

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	H0270001000	Wellcare Simple Open (PPO)
AR	H1416033000	Wellcare Dual Access Harmony (HMO-POS D-SNP)
AR	H1416043000	Wellcare Dual Liberty Nurture (HMO-POS D-SNP)
AR	H1416058000	Wellcare Patriot Giveback (HMO-POS)
AR	H9630002000	Wellcare Simple (HMO-POS)
AR	H9630005000	Wellcare Assist (HMO-POS)
AR	H9630014000	Wellcare Dual Reserve (HMO-POS D-SNP)
AZ	H8553001000	Wellcare Simple Open (PPO)
AZ	H8553002000	Wellcare Patriot Giveback Open (PPO)
AZ	H0351053000	Wellcare Simple (HMO)
DE	H4661002000	Wellcare Dual Access (HMO-POS D-SNP)
DE	H4661003000	Wellcare Dual Liberty (HMO-POS D-SNP)
FL	H1032195000	Wellcare Giveback (HMO)
FL	H1032218000	Wellcare Simple (HMO)
FL	H1032238000	Wellcare Patriot Giveback (HMO)
FL	H1032239000	Wellcare Patriot Giveback (HMO)
GA	H1112038000	Wellcare Simple (HMO-POS)
IN	H6348008000	Wellcare Giveback Open (PPO)
KY	H9730010000	Wellcare Assist (HMO-POS)
KY	H3975002000	Wellcare Patriot Giveback Open (PPO)
LA	H3047001000	Wellcare Simple Open (PPO)
LA	H2491010000	Wellcare Assist (HMO-POS)
LA	H2491021000	Wellcare Simple (HMO-POS)
LA	H2491025000	Wellcare Dual Reserve (HMO-POS D-SNP)
LA	H2491029000	Wellcare Simple (HMO-POS)
ME	H9364001000	Wellcare Simple (HMO-POS)
ME	H9364002000	Wellcare Dual Access (HMO-POS D-SNP)
ME	H9364003000	Wellcare Dual Liberty (HMO-POS D-SNP)
ME	H2775109000	Wellcare Simple Open (PPO)
ME	H2775116000	Wellcare Patriot Giveback Open (PPO)
MI	H5475039000	Wellcare Dual Reserve (HMO-POS D-SNP)
MO	H7518002000	Wellcare Patriot Giveback Open (PPO)
MO	H1664012000	Wellcare Dual Reserve (HMO-POS D-SNP)
MS	H1416034000	Wellcare Dual Access (HMO-POS D-SNP)
NC	H1914009000	Wellcare Assist Open (PPO)
NC	H7175003000	Wellcare Assist Open (PPO)

State	Plan Benefit Package	Plan Name
NC	H4073001000	Wellcare Simple (HMO-POS)
NC	H4073003000	Wellcare Dual Reserve (HMO-POS D-SNP)
NE	H1395002000	Wellcare Simple Open (PPO)
NJ	H0913020000	Wellcare Patriot Simple (HMO-POS)
NY	H2816013000	Wellcare Premium Ultra (PFFS)
NY	H2816019000	Wellcare Premium Enhanced (PFFS)
NY	H2816037000	Wellcare Advantage Premium Enhanced (PFFS)
NY	H2816038000	Wellcare Advantage Simple (PFFS)
NY	H2775105000	Wellcare Premium Ultra Open (PPO)
OK	H9900005000	Wellcare Simple (HMO-POS)
OK	H9900008000	Wellcare Patriot Simple (HMO-POS)
OK	H9900009000	Wellcare Dual Reserve (HMO-POS D-SNP)
OR	H5439010000	Wellcare Patriot Giveback Open (PPO)
OR	H6815040000	Wellcare PeaceHealth Simple (HMO-POS)
PA	H2128002000	Wellcare Simple Open (PPO)
PA	H2915013000	Wellcare Patriot Giveback (HMO)
SC	H1416036000	Wellcare Dual Access (HMO-POS D-SNP)
SC	H4847001000	Wellcare Simple (HMO-POS)
SC	H4847006000	Wellcare Patriot Giveback (HMO-POS)
TN	H1416061000	Wellcare Patriot Giveback (HMO-POS)
TX	H5294020000	Wellcare Simple (HMO)
TX	H7323007000	Wellcare Simple Open (PPO)
TX	H4506003000	Wellcare TexanPlus Classic Simple (HMO-POS)
TX	H4506010000	Wellcare TexanPlus Patriot Giveback (HMO-POS)
TX	H0174002000	Wellcare Simple (HMO)
TX	H0174015000	Wellcare Simple (HMO)
TX	H0174016000	Wellcare Simple (HMO)
WA	H5965002000	Wellcare Mutual of Omaha Simple Open (PPO)
WA	H5965003000	Wellcare Patriot Giveback Open (PPO)
WA	H5965004000	Wellcare Dual Liberty Open (PPO D-SNP)
WA	H5965006000	Wellcare Dual Access Open (PPO D-SNP)
WA	H0029010000	Wellcare Dual Reserve (HMO-POS D-SNP)
WA	H0029011000	Wellcare Simple (HMO-POS)

Disclaimers:

Louisiana D-SNP (H2491): Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or <https://www.louisianahealthconnect.com>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

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

Texas (H0174, H4506, H7323): Wellcare (HMO and HMO SNP) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, and SelectCare of Texas, Inc.

Washington (H5965): Washington residents: “Wellcare” is issued by WellCare Health Insurance Company 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	General Service 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) 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) 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

Code	General Service Description	Periodicity
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.
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

Code	General Service Description	Periodicity
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
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

Code	General Service Description	Periodicity
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
D2393	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
D2394	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
D2710*	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	General Service Description	Periodicity
D2720*	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.
D2721*	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	General Service Description	Periodicity
D2722*	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.
D2740*	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	General Service 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	General Service Description	Periodicity
D2752*	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.
D2753*	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.
D2790*	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	General Service Description	Periodicity
D2791*	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.
D2792*	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.
D2794*	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.
D2910	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

Code	General Service Description	Periodicity
D2915	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
D2920	Re-cementing or re-bonding a crown that has fallen off	1 of (D2910-D2920) per tooth every 12 months; not covered within 6 months of delivery
D2928	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary.
D2931	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.
D2950	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.
D2951	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2951) per tooth per 84 months
D2952	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.
D2953	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.
D2954	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.
D2955	Buildup of filling around a post to prepare the tooth for a crown	1 (D2955) per tooth per 84 months.
D2957	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.
D2971	Buildup of filling around a post to prepare the tooth for a crown	1 (D2971) per tooth per 84 months.
D2980	Crown repairs	1 of (D2980) per tooth per 36 months
D3110	Pulp capping	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3120	Pulp capping	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.

Code	General Service Description	Periodicity
D3220	Pulpotomy	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support.
D3310	Root canal treatment	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3320	Root canal treatment	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3330	Root canal treatment	1 of (D3310-D3330) per tooth per lifetime; requires at least 50% remaining bone support.
D3331	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
D3332	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
D3333	Root canal treatment	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
D3346	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
D3347	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
D3348	Root canal retreatment of failed previous root canal	1 of (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 12 months of original root canal treatment
D3351	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

Code	General Service Description	Periodicity
D3352	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
D3353	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group
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
D4920	Unscheduled dressing change	1 of (D4920) every 12 months per procedure
D5110*	Complete dentures – upper and/or lower	1 of (D5110, D5130, D5211, D5213, D5225, D5284, or D5286) per 60 months for the upper jaw.
D5120*	Complete dentures – upper and/or lower	1 of (D5120, D5140, D5212, D5214, D5226, D5284, or D5286) per 60 months for the lower jaw.
D5130*	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.

Code	General Service Description	Periodicity
D5140*	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.
D5211*	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.
D5212*	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.
D5213*	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.
D5214*	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.
D5225*	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.
D5226*	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.
D5284*	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.
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

Code	General Service Description	Periodicity
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
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

Code	General Service Description	Periodicity
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
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

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

Code	General Service Description	Periodicity
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.
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	General Service Description	Periodicity
D6240*	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.
D6241*	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	General Service 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	General Service 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	General Service 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	General Service Description	Periodicity
D6740*	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.
D6750*	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.
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.

Code	General Service Description	Periodicity
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.
D6753*	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.
D6790*	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	General Service 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.
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

Code	General Service Description	Periodicity
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
D7241	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
D7250*	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
D7251	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
D7260	Sinus related surgery	1 of (D7260, D7261) per quadrant per date of service
D7261	Sinus related surgery	1 of (D7260, D7261) per quadrant per date of service
D7270	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
D7272	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
D7280	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime
D7282	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime

Code	General Service Description	Periodicity
D7285	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
D7286	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
D7287	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
D7288	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months
D7310*	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.
D7311*	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.
D7320*	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.
D7321*	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.
D7340	Surgery on gum tissue to prepare for dentures	1 of (D7340, D7350) per quadrant every 60 months
D7350	Surgery on gum tissue to prepare for dentures	1 of (D7340, D7350) per quadrant every 60 months
D7410	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7411	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7412	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7413	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
D7414	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service

Code	General Service Description	Periodicity
D7415	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service
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
D7971	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7971) per tooth per lifetime
D7972	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7972) per maxillary quadrant per lifetime
D9110	Minor procedure for emergency treatment of dental pain	1 of (D9110) per 12 months

Code	General Service Description	Periodicity
D9120	Cutting an old bridge to help remove it	1 of (D9120) every 12 months
D9310	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160) every 12 months.
D9410	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service
D9420	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service
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.

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