

Dental Benefit Details

2025

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2025 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.

Last updated on 12/05/2024

The *Dental Benefit Details* applies to the 2025 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
AR	H1416041000	Wellcare Assist Compass (HMO-POS)
AR	H1416055000	Wellcare Simple Preferred (HMO-POS)
AZ	H0351038000	Wellcare Specialty Simple (HMO C-SNP)
AZ	H0351054000	Wellcare Giveback (HMO)
AZ	H0351057000	Wellcare Specialty Simple (HMO C-SNP)
AZ	H0351065000	Wellcare Simple Value (HMO)
CT	H0712005000	Wellcare Dual Access (HMO-POS D-SNP)
CT	H0712019000	Wellcare Simple (HMO-POS)
CT	H0712029000	Wellcare Dual Liberty (HMO-POS D-SNP)
CT	H1914001000	Wellcare Simple Open (PPO)
DE	H4661001000	Wellcare Simple (HMO-POS)
FL	H1032190000	Wellcare Simple (HMO)
FL	H1032200000	Wellcare Giveback (HMO)
GA	H0111001000	Wellcare Mutual of Omaha Simple Open (PPO)
GA	H0111007000	Wellcare Patriot Giveback Open (PPO)
IL	H6713002000	Wellcare Giveback Open (PPO)
IL	H6713003000	Wellcare Patriot Giveback Open (PPO)
IN	H3499002000	Wellcare Simple (HMO)
IN	H6348005000	Wellcare Patriot Giveback Open (PPO)
KS	H6550003000	Wellcare Simple (HMO-POS)
KS	H6550007000	Wellcare Giveback (HMO-POS)
KS	H9387001000	Wellcare Simple Open (PPO)
KS	H9387002000	Wellcare Patriot Giveback Open (PPO)
KY	H9730007000	Wellcare Giveback (HMO-POS)
KY	H9730011000	Wellcare Dual Reserve (HMO-POS D-SNP)
LA	H2491016000	Wellcare Endurance (HMO-POS)
ME	H9364004000	Wellcare Giveback (HMO-POS)
ME	H2775115000	Wellcare Dual Access Open (PPO D-SNP)
MO	H1664006000	Wellcare Giveback (HMO-POS)
NC	H1914011000	Wellcare Patriot Giveback Open (PPO)
NC	H7175005000	Wellcare Patriot Giveback Open (PPO)
NE	H1215001000	Wellcare Dual Liberty (HMO-POS D-SNP)
NE	H1395001000	Wellcare Dual Access Open (PPO D-SNP)
NE	H1395004000	Wellcare Patriot Giveback Open (PPO)
NJ	H0913015000	Wellcare Assist (HMO-POS)
NY	H5599002000	Wellcare Fidelis Assist (HMO-POS)

State	Plan Benefit Package	Plan Name
NY	H5599004000	Wellcare Fidelis Simple (HMO-POS)
NY	H4868016000	Wellcare Assist (HMO-POS)
NY	H2775106000	Wellcare Simple Open (PPO)
NY	H2775113000	Wellcare Assist Open (PPO)
OR	H2174012000	Wellcare Dual Reserve (HMO-POS D-SNP)
OR	H5439011000	Wellcare Premium Ultra Open (PPO)
OR	H5439017000	Wellcare Simple Open (PPO)
OR	H6815039000	Wellcare Simple (HMO-POS)
PA	H2128002000	Wellcare Simple Open (PPO)
TX	H5294017000	Wellcare Simple (HMO)
TX	H5294018000	Wellcare Simple (HMO)
TX	H7323005000	Wellcare Dual Access Open (PPO D-SNP)
TX	H4506029000	Wellcare TexanPlus Simple (HMO-POS)
WA	H5965007000	Wellcare Mutual of Omaha Premium Enhanced Open (PPO)
WA	H0029009000	Wellcare Giveback (HMO-POS)

Disclaimers:

Texas (H5294): Wellcare by Allwell (HMO and HMO SNP) includes products that are underwritten by Superior HealthPlan, Inc.

Texas (H4506): Wellcare (HMO and HMO SNP) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, and SelectCare of Texas, Inc.

Texas (H7323): Texas 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 Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting <https://www.wellcarefindaprovider.com/navigate-a-network.html>. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.

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

Washington (H0029): Washington residents: “Wellcare” is issued by Coordinated Care of Washington, Inc.

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2025 *Evidence of Coverage* for any applicable cost sharing and benefit maximum. Covered codes between D0120 and D1208 do not count towards the plan annual maximum. Covered codes marked with an asterisk (*) are a partial list that may require prior authorization (other codes may apply).

Dental 2025 Schedule of Benefits

Code	General Service Description	Periodicity
D0120	Routine periodic exam completed during check-up.	2 of (D0120) every 12 months; not within 6 months of D0150
D0140	Limited exam to evaluate a problem.	2 of (D0140, D0160, D9310) every 12 months.
D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment).	1 of (D0150) every 36 months; not within 36 months of D0120
D0160	Detailed and extensive problem focused exam.	2 of (D0140, D0160, D9310) every 12 months.
D0180	Comprehensive periodontal evaluation.	2 of (D0180) every 12 months; not on same date as D0120 or D0150
D0210	Full mouth/complete x-ray set for evaluation of the teeth and mouth.	1 of (D0210, D0330, D0701, D0709) every 36 months.
D0220	X-rays for closer evaluation around the roots of teeth.	1 of (D0220) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0230	X-rays for closer evaluation around the roots of teeth.	4 of (D0230) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0240	Intraoral, occlusal radiographic image.	1 of (D0240) every 12 months
D0251	Extra-oral radiographic image.	2 of (D0251) every 12 months

Code	General Service Description	Periodicity
D0270	Bitewing x-rays for evaluation of the teeth and bone.	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0272	Bitewing x-rays for evaluation of the teeth and bone.	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0273	Bitewing x-rays for evaluation of the teeth and bone.	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0274	Bitewing x-rays for evaluation of the teeth and bone.	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0277	Bitewing x-rays for evaluation of the teeth and bone.	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0330	Whole-mouth x-ray for evaluation of the teeth and mouth.	1 of (D0210, D0330, D0701, D0709) every 36 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0350	2-Dimensional photo or x-ray image.	1 of (D0350) every 36 months
D0391	Reading of an x-ray or photo image by a practitioner not associated with taking the x-ray or photo, including report.	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709).
D0460	Tooth nerve test.	1 of (D0460) per visit.
D0701	Whole-mouth and 2-Dimensional x-ray images of the head .	1 of (D0701) every 36 months; 1 of (D0210, D0330, D0701, D0709) every 36 months.
D0703	Photo images, image capture only.	1 of (D0703) every 36 months
D0706	X-rays taken inside the mouth.	2 of (D0706) every 12 months

Code	General Service Description	Periodicity
D0707	X-rays for closer evaluation around the roots of teeth – image capture only.	1 of (D0707) per date of service
D0708	Bitewing x-rays for evaluation of the teeth and bone – image capture only.	2 of (D0708) every 12 months.
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.
D1110	Standard adult dental cleaning	2 of (D1110) every 12 months.
D1206	Fluoride treatment	1 of (D1206, D1208) every 12 months.
D1208	Fluoride treatment	1 of (D1206, D1208) every 12 months.
D1355	Caries preventative medicament application.	One of (D1355) per tooth per 6 months.
D2140	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2150	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2160	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2161	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2330	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2331	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.

Code	General Service Description	Periodicity
D2332	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2335	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2390	Tooth-colored crown placed directly into the mouth for anterior/front teeth only.	1 of (D2390) per tooth, per 24 months. Must have at least 50% remaining bone support.
D2391	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2392	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2393	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2394	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth.	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2710*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.

Code	General Service Description	Periodicity
D2720*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2721*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2722*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.

Code	General Service Description	Periodicity
D2740*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2750*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2751*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.

Code	General Service Description	Periodicity
D2752*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2753*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2790*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.

Code	General Service Description	Periodicity
D2791*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2792*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2794*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) 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.
D2910	Re-cementing or re-bonding a crown that has fallen off.	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery.

Code	General Service Description	Periodicity
D2915	Re-cementing or re-bonding a crown that has fallen off.	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery.
D2920	Re-cementing or re-bonding a crown that has fallen off.	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery.
D2928	Pre-made crowns.	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary.
D2931	Pre-made crowns.	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
D2950*	Buildup of filling around a post to prepare the tooth for a crown.	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
D2951	Buildup of filling around a post to prepare the tooth for a crown.	1 of (D2951) per tooth per 84 months.
D2952*	Buildup of filling around a post to prepare the tooth for a crown.	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
D2953*	Buildup of filling around a post to prepare the tooth for a crown.	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
D2954*	Buildup of filling around a post to prepare the tooth for a crown.	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
D2955	Buildup of filling around a post to prepare the tooth for a crown.	1 (D2955) per tooth per 84 months.
D2957	Buildup of filling around a post to prepare the tooth for a crown.	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
D2971	Buildup of filling around a post to prepare the tooth for a crown.	1 (D2971) per tooth per 84 months.
D2980	Crown repairs.	1 of (D2980) per tooth per 36 months.
D3110	Pulp capping.	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3120	Pulp capping.	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.

Code	General Service Description	Periodicity
D3220	Pulpotomy	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3310	Root canal treatment.	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3320	Root canal treatment.	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3330	Root canal treatment.	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3331	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
D3332	Root canal treatment.	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
D3333	Root canal treatment.	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
D3346	Root canal retreatment of failed previous root canal.	1 of (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.
D3347	Root canal retreatment of failed previous root canal.	1 of (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.
D3348	Root canal retreatment of failed previous root canal.	1 of (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.
D3351	Tooth root-tip repairs.	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group.

Code	General Service Description	Periodicity
D3352	Tooth root-tip repairs.	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group.
D3353	Tooth root-tip repairs.	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group.
D4322	Wire placed to attach multiple teeth together.	1 of (D4322-D4323) per arch every 36 months.
D4323	Wire placed to attach multiple teeth together.	1 of (D4322-D4323) per arch every 36 months.
D4341*	Deep cleaning for 4 or more teeth in a quadrant.	1 of (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service.
D4342*	Deep cleaning for 1-3 teeth in a quadrant.	1 of (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service.
D4346	Scaling for moderate or severe swollen or infected gums, full mouth, after evaluation.	1 (D4346) every 24 months, not allowed within six months of D1110, D4341, D4342, D4355, or D4910.
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination.	1 of (D4355) every 24 months; not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180.
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease.	8 of (D4381) every 24 months; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation.
D4910	Routine dental cleaning for an adult who has documented history of gum disease.	2 of (D4910) every 12 months; not within 90 days of D1110.
D4920	Unscheduled dressing change.	1 of (D4920) every 12 months per procedure.
D6930	Re-cement or re-bond a bridge that comes out.	1 of (D6930) per tooth every 24 months; not payable within 6 months of delivery.
D7140	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.

Code	General Service Description	Periodicity
D7210*	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7220	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7230	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7240	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7241	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7250*	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7251	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7260	Sinus related surgery.	1 of (D7260, D7261) per quadrant per date of service.
D7261	Sinus related surgery.	1 of (D7260, D7261) per quadrant per date of service.
D7270	Surgery to move or re-implant natural teeth.	1 of (D7270-D7282) per tooth per lifetime.
D7272	Surgery to move or re-implant natural teeth.	1 of (D7270-D7282) per tooth per lifetime.
D7280	Surgery to move or re-implant natural teeth.	1 of (D7270-D7282) per tooth per lifetime.
D7282	Surgery to move or re-implant natural teeth.	1 of (D7270-D7282) per tooth per lifetime.

Code	General Service Description	Periodicity
D7285	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months.
D7286	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months.
D7287	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months.
D7288	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months.
D7310	Reshaping of the bone that surrounds the teeth or tooth spaces.	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.
D7311	Reshaping of the bone that surrounds the teeth or tooth spaces.	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.
D7320	Reshaping of the bone that surrounds the teeth or tooth spaces.	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.
D7321	Reshaping of the bone that surrounds the teeth or tooth spaces.	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.
D7340	Surgery on gum tissue to prepare for dentures.	1 of (D7340, D7350) per quadrant every 60 months.
D7350	Surgery on gum tissue to prepare for dentures.	1 of (D7340, D7350) per quadrant every 60 months.
D7410	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7411	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7412	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7413	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7414	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7415	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7440	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7441	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.

Code	General Service Description	Periodicity
D7450	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7451	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7460	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7461	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7465	Removal of suspicious tissue growths.	1 of (D7410-D7465) per date of service.
D7471	Removal of extra bone growths on sides of jaws.	1 of (D7471) per arch per lifetime.
D7472	Removal of extra bone growth on roof of mouth.	1 of (D7472) per lifetime.
D7473	Removal of extra bone growth inside of lower jaw.	1 of (D7473) per quadrant per lifetime.
D7485	Removal of extra bone and tissue growth on back areas of upper jaw.	1 of (D7485) per quadrant per lifetime.
D7509	Cleaning an abscess/infection from a tooth root.	1 of (D7509) per date of service.
D7510	Cleaning an abscess/infection from a tooth root.	1 of (D7510-D7540) per date of service.
D7511	Cleaning an abscess/infection from a tooth root.	1 of (D7510-D7540) per date of service.
D7520	Cleaning an abscess/infection from a tooth root.	1 of (D7510-D7540) per date of service.
D7521	Cleaning an abscess/infection from a tooth root.	1 of (D7510-D7540) per date of service.
D7530	Cleaning an abscess/infection from a tooth root.	1 of (D7510-D7540) per date of service.
D7540	Cleaning an abscess/infection from a tooth root.	1 of (D7510-D7540) per date of service.
D7970	Other surgical procedures to remove excess gum tissue or muscle attachments.	1 of (D7970) per arch per 60 months.
D7971	Other surgical procedures to remove excess gum tissue or muscle attachments.	1 of (D7971) per tooth per lifetime.
D7972	Other surgical procedures to remove excess gum tissue or muscle attachments.	1 of (D7972) per maxillary quadrant per lifetime.
D9110	Minor procedure for emergency treatment of dental pain.	1 of (D9110) per 12 months.

Code	General Service Description	Periodicity
D9120	Cutting an old bridge to help remove it.	1 of (D9120) every 12 months.
D9310	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices.	2 of (D0140, D0160) every 12 months.
D9410	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices.	1 of (D9410, D9420, D9997) per date of service.
D9420	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices.	1 of (D9410, D9420, D9997) per date of service.
D9995	Teledentistry - performed in real time.	1 of (D9995-D9996) per date of service.
D9996	Teledentistry - performed when information stored and sent to a dentist for later review.	1 of (D9995-D9996) per date of service.
D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices.	1 of (D9410, D9420, D9997) per date of service.

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.

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