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Dental Benefit Details

2027

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2027 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 2027 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
AZ	H0351063000	Wellcare Simple (HMO)
FL	H1032194000	Wellcare Simple (HMO-POS)
FL	H1032196000	Wellcare Simple (HMO-POS)
FL	H1032201000	Wellcare Simple (HMO-POS)
FL	H1032211000	Wellcare Simple (HMO-POS)
FL	H1032213000	Wellcare Simple (HMO-POS)
FL	H1032250000	Wellcare Sunshine Health Dual Align Unity (HMO D-SNP)
KS	H6550009000	Wellcare Sunflower Health Plan Dual Liberty Sync (HMO-POS D-SNP)
PA	H2915002000	Wellcare PA Health & Wellness Dual Liberty Sync (HMO-POS D-SNP)

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2027 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2027 Schedule of Benefits

Code	Code Description	Periodicity	Prior Auth
Diagnostic (Preventive) Services			
D0120	Periodic Oral Evaluation	2 of (D0120) every plan year, not within 6 months of D0150	N
D0140	Limited Oral Evaluation	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	N
D0150	Comprehensive oral evaluation	1 of (D0150) every 3 plan years, not within 3 plan years of D0120	N
D0160	Oral evaluation, problem focused	2 of (D0140, D0160, D9310, D9430, D9440) every plan year	N
D0180	Comprehensive Periodontal Evaluation	2 of (D0180) every plan year, not on same date as D0120 or D0150	N
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
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	N
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	N
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every plan year	N
D0251	Extra-oral posterior dental radiographic image	2 of (D0251) every plan year	N
D0270	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the	N

Code	Code Description	Periodicity	Prior Auth
		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.	N
D0273	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	N
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.	N
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.	N
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.	N
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every 3 plan years	N
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)	N
D0460	Pulp Vitality Test	1 of (D0460) per visit	N
D0701	Panoramic radiographic image - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N

Code	Code Description	Periodicity	Prior Auth
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years	N
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year	N
D0707	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service	N
D0708	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year	N
D0709	Intraoral - complete series of radiographic images - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D1110	Prophylaxis, adult	2 of (D1110) every plan year	N
D1206	Fluoride varnish	1 of (D1206, D1208) every plan year	N
D1208	Topical application of fluoride, excluding varnish	1 of (D1206, D1208) every plan year	N
D1355	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months.	N
Restorative Services			
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2150	Amalgam, two surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2160	Amalgam, three surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2161	Amalgam, four or more surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N

Code	Code Description	Periodicity	Prior Auth
D2330	Resin-based composite, one surface, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2331	Resin-based composite, two surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2332	Resin-based composite, three surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
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	N
D2390	Resin-based composite crown, anterior	1 of (D2390) per tooth, every 2 plan years. Must have at least 50% remaining bone support.	N
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2392	Resin-based composite, two surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2393	Resin-based composite, three surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2394	Resin-based composite, four or more surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years	N
D2740	Crown, porcelain/ceramic	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D2750	Crown - porcelain fused to high noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of	Y

Code	Code Description	Periodicity	Prior Auth
		tooth structure due to decay or fracture and at least 50% remaining bone support.	
D2751	Crown, porcelain fused to predominantly base metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D2752	Crown, porcelain fused to noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D2790	Crown - full cast high noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D2791	Crown, full cast predominantly base metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D2792	Crown, full cast noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of	Y

Code	Code Description	Periodicity	Prior Auth
		tooth structure due to decay or fracture and 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	N
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	N
D2920	Re-cement or re-bond crown	1 of (D2910-D2920) per tooth every plan year; not covered within 6 months of delivery	N
D2950	Core buildup, including any pins when required	3 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	Y
D2951	Pin retention, per tooth, in addition to restoration	1 of (D2951) per tooth every 7 plan years	N
D2952	Post and core in addition to crown, indirectly fabricated	3 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	Y
D2953	Each additional indirectly fabricated post, same tooth	3 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	Y
D2954	Prefabricated post and core in addition to crown	3 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	Y
D2957	Each additional prefabricated post, same tooth	3 of (D2950, D2952-D2954, D2957) every plan year, 1 per tooth every 7 plan years. Must be necessary to provide retention for an approved crown.	N

Code	Code Description	Periodicity	Prior Auth
D2980	Crown repair necessitated by restorative material failure	1 of (D2980) per tooth every 3 plan years	N
Endodontics			
D3120	Pulp cap, indirect (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3330	Endodontic therapy, molar tooth (excluding final restoration)	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3331	Treatment of root canal obstruction; non-surgical access	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.	N
D3333	Internal root repair of perforation defects	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.	N
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	N
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	N
D3348	Retreatment of previous root canal therapy, molar	1 of (D3346-D3348) per tooth per lifetime; requires at least 50%	N

Code	Code Description	Periodicity	Prior Auth
		remaining bone support; retreatment not payable to same provider within 1 plan year of original root canal treatment	
D3351	Apexification/recalcification, initial visit	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	N
D3352	Apexification/recalcification, interim medication replacement	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	N
D3353	Apexification/recalcification, final visit	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group	N
D3410	Apicoectomy, anterior	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3421	Apicoectomy, premolar (first root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3425	Apicoectomy, molar (first root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3426	Apicoectomy, (each additional root)	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N
D3430	Retrograde filling, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime	N

Code	Code Description	Periodicity	Prior Auth
D3450	Root amputation, per root	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime	N
D3920	Hemisection, not including root canal therapy	1 of (D3920-D3921) per tooth per lifetime	N
Periodontics			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years	N
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years	N
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 of (D4212) per tooth per lifetime	N
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years	N
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years	N
D4245	Apically positioned flap	1 of (D4240-D4245) per quadrant every 3 plan years	N
D4249	Clinical crown lengthening, hard tissue	1 of (D4249) per tooth per lifetime	Y
D4260	Osseous surgery, four or more teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years	Y
D4261	Osseous surgery, one to three teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years	Y
D4270	Pedicle soft tissue graft procedure	1 of (D4270-D4285) per tooth every 3 plan years	N
D4273	Autogenous connective tissue graft procedure, first tooth	1 of (D4270-D4285) per tooth every 3 plan years	N

Code	Code Description	Periodicity	Prior Auth
D4274	Mesial/distal wedge procedure, single tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4275	Non-autogenous connective tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4276	Combined connective tissue and pedicle graft, per tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4277	Free soft tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4278	Free soft tissue graft, each additional tooth	1 of (D4270-D4285) per tooth every 3 plan years	N
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years	N
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years	N
D4341	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	Y
D4342	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	Y
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	N
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	N
D4910	Periodontal maintenance	2 of (D4910) every plan year; not within 90 days of D1110	N

Code	Code Description	Periodicity	Prior Auth
Prosthodontics (Removable)			
D5110	Complete denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	Y
D5120	Complete denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	Y
D5130	Immediate denture, maxillary	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	Y
D5140	Immediate denture, mandibular	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	Y
D5211	Maxillary partial denture, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	Y
D5212	Mandibular partial denture, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	Y
D5213	Maxillary partial denture, cast metal, resin base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	Y
D5214	Mandibular partial denture, cast metal, resin base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	Y
D5225	Maxillary partial denture, flexible base	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) every 5 plan years for the upper jaw.	Y
D5226	Mandibular partial denture, flexible base	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) every 5 plan years for the lower jaw.	Y
D5410	Adjust complete denture, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N

Code	Code Description	Periodicity	Prior Auth
D5411	Adjust complete denture, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5421	Adjust partial denture, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5422	Adjust partial denture, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5511	Repair broken complete denture base, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5512	Repair broken complete denture base, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5520	Replace missing or broken teeth, complete denture	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per arch every plan year; Only 1 of any (D5670-D5671) per arch every 2 plan years	N
D5611	Repair resin partial denture base, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5612	Repair resin partial denture base, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery;	N

Code	Code Description	Periodicity	Prior Auth
		inclusive of denture if within 6 months of prosthesis delivery	
D5621	Repair cast partial framework, mandibular	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5622	Repair cast partial framework, maxillary	1 of (D5410-D5512, D5611-D5622) per arch every plan year; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery	N
D5630	Repair or replace broken retentive clasping, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5640	Replace broken teeth, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5650	Add tooth to existing partial denture	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5660	Add clasp to existing partial denture, per tooth	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per	N

Code	Code Description	Periodicity	Prior Auth
		arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	1 of (D5520, D5630, D5640, D5650) per tooth every plan year; inclusive of denture if within 6 months of prosthesis delivery; 1 of (D5660) per arch every plan year; 1 of (D5670-D5671) per arch every 2 plan years	N
D5710	Rebase complete maxillary denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5711	Rebase complete mandibular denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5720	Rebase maxillary partial denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5721	Rebase mandibular partial denture	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5730	Reline complete maxillary denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N
D5731	Reline complete mandibular denture, chairside	1 of (D5710-D5721, D5730-D5761) per arch every 2 plan years; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery	N

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

Code	Code Description	Periodicity	Prior Auth
		months after delivery; inclusive if within 6 months of prosthesis delivery	
Implant Services			
D6010	Surgical placement of implant body: endosteal implant	2 (D6010) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary. For approved single unit implant crowns only.	Y
D6056	Prefabricated abutment – includes modification and placement	2 of (D6056 or D6057) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary. For approved single unit implant crowns only.	Y
D6057	Custom fabricated abutment - includes placement	2 of (D6056 or D6057) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary. For approved single unit implant crowns only.	Y
D6058	Abutment supported porcelain/ceramic crown	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6061	Abutment supported porcelain fused to metal crown (noble metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y

Code	Code Description	Periodicity	Prior Auth
D6062	Abutment supported cast metal crown (high noble metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6063	Abutment supported cast metal crown (predominantly base metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6064	Abutment supported cast metal crown (noble metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6065	Implant supported porcelain/ceramic crown	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal alloys)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6067	Implant supported metal crown (titanium, titanium alloy, high noble alloys metal)	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	1 of (D6081) per tooth every plan year	Y
D6082	implant supported crown - porcelain fused to predominantly base alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan	Y

Code	Code Description	Periodicity	Prior Auth
		years. Exclude third molars, except when medically necessary.	
D6083	implant supported crown - porcelain fused to noble alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6084	implant supported crown - porcelain fused to titanium or titanium alloy	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6086	implant supported crown - predominantly base alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6087	implant supported crown - noble alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6088	Implant supported crown - titanium/titanium alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6092	Recement or rebond implant/abutment supported crown	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	N
D6094	abutment supported crown titanium or titanium alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary.	Y
D6097	abutment supported crown - porcelain fused to titanium or titanium alloys	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every plan year; 1 per tooth every 7 plan	Y

Code	Code Description	Periodicity	Prior Auth
		years. Exclude third molars, except when medically necessary.	
D6100	Surgical removal of implant body	1 of (D6100, D6105) per tooth per lifetime. Exclude third molars, except when medically necessary.	N
D6104	Bone graft at time of implant placement -- placement of a barrier membrane, or biologic materials at aid in osseous regeneration are reported separately	2 of (D6104) every plan year, 1 per tooth every 7 plan years. Exclude third molars, except when medically necessary. For approved single unit implant crowns only.	Y
D6105	Removal of implant body not requiring bone removal or flap elevation	1 of (D6100, D6105) per tooth per lifetime. Exclude third molars, except when medically necessary.	N
D6106	Guided tissue regeneration – resorbable barrier, per implant	2 of (D6106, D6107) per plan year, 1 per tooth every 7 plan years, only when implants for single unit crowns have been approved.	Y
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	2 of (D6106, D6107) per plan year, 1 per tooth every 7 plan years, only when implants for single unit crowns have been approved.	Y
Prosthodontics (Fixed)			
D6210	Pontic, cast high noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6211	Pontic, cast predominantly base metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture	Y

Code	Code Description	Periodicity	Prior Auth
		and at least 50% remaining bone support.	
D6212	Pontic, cast noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6240	Pontic - porcelain fused to high noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6241	Pontic, porcelain fused to predominantly base metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6242	Pontic, porcelain fused to noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6245	Pontic, porcelain/ceramic	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture	Y

Code	Code Description	Periodicity	Prior Auth
		and at least 50% remaining bone support.	
D6740	Retainer crown, porcelain/ceramic	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6750	Crown - Porcelain Fused To High Noble Metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6751	Retainer crown, porcelain fused to predominantly base metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6752	Retainer crown, porcelain fused to noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6790	Retainer crown - full cast high noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture	Y

Code	Code Description	Periodicity	Prior Auth
		and at least 50% remaining bone support.	
D6791	Retainer crown, full cast predominantly base metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6792	Retainer crown, full cast noble metal	3 of (D2740-D2752, D2790-D2792, D6210-D6214, D6240-D6242, D6245, D6740, D6750-D6752, D6790-D6792) per tooth every 7 year period. Requires extensive loss of tooth structure due to decay or fracture and at least 50% remaining bone support.	Y
D6930	Re-cement or re-bond fixed partial denture	3 of (D6930) per tooth every 2 plan years; not payable within 6 months of delivery	N
Oral Surgery			
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	N
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	Y
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	N

Code	Code Description	Periodicity	Prior Auth
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	N
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	N
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	N
D7250	Removal of residual tooth roots (cutting procedure)	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group	Y
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	N
D7260	Oroantral fistula closure	1 of (D7260, D7261) per quadrant per date of service	N
D7261	Primary closure of a sinus perforation	1 of (D7260, D7261) per quadrant per date of service	N
D7270	Tooth reimplantation and/or stabilization, accident	1 of (D7270-D7282) per tooth per lifetime	N
D7280	Exposure of an unerupted tooth	1 of (D7270-D7282) per tooth per lifetime	N
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	N

Code	Code Description	Periodicity	Prior Auth
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	N
D7287	Exfoliative cytological sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	N
D7288	Brush biopsy, transepithelial sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years	N
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	Y
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	Y
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	Y
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. Only in preparation for a treatment planned complete denture or partial denture with an edentulous space of at least three contiguous teeth.	Y
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	1 of (D7340, D7350) per quadrant every 5 plan years	N
D7350	Vestibuloplasty, ridge extension	1 of (D7340, D7350) per quadrant every 5 plan years	N

Code	Code Description	Periodicity	Prior Auth
D7410	Excision of benign lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7411	Excision of benign lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7412	Excision of benign lesion, complicated	1 of (D7410-D7465) per date of service	N
D7413	Excision of malignant lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7414	Excision of malignant lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7415	Excision of malignant lesion, complicated	1 of (D7410-D7465) per date of service	N
D7440	Excision of malignant tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7441	Excision of malignant tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service	N
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service	N
D7465	Destruction of lesion(s) by physical or chemical method, by report	1 of (D7410-D7465) per date of service	N
D7471	Removal of lateral exostosis, maxilla or mandible	1 of (D7471) per arch per lifetime	N
D7472	Removal of torus palatinus	1 of (D7472) per lifetime	N

Code	Code Description	Periodicity	Prior Auth
D7473	Removal of torus mandibularis	1 of (D7473) per quadrant per lifetime	N
D7485	Reduction of osseous tuberosity	1 of (D7485) per quadrant per lifetime	N
D7509	Marsupialization of odontogenic cyst	1 of (D7509) per date of service	N
D7510	Incision & drainage of abscess, intraoral soft tissue	1 of (D7510-D7540) per date of service	N
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	1 of (D7510-D7540) per date of service	N
D7520	Incision & drainage of abscess, extraoral soft tissue	1 of (D7510-D7540) per date of service	N
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	1 of (D7510-D7540) per date of service	N
D7530	Remove foreign body, mucosa, skin, tissue	1 of (D7510-D7540) per date of service	N
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	1 of (D7510-D7540) per date of service	N
D7970	Excision of hyperplastic tissue, per arch	1 of (D7970) per arch every 5 plan years	N
D7971	Excision of pericoronal gingiva	1 of (D7971) per tooth per lifetime	N
D7972	Surgical Reduction of Fibrous Tuberosity	1 of (D7972) per maxillary quadrant per lifetime	N
Adjunct General Services			
D9110	Palliative (emergency) treatment, minor procedure	1 of (D9110) per plan year	N
D9222	Deep sedation/general anesthesia, first 15 minute increment	1 of (D9222, D9230, D9239, D9248) per date of service	Y

Code	Code Description	Periodicity	Prior Auth
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	7 of (D9223, D9225, D9243, D9245, D9247) per date of service	Y
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	1 of (D9222, D9224, D9239, D9244, D9246) per date of service	N
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	7 of (D9223, D9225, D9243, D9245, D9247) per date of service	N
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	1 of (D9222, D9224, D9239, D9244, D9246) per date of service	Y
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	7 of (D9223, D9225, D9243, D9245, D9247) per date of service	Y
D9244	in-office administration of minimal sedation – single drug – enteral	1 of (D9222, D9224, D9239, D9244, D9246) per date of service	N
D9245	administration of moderate sedation – enteral	7 of (D9223, D9225, D9243, D9245, D9247) per date of service	N
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	1 of (D9222, D9224, D9239, D9244, D9246) per date of service	N
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	7 of (D9223, D9225, D9243, D9245, D9247) per date of service	N
D9310	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310) every plan year	N

Code	Code Description	Periodicity	Prior Auth
D9911	Application of desensitizing resin for cervical, root surface, per tooth	1 of (D9911) per tooth every 2 plan years	N
D9942	Repair and/or Reline of Occlusal Guard	1 of (D9942) every 2 plan years, not within six months of appliance delivery	N
D9944	Occlusal guard, hard appliance, full arch	1 of (D9944-D9946) every 5 plan years	N
D9945	Occlusal guard, soft appliance, full arch	1 of (D9944-D9946) every 5 plan years	N
D9946	Occlusal guard, hard appliance, partial arch	1 of (D9944-D9946) every 5 plan years	N
D9951	Occlusal adjustment, limited	1 of (D9951) every 2 plan years	N
D9995	Teledentistry - synchronous; real-time encounter	1 of (D9995-D9996) per date of service.	N
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1 of (D9995-D9996) per date of service.	N

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.
  - Implant/implant-abutment supported single unit porcelain/ceramic/metal crowns – the payable benefit amount will be based on the amount payable for an equivalent (or porcelain fused to predominantly base metal) conventional tooth-based single unit crown.

Exclusions:

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

Treatment Completion Date

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

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.