

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
FL	H1032175000	Wellcare Dual Liberty (HMO D-SNP)
FL	H1032192000	Wellcare Simple (HMO)
FL	H1032196000	Wellcare Simple (HMO)
FL	H1032199000	Wellcare Simple (HMO)
FL	H1032201000	Wellcare Simple (HMO)
FL	H1032205000	Wellcare Simple (HMO)
FL	H1032211000	Wellcare Simple (HMO)
FL	H1032213000	Wellcare Simple (HMO)
FL	H1032237000	Wellcare Simple (HMO)
KS	H6550009000	Wellcare Dual Liberty (HMO-POS D-SNP)
KY	H3975004000	Wellcare Dual Access Open (PPO D-SNP)
PA	H2915002000	Wellcare Dual Access (HMO D-SNP)
PA	H2915007000	Wellcare Dual Access (HMO D-SNP)
WI	H8189001000	Wellcare Dual Access (HMO-POS D-SNP)

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

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

Code	General Service Description	Periodicity
D2160	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2161	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2330	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2331	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2332	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2335	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2390	Tooth-colored crown placed directly into the mouth for anterior/front teeth only	1 of (D2390) per tooth, per 24 months. Must have at least 50% remaining bone support.
D2391	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
D2392	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, per 24 months.
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.

Code	General Service Description	Periodicity
D2710*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D2720*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D2721*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D2722*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D2740*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D2750*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D2751*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D2752*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D2753*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D2794*	Cap (crown) – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
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.

Code	General Service Description	Periodicity
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.
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.

Code	General Service Description	Periodicity
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.
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.
D3410	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime.
D3421	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime.
D3425	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime.
D3426	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime.

Code	General Service Description	Periodicity
D3430	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per root per lifetime.
D3450	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group.
D3470	Tooth root-tip repairs	1 of (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3470) per tooth per lifetime; not allowed if by same provider or provider group.
D3920	Tooth root-tip repairs	1 of (D3920-D3921) per tooth per lifetime.
D3921	Tooth root-tip repairs	1 of (D3920-D3921) per tooth per lifetime
D4210	Gum tissue surgery	1 of (D4210-D4211) per quadrant every 36 months.
D4211	Gum tissue surgery	1 of (D4210-D4211) per quadrant every 36 months.
D4212	Removal of gum tissue to help fill a tooth	1 of (D4212) per tooth per lifetime.
D4240	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months.
D4241	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months.
D4245	Gum tissue surgery	1 of (D4240-D4245) per quadrant every 36 months.
D4249	Removal of bone around a tooth	1 of (D4249) per tooth per lifetime
D4260	Gum tissue surgery	1 of (D4260-D4261) per quadrant every 36 months.
D4261	Gum tissue surgery	1 of (D4260-D4261) per quadrant every 36 months.
D4270	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4273	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4274	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4275	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4276	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4277	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4278	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4283	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.
D4285	Gum tissue surgery	1 of (D4270-D4285) per tooth per 36 months.

Code	General Service Description	Periodicity
D4286	Gum tissue surgery	2 (D4286) per 12 months only when in conjunction with D6107; limited to one per tooth per 84 months.
D4322	Wire placed to attach multiple teeth together	1 of (D4322-D4323) per arch every 36 months.
D4323	Wire placed to attach multiple teeth together	1 of (D4322-D4323) per arch every 36 months.
D4341*	Deep cleaning for 4 or more teeth in a quadrant	1 of (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service.
D4342*	Deep cleaning for 1-3 teeth in a quadrant	1 of (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service.
D4346	Scaling for moderate or severe swollen or infected gums, full mouth, after evaluation	1 (D4346) every 24 months, not allowed within six months of D1110, D4341, D4342, D4355, or D4910.
D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	1 of (D4355) every 24 months; not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180.
D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	8 of (D4381) every 24 months; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation.
D4910	Routine dental cleaning for an adult who has documented history of gum disease	2 of (D4910) every 12 months; not within 90 days of D1110.
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.
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.

Code	General Service Description	Periodicity
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.
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.

Code	General Service Description	Periodicity
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.
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.

Code	General Service Description	Periodicity
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.
D5710	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery.
D5711	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery.
D5720	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery.
D5721	Reline or rebase complete and/or partial dentures – upper and/or lower	1 of (D5710-D5721, D5730-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery.

Code	General Service Description	Periodicity
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.
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;

Code	General Service Description	Periodicity
		inclusive if within 6 months of prosthesis delivery.
D6010*	Tooth implant body inserted in bone	2 every 12 months; 1 per tooth per 84 months. Exclude third molars, except when medically necessary. For single unit implant crowns only.
D6011*	Tooth implant body inserted in bone	2 every 12 months; 1 per tooth per 84 months. Exclude third molars, except when medically necessary. For single unit implant crowns only.
D6056*	Implant post to hold implant crown	2 of (D6056 or D6057) every 12 months; 1 per tooth per 84 months. Exclude third molars, except when medically necessary.
D6057*	Implant post to hold implant crown	2 of (D6056 or D6057) every 12 months; 1 per tooth per 84 months. Exclude third molars, except when medically necessary.
D6058*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6059*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6060*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6061*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.

Code	General Service Description	Periodicity
D6062*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6063*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6064*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6065*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6066*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6067*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6081	Deep cleaning around implant body	1 of (D6081) per tooth every 12 months.
D6082*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.

Code	General Service Description	Periodicity
D6083*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6084*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6086*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6087*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6088*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6092	Repairs	2 every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6094*	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.

Code	General Service Description	Periodicity
D6097	Implant crowns	2 of (D6058-D6067, D6082-D6084, D6086-D6088, D6094, D6097) every 12 months; 1 per tooth every 84 months. Exclude third molars, except when medically necessary.
D6100	Removal of implant body	1 of (D6100, D6105) per tooth per lifetime. Exclude third molars, except when medically necessary.
D6104	Bone grafts around implants	1 of (D6104) per tooth per 84 months. Exclude third molars, except when medically necessary.
D6105	Removal of implant body	1 of (D6100, D6105) per tooth per lifetime. Exclude third molars, except when medically necessary.
D6106	Bone graft protective layer	2 of (D6106, D6107) per 12 months, 1 per tooth every 84 months.
D6107	Bone graft protective layer	2 of (D6106, D6107) per 12 months, 1 per tooth every 84 months.
D6210*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6214*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D6240*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6241*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D6242*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6243*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D6245*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6250*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D6251*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6252*	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D6740*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6750*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6790*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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.
D6791*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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
D6792*	Crowns that are placed on teeth supporting a bridge (retainer crowns)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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)	3 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) every 12 months; one 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	3 of (D6930) per tooth every 24 months; not payable within 6 months of delivery.
D7140	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7210*	Extractions	8 of (D7140-D7251) every 12 months; 1 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
D7220	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7230	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7240	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7241	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7250*	Extractions	8 of (D7140-D7251) every 12 months; 1 per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
D7251	Extractions	8 of (D7140-D7251) every 12 months; 1 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.
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.

Code	General Service Description	Periodicity
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.
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.

Code	General Service Description	Periodicity
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.
D9120	Cutting an old bridge to help remove it	1 of (D9120) every 12 months.
D9219	Deep sedation/general anesthesia	1 of (D9219) per date of service when in conjunction with a requested D9222 or D9239.
D9222	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service.
D9223	Deep sedation/general anesthesia	7 of (D9223, D9243) per date of service .

Code	General Service Description	Periodicity
D9230	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service.
D9239	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service.
D9243	Deep sedation/general anesthesia	7 of (D9223, D9243) per date of service.
D9248	Deep sedation/general anesthesia	1 of (D9222, D9230, D9239, D9248) per date of service.
D9310	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160, D9310, D9430, D9440) 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.
D9430	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.
D9440	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160, D9310, D9430, D9440) every 12 months.
D9610	Drug injections for infection and severe pain	1 of (D9610, D9612) per date of service.
D9612	Drug injections for infection and severe pain	1 of (D9610, D9612) per date of service.
D9911	Place medicine on sensitive tooth roots	1 of (D9911) per tooth every 24 months.
D9930	Special or unusual consultations	1 of (D9930) per date of service.
D9932	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery.
D9933	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery.
D9934	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery.
D9935	Cleaning of complete and partial dentures	1 of (D9932-D9935) every 24 months, not within six month of denture delivery.

Code	General Service Description	Periodicity
D9942	Bite guard repair	1 of (D9942) per 24 months, not within six months of appliance delivery.
D9944	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months.
D9945	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months.
D9946	Bite guard, hard or soft appliance	1 of (D9944-D9946) every 60 months.
D9951	Minor adjustment of bite	1 of (D9951) every 24 months.
D9995	Teledentistry - performed in real time	1 of (D9995-D9996) per date of service.
D9996	Teledentistry - performed when information stored and sent to a dentist for later review	1 of (D9995-D9996) per date of service.
D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service.

Limitations:

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

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