prosthesis	7/1/2026	N	-
D6205	Pontic-Indirect Resin Based	7/1/2026	N	-
D6210	Pontic-Cast High Noble Metal	7/1/2026	N	-
D6211	Pontic-Cast Predominantly Base Metal	7/1/2026	N	-
D6212	Pontic-Cast Noble Metal	7/1/2026	N	-
D6214	Pontic Titanium	7/1/2026	N	-
D6240	Pontic-Porcelain Fused To High Noble Metal	7/1/2026	N	-
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	7/1/2026	N	-
D6242	Pontic-Porcelain Fused To Noble Metal	7/1/2026	N	-
D6243	Pontic Porcelain To Titanium	7/1/2026	N	-
D6245	Pontic -- Porcelain/Ceramic	7/1/2026	N	-
D6250	Pontic-Resin With High Noble Metal	7/1/2026	N	-
D6251	Pontic-Resin With Predominantly Base Metal	7/1/2026	N	-
D6252	Pontic-Resin With Noble Metal	7/1/2026	N	-
<b>D6280</b>	<b>Implt Maint Procd Remv Implt</b>	<b>7/1/2026</b>	<b>Y</b>	<b>-</b>
D6545	Retainer-Cast Metal For Acid Etched Fixed Prosthesis	7/1/2026	N	-
D6548	Retainer -- Porcelain/Ceramic For Resin Bonded Fixed Prosthe	7/1/2026	N	-
D6549	Resin Retainer	7/1/2026	N	-
D6600	Porcelain/Ceramic Inlay 2Srf	7/1/2026	N	-
D6601	Porc/Ceram Inlay >= 3 Surfac	7/1/2026	N	-
D6602	Cst Hgh Nble Mtl Inlay 2 Srf	7/1/2026	N	-
D6603	Cst Hgh Nble Mtl Inlay >=3Sr	7/1/2026	N	-
D6604	Cst Bse Mtl Inlay 2 Surfaces	7/1/2026	N	-
D6605	Cst Bse Mtl Inlay >= 3 Surfa	7/1/2026	N	-
D6606	Cast Noble Metal Inlay 2 Sur	7/1/2026	N	-
D6607	Cst Noble Mtl Inlay >=3 Surf	7/1/2026	N	-
D6608	Onlay Porc/Crmc 2 Surfaces	7/1/2026	N	-
D6609	Onlay Porc/Crmc >=3 Surfaces	7/1/2026	N	-
D6610	Replace Broken Pin Facing With Slotted Or Other Facing	7/1/2026	N	-
D6611	Onlay Cst Hgh Nbl Mtl >=3Srf	7/1/2026	N	-
D6612	Onlay Cst Base Mtl 2 Surface	7/1/2026	N	-
D6613	Onlay Cst Base Mtl >=3 Surfa	7/1/2026	N	-
D6614	Onlay Cst Nbl Mtl 2 Surfaces	7/1/2026	N	-
D6615	Onlay Cst Nbl Mtl >=3 Surfac	7/1/2026	N	-
D6624	Inlay Titanium	7/1/2026	N	-
D6634	Onlay Titanium	7/1/2026	N	-
D6710	Crown-Indirect Resin Based	7/1/2026	N	-
D6720	Crown-Resin With High Noble Metal	7/1/2026	N	-
D6721	Crown-Resin With Predominantly Base Metal	7/1/2026	N	-
D6722	Crown-Resin With Noble Metal	7/1/2026	N	-
D6740	Crown -- Porcelain/Ceramic	7/1/2026	N	-
D6750	Crown-Porcelain Fused To High Noble Metal	7/1/2026	N	-
D6751	Crown-Porcelain Fused To Predominantly Base Metal	7/1/2026	N	-
D6752	Crown-Porcelain Fused To Noble Metal	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D6753	Retain Crown Porc To Titaniu	7/1/2026	N	-
D6780	Crown-3/4 Cast High Noble Metal	7/1/2026	N	-
D6781	Crown -- 3/4 Cast Predominantly Based Metal	7/1/2026	N	-
D6782	Crown -- 3/4 Cast Noble Metal	7/1/2026	N	-
D6783	Crown -- 3/4 Porcelain/Ceramic	7/1/2026	N	-
D6784	Retainer Crown 3/4 Titanium	7/1/2026	N	-
D6790	Crown-Full Cast High Noble Metal	7/1/2026	N	-
D6791	Crown-Full Cast Predominantly Base Metal	7/1/2026	N	-
D6792	Crown-Full Cast Noble Metal	7/1/2026	N	-
D6794	Crown Titanium	7/1/2026	N	-
D6930	Recement Bridge	7/1/2026	N	-
D6940	Stress Breaker	7/1/2026	N	-
D6980	Bridge Repair By Report	7/1/2026	N	-
D6999	Unspecified Fixed Prosthodontic Procedure By Report	7/1/2026	N	-
D7111	Coronal Remnants Deciduous T	7/1/2026	N	-
D7140	Extraction Erupted Tooth/Exr	7/1/2026	N	-
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation	7/1/2026	N	-
D7220	Removal Of Impacted Tooth-Soft Tissue	7/1/2026	N	-
D7230	Removal Of Impacted Tooth-Partially Bony	7/1/2026	N	-
D7240	Removal Of Impacted Tooth-Completely Bony	7/1/2026	N	-
D7241	Removal Of Impacted Tooth-Completely Boney	7/1/2026	N	-
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	7/1/2026	N	-
D7251	Coronectomy	7/1/2026	N	-
D7260	Oroantral Fistula Closure	7/1/2026	N	-
D7261	Primary Closure Sinus Perf	7/1/2026	N	-
D7270	Tooth Reimplantation	7/1/2026	N	-
D7280	Exposure Impact Tooth Orthod	7/1/2026	N	-
D7282	Mobilize Erupted/Malpos Toot	7/1/2026	N	-
D7285	Biopsy Of Oral Tissue -- Hard (Bone Tooth)	7/1/2026	N	-
D7286	Biopsy Of Oral Tissue -- Soft (All Others)	7/1/2026	N	-
D7290	Surgical Repositioning Of Teeth	7/1/2026	N	-
D7310	Alveoplasty W/ Extraction	7/1/2026	N	-
D7311	Alveoloplasty W/Extract 1-3	7/1/2026	N	-
D7320	Alveoplasty W/O Extraction	7/1/2026	N	-
D7321	Alveoloplasty Not W/Extracts	7/1/2026	N	-
D7340	Vestibuloplasty-Ridge Extension (Second Epithelialization)	7/1/2026	N	-
D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Graft)	7/1/2026	N	-
D7410	Rad Exc Lesion Up To 1.25 Cm	7/1/2026	N	-
D7411	Excision Benign Lesion>1.25C	7/1/2026	N	-
D7412	Excision Benign Lesion Compl	7/1/2026	N	-
D7413	Excision Malig Lesion<=1.25C	7/1/2026	N	-
D7414	Excision Malig Lesion>1.25Cm	7/1/2026	N	-
D7415	Excision Malig Les Complicat	7/1/2026	N	-
D7440	Excision Of Malignant Tumor-Lesion Diameter Up To 1.25 Cm	7/1/2026	N	-
D7441	Excision Of Malignant Tumor-Lesion Diameter > 1.25 Cm	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D7450	Rem Odontogen Cyst To 1.25Cm	7/1/2026	N	-
D7451	Rem Odontogen Cyst > 1.25 Cm	7/1/2026	N	-
D7460	Rem Nonodonto Cyst To 1.25Cm	7/1/2026	N	-
D7461	Rem Nonodonto Cyst > 1.25 Cm	7/1/2026	N	-
D7465	Destruct Lesion(S) By Physical Or Chemical Method By Report	7/1/2026	N	-
D7471	Rem Exostosis Any Site	7/1/2026	N	-
D7472	Removal Of Torus Palatinus	7/1/2026	N	-
D7473	Remove Torus Mandibularis	7/1/2026	N	-
D7485	Surg Reduct Osseoustuberosit	7/1/2026	N	-
D7490	Radical Resection Of Mandible With Bone Graft	7/1/2026	N	-
D7510	Incision And Drainage Of Abscess--Intraoral Soft Tissue	7/1/2026	N	-
D7511	Incision/Drain Abscess Intra	7/1/2026	N	-
D7520	Incision And Drainage Of Abscess--Extraoral Soft Tissue	7/1/2026	N	-
D7521	Incision/Drain Abscess Extra	7/1/2026	N	-
D7530	Removal Fb Skin/Areolar Tiss	7/1/2026	N	-
D7540	Remove Reaction-Producing Foreign Bodies Musculskel System	7/1/2026	N	-
D7550	Removal Of Sloughed Off Bone	7/1/2026	N	-
D7560	Maxillary Sinusotomy For Tooth Fragmnt Or Foreign Body Remov	7/1/2026	N	-
D7610	Maxilla-Open Reduction (Teeth Immobilized If Present)	7/1/2026	N	-
D7620	Maxilla-Closed Reduction (Teeth Immobilized If Present)	7/1/2026	N	-
D7630	Mandible-Open Reduction (Teeth Immobilized If Present)	7/1/2026	N	-
D7640	Mandible-Closed Reduction (Teeth Immobilized If Present)	7/1/2026	N	-
D7650	Malar And/Or Zygomatic Arch-Open Reduction	7/1/2026	N	-
D7660	Malar And/Or Zygomatic Arch-Closed Reduction	7/1/2026	N	-
D7670	Closd Rductn Splint Alveolus	7/1/2026	N	-
D7671	Alveolus Open Reduction	7/1/2026	N	-
D7680	Facial Bones-Complicated Reduction With Fixation And Mul-	7/1/2026	N	-
D7710	Maxilla-Open Reduction	7/1/2026	N	-
D7720	Maxilla-Closed Reduction	7/1/2026	N	-
D7730	Mandible-Open Reduction	7/1/2026	N	-
D7740	Mandible-Closed Reduction	7/1/2026	N	-
D7750	Malar And/Or Zygomatic Arch-Open Reduction	7/1/2026	N	-
D7760	Malar And/Or Zygomatic Arch-Closed Reduction	7/1/2026	N	-
D7770	Open Reduc Compd Alveolus Fx	7/1/2026	N	-
D7771	Alveolus Clsd Reduc Stblz Te	7/1/2026	N	-
D7780	Facial Bones-Complicated Reduction With Fixation And Multipl	7/1/2026	N	-
D7910	Suture Of Recent Small Wounds Up To 5 Cm	7/1/2026	N	-
D7911	Complicated Suture-Up To 5 Cm	7/1/2026	N	-
D7912	Complicated Suture-Greater Than 5 Cm	7/1/2026	N	-
D7940	Osteoplasty-For Orthognathic Deformities	7/1/2026	N	-
D7941	Osteotomy -- Mandibular Rami	7/1/2026	N	-
D7943	Osteotomy -- Mandibular Rami W/Bone Graft; Incl Obtain Graft	7/1/2026	N	-
D7944	Bone Cutting Segmented	7/1/2026	N	-
D7945	Osteotomy-Body Of Mandible	7/1/2026	N	-
D7946	Lefort I (Maxilla-Total)	7/1/2026	N	-

**Healthy Montana Kids / Children's Health Insurance Program (HMK/CHIP)**

**Covered Dental Codes**

**PROPOSED July 1, 2026**

<b>Proc</b>	<b>Code Description</b>	<b>Effective</b>	<b>PA</b>	<b>Notes</b>
D7947	Lefort I (Maxilla-Segmented)	7/1/2026	N	-
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones For Mid	7/1/2026	N	-
D7949	Lefort Ii Or Lefort Iii-With Bone Graft	7/1/2026	N	-
D7951	Sinus Aug W Bone/Bone Sup	7/1/2026	N	-
D7961	Buccal/Labial Frenectomy	7/1/2026	N	-
D7962	Lingual Frenectomy	7/1/2026	N	-
D7970	Excision Of Hyperplastic Tissue-Per Arch	7/1/2026	N	-
D7971	Excision Of Pericoronal Gingiva	7/1/2026	N	-
D7972	Surg Redct Fibrous Tuberosit	7/1/2026	N	-
D7979	Non-Surgical Sialolithotomy	7/1/2026	N	-
D7980	Sialolithotomy	7/1/2026	N	-
D7981	Excision Of Salivary Gland	7/1/2026	N	-
D7982	Sialodochoplasty	7/1/2026	N	-
D7983	Closure Of Salivary Fistula	7/1/2026	N	-
D7990	Emergency Tracheotomy	7/1/2026	N	-
D7991	Coronoidectomy	7/1/2026	N	-
D7995	Synthetic Graft -- Mandible Or Facial Bones By Report	7/1/2026	N	-
D7998	Intraoral Place Of Fix Dev	7/1/2026	N	-
D7999	Unspecified Oral Surgery Procedure By Report	7/1/2026	N	-
D9110	Palliative (Emergency) Treatment Of Dental Pain-Minor Proced	7/1/2026	N	-
D9120	Fix Partial Denture Section	7/1/2026	N	-
D9219	Eval Mod/Deep Sed/Gen Anest	7/1/2026	N	-
D9222	Deep Anest, 1St 15 Min	7/1/2026	N	-
D9223	General Anesthesia Each 15M	7/1/2026	N	-
D9224	Gen Anes Adv Air-15 Min	7/1/2026	N	-
D9225	Gen Anes Adv Air-Sub 15 Min	7/1/2026	N	-
D9230	Analgesia Anxiolysis Inhalation Of Nitrous Oxide	7/1/2026	N	-
D9239	Iv Mod Sedation, 1St 15 Min	7/1/2026	N	-
D9243	Iv Sedation Each 15M	7/1/2026	N	-
D9244	Office Min Sed Drug Enteral	7/1/2026	N	-
D9245	Admin Mod Sedation-Enteral	7/1/2026	N	-
D9246	Mod Sedation Noniv-15 Min	7/1/2026	N	-
D9247	Mod Sedation Noniv-Sub15Min	7/1/2026	N	-
D9310	Dental Consultation	7/1/2026	N	-
D9930	Treatment Of Complications (Postsurgical) - Unusual	7/1/2026	N	-
D9932	Clean & Inspect Rem Dent Max	7/1/2026	N	-
D9933	Clean & Inspect Rem Dent Man	7/1/2026	N	-
D9934	Clean Rem Part Denture Max	7/1/2026	N	-
D9935	Clean Rem Part Denture Mand	7/1/2026	N	-
D9995	Teledentistry Real-Time	7/1/2026	N	-
D9996	Teledentistry Dent Review	7/1/2026	N	-
D9999	Adjunctive Procedure	7/1/2026	N	-