Dental Benefit Details

2027

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2027 plan benefit packages shown on the following page(s). For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* applies to the 2027 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
MS	H1416072000	Wellcare Simple (HMO-POS)
MS	H1416086002	Wellcare Simple (HMO-POS)
OR	H5439023000	Wellcare Low Premium Value Open (PPO)
OR	H6815040000	Wellcare PeaceHealth Simple (HMO-POS)
WA	H0029008000	Wellcare Coordinated Care Dual Access (HMO-POS D-SNP)

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

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

Dental 2027 Schedule of Benefits

Code	General Service Description	Periodicity	Prior Auth
Diagnostic (Preventive) Services			
D0120	Periodic Oral Evaluation	2 of (D0120) every plan year, not within 6 months of D0150.	**N**
D0140	Limited Oral Evaluation	2 of (D0140, D0160, D9310) every plan year.	**N**
D0150	Comprehensive oral evaluation	1 of (D0150) every 3 plan years, not within 3 plan years of D0120.	**N**
D0160	Oral evaluation, problem focused	2 of (D0140, D0160, D9310) every plan year.	**N**
D0180	Comprehensive Periodontal Evaluation	2 of (D0180) every plan year, not on same date as D0120 or D0150.	**N**
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0330, D0701, D0709) every 3 plan years.	**N**
D0220	Intraoral, periapical, first radiographic image	1 of (D0220) per date of service. Maximum number of x-rays on a single date of service limited to a complete mouth series.	**N**
D0230	Intraoral, periapical, each add additional radiographic image	4 of (D0230) per date of service. Maximum reimbursement for x-rays on a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every plan year.	**N**
D0251	Extra-oral posterior dental radiographic image	2 of (D0251) every plan year.	**N**

Code	General Service Description	Periodicity	Prior Auth
D0270	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**
D0272	Bitewings, two radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**
D0273	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**
D0274	Bitewings, four radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**
D0330	Panoramic radiographic image	1 of (D0210, D0330, D0701, D0709) every 3 plan years. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	**N**

Code	General Service Description	Periodicity	Prior Auth
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every 3 plan years.	**N**
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709).	**N**
D0460	Pulp Vitality Test	1 of (D0460) per visit.	**N**
D0701	Panoramic radiographic image - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years.	**N**
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years.	**N**
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year.	**N**
D0707	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service.	**N**
D0708	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year.	**N**
D0709	Intraoral - complete series of radiographic images - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years.	**N**
D1110	Prophylaxis, adult	2 of (D1110) every plan year.	**N**
D1206	Fluoride varnish	1 of (D1206, D1208) every plan year.	**N**
D1208	Topical application of fluoride, excluding varnish	1 of (D1206, D1208) every plan year.	**N**
D1355	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months.	**N**
Restorative			
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**

Code	General Service Description	Periodicity	Prior Auth
D2150	Amalgam, two surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2160	Amalgam, three surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2161	Amalgam, four or more surfaces, primary or permanent	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2330	Resin-based composite, one surface, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2331	Resin-based composite, two surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2332	Resin-based composite, three surfaces, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2335	Resin-based composite, four or more surfaces, involving incisal angle	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth,	**N**

Code	General Service Description	Periodicity	Prior Auth
		every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	
D2390	Resin-based composite crown, anterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2392	Resin-based composite, two surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2393	Resin-based composite, three surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2394	Resin-based composite, four or more surfaces, posterior	1 of (D2140-D2335, D2391 - D2394) per surface, per tooth, every 2 plan years. Maximum of 2 (D2140–D2335 or D2390–D2394) per plan year.	**N**
D2951	Pin retention, per tooth, in addition to restoration	1 of (D2951) per tooth every 7 plan years.	**N**
Oral Surgery			
D7140	Extraction, erupted tooth or exposed root	1 of D7140 per tooth per lifetime. Maximum of 4	**N**

Code	General Service Description	Periodicity	Prior Auth
		(D7140, D7210 or D7250) per plan year. D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	1 of D7210 per tooth per lifetime. Maximum of 4 (D7140, D7210 or D7250) per plan year. D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.	**Y**
D7250	Removal of residual tooth roots (cutting procedure)	1 of (D7140, D7210) per tooth per lifetime. D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.	**Y**
Adjunctive General Services			
D9110	Palliative (emergency) treatment, minor procedure	1 of (D9110) per plan year.	**N**
D9222	Deep sedation/general anesthesia, first 15 minute increment	1 of (D9222, D9230, D9239, D9248) per date of service.	**Y**
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	7 of (D9223, D9243) per date of service.	**Y**
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	1 of (D9222, D9230, D9239, D9248) per date of service.	**Y**
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	7 of (D9223, D9243) per date of service.	**Y**
D9310	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310) every plan year.	**N**

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

Limitations:

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

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 addresses issues of eligibility and available benefits at the 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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