

# Dental Benefit Details

## 2025

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2025 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.

Last updated on 12/05/2024

The *Dental Benefit Details* applies to the 2025 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	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 (HMO D-SNP)
AZ	H5590010000	Wellcare Dual Align (HMO D-SNP)
FL	H1032124000	Wellcare Dual Access (HMO D-SNP)
FL	H1032202000	Wellcare Dual Reserve (HMO D-SNP)
FL	H1032194000	Wellcare Simple (HMO)
GA	H01111004000	Wellcare Dual Access Open (PPO D-SNP)
GA	H11112006000	Wellcare Dual Access (HMO-POS D-SNP)
GA	H11112033000	Wellcare Dual Liberty (HMO-POS D-SNP)
GA	H11112034000	Wellcare Patriot Simple (HMO-POS)
GA	H11112039000	Wellcare Simple (HMO-POS)
GA	H11112043000	Wellcare Assist (HMO-POS)
GA	H11112044000	Wellcare Simple (HMO-POS)
GA	H11112046000	Wellcare Dual Reserve (HMO-POS D-SNP)
IA	H1862003000	Wellcare Dual Liberty (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	H6713001000	Wellcare Simple Open (PPO)
IL	H1416009000	Wellcare Simple (HMO-POS)
IL	H1416082000	Wellcare Simple Value (HMO-POS)
IL	H5779002000	Wellcare Simple Essential (HMO)
IL	H5779007000	Wellcare Simple Exclusive (HMO)
IL	H5779009000	Wellcare Simple Essential Value (HMO)
IN	H1774001000	Wellcare Complete Simple Open (PPO)
IN	H3499008000	Wellcare Assist (HMO)
IN	H6348002000	Wellcare Simple Open (PPO)
IN	H6348009000	Wellcare Assist Open (PPO)
IN	H6348010000	Wellcare Premium Enhanced Open (PPO)
IN	H7925002000	Wellcare Complete Simple (HMO)
KS	H5398002000	Wellcare Complete Simple (HMO-POS)
KS	H6550004000	Wellcare Dual Access (HMO-POS D-SNP)
KS	H6830001000	Wellcare Complete Simple Open (PPO)
KS	H9387004000	Wellcare Dual Access Open (PPO D-SNP)
KY	H9730003000	Wellcare Dual Access (HMO-POS D-SNP)

State	Plan Benefit Package	Plan Name
KY	H9730004000	Wellcare Dual Liberty (HMO-POS D-SNP)
KY	H9730009000	Wellcare Simple (HMO-POS)
KY	H3975001000	Wellcare Simple Open (PPO)
LA	H2491011000	Wellcare Dual Access (HMO-POS D-SNP)
LA	H2491012000	Wellcare Dual Liberty (HMO-POS D-SNP)
LA	H2491017000	Wellcare Simple (HMO-POS)
LA	H2491028000	Wellcare Simple (HMO-POS)
MI	H2117001000	Wellcare Simple Open (PPO)
MI	H2117002000	Wellcare Dual Access Open (PPO D-SNP)
MI	H2117003000	Wellcare Patriot Giveback Open (PPO)
MI	H2117005000	Wellcare Low Premium Open (PPO)
MI	H5475001000	Wellcare Dual Access (HMO-POS D-SNP)
MI	H5475024000	Wellcare Low Premium (HMO-POS)
MI	H5475026000	Wellcare Simple (HMO-POS)
MI	H5475038000	Wellcare Assist (HMO-POS)
MO	H7518001000	Wellcare Mutual of Omaha Simple Open (PPO)
MO	H7518003000	Wellcare Dual Access Open (PPO D-SNP)
MO	H1664001000	Wellcare Simple (HMO-POS)
MO	H1664005000	Wellcare Dual Access (HMO-POS D-SNP)
MS	H1416026000	Wellcare Low Premium (HMO-POS)
MS	H1416044000	Wellcare Dual Liberty (HMO-POS D-SNP)
MS	H1416060000	Wellcare Patriot Giveback (HMO-POS)
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	H0074001000	Wellcare Simple Open (PPO)
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	H7175001000	Wellcare Simple Open (PPO)
NC	H7175002000	Wellcare Dual Liberty Open (PPO D-SNP)
NC	H4073002000	Wellcare Dual Access (HMO-POS D-SNP)
NE	H1395003000	Wellcare Assist Open (PPO)
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	H4868003000	Wellcare Patriot Simple (HMO-POS)

State	Plan Benefit Package	Plan Name
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	H7169001000	Wellcare Simple Open (PPO)
OH	H7169003000	Wellcare Dual Access Open (PPO D-SNP)
OK	H4537001000	Wellcare Simple Open (PPO)
OK	H4537004000	Wellcare Dual Access Open (PPO D-SNP)
OK	H9900003000	Wellcare Dual Liberty (HMO-POS D-SNP)
OK	H9900006000	Wellcare Assist (HMO-POS)
OR	H2174001000	Wellcare Dual Select (HMO-POS D-SNP)
OR	H2174013000	Wellcare Dual Access (HMO-POS D-SNP)
PA	H2128005000	Wellcare Dual Access Open (PPO D-SNP)
PA	H2128006000	Wellcare Dual Reserve Open (PPO D-SNP)
PA	H2915003000	Wellcare Simple (HMO)
PA	H2915011000	Wellcare Assist (HMO)
PA	H2915016000	Wellcare Simple (HMO)
SC	H7326001000	Wellcare Mutual of Omaha Simple Open (PPO)
SC	H7326006000	Wellcare Dual Liberty Open (PPO D-SNP)
SC	H7326007000	Wellcare Assist Open (PPO)
SC	H4847004000	Wellcare Dual Liberty (HMO-POS D-SNP)
SC	H4847005000	Wellcare Assist (HMO-POS)
TN	H1416035000	Wellcare Dual Access (HMO-POS D-SNP)
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	H5294011000	Wellcare Simple (HMO)
TX	H5294013000	Wellcare Assist (HMO)
TX	H5294014000	Wellcare Patriot Simple (HMO)
TX	H5294015000	Wellcare Dual Access (HMO D-SNP)
TX	H5294016000	Wellcare Assist (HMO)
TX	H0174004000	Wellcare Dual Access (HMO D-SNP)
TX	H0174006000	Wellcare Dual Liberty (HMO D-SNP)
TX	H0174009000	Wellcare Assist (HMO)
TX	H0174010000	Wellcare Simple (HMO)
TX	H0174014000	Wellcare Simple (HMO)
TX	H0174022000	Wellcare Dual Reserve (HMO D-SNP)
WA	H0029007000	Wellcare Dual Liberty (HMO-POS D-SNP)
WA	H0029008000	Wellcare Dual Access (HMO-POS D-SNP)

State	Plan Benefit Package	Plan Name
WI	H8189007000	Wellcare Dual Reserve (HMO-POS D-SNP)

**Disclaimers:**

**Arizona D-SNP (H5590):** Arizona D-SNP plans: Contract services are funded in part under contract with the State of Arizona.

**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](http://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.

**New Mexico D-SNP (H2134):** New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members.

**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):** “Wellcare” is issued by Coordinated Care of Washington, Inc., a subsidiary of Centene Corporation.

Please contact your plan for details.

**Covered Dental Benefits:** Our plan provides coverage for the dental services described below. Refer to your 2025 *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 an asterisk (\*) are a partial list that may require prior authorization (other codes may apply).

### Dental 2025 Schedule of Benefits

Code	Code Description	Periodicity
D0120	Routine periodic exam completed during check-up	2 of (D0120) every 12 months; not within 6 months of D0150
D0140	Limited exam to evaluate a problem	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.
D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	1 of (D0150) every 36 months; not within 36 months of D0120
D0160	Detailed and extensive problem focused exam	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.
D0180	Comprehensive periodontal evaluation	2 of (D0180) every 12 months; not on same date as D0120 or D0150
D0210	Full mouth/complete x-ray set for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months
D0220	X-rays for closer evaluation around the roots of teeth	1 of (D0220) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0230	X-rays for closer evaluation around the roots of teeth	4 of (D0230) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every 12 months
D0251	Extra-oral radiographic image	2 of (D0251) every 12 months
D0270	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.

Code	Code Description	Periodicity
D0272	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0273	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0274	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0277	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0330	Whole-mouth x-ray for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
D0350	2-Dimensional photo or x-ray image	1 of (D0350) every 36 months
D0391	Reading of an x-ray or photo image by a practitioner not associated with taking the x-ray or photo, including report	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709).
D0460	Tooth nerve test	1 of (D0460) per visit.
D0701	Whole-mouth and 2-Dimensional x-ray images of the head	1 of (D0701) every 36 months; 1 of (D0210, D0330, D0701, D0709) every 36 months
D0703	Photo images, image capture only	1 of (D0703) every 36 months
D0706	X-rays taken inside the mouth	2 of (D0706) every 12 months
D0707	X-rays for closer evaluation around the roots of teeth – image capture only	1 of (D0707) per date of service
D0708	Bitewing x-rays for evaluation of the teeth and bone – image capture only	2 of (D0708) every 12 months
D0709	Full-mouth/Complete x-ray set for evaluation of the teeth and mouth – image capture only	1 of (D0210, D0330, D0701, D0709) every 36 months

Code	Code Description	Periodicity
D1110	Standard adult dental cleaning	2 of (D1110) every 12 months
D1206	Fluoride treatment	1 of (D1206, D1208) every 12 months
D1208	Fluoride treatment	1 of (D1206, D1208) every 12 months
D1355	Caries preventative medicament application	One of (D1355) per tooth per 6 months
D2140	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2150	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2160	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2161	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2330	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2331	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2332	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2335	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2390	Tooth-colored crown placed directly into the mouth for anterior/front teeth only	1 of (D2390) per tooth, per 24 months. Must have at least 50% remaining bone support.
D2391	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
D2392	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months



Code	Code Description	Periodicity
<b>D2393</b>	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
<b>D2394</b>	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months
<b>D2710*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2720*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D2721*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2722*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2740*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
D2750*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D2751*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D2752*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2753*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D2790*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2791*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D2792*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2794*</b>	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D2910</b>	Re-cementing or re-bonding a crown that has fallen off	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery
<b>D2915</b>	Re-cementing or re-bonding a crown that has fallen off	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery
<b>D2920</b>	Re-cementing or re-bonding a crown that has fallen off	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery
<b>D2928</b>	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary.
<b>D2931</b>	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum.

Code	Code Description	Periodicity
<b>D2950*</b>	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
<b>D2951</b>	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2951) per tooth per 84 months
<b>D2952*</b>	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
<b>D2953*</b>	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
<b>D2954*</b>	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
<b>D2955</b>	Buildup of filling around a post to prepare the tooth for a crown	1 (D2955) per tooth per 84 months.
<b>D2957</b>	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950, D2952-D2954, D2957) per tooth per 84 months. Must be necessary to provide retention for a crown.
<b>D2971</b>	Buildup of filling around a post to prepare the tooth for a crown	1 (D2971) per tooth per 84 months.
<b>D2980</b>	Crown repairs	1 of (D2980) per tooth per 36 months
<b>D3110</b>	Pulp capping	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3120</b>	Pulp capping	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3220</b>	Pulpotomy	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3310</b>	Root canal treatment	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3320</b>	Root canal treatment	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3330</b>	Root canal treatment	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.

Code	Code Description	Periodicity
<b>D3331</b>	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3332</b>	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3333</b>	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
<b>D3346</b>	Root canal retreatment of failed previous root canal	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 12 months of original root canal treatment
<b>D3347</b>	Root canal retreatment of failed previous root canal	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 12 months of original root canal treatment
<b>D3348</b>	Root canal retreatment of failed previous root canal	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 12 months of original root canal treatment
<b>D3351</b>	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
<b>D3352</b>	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
<b>D3353</b>	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
<b>D3410</b>	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
<b>D3421</b>	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime



Code	Code Description	Periodicity
D3425	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3426	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3430	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime
D3450	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
D3470	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
D3920	Tooth root-tip repairs	1 of (D3920-D3921) per tooth per lifetime
D3921	Tooth root-tip repairs	1 of (D3920-D3921) per tooth per lifetime
D4210	Gum tissue surgery	1 of (D4210-D4211) per quadrant every 36 months
D4211	Gum tissue surgery	1 of (D4210-D4211) per quadrant every 36 months
D4212	Removal of gum tissue to help fill a tooth	1 of (D4212) per tooth per lifetime
D4240	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months
D4241	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months
D4245	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months
D4249	Removal of bone around a tooth	1 of (D4249) per tooth per lifetime
D4260	Gum tissue surgery	1 of (D4260-D4261) per quadrant every 36 months
D4261	Gum tissue surgery	1 of (D4260-D4261) per quadrant every 36 months
D4270	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months

Code	Code Description	Periodicity
D4273	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4274	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4275	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4276	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4277	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4278	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4283	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4285	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months
D4322	Wire placed to attach multiple teeth together	1 of (D4322-D4323) per arch every 36 months
D4323	Wire placed to attach multiple teeth together	1 of (D4322-D4323) per arch every 36 months
D4341*	Deep cleaning for 4 or more teeth in a quadrant	1 of (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service
D4342*	Deep cleaning for 1-3 teeth in a quadrant	1 of (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service
D4346	Scaling for moderate or severe swollen or infected gums, full mouth, after evaluation	1 (D4346) every 24 months, not allowed within six months of D1110, D4341, D4342, D4355, or D4910
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	1 of (D4355) every 24 months; not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	8 of (D4381) every 24 months; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation
D4910	Routine dental cleaning for an adult who has documented history of gum disease	2 of (D4910) every 12 months; not within 90 days of D1110

Code	Code Description	Periodicity
<b>D4920</b>	Unscheduled dressing change	1 of (D4920) every 12 months per procedure
<b>D5110*</b>	Complete dentures – upper and/or lower	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) per 60 months for the upper jaw.
<b>D5120*</b>	Complete dentures – upper and/or lower	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) per 60 months for the lower jaw.
<b>D5130*</b>	Immediate complete dentures – upper and/or lower, placed at time of extracting remaining teeth	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) per 60 months for the upper jaw.
<b>D5140*</b>	Immediate complete dentures – upper and/or lower, placed at time of extracting remaining teeth	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) per 60 months for the lower jaw.
<b>D5211*</b>	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) per 60 months for the upper jaw.
<b>D5212*</b>	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) per 60 months for the lower jaw.
<b>D5213*</b>	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) per 60 months for the upper jaw.
<b>D5214*</b>	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) per 60 months for the lower jaw.
<b>D5225*</b>	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) per 60 months for the upper jaw.
<b>D5226*</b>	Partial dentures – upper and/or lower, resin, metal, or flexible base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) per 60 months for the lower jaw.
<b>D5284*</b>	Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) per 60 months for the upper and lower jaw.

Code	Code Description	Periodicity
D5286*	Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5284, or D5286) per 60 months for the upper and lower jaw.
D5410	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5411	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5421	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5422	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5511	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5512	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5520	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per arch every 12 months; Only 1 of any (D5670-D5671) per arch every 24 months

Code	Code Description	Periodicity
D5611	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5612	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5621	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5622	Adjust or repair complete or partial dentures	1 of (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
D5630	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months
D5640	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months
D5650	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months

Code	Code Description	Periodicity
D5660	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months
D5670	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months
D5671	Replace missing or broken parts of complete or partial dentures	1 of (D5520, D5630, D5640, D5650) per tooth every 12 months; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every 12 months; 1 of (D5670-D5671) per arch every 24 months
D5710	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5711	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5720	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5721	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery

Code	Code Description	Periodicity
<b>D5730</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5731</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5740</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5741</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5750</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5751</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5760</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5761</b>	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery

Code	Code Description	Periodicity
D5765	Other denture services	1 of (D5765) per arch every 24 months, not within six months of denture delivery
D5850	Liner to help heal gum tissue under a denture	1 of (D5850-D5851) per arch every 12 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D5851	Liner to help heal gum tissue under a denture	1 of (D5850-D5851) per arch every 12 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
D6210*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6211*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.



Code	Code Description	Periodicity
D6212*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6214*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D6240*</b>	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D6241*</b>	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
D6242*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6243*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns

Code	Code Description	Periodicity
D6245*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6250*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
D6251*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6252*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D6740*</b>	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D6750*</b>	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
D6751*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6752*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
<b>D6753*</b>	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
<b>D6790*</b>	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.



Code	Code Description	Periodicity
D6791*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6792*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.

Code	Code Description	Periodicity
D6794*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	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 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when posterior teeth (excluding third molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied. D6210-D6252 not covered in conjunction with implant retainer crowns.
D6930	Re-cement or re-bond a bridge that comes out	1 of (D6930) per tooth every 24 months; not payable within 6 months of delivery
D7140	Extractions	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*	Extractions	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	Extractions	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	Extractions	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	Extractions	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
<b>D7241</b>	Extractions	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
<b>D7250*</b>	Extractions	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
<b>D7251</b>	Extractions	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
<b>D7260</b>	Sinus related surgery	1 of (D7260, D7261) per quadrant per date of service
<b>D7261</b>	Sinus related surgery	1 of (D7260, D7261) per quadrant per date of service
<b>D7270</b>	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
<b>D7272</b>	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
<b>D7280</b>	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
<b>D7282</b>	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
<b>D7285</b>	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
<b>D7286</b>	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
<b>D7287</b>	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
<b>D7288</b>	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months

Code	Code Description	Periodicity
<b>D7310*</b>	Reshaping of the bone that surrounds the teeth or tooth spaces	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.
<b>D7311*</b>	Reshaping of the bone that surrounds the teeth or tooth spaces	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.
<b>D7320*</b>	Reshaping of the bone that surrounds the teeth or tooth spaces	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.
<b>D7321*</b>	Reshaping of the bone that surrounds the teeth or tooth spaces	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.
<b>D7340</b>	Surgery on gum tissue to prepare for dentures	1 of (D7340, D7350) per quadrant every 60 months
<b>D7350</b>	Surgery on gum tissue to prepare for dentures	1 of (D7340, D7350) per quadrant every 60 months
<b>D7410</b>	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
<b>D7411</b>	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
<b>D7412</b>	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
<b>D7413</b>	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
<b>D7414</b>	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
<b>D7415</b>	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service

Code	Code Description	Periodicity
D7440	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7441	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7450	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7451	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7460	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7461	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7465	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7471	Removal of extra bone growths on sides of jaws	1 of (D7471) per arch per lifetime
D7472	Removal of extra bone growth on roof of mouth	1 of (D7472) per lifetime
D7473	Removal of extra bone growth inside of lower jaw	1 of (D7473) per quadrant per lifetime
D7485	Removal of extra bone and tissue growth on back areas of upper jaw	1 of (D7485) per quadrant per lifetime
D7509	Cleaning an abscess/infection from a tooth root	1 of (D7509) per date of service
D7510	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service
D7511	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service
D7520	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service
D7521	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service
D7530	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service
D7540	Cleaning an abscess/infection from a tooth root	1 of (D7510-D7540) per date of service
D7970	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7970) per arch per 60 months

Code	Code Description	Periodicity
<b>D7971</b>	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7971) per tooth per lifetime
<b>D7972</b>	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7972) per maxillary quadrant per lifetime
<b>D9110</b>	Minor procedure for emergency treatment of dental pain	1 of (D9110) per 12 months
<b>D9120</b>	Cutting an old bridge to help remove it	1 of (D9120) every 12 months
<b>D9219</b>	Deep sedation/general anesthesia	1 of (D9219) per date of service when in conjunction with a requested D9222 or D9239.
<b>D9222</b>	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service
<b>D9223</b>	Deep sedation/general anesthesia	7 of (D9223, D9243) per date of service
<b>D9230</b>	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service
<b>D9239</b>	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service
<b>D9243</b>	Deep sedation/general anesthesia	7 of (D9223, D9243) per date of service
<b>D9248</b>	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service
<b>D9310</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.
<b>D9410</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service
<b>D9420</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service
<b>D9430</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.
<b>D9440</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.

Code	Code Description	Periodicity
D9610	Drug injections for infection and severe pain	1 of (D9610, D9612) per date of service
D9612	Drug injections for infection and severe pain	1 of (D9610, D9612) per date of service
D9911	Place medicine on sensitive tooth roots	1 of (D9911) per tooth every 24 months
D9930	Special or unusual consultations	1 of (D9930) per date of service
D9932	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery
D9933	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery
D9934	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery
D9935	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery
D9942	Bite guard repair	1 of (D9942) per 24 months, not within six months of appliance delivery
D9944	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months
D9945	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months
D9946	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months
D9951	Minor adjustment of bite	1 of (D9951) every 24 months
D9995	Teledentistry - performed in real time	1 of (D9995-D9996) per date of service
D9996	Teledentistry - performed when information stored and sent to a dentist for later review	1 of (D9995-D9996) per date of service
D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service

**Limitations:**

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
  - When posterior teeth are missing in both quadrants of the same arch, a benefit request for one or more posterior fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

**Exclusions:**

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

**Treatment Completion Date**

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

**Prior Authorization**

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment



is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.