Dental Benefit Details

2027

This document provides additional details about the supplemental dental benefits that are covered under our plan. 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 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
CA	H0562012000	Wellcare Low Premium Focus (HMO)
CA	H0562092000	Wellcare Specialty Simple (HMO C-SNP)
CA	H0562097000	Wellcare Low Premium Focus (HMO)
CA	H0562125000	Wellcare Simple Focus (HMO)
CA	H0562126000	Wellcare Simple Focus (HMO)
CA	H0562136000	Wellcare Low Premium (HMO)
CA	H0562137000	Wellcare Low Premium (HMO)
CA	H0562138000	Wellcare Specialty Simple Focus (HMO C-SNP)
CA	H5087035000	Wellcare Simple (HMO)
CA	H5087005000	Wellcare Simple (HMO)

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2027 *Evidence of Coverage* for any applicable cost sharing. Note, some codes may be covered under Medicaid.

Dental 2027 Schedule of Benefits

Code	Code description	Periodicity
Diagnostic (Preventive) Services		
D0120	Periodic Oral Evaluation	2 of (D0120) every plan year, not within 6 months of D0150
D0140	Limited Oral Evaluation	2 of (D0140, D0160, D9310, D9430, D9440) every plan year
D0150	Comprehensive oral evaluation	1 of (D0150) every 3 plan years; not within 3 plan years of D0120
D0160	Oral evaluation, problem focused	2 of (D0140, D0160, D9310, D9430, D9440) every plan year
D0180	Comprehensive Periodontal Evaluation	2 of (D0180) every plan year; not on same date as D0120 or D0150
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0330, D0701, D0709) every 3 plan years
D0220	Intraoral, periapical, first radiographic image	1 of (D0220) per date of service.
D0230	Intraoral, periapical, each add additional radiographic image	4 of (D0230) per date of service.
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every plan year
D0251	Extra-oral posterior dental radiographic image	2 of (D0251) every plan year
D0270	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year.
D0272	Bitewings, two radiographic images	2 of (D0270-D0277) every plan year.
D0273	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year.
D0274	Bitewings, four radiographic images	2 of (D0270-D0277) every plan year.

Code	Code description	Periodicity
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0270-D0277) every plan year.
D0330	Panoramic radiographic image	1 of (D0210, D0330, D0701, D0709) every 3 plan years.
D0460	Pulp Vitality Test	1 of (D0460) date of service
D1110	Prophylaxis, adult	2 of (D1110) every plan year
D1206	Fluoride varnish	1 of (D1206, D1208) every plan year
D1208	Topical application of fluoride, excluding varnish	1 of (D1206, D1208) every plan year
Restorative Services		
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2150	Amalgam, two surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2160	Amalgam, three surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2161	Amalgam, four or more surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2330	Resin-based composite, one surface, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2331	Resin-based composite, two surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2332	Resin-based composite, three surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2335	Resin-based composite, four or more surfaces, involving incisal angle	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2392	Resin-based composite, two surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2393	Resin-based composite, three surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years

Code	Code description	Periodicity
D2394	Resin-based composite, four or more surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2740	Crown, porcelain/ceramic	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D2750	Crown - porcelain fused to high noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D2751	Crown, porcelain fused to predominantly base metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D2752	Crown, porcelain fused to noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D2790	Crown - full cast high noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D2791	Crown, full cast predominantly base metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D2792	Crown, full cast noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery
D2920	Re-cement or re-bond crown	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery
D2950	Core buildup, including any pins when required	1 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.
D2951	Pin retention, per tooth, in addition to restoration	1 of (D2951) per tooth every 7 plan years
D2952	Post and core in addition to crown, indirectly fabricated	1 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years.

Code	Code description	Periodicity
		Must be necessary to provide retention for an approved crown.
D2953	Each additional indirectly fabricated post, same tooth	1 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.
D2954	Prefabricated post and core in addition to crown	1 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.
D2955	Post removal	1 (D2955) per tooth every 7 plan years.
D2980	Crown repair necessitated by restorative material failure	1 of (D2980) per tooth every 3 plan years
Endodontics Services		
D3110	Pulp cap, direct (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3120	Pulp cap, indirect (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3220	Therapeutic pulpotomy (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3330	Endodontic therapy, molar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3346	Retreatment of previous root canal therapy, anterior	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same

Code	Code description	Periodicity
		provider within 1 plan year of original root canal treatment
D3347	Retreatment of previous root canal therapy, premolar	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment
D3348	Retreatment of previous root canal therapy, molar	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment
D3351	Apexification/recalcification, initial visit	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
D3352	Apexification/recalcification, interim medication replacement	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	Apexification/recalcification, final visit	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
D3410	Apicoectomy, anterior	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3421	Apicoectomy, premolar (first root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3425	Apicoectomy, molar (first root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3426	Apicoectomy, (each additional root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3430	Retrograde filling, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime

Code	Code description	Periodicity
D3450	Root amputation, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime
D3920	Hemisection, not including root canal therapy	1 of (D3920-D3921) per tooth per lifetime
Periodontics Services		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 of (D4212) per tooth per lifetime
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound	1 of (D4240-D4241) per quadrant every 3 plan years
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound	1 of (D4240-D4241) per quadrant every 3 plan years
D4260	Osseous surgery, four or more teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years
D4261	Osseous surgery, one to three teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years
D4274	Mesial/distal wedge procedure, single tooth	1 of (D4274) per tooth every 3 plan years
D4341	Scaling and root planing	1 of (D4341-D4342) per quadrant every 2 plan years; only two quadrants allowed on same date of service
D4342	Scaling and root planing	1 of (D4341-D4342) per quadrant every 2 plan years; only two quadrants allowed on same date of service
D4355	full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	1 of (D4355) every 2 plan years not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180
D4381	Localized delivery of antimicrobial agent/per tooth	8 of (D4381) every 2 plan years; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation

Code	Code description	Periodicity
D4910	Periodontal maintenance	2 of (D4910) every plan year; not within 90 days of D1110
Prosthodontics (Removable) Services		
D5110	Complete denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.
D5120	Complete denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.
D5130	Immediate denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.
D5140	Immediate denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.
D5211	Maxillary partial denture, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.
D5212	Mandibular partial denture, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.
D5213	Maxillary partial denture, cast metal, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.
D5214	Mandibular partial denture, cast metal, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.
D5410	Adjust complete denture, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5411	Adjust complete denture, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5421	Adjust partial denture, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6

Code	Code description	Periodicity
		months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5422	Adjust partial denture, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5511	Repair broken complete denture base, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5512	Repair broken complete denture base, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5520	Replace missing or broken teeth, complete denture	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per arch every plan year; Only 1 of any (D5670-D5671) per arch every 2 plan years
D5611	Repair resin partial denture base, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5612	Repair resin partial denture base, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5621	Repair cast partial framework, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5622	Repair cast partial framework, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5630	Repair or replace broken retentive clasping, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1

Code	Code description	Periodicity
		of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years
D5640	Replace broken teeth, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years
D5650	Add tooth to existing partial denture	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years
D5660	Add clasp to existing partial denture, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years
D5710	Rebase complete maxillary denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5711	Rebase complete mandibular denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5720	Rebase maxillary partial denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5721	Rebase mandibular partial denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5730	Reline complete maxillary denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5731	Reline complete mandibular denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6

Code	Code description	Periodicity
		months after delivery; inclusive if within 6 months of prosthesis delivery
D5740	Reline maxillary partial denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5741	Reline mandibular partial denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5750	Reline complete maxillary denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5751	Reline complete mandibular denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5760	Reline maxillary partial denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5761	Reline mandibular partial denture, laboratory	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5765	Soft liner for complete or partial removable denture - indirect	1 of (D5765) per arch every 2 plan years, not within six months of denture delivery
D5850	Tissue conditioning, maxillary	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5851	Tissue conditioning, mandibular	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
Implant Services		

Code	Code description	Periodicity
D6092	Recement or rebond implant/abutment supported crown	2 (D6092) every plan year; 1 per tooth tooth every 7 plan years. Exclude third molars, except when medically necessary.
Prosthodontics (Fixed) Services		
D6210	Pontic, cast high noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6211	Pontic, cast predominantly base metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered

Code	Code description	Periodicity
		in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6212	Pontic, cast noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6240	Pontic - porcelain fused to high noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer

Code	Code description	Periodicity
		crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6241	Pontic, porcelain fused to predominantly base metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6242	Pontic, porcelain fused to noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D6245	Pontic, porcelain/ceramic	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6750	Crown - Porcelain Fused To High Noble Metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D6751	Retainer crown, porcelain fused to predominantly base metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6752	Retainer crown, porcelain fused to noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D6790	Retainer crown - full cast high noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6791	Retainer crown, full cast predominantly base metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the

Code	Code description	Periodicity
		loss of an additional tooth requires the construction of a new appliance.
D6792	Retainer crown, full cast noble metal	1 of (D2740, D2750-D2752, D2790- D2792, D6210-D6212, D6240-D6242, D6245, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support. For codes (D6240-D6242, D6750-D6752), requires a missing tooth and abutment teeth with at least 50% remaining bone support. When posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6240-D6242 not covered in conjunction with implant retainer crowns. The frequency applies unless the loss of an additional tooth requires the construction of a new appliance.
D6930	Re-cement or re-bond fixed partial denture	1 of (D6930) per tooth every 2 plan years; not payable within 6 months of delivery
Oral and Maxillofacial Surgery Services		
D7140	Extraction, erupted tooth or exposed root	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
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	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	Removal of impacted tooth, soft tissue	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	Code description	Periodicity
D7230	Removal of impacted tooth, partially bony	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	Removal of impacted tooth, completely bony	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	Removal impacted tooth, complete bony, complication	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	Removal of residual tooth roots (cutting procedure)	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	Oroantral fistula closure	1 of (D7260) per quadrant per date of service
D7270	Tooth reimplantation and/or stabilization, accident	1 of (D7270-D7282) per tooth per lifetime
D7280	Exposure of an unerupted tooth	1 of (D7270-D7282) per tooth per lifetime
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
D7286	Incisional biopsy of oral tissue, soft	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	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	Alveoloplasty with extractions, one to three teeth per quadrant	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.

Code	Code description	Periodicity
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	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	Alveoloplasty, w/o extractions, one to three teeth per quadrant	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.
D7410	Excision of benign lesion, up to 1.25 cm	1 of (D7410-D7411) per date of service
D7411	Excision of benign lesion, greater than 1.25 cm	1 of (D7410-D7411) per date of service
D7471	Removal of lateral exostosis, maxilla or mandible	1 of (D7471) per arch per lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	1 of (D7510, D7520) per date of service
D7520	Incision & drainage of abscess, extraoral soft tissue	1 of (D7510, D7520) per date of service
D7970	Excision of hyperplastic tissue, per arch	1 of (D7970) per arch every 5 plan years
Adjunctive General Services		
D9110	Palliative (emergency) treatment, minor procedure	1 of (D9110) per plan year
D9120	Fixed Partial Denture Sectioning	1 of (D9120) every plan year
D9310	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310, D9430, D9440) every plan year
D9430	Office visit, observation, regular hours, no other services	2 of (D0140, D0160, D9310, D9430, D9440) every plan year
D9440	Office visit, after regularly scheduled hours	2 of (D0140, D0160, D9310, D9430, D9440) every plan year

Code	Code description	Periodicity
D9944	Occlusal guard, hard appliance, full arch	1 of (D9944-D9946) every 5 plan years
D9945	Occlusal guard, soft appliance, full arch	1 of (D9944-D9946) every 5 plan years
D9946	Occlusal guard, hard appliance, partial arch	1 of (D9944-D9946) every 5 plan years
D9951	Occlusal adjustment, limited	1 of (D9951) every 2 plan years
D9995	Teledentistry - synchronous; real-time encounter	1 of (D9995-D9996) per date of service.
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1 of (D9995-D9996) per date of service.

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 posterior teeth are missing in both quadrants of the same arch, a benefit request for one or more posterior 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.

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