

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
AR	H9630008000	Wellcare Giveback (HMO-POS)
AR	H1416064000	Wellcare Giveback Dividend (HMO-POS)
AZ	H0351038000	Wellcare Specialty Simple (HMO C-SNP)
AZ	H0351054000	Wellcare Giveback (HMO)
AZ	H0351057000	Wellcare Specialty Simple (HMO C-SNP)
AZ	H0351065000	Wellcare Simple Value (HMO)
CT	H0712005000	Wellcare Dual Access (HMO-POS D-SNP)
DE	H4661001000	Wellcare Simple (HMO-POS)
GA	H0111001000	Wellcare Simple Open (PPO)
GA	H0111007000	Wellcare Patriot Giveback Open (PPO)
IN	H6348005000	Wellcare Patriot Giveback Open (PPO)
KS	H6550003000	Wellcare Simple (HMO-POS)
KS	H9387001000	Wellcare Simple Open (PPO)
KS	H9387002000	Wellcare Patriot Giveback Open (PPO)
KY	H9730007000	Wellcare Giveback (HMO-POS)
KY	H9730011000	Wellcare Dual Reserve (HMO-POS D-SNP)
ME	H2816040000	Wellcare Advantage Simple (PFFS)
ME	H2775109000	Wellcare Low Premium Open (PPO)
MS	H0074001000	Wellcare Simple Open (PPO)
NC	H1914011000	Wellcare Patriot Giveback Open (PPO)
NE	H1215001000	Wellcare Dual Liberty Sync (HMO-POS D-SNP)
NE	H1215005000	Wellcare Simple (HMO-POS)
NE	H1395001000	Wellcare Dual Access Sync Open (PPO D-SNP)
NE	H1395002000	Wellcare Simple Open (PPO)
NJ	H0913015000	Wellcare Assist (HMO-POS)
NY	H5599002000	Wellcare Fidelis Assist (HMO-POS)
NY	H4868016000	Wellcare Assist (HMO-POS)
NY	H2775113000	Wellcare Assist Open (PPO)
OK	H4537005000	Wellcare Patriot Giveback Open (PPO)
OR	H2174012000	Wellcare Dual Reserve (HMO-POS D-SNP)
OR	H5439011000	Wellcare Premium Ultra Open (PPO)
OR	H5439022003	Wellcare Simple Open (PPO)
OR	H6815040000	Wellcare PeaceHealth Simple (HMO-POS)

State	Plan Benefit Package	Plan Name
TX	H5294016000	Wellcare Assist (HMO)
TX	H5294017000	Wellcare Simple (HMO)
TX	H5294018000	Wellcare Simple (HMO)
WA	H5965008000	Wellcare Simple Open (PPO)
WA	H0029009000	Wellcare Giveback (HMO-POS)

Disclaimers:

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

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

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

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 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) 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) 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
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

Code	Code Description	Periodicity
		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
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

Code	Code Description	Periodicity
D9310	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310) every plan year
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
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) every plan year; one per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2720 ^P	Crown, resin-based composite (indirect)	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or

Code	Code Description	Periodicity
		fracture; requires at least 50% remaining bone support
D2721^P	Crown, resin with predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2722^P	Crown, resin with noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2740^P	Crown, porcelain/ceramic	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2750^P	Crown - porcelain fused to high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2751^P	Crown, porcelain fused to predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2752^P	Crown, porcelain fused to noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2753^P	Crown, porcelain fused to titanium alloy	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires

Code	Code Description	Periodicity
		extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2790^P	Crown - full cast high noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2791^P	Crown, full cast predominantly base metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2792^P	Crown, full cast noble metal	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
D2794^P	Crown - titanium	1 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794) per tooth every 7 plan years. Requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
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
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support

Code	Code Description	Periodicity
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) per tooth per lifetime; not allowed if by same provider or provider group
D3352	Apexification/recalcification, interim medication replacement	1 of (D3351- D3353) per tooth per lifetime; not allowed if by same provider or provider group
D3353	Apexification/recalcification, final visit	1 of (D3351- D3353) per tooth per lifetime; not allowed if by same provider or provider group
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

Code	Code Description	Periodicity
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
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
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

Code	Code Description	Periodicity
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
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

Code	Code Description	Periodicity
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
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

Code	Code Description	Periodicity
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) every plan year
D9120	Fixed Partial Denture Sectioning	1 of (D9120) 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
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

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 of 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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