

Dental Benefit Details

2024

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2024 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.

This page is intentionally left blank.

This page is intentionally left blank.

This page is intentionally left blank.

The *Dental Benefit Details* applies to the 2024 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	H6975002000	Wellcare Dual Liberty (HMO D-SNP)
AL	H6975004000	Wellcare Dual Access (HMO D-SNP)
FL	H1032175000	Wellcare Dual Liberty (HMO D-SNP)
FL	H1032176000	Wellcare Dual Liberty (HMO D-SNP)
GA	H1112006000	Wellcare All Dual (HMO D-SNP)
GA	H1112033000	Wellcare Dual Liberty (HMO D-SNP)
IN	H7925002000	Wellcare Complete No Premium (HMO)
KS	H6550009000	Wellcare Dual Liberty (HMO D-SNP)
KS	H5398002000	Wellcare Complete No Premium (HMO)
MI	H0482005000	Wellcare Complete Dual Access (HMO D-SNP)
MI	H0482002000	Wellcare Complete No Premium (HMO)
MO	H7518001000	Wellcare Mutual of Omaha No Premium Open (PPO)
MO	H7518004000	Wellcare Mutual of Omaha Low Premium Open (PPO)
PA	H2915002000	Wellcare Dual Access (HMO D-SNP)
PA	H2915007000	Wellcare Dual Access (HMO D-SNP)
SC	H7326006000	Wellcare Dual Liberty Open (PPO D-SNP)
TX	H0174006000	Wellcare Dual Liberty (HMO D-SNP)
TX	H5294010000	Wellcare Dual Liberty Nurture (HMO D-SNP)

Disclaimer:

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

Texas D-SNP (H0174): 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.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2024 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2024 Schedule of Benefits

Category	Code	General Service Description	Frequency (how often our plan will pay)
Preventive Dental Services			
Oral Exams	D0120	Routine periodic exam completed during check-up	2 of (D0120) every 12 months; not within 6 months of D0150.
Oral Exams	D0140	Limited exam to evaluate a problem	2 of (D0140, D0160) per 12 months. This service counts toward limited exam frequency (D9440).
Oral Exams	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.
Oral Exams	D0160	Detailed and extensive problem focused exam	2 of (D0140, D0160) per 12 months.
Oral Exams	D0180	Comprehensive periodontal evaluation	2 of (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 of (D0220) per date of service.
Dental X-Rays	D0230	X-rays for closer evaluation around the roots of teeth	4 of (D0230) per date of service.
Dental X-Rays	D0240	Intraoral, occlusal radiographic image	1 of (D0240) every 12 months.
Dental X-Rays	D0251	Extra-oral radiographic image	2 of (D0251) every 12 months.
Dental X-Rays	D0270, D0272, D0273	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0274) every 12 months.
Dental X-Rays	D0274	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0274) every 12 months. Not covered within 6 months of exam (D0120,

Category	Code	General Service Description	Frequency (how often our plan will pay)
			D0140, D0150, D0160, and D0180).
Dental X-Rays	D0330	Whole-mouth x-ray for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months. Not covered within 6 months of exam (D0120, D0140, D0150, D0160, and D0180).
Dental X-Rays	D0350	2-Dimensional photo or x-ray image	1 of (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 of (D0391) per date of service; allowed only when submitted along with (D0701-D0709).
Dental X-Rays	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.
Dental X-Rays	D0703	Photo images, image capture only	1 of (D0703) every 36 months.
Dental X-Rays	D0706	X-rays taken inside the mouth	2 of (D0706) every 12 months.
Dental X-Rays	D0707	X-rays for closer evaluation around the roots of teeth – image capture only	1 of (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.
Other Services	D1110	Standard adult dental cleaning	2 of (D1110) every 12 months.
Fluoride Services	D1206, D1208	Fluoride treatment	1 of (D1206, D1208) every 12 months.
Other Services	D1355	Caries preventative medicament application	Only one of the following per tooth per 6mo (D1355).
Other Services	D9110	Minor procedure for emergency treatment of dental pain	1 of (D9110) per 12 months.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Comprehensive Dental (Diagnostic) Services			
Diagnostic	D0277	Bitewing x-rays for evaluation of the teeth and bone	Only one of the following per 12 months per provider group: (D0270, D0272, D0274, D0277). Maximum reimbursement on a single date of service for radiographs is limited to the fee for a complete series (D0210).
Diagnostic	D0460	Tooth nerve test	1 of (D0460) per visit.
Restorative	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2394) per surface, per tooth, per 24 months.
Restorative	D2390	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2394) per surface, per tooth, per 24 months. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth, must have 50% bone support at minimum.
Restorative	D2391, D2392, D2393, D2394	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2394) per surface, per tooth, per 24 months.
Restorative	D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753	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.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6545, D6548, D6740-D6783, D6790, D6791, D6792, D6794) every 12 months; 1 per tooth every 84 months; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support.

Category	Code	General Service Description	Frequency (how often our plan will pay)
			Exclude third molars, except when medically necessary.
Restorative	D2790, D2791, D2792, 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.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6545, D6548, D6740-D6783, D6790, D6791, D6792, D6794) every 12 months; 1 per tooth every 84 months; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support. Exclude third molars, except when medically necessary.
Restorative	D2910, D2915, 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.
Restorative	D2928	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth.
Restorative	D2931	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth. Must have 50% bone support at minimum.
Restorative	D2950	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950-D2957, D2971) per tooth per 84 months. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth.
Restorative	D2951	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950-D2957, D2971) per tooth per 84 months.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Restorative	D2952, D2953, D2954, D2955, D2957, D2971	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950-D2957, D2971) per tooth per 84 months. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth.
Restorative	D2980	Crown repairs	1 of (D2980) per tooth per 36 months.
Endodontics	D3110, D3120	Pulp capping	1 of (D3110, D3120, D3220, D3310-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
Endodontics	D3220	Pulpotomy	1 of (D3110, D3120, D3220, D3310-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
Endodontics	D3310, D3320, D3330, D3331, D3332, D3333	Root canal treatment	1 of (D3110, D3120, D3220, D3310-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
Endodontics	D3346, D3347, 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.
Endodontics	D3351, D3352, 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.
Endodontics	D3410, D3421, D3425, D3426, D3430	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime.
Endodontics	D3450, D3470	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by

Category	Code	General Service Description	Frequency (how often our plan will pay)
			same provider or provider group.
Endodontics	D3920, D3921	Tooth root-tip repairs	1 of (D3920-D3921) per tooth per lifetime.
Periodontics	D4210, D4211	Gum tissue surgery	1 of (D4210-D4211) per quadrant every 36 months.
Periodontics	D4212	Removal of gum tissue to help fill a tooth	1 of (D4212) per tooth per lifetime.
Periodontics	D4240, D4241, D4245	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months.
Periodontics	D4249	Removal of bone around a tooth	1 of (D4249) per tooth per lifetime.
Periodontics	D4260, D4261	Gum tissue surgery	1 of (D4260-D4261) per quadrant every 36 months.
Periodontics	D4266	Gum tissue surgery	Limited to 1 per quadrant or site per consecutive 36 months as limitation.
Periodontics	D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4283, D4285	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
Periodontics	D4286	Gum tissue surgery	1 of (D4286) per quadrant or site per consecutive 36 months.
Periodontics	D4322, D4323	Wire placed to attach multiple teeth together	1 of (D4322-D4323) per arch every 36 months.
Periodontics	D4341	Deep cleaning for 4 or more teeth in a mouth	1 of (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	1 of (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 of (D4346) every 24 months, not to be billed the same date of service as other cleaning codes including D0120, D0140, D0150, D0160, D0180.
Periodontics	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

Category	Code	General Service Description	Frequency (how often our plan will pay)
			months of D0120, D0150 or D0180.
Periodontics	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.
Periodontics	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.
Periodontics	D4920	Unscheduled dressing change	1 of (D4920) every 12 months per procedure.
Removable Prosthodontics	D5110, D5120	Complete dentures – upper and/or lower	1 of (D5110-D5214, D5225-D5226, D5284-D5286) 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	1 of (D5110-D5214, D5225-D5226, D5284-D5286) per arch every 60 months; D5284 and D5286 are per quadrant.
Removable Prosthodontics	D5211, D5212, D5213, D5214, D5225, D5226	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5110-D5214, D5225-D5226, D5284-D5286) per arch every 60 months; D5284 and D5286 are per quadrant.
Removable Prosthodontics	D5284, D5286	Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth	1 of (D5110-D5214, D5225-D5226, D5284-D5286) per arch every 60 months; D5284 and D5286 are per quadrant.
Removable Prosthodontics	D5410, D5411, D5421, D5422, D5511, D5512	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery.
Removable Prosthodontics	D5520	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per

Category	Code	General Service Description	Frequency (how often our plan will pay)
			arch every 12 months; Only 1 of any (D5670-D5671) per arch every 24 months.
Removable Prosthodontics	D5611, D5612, D5621, D5622	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery.
Removable Prosthodontics	D5630, D5640, D5650, D5660, D5670, D5671	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months.
Removable Prosthodontics	D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery.
Removable Prosthodontics	D5765	Other denture services	1 of (D5765) per arch every 24 months.
Removable Prosthodontics	D5850, D5851	Liner to help heal gum tissue under a denture	1 of (D5850-D5851) per arch every 12 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery.
Implants	D6010, D6011, D6013	Tooth implant body inserted in bone	2 of (D6010, D6011, D6013) every 12 months; 1 per tooth per 84 months; D6013 only allowed in conjunction with D5110, D5120. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
Implants	D6056, D6057	Implant post to hold implant crown	2 of (D6056 or D6057) every 12 months; 1 per tooth per 84 months. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Implants	D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6092-D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
Implants	D6080	Cleaning for an implant denture	1 of (D6080) per implant (tooth) every 12 months.
Implants	D6081	Deep cleaning around implant body	1 of (D6081) per tooth every 12 months.
Implants	D6082, D6083, D6084, D6086, D6087, D6088	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
Implants	D6092	Repairs	1 of (D6092) per tooth every 12 months; not allowed within 6 months of prosthesis delivery. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
Implants	D6094, D6097	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
Implants	D6100	Removal of implant body	1 of (D6100, D6105) per tooth per lifetime. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.
Implants	D6104	Bone grafts around implants	1 of (D6104) per tooth per 84 months. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Implants	D6105	Removal of implant body	1 of (D6100, D6105) per tooth per lifetime.
Implants	D6106	Bone graft protective layer	1 of (D6106, D6107) per tooth every 60 months.
Implants	D6107	Bone graft protective layer	2 of (D6106, D6107) per tooth every 60 months.
Fixed Prosthodontics	D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6545, D6548, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; 1 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 posterior teeth (excluding third molars) are 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 of (D6253) every 84 months.
Fixed Prosthodontics	D6545, D6548, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792, D6794	Crowns and partial crowns that are placed on teeth supporting a bridge (retainer crowns)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6545, D6548, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; 1 per tooth every 84

Category	Code	General Service Description	Frequency (how often our plan will pay)
			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 posterior teeth (excluding third molars, except where medically necessary) 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	3 of (D6930) per tooth every 24 months; not payable within 6 months of delivery
Other Oral/Maxillofacial Surgery	D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
Other Oral/Maxillofacial Surgery	D7260, D7261	Sinus related surgery	1 of (D7260, D7261) per quadrant per date of service.
Other Oral/Maxillofacial Surgery	D7270, D7272, D7280, D7282	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime.
Other Oral/Maxillofacial Surgery	D7285, D7286, D7287, D7288	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months.
Other Oral/Maxillofacial Surgery	D7310, D7311, D7320, D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	1 of (D7310-D7321) per quadrant per lifetime.
Other Oral/Maxillofacial Surgery	D7340, D7350	Surgery on gum tissue to prepare for dentures	1 of (D7340, D7350) per quadrant every 60 months.
Other Oral/Maxillofacial Surgery	D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Oral/Maxillofacial Surgery	D7471	Removal of extra bone growths on sides of jaws	1 of (D7471) per arch per lifetime.
Other Oral/Maxillofacial Surgery	D7472	Removal of extra bone growth on roof of mouth	1 of (D7472) per lifetime.
Other Oral/Maxillofacial Surgery	D7473	Removal of extra bone growth inside of lower jaw	1 of (D7473) per quadrant per lifetime.
Other Oral/Maxillofacial Surgery	D7485	Removal of extra bone and tissue growth on back areas of upper jaw	1 of (D7485) per quadrant per lifetime.
Other Oral/Maxillofacial Surgery	D7509	Cleaning an abscess/infection from a tooth root	1 of (D7509) per date of service.
Other Oral/Maxillofacial Surgery	D7510, D7511, D7520, D7521, D7530, D7540	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service.
Other Oral/Maxillofacial Surgery	D7970	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7970) per arch per 60 months.
Other Oral/Maxillofacial Surgery	D7971	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7971) per tooth per lifetime.
Other Oral/Maxillofacial Surgery	D7972	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7972) per maxillary quadrant per lifetime.
Other Comprehensive Service	D9120	Cutting an old bridge to help remove it	1 of (D9120) every 12 months.
Other Comprehensive Services	D9219, D9222	Deep sedation/general anesthesia	1 of (D9219, D9222, D9230, D9239, D9248) per date of service.
Other Comprehensive Services	D9223	Deep sedation/general anesthesia	7 of (D9223, D9243) per date of service.
Other Comprehensive Services	D9230, D9239	Deep sedation/general anesthesia	1 of (D9219, D9222, D9230, D9239, D9248) per date of service.
Other Comprehensive Services	D9243	Deep sedation/general anesthesia	7 of (D9223, D9243) per date of service.
Other Comprehensive Services	D9248	Deep sedation/general anesthesia	1 of (D9219, D9222, D9230, D9239, D9248) per date of service.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Comprehensive Services	D9310, D9430	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9310, D9430, D9440) every 6 months.
Other Comprehensive Services	D9440	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9310, D9430, D9440) every 6 months. This service counts toward limited exam frequency (D0140).
Other Comprehensive Services	D9610, D9612	Drug injections for infection and severe pain	1 of (D9610, D9612) per date of service.
Other Comprehensive Services	D9911	Place medicine on sensitive tooth roots	1 of (D9911) per tooth every 24 months.
Other Comprehensive Services	D9930	Special or unusual consultations	1 of (D9930) per date of service.
Other Comprehensive Services	D9932, D9933, D9934, D9935	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months.
Other Comprehensive Services	D9942	Bite guard repair	1 of (D9942) every 24 months.
Other Comprehensive Services	D9944, D9945, D9946	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months.
Other Comprehensive Services	D9951	Minor adjustment of bite	1 of (D9951) every 24 months.
Additional Coverage Services			
Adjunctive General Services	D9410, D9420	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service.
Teledentistry	D9995	Teledentistry - performed in real time	1 of (D9995-D9996) per date of service.
Teledentistry	D9996	Teledentistry - performed when information stored and sent to a dentist for later review	1 of (D9995-D9996) per date of service.
Adjunctive General Services	D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) 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 fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.
 - Implant/implant-abutment supported single unit porcelain/ceramic/metal crowns – the payable benefit amount will be based on the amount payable for an equivalent (or porcelain fused to predominantly base metal) conventional tooth-based single unit crown.

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.