

# Dental Benefit Details

## 2023

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2023 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.

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The *Dental Benefit Details* applies to the 2023 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	H1416041000	Wellcare Assist Compass (HMO)
AR	H1416055000	Wellcare No Premium Preferred (HMO)
AZ	H0351038000	Wellcare Specialty No Premium (HMO C-SNP)
AZ	H0351058002	Wellcare No Premium (HMO)
AZ	H0351053000	Wellcare No Premium (HMO)
AZ	H0351054000	Wellcare Giveback (HMO)
AZ	H0351060001	Wellcare Giveback (HMO)
AZ	H0351060002	Wellcare Giveback (HMO)
AZ	H0351057000	Wellcare Specialty No Premium (HMO C-SNP)
AZ	H5590007000	Wellcare Assist (HMO)
CT	H0712019000	Wellcare No Premium (HMO)
CT	H0712020000	Wellcare Assist (HMO)
CT	H1914001000	Wellcare No Premium Open (PPO)
CT	H1914004000	Wellcare Assist Open (PPO)
FL	H1032190000	Wellcare No Premium (HMO)
FL	H1032193000	Wellcare Giveback (HMO)
FL	H1032198000	Wellcare Giveback (HMO)
FL	H1032200000	Wellcare Giveback (HMO)
FL	H1032209000	Wellcare Giveback (HMO)
FL	H1032210000	Wellcare Giveback (HMO)
FL	H1032212000	Wellcare Giveback (HMO)
HI	H6605001000	Wellcare 'Ohana No Premium Open (PPO)
IN	H6348005000	Wellcare Patriot Giveback Open (PPO)
KS	H6550003000	Wellcare No Premium (HMO)
KS	H6550007000	Wellcare Giveback (HMO)
KY	H9730005000	Wellcare No Premium Essential (HMO-POS)
LA	H2491016000	Wellcare Endurance (HMO)
LA	H3047004000	Wellcare Community Assist (PPO)
LA	H5117003000	Wellcare No Premium Medicare (HMO)
ME	H2775109000	Wellcare No Premium Open (PPO)
ME	H9364001000	Wellcare No Premium (HMO)
MI	H2117003000	Wellcare Patriot Giveback Open (PPO)
MI	H2117004000	Wellcare Community Assist (PPO)
MO	H7518005000	Wellcare Community Assist (PPO)
MO	H9335005000	Wellcare Giveback (HMO)
MS	H0074003000	Wellcare Community Assist (PPO)
NE	H1215003000	Wellcare Giveback (HMO)
NJ	H8711004000	Wellcare Premium Enhanced Open (PPO)

State	Plan Benefit Package	Plan Name
NM	H2134005000	Wellcare No Premium (HMO)
NM	H2134006000	Wellcare Patriot No Premium (HMO)
NV	H6446003000	Wellcare Giveback (HMO)
NV	H6446005000	Wellcare Giveback (HMO)
NY	H4868016000	Wellcare Assist (HMO)
NY	H4868019000	Wellcare No Premium (HMO)
NY	H5599002000	Wellcare Fidelis Assist (HMO-POS)
OH	H0724001000	Wellcare No Premium Medicare (HMO)
OH	H0724006000	Wellcare Assist Complement (HMO)
OR	H5439011000	Wellcare Premium Ultra Open (PPO)
OR	H5439017000	Wellcare No Premium Open (PPO)
OR	H5439019000	Wellcare Low Premium Open (PPO)
OR	H6815037000	Wellcare Assist (HMO)
OR	H6815038000	Wellcare No Premium (HMO)
PA	H2915013000	Wellcare Patriot Giveback (HMO)
PA	H2915016000	Wellcare No Premium (HMO)
TN	H9428001000	Wellcare No Premium Open (PPO)
TX	H0174020000	Wellcare Giveback (HMO)
TX	H4506029000	Wellcare TexanPlus No Premium (HMO-POS)
TX	H5294012000	Wellcare Giveback (HMO)
WA	H1353005000	Wellcare No Premium (HMO)
WA	H1353006000	Wellcare Giveback (HMO)

## Disclaimers:

**Washington (H1353):** “Wellcare” is issued by Wellcare of Washington, Inc.

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

**Louisiana D-SNP (H2491 & H5117):** For 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 <https://www.myplan.healthy.la.gov/myaccount/choose/find-provider>. 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.

Please contact your plan for details.

**Covered Dental Benefits:** Our plan provides coverage for the dental services described below. Refer to your 2023 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

### Dental 2023 Schedule of Benefits

Category	Code	General Service Description	Frequency (how often our plan will pay)
<b>Diagnostic (Preventive) Services</b>			
Oral Exam	D0120	Routine periodic exam completed during check-up	2 (D0120) per 12 months; not within 6 months of D0150
Oral Exam	D0140	Limited exam to evaluate a problem	2 (D0140, D0160) per 12 months
Oral Exam	D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	1 (D0150) every 36 months; not within 36 months of D0120
Oral Exam	D0160	Detailed and extensive problem focused exam	2 (D0140, D0160) per 12 months
Oral Exam	D0170	Re-evaluations	2 (D0170) every 12 months
Oral Exam	D0171	Re-evaluations	2 (D0171) every 12 months
Oral Exam	D0180	Comprehensive periodontal evaluation	2 (D0180) every 12 months; not on same date as D0120 or D0150
Dental X-Rays	D0210	Full mouth/complete x-ray set for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months
Dental X-Rays	D0220	X-rays for closer evaluation around the roots of teeth	1 (D0220) per date of service
Dental X-Rays	D0230	X-rays for closer evaluation around the roots of teeth	4 (D0230) per date of service
Dental X-Rays	D0240	Intraoral, occlusal radiographic image	1 every 12 months
Dental X-Rays	D0250	Extra-oral radiographic image	1 every 36 months
Dental X-Rays	D0251	Extra-oral radiographic image	2 every 12 months

Category	Code	General Service Description	Frequency (how often our plan will pay)
Dental X-Rays	D0270-D0274	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0274) every 12 months
Dental X-Rays	D0277	Bitewing x-rays for evaluation of the teeth and bone	1 (D0277) every 36 months
Dental X-Rays	D0310	Sialography	1 (D0310) every 36 months
Dental X-Rays	D0330	Whole-mouth x-ray for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months
Dental X-Rays	D0340, D0350	2-Dimensional photo or x-ray image	1 (D0340, D0350) every 36 months
Dental X-Rays	D0391	Reading of an x-ray or photo image by a practitioner not associated with taking the x-ray or photo, including report	1 (D0391) per date of service; allowed only when submitted along with D0701-D0709
Dental X-Rays	D0701-D0702	Whole-mouth and 2-Dimensional x-ray images of the head	1 each (D0701, D0702) every 36 months; only 1 (D0210, D0330, D0701, D0709) every 36 months
Dental Photos	D0703	Photo images, image capture only	1 (D0703) every 36 months
Dental X-Rays	D0705	X-rays taken outside the mouth	2 every 12 months
Dental X-Rays	D0706	X-rays taken inside the mouth	2 every 12 months
Dental X-Rays	D0707	X-rays for closer evaluation around the roots of teeth – image capture only	1 (D0707) per date of service
Dental X-Rays	D0708	Bitewing x-rays for evaluation of the teeth and bone – image capture only	2 of (D0708) every 12 months
Dental X-Rays	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

Category	Code	General Service Description	Frequency (how often our plan will pay)
Diagnostic	D0414-D0416	Tests and examinations	1 (D0414-D0416) every 12 months per test
Diagnostic	D0460	Tooth nerve test	1 (D0460) per tooth per date of service
Diagnostic	D0431, D0472-D0502	Oral pathology laboratory	1 (D0431, D0472-D0502) every 12 months per test
<b>Preventive Services</b>			
Other Services	D1110	Standard adult dental cleaning	2 (D1110) every 12 months
Fluoride	D1206, D1208	Fluoride treatment	1 (D1206, D1208) every 12 months
Other Services	D0604, D0605	COVID antigen/antibody testing	1 (D0604, D0605) per date of service
<b>Comprehensive Restorative (Fillings and Crowns) Services</b>			
Restorative	D2140-D2394	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 (D2140-D2394) per surface, per tooth, per 24 months
Restorative	D2542-D2544; D2642-D2644; D2662-D2664; D2710-D2794	Cap (crown) or partial crown called an onlay – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794,) per tooth every 84 months; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
Restorative	D2910-D2921	Re-cementing or re-bonding a crown that has fallen off	1 (D2910-D2921) per tooth every 12 months; not covered within 6 months of delivery
Restorative	D2928; D2931-D2932	Pre-made crowns	1 (D2928, D2931-D2932) every 36 months per tooth
Restorative	D2940	Protective filling	1 (D2940) per tooth per 24 months
Restorative	D2949	Small filling needed prior to fitting a tooth with a crown	Unlimited per tooth

Category	Code	General Service Description	Frequency (how often our plan will pay)
Restorative	D2950-D2957; D2971; D2975	Buildup of filling around a post to prepare the tooth for a crown	1 (D2950-D2957, D2971, D2975) per tooth per 84 months
Restorative	D2980-D2983	Crown repairs	1 (D2980-D2983) per tooth per 36 months
<b>Comprehensive Endodontic (Root Canal Treatment) Services</b>			
Endodontics	D3110-D3120	Pulp capping	1 (D3110-D3120, D3220-D3222, D3230-D3333) per tooth per lifetime; requires at least 50% remaining bone support
Endodontics	D3220-D3222	Pulpotomy	
Endodontics	D3230-D3333	Root canal treatment	
Endodontics	D3346-D3348	Root canal retreatment of failed previous root canal	1 (D3346-D3353) 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
Endodontics	D3351- D3353	Tooth root-tip repairs	1 (D3351- D3353) per tooth per lifetime; not allowed if by same provider or provider group
<b>Comprehensive Periodontal (Gum Treatment) Services</b>			
Periodontics	D4322-D4323	Wire placed to attach multiple teeth together	Only 1 of any (D4322-D4323) per quadrant every 36 months
Periodontics	D4341	Deep cleaning for 4 or more teeth in a mouth	Only 1 of any (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service
Periodontics	D4342	Deep cleaning for 1-3 teeth in a mouth	Only 1 of any (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service
Periodontics	D4346	Scaling for moderate or severe swollen or	1 (D4346) every 24 months



Category	Code	General Service Description	Frequency (how often our plan will pay)
		infected gums, full mouth, after evaluation	
Periodontics	D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	1 (D4355) every 24 months; not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180
Periodontics	D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	2 sites per quad per 24 months
Periodontics	D4910	Routine dental cleaning for an adult who has documented history of gum disease	2 (D4910) every 12 months; not within 90 days of D1110
Periodontics	D4920	Unscheduled dressing change	1 (D4920) every 12 months per procedure
<b>Comprehensive Oral Surgery (Extraction) Services</b>			
Other Oral/Maxillofacial Surgery	D7140-D7251	Extractions	1 (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group
Other Oral/Maxillofacial Surgery	D7260-D7261	Sinus related surgery	1 (D7260, D7261) per maxillary quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7270-D7282; D7290-D7291	Surgery to move or re-implant natural teeth	1 of any (D7270-D7282; D7290-D7291) per tooth per lifetime
Other Oral/Maxillofacial Surgery	D7285-D7288	Biopsies	Only 1 of any (D7285, D7286, D7288) per 24 months; 1 (D7287) per 24 months per site per procedure
Other Oral/Maxillofacial Surgery	D7292-D7300	Attachments on unerupted teeth	1 of each (D7292-D7300) per 24 months per tooth
Other Oral/Maxillofacial Surgery	D7310-D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	Only 1 of any (D7310-D7321) per quadrant per lifetime

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Oral/Maxillofacial Surgery	D7340-D7350	Surgery on gum tissue to prepare for dentures	Only 1 of any (D7340, D7350) every 60 months per quadrant
Other Oral/Maxillofacial Surgery	D7410-D7465	Removal of suspicious tissue growths	Unlimited per procedure
Other Oral/Maxillofacial Surgery	D7471	Removal of extra bone growths on sides of jaws	1 (D7471) per arch per lifetime
Other Oral/Maxillofacial Surgery	D7472	Removal of extra bone growth on roof of mouth	1 (D7472) per lifetime
Other Oral/Maxillofacial Surgery	D7473	Removal of extra bone growth inside of lower jaw	1 (D7473) per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7485	Removal of extra bone and tissue growth on back areas of upper jaw	1 (D7485) per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7509, D7510-D7540	Cleaning an abscess/infection from a tooth root	1 (D7509) per date of service; Unlimited per procedure (D7510-D7540)
Other Oral/Maxillofacial Surgery	D7953	Bone graft in area(s) of missing teeth	1 (D7953) per lifetime per tooth
Other Oral/Maxillofacial Surgery	D7956-D7957	Bone graft protective layer	1 of D7956 or D7957 per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7961-D7972	Other surgical procedures to remove excess gum tissue or muscle attachments	1 (D7961-D7970) per arch per 60 months; 1 (D7971) per lifetime per tooth; 1 (D7972) per maxillary quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7997	Appliance removal by a different dentist	1 (D7997) every 60 months per arch
<b>Comprehensive Other Adjunctive (Non-Routine) Services</b>			
Other Comprehensive Services	D9110	Minor procedure for emergency treatment of dental pain	1 (D9110) per 12 months

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Comprehensive Services	D9120	Cutting an old bridge to help remove it	1 (D9120) every 12 months per procedure
Other Comprehensive Services	D9410, D9420, D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 (D9410, D9420, D9997) per date of service
Other Comprehensive Services	D9995	Teledentistry - performed in real time	Only 1 of any (D9995-D9996) per date of service
Other Comprehensive Services	D9996	Teledentistry - performed when information stored and sent to a dentist for later review	

### 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.