

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.

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	H1848002000	Wellcare No Premium Open (PPO)
AL	H1848004000	Wellcare Low Premium Open (PPO)
AL	H6975005000	Wellcare No Premium (HMO)
AL	H6975006000	Wellcare Patriot No Premium (HMO)
AR	H0270001000	Wellcare No Premium Open (PPO)
AR	H0270002000	Wellcare Dual Access Open (PPO D-SNP)
AR	H1416033000	Wellcare Dual Access (HMO-POS D-SNP)
AR	H1416043000	Wellcare Dual Liberty (HMO-POS D-SNP)
AR	H1416058000	Wellcare Patriot Giveback (HMO-POS)
AZ	H0351059002	Wellcare Assist (HMO)
AZ	H0351061000	Wellcare Assist (HMO)
AZ	H8553001000	Wellcare No Premium Open (PPO)
AZ	H8553002000	Wellcare Patriot Giveback Open (PPO)
CA	H7360001000	Wellcare No Premium Open (PPO)
CT	H0712005000	Wellcare Dual Access (HMO D-SNP)
CT	H0712029000	Wellcare Dual Liberty (HMO D-SNP)
CT	H1914006000	Wellcare Dual Access Open (PPO D-SNP)
FL	H1032182000	Wellcare Dual Select (HMO D-SNP)
FL	H1032184000	Wellcare Specialty No Premium (HMO C-SNP)
FL	H1032192000	Wellcare No Premium (HMO)
FL	H1032194000	Wellcare No Premium (HMO)
FL	H1032195000	Wellcare Giveback (HMO)
FL	H1032218000	Wellcare No Premium (HMO)
FL	H1032224000	Wellcare Specialty No Premium (HMO C-SNP)
FL	H1032236000	Wellcare Dual Reserve (HMO D-SNP)
FL	H5199008000	Wellcare No Premium Open (PPO)
FL	H5199012000	Wellcare No Premium Open (PPO)
FL	H5199014000	Wellcare No Premium Open (PPO)
FL	H5199015000	Wellcare No Premium Open (PPO)
GA	H0111001000	Wellcare No Premium Open (PPO)
GA	H0111002000	Wellcare Low Premium Open (PPO)
GA	H0111003000	Wellcare Premium Enhanced Open (PPO)
GA	H1112038000	Wellcare No Premium (HMO)
GA	H1112039000	Wellcare No Premium (HMO)
GA	H1112040000	Wellcare No Premium Focus (HMO)
GA	H1112043000	Wellcare Assist (HMO)
GA	H1112044000	Wellcare No Premium (HMO)

State	Plan Benefit Package	Plan Name
HI	H2491009000	Wellcare 'Ohana No Premium (HMO)
HI	H2491015000	Wellcare 'Ohana No Premium (HMO)
HI	H6605003000	Wellcare 'Ohana Assist Open (PPO)
IL	H6713002000	Wellcare Giveback Open (PPO)
IN	H3499002000	Wellcare No Premium (HMO)
IN	H3499008000	Wellcare Assist (HMO)
IN	H6348002000	Wellcare No Premium Open (PPO)
IN	H6348006000	Wellcare Dual Access Open (PPO D-SNP)
IN	H6348007000	Wellcare Low Premium Open (PPO)
KS	H6550006000	Wellcare Assist (HMO)
KS	H9387001000	Wellcare No Premium Open (PPO)
KY	H3975001000	Wellcare No Premium Open (PPO)
KY	H3975002000	Wellcare Patriot Giveback Open (PPO)
KY	H3975004000	Wellcare Dual Access Open (PPO D-SNP)
KY	H9730003000	Wellcare Dual Access (HMO D-SNP)
KY	H9730009000	Wellcare No Premium (HMO)
KY	H9730010000	Wellcare Assist (HMO)
LA	H2491007000	Wellcare No Premium (HMO)
LA	H2491010000	Wellcare Assist (HMO)
LA	H2491017000	Wellcare No Premium (HMO)
LA	H2491018000	Wellcare Patriot No Premium (HMO)
LA	H2491019000	Wellcare No Premium (HMO)
LA	H2491020000	Wellcare No Premium (HMO)
LA	H2491021000	Wellcare No Premium (HMO)
LA	H3047001000	Wellcare No Premium Open (PPO)
LA	H5117004000	Wellcare Dual Access Medicare (HMO D-SNP)
MA	H6193001000	Wellcare No Premium (HMO)
MA	H9761001000	Wellcare No Premium Open (PPO)
ME	H2775114000	Wellcare Assist Open (PPO)
MI	H2117001000	Wellcare No Premium Open (PPO)
MI	H5475026000	Wellcare No Premium (HMO-POS)
MO	H1664001000	Wellcare No Premium (HMO)
MO	H1664004000	Wellcare No Premium (HMO)
MO	H1664007000	Wellcare Assist (HMO)
MO	H7518001000	Wellcare No Premium Open (PPO)
MO	H7518002000	Wellcare Patriot Giveback Open (PPO)
MO	H9335001000	Wellcare No Premium (HMO)
MS	H0074001000	Wellcare No Premium Open (PPO)
MS	H1416026000	Wellcare Low Premium (HMO-POS)

State	Plan Benefit Package	Plan Name
MS	H1416060000	Wellcare Patriot Giveback (HMO-POS)
MS	H1416068000	Wellcare Assist (HMO)
MS	H1416070000	Wellcare No Premium (HMO)
MS	H1416071000	Wellcare No Premium (HMO)
MS	H1416072000	Wellcare No Premium (HMO)
MS	H9811001000	Wellcare No Premium Medicare (HMO)
MS	H9811009000	Wellcare Assist Complement (HMO)
NC	H0712025000	Wellcare Dual Access Medicare (HMO D-SNP)
NC	H7175001000	Wellcare No Premium Open (PPO)
NE	H1215002000	Wellcare No Premium (HMO)
NE	H1395001000	Wellcare Dual Access Open (PPO D-SNP)
NE	H1395002000	Wellcare No Premium Open (PPO)
NE	H1395003000	Wellcare Assist Open (PPO)
NH	H0969001000	Wellcare No Premium Open (PPO)
NH	H0969004000	Wellcare Patriot Giveback Open (PPO)
NH	H0969005000	Wellcare Plus Open (PPO)
NH	H2162001000	Wellcare No Premium (HMO)
NJ	H0913015000	Wellcare Assist (HMO)
NJ	H0913017000	Wellcare No Premium Focus (HMO)
NJ	H0913020000	Wellcare Patriot No Premium (HMO)
NM	H2134004000	Wellcare Assist (HMO)
NM	H9976001000	Wellcare Assist Open (PPO)
NM	H9976002000	Wellcare No Premium Open (PPO)
NV	H6446017000	Wellcare Specialty No Premium (HMO C-SNP)
NY	H0088003000	Wellcare No Premium Open (PPO)
NY	H2775105000	Wellcare Premium Ultra Open (PPO)
NY	H2775106000	Wellcare No Premium Open (PPO)
NY	H4868003000	Wellcare Patriot No Premium (HMO)
NY	H5599001000	Wellcare Fidelis Dual Access (HMO D-SNP)
OH	H5475011000	Wellcare No Premium Essential (HMO-POS)
OH	H5475022000	Wellcare No Premium Essential (HMO-POS)
OH	H7169001000	Wellcare No Premium Open (PPO)
OK	H4537001000	Wellcare No Premium Open (PPO)
OK	H4537002000	Wellcare No Premium Open (PPO)
OK	H4537003000	Wellcare Low Premium Open (PPO)
OK	H4537004000	Wellcare Dual Access Open (PPO D-SNP)
OR	H5439010000	Wellcare Patriot No Premium Open (PPO)
OR	H5439018000	Wellcare Low Premium Open (PPO)
PA	H2128001000	Wellcare Assist Open (PPO)

State	Plan Benefit Package	Plan Name
PA	H2128002000	Wellcare No Premium Open (PPO)
PA	H2128003000	Wellcare Low Premium Open (PPO)
PA	H2915011000	Wellcare Assist (HMO)
RI	H4699001000	Wellcare No Premium Open (PPO)
RI	H4699003000	Wellcare Dual Access Open (PPO D-SNP)
RI	H4699004000	Wellcare Assist Open (PPO)
RI	H4699006000	Wellcare Patriot No Premium Open (PPO)
RI	H9258001000	Wellcare No Premium (HMO)
SC	H1416059000	Wellcare Patriot No Premium (HMO-POS)
SC	H4847001000	Wellcare No Premium (HMO)
SC	H7326001000	Wellcare No Premium Open (PPO)
SC	H7326003000	Wellcare Giveback Open (PPO)
TN	H1416061000	Wellcare Patriot Giveback (HMO-POS)
TN	H1416078000	Wellcare Giveback (HMO)
TN	H1416079000	Wellcare Giveback (HMO)
TN	H1416080000	Wellcare Giveback (HMO)
TN	H1416075000	Wellcare No Premium (HMO-POS)
TN	H1416076000	Wellcare No Premium (HMO-POS)
TN	H1416077000	Wellcare No Premium (HMO-POS)
TX	H0174002000	Wellcare TexanPlus No Premium (HMO)
TX	H0174008000	Wellcare Specialty No Premium (HMO C-SNP)
TX	H0174016000	Wellcare No Premium (HMO)
TX	H0174017000	Wellcare Giveback (HMO)
TX	H0174018000	Wellcare Giveback (HMO)
TX	H0174019000	Wellcare Giveback (HMO)
TX	H4506003000	Wellcare TexanPlus Classic No Premium (HMO)
TX	H4506010000	Wellcare TexanPlus Patriot Giveback (HMO)
TX	H5294014000	Wellcare Patriot No Premium (HMO)
TX	H5294017000	Wellcare No Premium (HMO)
TX	H5294018000	Wellcare No Premium (HMO)
TX	H7323002000	Wellcare No Premium Open (PPO)
TX	H7323003000	Wellcare No Premium Open (PPO)
TX	H7323005000	Wellcare Dual Access Open (PPO D-SNP)
TX	H7323007000	Wellcare No Premium Open (PPO)
TX	H7323009000	Wellcare No Premium Open (PPO)
TX	H7323010000	Wellcare No Premium Open (PPO)
VT	H1862001000	Wellcare No Premium (HMO)
VT	H6594001000	Wellcare No Premium Open (PPO)
VT	H6594003000	Wellcare Plus Open (PPO)

State	Plan Benefit Package	Plan Name
VT	H6594004000	Wellcare Assist Open (PPO)
WA	H1353007000	Wellcare Assist (HMO)
WA	H5965002000	Wellcare No Premium Open (PPO)
WA	H5965003000	Wellcare Patriot Giveback Open (PPO)

Disclaimers:

Hawaii (H2491): 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

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
Diagnostic	D0414-D0416	Tests and examinations	1 (D0414-D0416) every 12 months per test

Category	Code	General Service Description	Frequency (how often our plan will pay)
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
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

Category	Code	General Service Description	Frequency (how often our plan will pay)
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	Tooth root-tip repairs	1 (D3351- D3353) per tooth per lifetime; not allowed if by same provider or provider group
Comprehensive Periodontal (Gum Treatment) Services			
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	2 sites per quad per 24 months

Category	Code	General Service Description	Frequency (how often our plan will pay)
		management of gum disease	
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
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

Category	Code	General Service Description	Frequency (how often our plan will pay)
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 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

Category	Code	General Service Description	Frequency (how often our plan will pay)
			missing in both quadrants in the same arch, bridge 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	D9410-D9420, D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 (D9410, D9420, D9997) per date of service
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.