

Dental Benefit Details

2023

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2023 plan benefit packages shown on the following page(s). For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

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The *Dental Benefit Details* applies to the 2023 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

| State | Plan Benefit Package | Plan Name |
|-------|----------------------|---|
| AL | H1848003000 | Wellcare Dual Access Open (PPO D-SNP) |
| AL | H6975003000 | Wellcare Assist (HMO) |
| AZ | H0351058001 | Wellcare No Premium (HMO) |
| AZ | H0351059001 | Wellcare Assist (HMO) |
| AZ | H5590008000 | Wellcare Dual Liberty (HMO D-SNP) |
| AZ | H5590009000 | Wellcare Dual Liberty (HMO D-SNP) |
| FL | H1032040000 | Wellcare Giveback (HMO) |
| FL | H1032124000 | Wellcare Dual Access (HMO D-SNP) |
| FL | H1032170000 | Wellcare Dual Access (HMO D-SNP) |
| FL | H1032186000 | Wellcare Specialty Giveback (HMO C-SNP) |
| FL | H1032196000 | Wellcare No Premium (HMO) |
| FL | H1032199000 | Wellcare No Premium (HMO) |
| FL | H1032202000 | Wellcare Dual Reserve (HMO D-SNP) |
| FL | H1032205000 | Wellcare No Premium (HMO) |
| FL | H1032206000 | Wellcare Dual Reserve (HMO D-SNP) |
| FL | H1032211000 | Wellcare No Premium (HMO) |
| FL | H1032214000 | Wellcare Dual Reserve (HMO D-SNP) |
| FL | H1032217000 | Wellcare Dual Reserve (HMO D-SNP) |
| FL | H5199010000 | Wellcare Premium Enhanced Open (PPO) |
| FL | H5199016000 | Wellcare Dual Access Open (PPO D-SNP) |
| GA | H0111004000 | Wellcare Dual Access Open (PPO D-SNP) |
| GA | H1112034000 | Wellcare Patriot No Premium (HMO-POS) |
| HI | H6605002000 | Wellcare 'Ohana Patriot Giveback Open (PPO) |
| IL | H1416023000 | Wellcare Assist Compass (HMO) |
| IL | H5779002000 | Wellcare No Premium Essential (HMO) |
| IL | H5779007000 | Wellcare No Premium Exclusive (HMO) |
| IL | H5779008000 | Wellcare Assist (HMO) |
| IL | H6713001000 | Wellcare No Premium Open (PPO) |
| IL | H1416009000 | Wellcare No Premium (HMO-POS) |
| IN | H3499005000 | Wellcare Dual Access (HMO D-SNP) |
| KS | H6550004000 | Wellcare Dual Access (HMO D-SNP) |
| KS | H9387002000 | Wellcare Patriot Giveback Open (PPO) |
| KS | H9387004000 | Wellcare Dual Access Open (PPO D-SNP) |
| KY | H9730004000 | Wellcare Dual Liberty (HMO D-SNP) |
| LA | H2491011000 | Wellcare Dual Freedom Access (HMO D-SNP) |
| LA | H2491012000 | Wellcare Dual Pinnacle Liberty (HMO D-SNP) |
| LA | H2491022000 | Wellcare Dual Access (HMO D-SNP) |
| MA | H9761004000 | Wellcare Premium Enhanced Open (PPO) |

| State | Plan Benefit Package | Plan Name |
|-------|----------------------|--|
| ME | H2775115000 | Wellcare Dual Access Open (PPO D-SNP) |
| ME | H9364002000 | Wellcare Dual Access (HMO D-SNP) |
| ME | H9364003000 | Wellcare Dual Liberty (HMO D-SNP) |
| MI | H2117002000 | Wellcare Dual Access Open (PPO D-SNP) |
| MI | H5475024000 | Wellcare Low Premium (HMO-POS) |
| MI | H5475038000 | Wellcare Assist (HMO) |
| MO | H7518003000 | Wellcare Dual Access Open (PPO D-SNP) |
| MO | H7518004000 | Wellcare Low Premium Open (PPO) |
| MO | H9335006000 | Wellcare Assist (HMO) |
| MS | H0074002000 | Wellcare Premium Hybrid Open (PPO) |
| MS | H0074004000 | Wellcare Dual Access Open (PPO D-SNP) |
| MS | H1416034000 | Wellcare Dual Access (HMO D-SNP) |
| MS | H1416044000 | Wellcare Dual Liberty (HMO D-SNP) |
| MS | H9811006000 | Wellcare Dual Access Medicare (HMO D-SNP) |
| NC | H4073001000 | Wellcare No Premium (HMO) |
| NC | H4073002000 | Wellcare Dual Access (HMO D-SNP) |
| NC | H7175002000 | Wellcare Dual Liberty Open (PPO D-SNP) |
| NC | H7175003000 | Wellcare Assist Open (PPO) |
| NC | H7175005000 | Wellcare Patriot No Premium Open (PPO) |
| NC | H7175006000 | Wellcare Premium Enhanced Open (PPO) |
| NE | H1215001000 | Wellcare Dual Liberty (HMO D-SNP) |
| NM | H2134001000 | Wellcare Dual Liberty (HMO D-SNP) |
| NM | H2134003000 | Wellcare Dual Access (HMO D-SNP) |
| NV | H6446001000 | Wellcare No Premium (HMO) |
| NV | H6446010000 | Wellcare No Premium (HMO) |
| NV | H6446011000 | Wellcare Assist (HMO) |
| NV | H6446013000 | Wellcare Assist (HMO) |
| NV | H6446014000 | Wellcare Dual Access (HMO D-SNP) |
| NV | H6446016000 | Wellcare Dual Access (HMO D-SNP) |
| NV | H8458001000 | Wellcare No Premium Open (PPO) |
| NV | H8458002000 | Wellcare Patriot Giveback Open (PPO) |
| NV | H8458003000 | Wellcare No Premium Open (PPO) |
| NY | H2775112000 | Wellcare Dual Access Open (PPO D-SNP) |
| NY | H2775113000 | Wellcare Assist Open (PPO) |
| NY | H4868004000 | Wellcare Dual Access (HMO D-SNP) |
| NY | H4868014000 | Wellcare Dual Access (HMO D-SNP) |
| OH | H5475021000 | Wellcare Dual Access Extra (HMO-POS D-SNP) |
| OH | H0908001000 | Wellcare Dual Access (HMO D-SNP) |
| OH | H0908003000 | Wellcare No Premium (HMO) |
| OH | H0908004000 | Wellcare Assist (HMO) |
| OK | H9900002000 | Wellcare Dual Access (HMO D-SNP) |

| State | Plan Benefit Package | Plan Name |
|-------|----------------------|--|
| OK | H9900003000 | Wellcare Dual Liberty (HMO D-SNP) |
| OK | H9900004000 | Wellcare No Premium (HMO) |
| OK | H9900005000 | Wellcare No Premium (HMO) |
| OK | H9900006000 | Wellcare Assist (HMO) |
| OK | H9900007000 | Wellcare Assist (HMO) |
| OK | H9900008000 | Wellcare Patriot No Premium (HMO) |
| OR | H2174001000 | Wellcare Dual Select (HMO D-SNP) |
| PA | H2128005000 | Wellcare Dual Access Open (PPO D-SNP) |
| PA | H2915002000 | Wellcare Dual Access (HMO D-SNP) |
| PA | H2915003000 | Wellcare No Premium (HMO) |
| PA | H2915007000 | Wellcare Dual Access (HMO D-SNP) |
| RI | H4699005000 | Wellcare Dual Liberty Open (PPO D-SNP) |
| SC | H1416036000 | Wellcare Dual Access (HMO D-SNP) |
| SC | H4847004000 | Wellcare Dual Liberty (HMO D-SNP) |
| SC | H4847005000 | Wellcare Assist (HMO) |
| SC | H4847006000 | Wellcare Patriot Giveback (HMO-POS) |
| SC | H7326007000 | Wellcare Assist Open (PPO) |
| TN | H1416042000 | Wellcare Assist (HMO) |
| TX | H0174004000 | Wellcare Dual Access (HMO D-SNP) |
| TX | H0174009000 | Wellcare Assist (HMO) |
| TX | H0174010000 | Wellcare No Premium (HMO) |
| TX | H0174015000 | Wellcare No Premium (HMO) |
| TX | H0174014000 | Wellcare TexanPlus No Premium (HMO) |
| TX | H5294011000 | Wellcare No Premium (HMO) |
| TX | H5294013000 | Wellcare Complement Assist (HMO) |
| TX | H5294015000 | Wellcare Dual Access Harmony (HMO D-SNP) |
| TX | H5294016000 | Wellcare Complement Assist (HMO) |
| TX | H5294020000 | Wellcare No Premium (HMO) |
| WA | H1353002000 | Wellcare Dual Access (HMO D-SNP) |
| WA | H1353004000 | Wellcare Dual Liberty (HMO D-SNP) |
| WA | H5965004000 | Wellcare Dual Access Open (PPO D-SNP) |

Disclaimers:

Washington (H1353): “Wellcare” is issued by Wellcare of Washington, Inc.

Washington (H5965): “Wellcare” is issued by Wellcare Health Insurance Company of Washington, Inc.

New Mexico D-SNP (H2134): New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members

Louisiana D-SNP (H2491 & H5117): For Louisiana D-SNP members: As a WellCare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through WellCare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting <https://www.myplan.healthy.la.gov/myaccount/choose/find-provider>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the “Learn about Medicaid Services” link.

Tennessee D-SNP (H1416): Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2023 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2023 Schedule of Benefits

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---|-------|---|---|
| Diagnostic (Preventive) Services | | | |
| Oral Exam | D0120 | Routine periodic exam completed during check-up | 2 (D0120) per 12 months; not within 6 months of D0150 |
| Oral Exam | D0140 | Limited exam to evaluate a problem | 2 (D0140, D0160) per 12 months |
| Oral Exam | D0150 | Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment) | 1 (D0150) every 36 months; not within 36 months of D0120 |
| Oral Exam | D0160 | Detailed and extensive problem focused exam | 2 (D0140, D0160) per 12 months |
| Oral Exam | D0170 | Re-evaluations | 2 (D0170) every 12 months |
| Oral Exam | D0171 | Re-evaluations | 2 (D0171) every 12 months |
| Oral Exam | D0180 | Comprehensive periodontal evaluation | 2 (D0180) every 12 months; not on same date as D0120 or D0150 |
| Dental X-Rays | D0210 | Full mouth/complete x-ray set for evaluation of the teeth and mouth | 1 of (D0210, D0330, D0701, D0709) every 36 months |
| Dental X-Rays | D0220 | X-rays for closer evaluation around the roots of teeth | 1 (D0220) per date of service |
| Dental X-Rays | D0230 | X-rays for closer evaluation around the roots of teeth | 4 (D0230) per date of service |
| Dental X-Rays | D0240 | Intraoral, occlusal radiographic image | 1 every 12 months |
| Dental X-Rays | D0250 | Extra-oral radiographic image | 1 every 36 months |
| Dental X-Rays | D0251 | Extra-oral radiographic image | 2 every 12 months |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---------------|--------------|--|--|
| Dental X-Rays | D0270-D0274 | Bitewing x-rays for evaluation of the teeth and bone | 2 of (D0270-D0274) every 12 months |
| Dental X-Rays | D0277 | Bitewing x-rays for evaluation of the teeth and bone | 1 (D0277) every 36 months |
| Dental X-Rays | D0310 | Sialography | 1 (D0310) every 36 months |
| Dental X-Rays | D0330 | Whole-mouth x-ray for evaluation of the teeth and mouth | 1 of (D0210, D0330, D0701, D0709) every 36 months |
| Dental X-Rays | D0340, D0350 | 2-Dimensional photo or x-ray image | 1 (D0340, D0350) every 36 months |
| Dental X-Rays | D0391 | Reading of an x-ray or photo image by a practitioner not associated with taking the x-ray or photo, including report | 1 (D0391) per date of service; allowed only when submitted along with D0701-D0709 |
| Dental X-Rays | D0701-D0702 | Whole-mouth and 2-Dimensional x-ray images of the head | 1 each (D0701, D0702) every 36 months; only 1 (D0210, D0330, D0701, D0709) every 36 months |
| Dental Photos | D0703 | Photo images, image capture only | 1 (D0703) every 36 months |
| Dental X-Rays | D0705 | X-rays taken outside the mouth | 2 every 12 months |
| Dental X-Rays | D0706 | X-rays taken inside the mouth | 2 every 12 months |
| Dental X-Rays | D0707 | X-rays for closer evaluation around the roots of teeth – image capture only | 1 (D0707) per date of service |
| Dental X-Rays | D0708 | Bitewing x-rays for evaluation of the teeth and bone – image capture only | 2 of (D0708) every 12 months |
| Dental X-Rays | D0709 | Full-mouth/Complete x-ray set for evaluation of the teeth and mouth – image capture only | 1 of (D0210, D0330, D0701, D0709) every 36 months |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---|---|--|--|
| Diagnostic | D0414-D0416 | Tests and examinations | 1 (D0414-D0416) every 12 months per test |
| Diagnostic | D0460 | Tooth nerve test | 1 (D0460) per tooth per date of service |
| Diagnostic | D0431, D0472-D0502 | Oral pathology laboratory | 1 (D0431, D0472-D0502) every 12 months per test |
| Preventive Services | | | |
| Other Services | D1110 | Standard adult dental cleaning | 2 (D1110) every 12 months |
| Fluoride | D1206, D1208 | Fluoride treatment | 1 (D1206, D1208) every 12 months |
| Other Services | D0604, D0605 | COVID antigen/antibody testing | 1 (D0604, D0605) per date of service |
| Comprehensive Restorative (Fillings and Crowns) Services | | | |
| Restorative | D2140-D2394 | Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth | 1 (D2140-D2394) per surface, per tooth, per 24 months |
| Restorative | D2542-D2544; D2642-D2644; D2662-D2664; D2710-D2794 | Cap (crown) or partial crown called an onlay – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth. | 1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794, D6205-D6252, D6545-D6615, D6710-D6783, D6790, D6791, D6792, D6794) per tooth every 84 months; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support |
| Restorative | D2910-D2921 | Re-cementing or re-bonding a crown that has fallen off | 1 (D2910-D2921) per tooth every 12 months; not covered within 6 months of delivery |
| Restorative | D2928; D2931-D2932 | Pre-made crowns | 1 (D2928, D2931-D2932) every 36 months per tooth |
| Restorative | D2940 | Protective filling | 1 (D2940) per tooth per 24 months |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---|---|---|---|
| Restorative | D2949 | Small filling needed prior to fitting a tooth with a crown | Unlimited per tooth |
| Restorative | D2950-D2957; D2971; D2975 | Buildup of filling around a post to prepare the tooth for a crown | 1 (D2950-D2957, D2971, D2975) per tooth per 84 months |
| Restorative | D2980-D2983 | Crown repairs | 1 (D2980-D2983) per tooth per 36 months |
| Comprehensive Endodontic (Root Canal Treatment) Services | | | |
| Endodontics | D3110-D3120 | Pulp capping | 1 (D3110-D3120, D3220-D3222, D3230-D3333) per tooth per lifetime; requires at least 50% remaining bone support |
| Endodontics | D3220-D3222 | Pulpotomy | |
| Endodontics | D3230-D3333 | Root canal treatment | |
| Endodontics | D3346-D3348 | Root canal retreatment of failed previous root canal | 1 (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 12 months of original root canal treatment |
| Endodontics | D3351- D3353; D3410, D3421; D3425-D3426; D3430; D3450; D3460; D3470 | Tooth root-tip repairs | 1 (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3460, D3470) per tooth per lifetime; not allowed if by same provider or provider group |
| Endodontics | D3910; D3920-D3921; D3950 | Other root canal procedures | 1 (D3910, D3920-D3921, D3950) per tooth per lifetime |
| Comprehensive Periodontal (Gum Treatment) Services | | | |
| Periodontics | D4210, D4211, D4230-D4245, D4260-D4261 | Gum tissue surgery | <p>Only 1 of any (D4210-D4211) per quadrant every 36 months</p> <p>Only 1 of any (D4230-D4245) per quadrant every 36 months</p> <p>Only 1 of any (D4260-D4261) per quadrant every 36 months</p> |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|--------------|--------------------------|--|--|
| Periodontics | D4263, D4264 | Gum tissue surgery | 1 (D4263, D4264) per quadrant every 36 months |
| Periodontics | D4265-D4267, D4270-D4285 | Gum tissue surgery | 1 (D4265-D4267, D4270-D4285) per 36 months per site |
| Periodontics | D4268, D4286 | Gum tissue surgery | 1 (D4268, D4286) per 36 months per tooth |
| Periodontics | D4212 | Removal of gum tissue to help fill a tooth | 1 (D4212) per tooth per lifetime |
| Periodontics | D4249 | Removal of bone around a tooth | 1 (D4249) per tooth per lifetime |
| Periodontics | D4322-D4323 | Wire placed to attach multiple teeth together | Only 1 of any (D4322-D4323) per quadrant every 36 months |
| Periodontics | D4341 | Deep cleaning for 4 or more teeth in a mouth | Only 1 of any (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service |
| Periodontics | D4342 | Deep cleaning for 1-3 teeth in a mouth | Only 1 of any (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service |
| Periodontics | D4346 | Scaling for moderate or severe swollen or infected gums, full mouth, after evaluation | 1 (D4346) every 24 months |
| Periodontics | D4355 | Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination | 1 (D4355) every 24 months; not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180 |
| Periodontics | D4381 | Medicine applied to gum space around a tooth (per tooth) for management of gum disease | 2 sites per quad per 24 months |
| Periodontics | D4910 | Routine dental cleaning for an adult who has documented history of gum disease | 2 (D4910) every 12 months; not within 90 days of D1110 |
| Periodontics | D4920 | Unscheduled dressing change | 1 (D4920) every 12 months per procedure |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---|--------------------------|--|---|
| Comprehensive Removable Prosthodontic (Denture) Services | | | |
| Removable Prosthodontics | D5110-D5120 | Complete dentures – upper and/or lower | Only 1 of any (D5110-D5286, D5863-D5866) per arch every 60 months; D5284 and D5286 are per quadrant |
| Removable Prosthodontics | D5130-D5140 | Immediate complete dentures – upper and/or lower, placed at time of extracting remaining teeth | |
| Removable Prosthodontics | D5211-D5214; D5225-D5226 | Partial dentures – upper and/or lower, resin, metal, or flexible base | |
| Removable Prosthodontics | D5221-D5224; D5227-D5228 | Immediate partial dentures – upper and/or lower, resin, metal, or flexible base, placed at time of tooth extractions | |
| Removable Prosthodontics | D5282-D5286 | Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth | |
| Removable Prosthodontics | D5863, D5865 | Complete dentures place on tooth roots in bone | |
| Removable Prosthodontics | D5864, D5866 | Partial dentures place on tooth roots in bone | |
| Removable Prosthodontics | D5410-D5512; D5611-D5622 | Adjust or repair complete or partial dentures | Only 1 of any (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery |
| Removable Prosthodontics | D5520, D5630-D5671 | Replace missing or broken parts of complete or partial dentures | Only 1 of any (D5520, D5630, D5640, D5650) per arch every 12 months; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per arch every 12 |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---|--------------------|---|--|
| | | | months; Only 1 of any (D5670-D5671) per arch every 24 months |
| Removable Prosthodontics | D5710-D5761 | Reline or rebase complete and/or partial dentures – upper and/or lower | Only 1 of any (D5710-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery |
| Removable Prosthodontics | D5810-D5821 | Interim/temporary denture | Only 1 of any (D5810-D5821) per arch every 60 months |
| Removable Prosthodontics | D5765; D5867-D5875 | Other denture services | 1 of each (D5765, D5867-D5875) per arch every 24 months. |
| Removable Prosthodontics | D5850, D5851 | Liner to help heal gum tissue under a denture | Only 1 of any (D5850-D5851) per arch every 12 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery |
| Removable Prosthodontics | D5862 | Attachment to connect a crown to a complete or partial denture | 1 (D5862) every 84 months per tooth |
| Comprehensive Fixed Prosthodontic (Bridges) Services | | | |
| Fixed Prosthodontics | D6205-D6252 | Part of the bridge that is the fake tooth, replacing the missing tooth (pontic) | 1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794, D6205-D6252, D6545-D6615, D6710-D6783, D6790, D6791, D6792, D6794) per tooth every 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when teeth (excluding third molars) are missing in both quadrants in the same arch, bridge |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|---|--|--|---|
| | | | requests will alternate benefit to a partial denture |
| Fixed Prosthodontics | D6253 | Temporary replacement for a missing tooth (pontic) - when further treatment or completion of diagnosis necessary prior to final impression | 1 (D6253) every 84 months |
| Fixed Prosthodontics | D6545-D6615; D6710-D6783, D6790, D6791, D6792, D6794 | Crowns and partial crowns that are placed on teeth supporting a bridge (retainer crowns) | 1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794, D6205-D6252, D6545-D6615; D6710-D6783, D6790, D6791, D6792, D6794) per tooth every 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when teeth (excluding third molars) are missing in both quadrants in the same arch, bridge requests will alternate benefit to a partial denture |
| Fixed Prosthodontics | D6930 | Re-cement or re-bond a bridge that comes out | 1 (D6930) per tooth every 24 months; not payable within 6 months of delivery |
| Fixed Prosthodontics | D6980 | Repair of a bridge when tooth-colored material fails or breaks | 1 (D6980) every 24 months per arch per procedure |
| Comprehensive Oral Surgery (Extraction) Services | | | |
| Other Oral/Maxillofacial Surgery | D7140-D7251 | Extractions | 1 (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|----------------------------------|-----------------------------|--|---|
| Other Oral/Maxillofacial Surgery | D7260-D7261 | Sinus related surgery | 1 (D7260, D7261) per maxillary quadrant per lifetime |
| Other Oral/Maxillofacial Surgery | D7270-D7282; D7290-D7291 | Surgery to move or re-implant natural teeth | 1 of any (D7270-D7282; D7290-D7291) per tooth per lifetime |
| Other Oral/Maxillofacial Surgery | D7285-D7288 | Biopsies | Only 1 of any (D7285, D7286, D7288) per 24 months; 1 (D7287) per 24 months per site per procedure |
| Other Oral/Maxillofacial Surgery | D7292-D7300 | Attachments on unerupted teeth | 1 of each (D7292-D7300) per 24 months per tooth |
| Other Oral/Maxillofacial Surgery | D7310-D7321 | Reshaping of the bone that surrounds the teeth or tooth spaces | Only 1 of any (D7310-D7321) per quadrant per lifetime |
| Other Oral/Maxillofacial Surgery | D7340-D7350 | Surgery on gum tissue to prepare for dentures | Only 1 of any (D7340, D7350) every 60 months per quadrant |
| Other Oral/Maxillofacial Surgery | D7410-D7465 | Removal of suspicious tissue growths | Unlimited per procedure |
| Other Oral/Maxillofacial Surgery | D7471 | Removal of extra bone growths on sides of jaws | 1 (D7471) per arch per lifetime |
| Other Oral/Maxillofacial Surgery | D7472 | Removal of extra bone growth on roof of mouth | 1 (D7472) per lifetime |
| Other Oral/Maxillofacial Surgery | D7473 | Removal of extra bone growth inside of lower jaw | 1 (D7473) per quadrant per lifetime |
| Other Oral/Maxillofacial Surgery | D7485 | Removal of extra bone and tissue growth on back areas of upper jaw | 1 (D7485) per quadrant per lifetime |
| Other Oral/Maxillofacial Surgery | D7509, D7510- D7540 | Cleaning an abscess/infection from a tooth root | 1 (D7509) per date of service; Unlimited per procedure (D7510-D7540) |
| Other Oral/Maxillofacial Surgery | D7953 | Bone graft in area(s) of missing teeth | 1 (D7953) per lifetime per tooth |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|--|---------------------------|---|---|
| Other Oral/Maxillofacial Surgery | D7956-D7957 | Bone graft protective layer | 1 of D7956 or D7957 per quadrant per lifetime |
| Other Oral/Maxillofacial Surgery | D7961-D7972 | Other surgical procedures to remove excess gum tissue or muscle attachments | 1 (D7961-D7970) per arch per 60 months; 1 (D7971) per lifetime per tooth; 1 (D7972) per maxillary quadrant per lifetime |
| Other Oral/Maxillofacial Surgery | D7997 | Appliance removal by a different dentist | 1 (D7997) every 60 months per arch |
| Comprehensive Other Adjunctive (Non-Routine) Services | | | |
| Other Comprehensive Services | D9110 | Minor procedure for emergency treatment of dental pain | 1 (D9110) per 12 months |
| Other Comprehensive Services | D9120 | Cutting an old bridge to help remove it | 1 (D9120) every 12 months per procedure |
| Other Comprehensive Services | D9210-D9248 | Deep sedation/general anesthesia | Only 1 of any (D9210-D9222, D9230, D9239, D9248) per date of service; only 7 of (D9223, D9243) per date of service |
| Other Comprehensive Services | D9310, D9410-D9440, D9997 | Visits to or from nursing homes, hospitals, surgery centers or doctors' offices | 1 (D9310, D9430, D9440) every 6 months per procedure; 1 (D9410, D9420, D9997) per date of service |
| Other Comprehensive Services | D9610, D9612 | Drug injections for infection and severe pain | Only 1 of any (D9610, D9612) per date of service |
| Other Comprehensive Services | D9630 | Fluoride rinses and other prescription dental products for home use | 1 (D9630) every 6 months |
| Other Comprehensive Services | D9911 | Place medicine on sensitive tooth roots | 1 (D9911) per tooth every 24 months |
| Other Comprehensive Services | D9912, D9920, D9930 | Special or unusual consultations | 1 (D9912, D9920-D9930) per date of service |

| Category | Code | General Service Description | Frequency (how often our plan will pay) |
|------------------------------|-------------|--|---|
| Other Comprehensive Services | D9932-D9935 | Cleaning of complete and partial dentures | 1 (D9932-D9935) every 24 months |
| Other Comprehensive Services | D9942 | Bite guard repair | 1 (D9942) every 24 months |
| Other Comprehensive Services | D9944-D9946 | Bite guard, hard or soft appliance | Only 1 of any (D9944-D9946) every 60 months |
| Other Comprehensive Services | D9951 | Minor adjustment of bite | 1 (D9951) every 24 months |
| Other Comprehensive Services | D9995 | Teledentistry - performed in real time | Only 1 of any (D9995-D9996) per date of service |
| Other Comprehensive Services | D9996 | Teledentistry - performed when information stored and sent to a dentist for later review | |

Limitations:

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
 - When teeth are missing in both quadrants of the same arch, a benefit request for one or more fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.

- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.