Dental Benefit Details

2026

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2026 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 2026 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
PA	H2915018000	Wellcare Dual Select (HMO-POS D-SNP)
TN	H1416035000	Wellcare Dual Access (HMO-POS D-SNP)
WI	H8189007000	Wellcare Dual Reserve (HMO-POS D-SNP)
FL	H1032240000	Wellcare Dual Access Sync (HMO D-SNP)
FL	H1032241000	Wellcare Dual Access Sync (HMO D-SNP)
FL	H1032242000	Wellcare Sunshine Health Dual Align (HMO D-SNP)
FL	H1032243000	Wellcare Sunshine Health Dual Align (HMO D-SNP)
FL	H1032244001	Wellcare Dual Access Sync (HMO D-SNP)
FL	H1032244002	Wellcare Dual Access Sync (HMO D-SNP)
AR	H9630010000	Wellcare Dual Access (HMO-POS D-SNP)
AR	H9630011000	Wellcare Dual Liberty (HMO-POS D-SNP)
AR	H9630015000	Wellcare Patriot Giveback Preferred (HMO-POS)
AZ	H0351063000	Wellcare Simple (HMO)
AZ	H5590008000	Wellcare Dual Liberty Sync (HMO D-SNP)
AZ	H5590010000	Wellcare Arizona Complete Health Dual Align (HMO D-SNP)
DE	H4661003000	Wellcare Delaware First Health Dual Align (HMO-POS D-SNP)
FL	H1032194000	Wellcare Simple (HMO)
FL	H1032199000	Wellcare Simple (HMO)
FL	H1032202000	Wellcare Dual Reserve (HMO D-SNP)
FL	H1032205000	Wellcare Simple (HMO)
FL	H1032239000	Wellcare Patriot Giveback (HMO)
GA	H1112006000	Wellcare Dual Access (HMO-POS D-SNP)
GA	H1112033000	Wellcare Dual Liberty (HMO-POS D-SNP)
GA	H1112034000	Wellcare Patriot Simple (HMO-POS)
GA	H1112038000	Wellcare Simple (HMO-POS)
GA	H1112039000	Wellcare Simple (HMO-POS)
GA	H1112044000	Wellcare Simple (HMO-POS)
GA	H1112046000	Wellcare Dual Reserve (HMO-POS D-SNP)
GA	H1112047000	Wellcare Dual Access (HMO-POS D-SNP)
GA	H1112048000	Wellcare Dual Reserve (HMO-POS D-SNP)
IA	H1862003000	Wellcare Dual Liberty Sync (HMO-POS D-SNP)
IA	H1862004000	Wellcare Dual Access (HMO-POS D-SNP)
IA	H1862005000	Wellcare Simple (HMO-POS)
IA	H1862006000	Wellcare Dual Reserve (HMO-POS D-SNP)
IL	H1416009000	Wellcare Simple (HMO-POS)
IL	H1416082000	Wellcare Simple Value (HMO-POS)

State	Plan Benefit Package	Plan Name
IL	H5779002000	Wellcare Simple Essential (HMO)
IL	H5779007000	Wellcare Simple Exclusive (HMO)
IL	H5779009000	Wellcare Simple Essential Value (HMO)
IN	H3499002000	Wellcare Simple (HMO-POS)
IN	H6348002000	Wellcare Simple Open (PPO)
KS	H6550004000	Wellcare Dual Access Sync (HMO-POS D-SNP)
KS	H9387004000	Wellcare Dual Access Sync Open (PPO D-SNP)
KY	H9730004000	Wellcare Dual Liberty Sync (HMO-POS D-SNP)
KY	H9730009000	Wellcare Simple (HMO-POS)
KY	H3975002000	Wellcare Patriot Giveback Open (PPO)
KY	H3975004000	Wellcare Dual Access Sync Open (PPO D-SNP)
LA	H2491017000	Wellcare Simple (HMO-POS)
LA	H2491029000	Wellcare Simple (HMO-POS)
LA	H2491030000	Wellcare Patriot Giveback (HMO-POS)
LA	H2491032001	Wellcare Dual Liberty (HMO-POS D-SNP)
LA	H2491032002	Wellcare Dual Liberty (HMO-POS D-SNP)
LA	H2491033001	Wellcare Dual Access (HMO-POS D-SNP)
LA	H2491033002	Wellcare Dual Access (HMO-POS D-SNP)
MI	H2117001000	Wellcare Simple Open (PPO)
MI	H2117002000	Wellcare Dual Access Open (PPO D-SNP)
MI	H2117003000	Wellcare Patriot Giveback Open (PPO)
MI	H5475001000	Wellcare Dual Access (HMO-POS D-SNP)
MI	H5475026000	Wellcare Simple (HMO-POS)
MI	H5475038000	Wellcare Assist (HMO-POS)
MO	H1664001000	Wellcare Simple (HMO-POS)
MO	H1664005000	Wellcare Dual Access (HMO-POS D-SNP)
MO	H7518001000	Wellcare Simple Open (PPO)
MO	H7518002000	Wellcare Patriot Giveback Open (PPO)
MO	H7518003000	Wellcare Dual Access Open (PPO D-SNP)
MS	H1416026000	Wellcare Low Premium (HMO-POS)
MS	H1416044000	Wellcare Dual Liberty (HMO-POS D-SNP)
MS	H1416068000	Wellcare Assist (HMO-POS)
MS	H1416071000	Wellcare Simple (HMO-POS)
MS	H1416072000	Wellcare Simple (HMO-POS)
MS	H1416081000	Wellcare Dual Reserve (HMO-POS D-SNP)
MS	H0074004000	Wellcare Dual Access Open (PPO D-SNP)
NC	H1914007000	Wellcare Simple Open (PPO)
NC	H1914008000	Wellcare Dual Liberty Open (PPO D-SNP)
NC	H4073001000	Wellcare Simple (HMO-POS)
NC	H4073002000	Wellcare Dual Access (HMO-POS D-SNP)

State	Plan Benefit Package	Plan Name
NE	H1395003000	Wellcare Assist Open (PPO)
NJ	H0913020000	Wellcare Patriot Simple (HMO-POS)
NV	H0351066000	Wellcare Dual Access (HMO-POS D-SNP)
NV	H0351067000	Wellcare Simple (HMO-POS)
NV	H0351068000	Wellcare Dual Access (HMO-POS D-SNP)
NV	H0351069000	Wellcare Specialty Simple (HMO-POS C-SNP)
NV	H0351070000	Wellcare Simple (HMO-POS)
NY	H5599010000	Wellcare Fidelis Patriot Simple (HMO-POS)
NY	H4868003000	Wellcare Patriot Simple (HMO-POS)
OH	H0908001000	Wellcare Dual Access (HMO-POS D-SNP)
OH	H0908003000	Wellcare Simple (HMO-POS)
OH	H0908004000	Wellcare Assist (HMO-POS)
OH	H0908006000	Wellcare Dual Reserve (HMO-POS D-SNP)
OH	H0908007000	Wellcare Dual Liberty (HMO-POS D-SNP)
OH	H0908008000	Wellcare Dual Liberty (HMO-POS D-SNP)
OK	H4537004000	Wellcare Dual Access Open (PPO D-SNP)
OR	H2174001000	Wellcare Dual Select Sync (HMO-POS D-SNP)
PA	H2915003000	Wellcare Simple (HMO-POS)
PA	H2915011000	Wellcare Assist (HMO-POS)
SC	H7326007000	Wellcare Assist Open (PPO)
SC	H4847005000	Wellcare Assist (HMO-POS)
TN	H1416042000	Wellcare Assist (HMO-POS)
TN	H1416077000	Wellcare Simple (HMO-POS)
TN	H1416083000	Wellcare Assist (HMO-POS)
TX	H5294010000	Wellcare Dual Liberty (HMO D-SNP)
TX	H5294014000	Wellcare Patriot Simple (HMO)
TX	H5294015000	Wellcare Dual Access (HMO D-SNP)
TX	H5294021000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H5294022000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H5294023000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H5294024000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H5294025000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H0174004000	Wellcare Dual Access (HMO D-SNP)
TX	H0174006000	Wellcare Dual Liberty (HMO D-SNP)
TX	H0174009000	Wellcare Assist (HMO)
TX	H0174022000	Wellcare Dual Reserve (HMO D-SNP)
TX	H0174023000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H0174024000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H0174025000	Wellcare Dual Liberty Sync (HMO D-SNP)
TX	H0174026000	Wellcare Dual Liberty Sync (HMO D-SNP)

State	Plan Benefit Package	Plan Name
WA	H0029007000	Wellcare Dual Liberty Sync (HMO-POS D-SNP)

Disclaimers:

Louisiana D-SNP (H2491): 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 www.myplan.healthy.la.gov/en/find-provider or https://www.louisianahealthconnect.com. 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. To request a written copy of our Medicaid Provider Directory, please contact us.

Texas (H0174 & H5294): Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus. To request a written copy of our Medicaid Provider Directory, please contact us.

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.

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

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2026 *Evidence of Coverage* for any applicable cost sharing and benefit maximum. Covered codes between D0120 and D1208 do not count towards the plan annual maximum. Covered codes marked with a (ᴾ) are a partial list that may require prior authorization (other codes may apply).

Dental 2026 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. Maximum number of x-rays on a single date of service limited to a complete mouth series
D0230	Intraoral, periapical, each add additional radiographic image	4 of (D0230) per date of service. Maximum reimbursement for x-rays on a single date of service limited to the allowed reimbursement for a complete mouth series
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every plan year
D0251	Extra-oral posterior dental radiographic image	2 of (D0251) every plan year

Code	Code Description	Periodicity
D0270	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0272	Bitewings, two radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.
D0273	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.
D0274	Bitewings, four radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.
D0330	Panoramic radiographic image	1 of (D0210, D0330, D0701, D0709) every 3 plan years. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every 3 plan years
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709)
D0460	Pulp Vitality Test	1 of (D0460) per visit
D0701	Panoramic radiographic image - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years

Code	Code Description	Periodicity
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year
D0707	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service
D0708	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year
D0709	Intraoral - complete series of radiographic images - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years
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
D1355	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months
Comprehensive 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
D2390	Resin-based composite crown, anterior	1 of (D2390) per tooth, every 2 plan years. Must have at least 50% remaining bone support

Code	Code Description	Periodicity
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
D2394	Resin-based composite, four or more surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years
D2710[P]	Crown, resin-based composite (indirect)	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2720[P]	Crown, resin-based composite (indirect)	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2721[P]	Crown, resin with predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a

Code	Code Description	Periodicity
		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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2722[P]	Crown, resin with noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2740[P]	Crown, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2750[P]	Crown - porcelain fused to high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of

Code	Code Description	Periodicity
		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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2751[P]	Crown, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2752[P]	Crown, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2753[P]	Crown, porcelain fused to titanium alloy	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792,

Code	Code Description	Periodicity
		D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2790[P]	Crown - full cast high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2791[P]	Crown, full cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2792[P]	Crown, full cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794,

Code	Code Description	Periodicity
		D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D2794[P]	Crown - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
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
D2928	Prefabricated porcelain/ceramic crown	1 of (D2928, D2931) every 3 plan years per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum
D2931	Prefabricated stainless steel crown, permanent tooth	1 of (D2928, D2931) every 3 plan years per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum

Code	Code Description	Periodicity
D2950[P]	Core buildup, including any pins when required	1 of (D2950, D2952-D2954, D2957) 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[P]	Post and core in addition to crown, indirectly fabricated	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown
D2953[P]	Each additional indirectly fabricated post, same tooth	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown
D2954[P]	Prefabricated post and core in addition to crown	1 of (D2950, D2952-D2954, D2957) 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
D2957	Each additional prefabricated post, same tooth	1 of (D2950, D2952-D2954, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown
D2971	Additional procedure to customize a crown to fit under an existing partial denture framework	1 (D2971) per tooth every 7 plan years
D2980	Crown repair necessitated by restorative material failure	1 of (D2980) per tooth every 3 plan years
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
D3331	Treatment of root canal obstruction; non-surgical access	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support

Code	Code Description	Periodicity
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support
D3333	Internal root repair of perforation defects	1 of (D3331-D3333) 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 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
D3450	Root amputation, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime
D3470	Intentional reimplantation (including necessary splinting)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime

Code	Code Description	Periodicity
D3920	Hemisection, not including root canal therapy	1 of (D3920-D3921) per tooth per lifetime
D3921	Decoronation or submergence of an erupted tooth	1 of (D3920-D3921) per tooth per lifetime
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-D4245) per quadrant every 3 plan years
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years
D4245	Apically positioned flap	1 of (D4240-D4245) per quadrant every 3 plan years
D4249[P]	Clinical crown lengthening, hard tissue	1 of (D4249) per tooth per lifetime
D4260[P]	Osseous surgery, four or more teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years
D4261[P]	Osseous surgery, one to three teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years
D4270	Pedicle soft tissue graft procedure	1 of (D4270-D4285) per tooth every 3 plan years
D4273	Autogenous connective tissue graft procedure, first tooth	1 of (D4270-D4285) per tooth every 3 plan years
D4274	Mesial/distal wedge procedure, single tooth	1 of (D4270-D4285) per tooth every 3 plan years
D4275	Non-autogenous connective tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years
D4276	Combined connective tissue and pedicle graft, per tooth	1 of (D4270-D4285) per tooth every 3 plan years
D4277	Free soft tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years
D4278	Free soft tissue graft, each additional tooth	1 of (D4270-D4285) per tooth every 3 plan years

Code	Code Description	Periodicity
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	1 of (D4322-D4323) per arch every 3 plan years
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	1 of (D4322-D4323) per arch every 3 plan years
D4341[P]	Deep cleaning for 4 or more teeth in a quadrant	1 of (D4341-D4342) per quadrant every 2 plan years; only two quadrants allowed on same date of service
D4342[P]	Deep cleaning for 1-3 teeth in a quadrant	1 of (D4341-D4342) per quadrant every 2 plan years; only two quadrants allowed on same date of service
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) every 2 plan years, not allowed within six months of D1110, D4341, D4342, D4355, or D4910
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
D4910	Periodontal maintenance	2 of (D4910) every plan year; not within 90 days of D1110
D4920	Unscheduled dressing change (other than treating dentist or staff)	1 of (D4920) every plan year per procedure
D5110[P]	Complete denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw
D5120[P]	Complete denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw
D5130[P]	Immediate denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw
D5140[P]	Immediate denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw
D5211[P]	Maxillary partial denture, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw
D5212[P]	Mandibular partial denture, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw

Code	Code Description	Periodicity
D5213[P]	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[P]	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
D5225[P]	Maxillary partial denture, flexible base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw
D5226[P]	Mandibular partial denture, flexible base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw
D5284[P]	Unilateral removeable partial denture, flexible base, per quadrant	1 of (D5110, D5120, D5130,D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and lower jaw
D5286[P]	Unilateral removable partial denture, resin base, per quadrant	1 of (D5110, D5120, D5130,D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) every 5 plan years for the upper and 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 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

Code	Code Description	Periodicity
		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 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
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	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
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of

Code	Code Description	Periodicity
		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 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

Code	Code Description	Periodicity
		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
D6210[P]	Pontic, cast high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6211[P]	Pontic, cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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

Code	Code Description	Periodicity
		in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6212[P]	Pontic, cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6214[P]	Pontic - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6240[P]	Pontic - porcelain fused to high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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

Code	Code Description	Periodicity
		(excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6241[P]	Pontic, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6242[P]	Pontic, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6243[P]	Pontic - porcelain fused to titanium and titanium alloys	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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

Code	Code Description	Periodicity
		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. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6245[P]	Pontic, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6250[P]	Pontic - resin with high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6251[P]	Pontic, resin with predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth

Code	Code Description	Periodicity
		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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6252[P]	Pontic, resin with noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6740[P]	Retainer crown, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6750[P]	Crown - Porcelain Fused To High Noble Metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires the construction of a

Code	Code Description	Periodicity
		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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6751[P]	Retainer crown, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6752[P]	Retainer crown, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6753[P]	Retainer crown - porcelain fused to titanium and titanium alloys	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of

Code	Code Description	Periodicity
		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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6790[P]	Retainer crown - full cast high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6791[P]	Retainer crown, full cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6792[P]	Retainer crown, full cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792,

Code	Code Description	Periodicity
		D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
D6794[P]	Retainer crown - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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, posterior bridge requests will be denied. D6210-D6252 covered only when natural tooth retainer crowns are approved. D6210-D6252 not covered in conjunction with implant retainer crowns
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
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[P]	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
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

Code	Code Description	Periodicity
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[P]	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
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	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, D7261) per quadrant per date of service
D7261	Primary closure of a sinus perforation	1 of (D7260, D7261) per quadrant per date of service
D7270	Tooth reimplantation and/or stabilization, accident	1 of (D7270-D7282) per tooth per lifetime
D7272	Tooth transplantation	1 of (D7270-D7282) per tooth per lifetime
D7280	Exposure of an unerupted tooth	1 of (D7270-D7282) per tooth per lifetime
D7282	Mobilization of erupted/malpositioned 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
D7287	Exfoliative cytological sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
D7288	Brush biopsy, transepithelial sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
D7310[P]	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[P]	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[P]	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[P]	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
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	1 of (D7340, D7350) per quadrant every 5 plan years
D7350	Vestibuloplasty, ridge extension	1 of (D7340, D7350) per quadrant every 5 plan years
D7410	Excision of benign lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service
D7411	Excision of benign lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service
D7412	Excision of benign lesion, complicated	1 of (D7410-D7465) per date of service
D7413	Excision of malignant lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service
D7414	Excision of malignant lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service
D7415	Excision of malignant lesion, complicated	1 of (D7410-D7465) per date of service
D7440	Excision of malignant tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service
D7441	Excision of malignant tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service
D7465	Destruction of lesion(s) by physical or chemical method, by report	1 of (D7410-D7465) per date of service
D7471	Removal of lateral exostosis, maxilla or mandible	1 of (D7471) per arch per lifetime

Code	Code Description	Periodicity
D7472	Removal of torus palatinus	1 of (D7472) per lifetime
D7473	Removal of torus mandibularis	1 of (D7473) per quadrant per lifetime
D7485	Reduction of osseous tuberosity	1 of (D7485) per quadrant per lifetime
D7509	Marsupialization of odontogenic cyst	1 of (D7509) per date of service
D7510	Incision & drainage of abscess, intraoral soft tissue	1 of (D7510-D7540) per date of service
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	1 of (D7510-D7540) per date of service
D7520	Incision & drainage of abscess, extraoral soft tissue	1 of (D7510-D7540) per date of service
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	1 of (D7510-D7540) per date of service
D7530	Remove foreign body, mucosa, skin, tissue	1 of (D7510-D7540) per date of service
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	1 of (D7510-D7540) per date of service
D7970	Excision of hyperplastic tissue, per arch	1 of (D7970) per arch every 5 plan years
D7971	Excision of pericoronal gingiva	1 of (D7971) per tooth per lifetime
D7972	Surgical Reduction of Fibrous Tuberosity	1 of (D7972) per maxillary quadrant per lifetime
D9110	Palliative (emergency) treatment, minor procedure	1 of (D9110) per plan year
D9120	Fixed Partial Denture Sectioning	1 of (D9120) every plan year
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	1 of (D9219) per date of service when in conjunction with a requested D9222 or D9239
D9222[P]	Deep sedation/general anesthesia, first 15 minute increment	1 of (D9222, D9224, D9239, D9244, D9246) per date of service
D9223[P]	Deep sedation/general anesthesia, each subsequent 15 minute increment	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9224	Administration of general anesthesia with advanced airway	1 of (D9222, D9224, D9239, D9244, D9246) per date of service

Code	Code Description	Periodicity
	– first 15 minute increment, or any portion thereof	
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9239[P]	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	1 of (D9222, D9224, D9239, D9244, D9246) per date of service
D9243[P]	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9244	In-office administration of minimal sedation – single drug – enteral	1 of (D9222, D9224, D9239, D9244, D9246) per date of service
D9245	Administration of moderate sedation – enteral	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	1 of (D9222, D9224, D9239, D9244, D9246) per date of service
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9310	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310, D9430, D9440) every plan year
D9410	House/Extended Care Facility Call	1 of (D9410, D9420, D9997) per date of service
D9420	Hospital or ambulatory surgical center call	1 of (D9410, D9420, D9997) per date of service
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
D9610	Therapeutic Parenteral Drug, Single Administration	1 of (D9610, D9612) per date of service

Code	Code Description	Periodicity
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 of (D9610, D9612) per date of service
D9911	Application of desensitizing resin for cervical, root surface, per tooth	1 of (D9911) per tooth every 2 plan years
D9930	Treatment of complications, post surgical, unusual, by report	1 of (D9930) per date of service
D9932	Cleaning and inspection of removable complete denture, maxillary	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery
D9933	Cleaning and inspection of removable complete denture, mandibular	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery
D9934	Cleaning and inspection of removable partial denture, maxillary	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery
D9935	Cleaning and inspection of removable partial denture, mandibular	1 of (D9932-D9935) every 2 plan years, not within six month of denture delivery
D9942	Repair and/or Reline of Occlusal Guard	1 of (D9942) every 2 plan years, not within six months of appliance delivery
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
D9997	Dental Case Management - patients with special needs	1 of (D9410, D9420, D9997) per date of service

Code	Code Description	Periodicity

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.

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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