Dental Benefit Details

2024

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2024 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 2024 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	H0351054000	Wellcare Giveback (HMO)
AZ	H0351057000	Wellcare Specialty No Premium (HMO C-SNP)
AZ	H0351064000	Wellcare Giveback (HMO)
CA	H7360001000	Wellcare No Premium Open (PPO)
CT	H0712005000	Wellcare Dual Access (HMO D-SNP)
CT	H0712029000	Wellcare Dual Liberty (HMO D-SNP)
CT	H0712019000	Wellcare No Premium (HMO)
CT	H0712020000	Wellcare Assist (HMO)
CT	H1914001000	Wellcare No Premium Open (PPO)
CT	H1914006000	Wellcare Dual Access Open (PPO D-SNP)
DE	H4661001000	Wellcare No Premium (HMO-POS)
FL	H1032190000	Wellcare No Premium (HMO)
FL	H1032200000	Wellcare Giveback (HMO)
FL	H5199008000	Wellcare No Premium Open (PPO)
HI	H2491015000	Wellcare 'Ohana No Premium (HMO)
IL	H6713002000	Wellcare Giveback 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)
MA	H9761001000	Wellcare No Premium Open (PPO)
ME	H9364001000	Wellcare No Premium (HMO)
MI	H2117001000	Wellcare No Premium Open (PPO)
MO	H1664006000	Wellcare Giveback (HMO)
MO	H9335005000	Wellcare Giveback (HMO)
NE	H1215001000	Wellcare Dual Liberty (HMO D-SNP)
NE	H1215002000	Wellcare No Premium (HMO)
NE	H1395001000	Wellcare Dual Access Open (PPO D-SNP)
NJ	H0913015000	Wellcare Assist (HMO)
NJ	H8711004000	Wellcare Low Premium Open (PPO)
NM	H2134005000	Wellcare No Premium (HMO)
NM	H9976002000	Wellcare No Premium Open (PPO)
NY	H4868016000	Wellcare Assist (HMO)
NY	H5599004000	Wellcare Fidelis No Premium (HMO)

State	Plan Benefit Package	Plan Name
NY	H5599002000	Wellcare Fidelis Assist (HMO-POS)
NY	H0088003000	Wellcare No Premium Open (PPO)
NY	H2775106000	Wellcare No Premium Open (PPO)
OH	H0908006000	Wellcare All Dual Assure (HMO D-SNP)
OR	H6815037000	Wellcare Assist (HMO)
OR	H6815038000	Wellcare No Premium (HMO)
OR	H6815039000	Wellcare No Premium (HMO)
OR	H5439011000	Wellcare Premium Ultra Open (PPO)
OR	H5439017000	Wellcare No Premium Open (PPO)
OR	H5439019000	Wellcare Low Premium Open (PPO)
PA	H2915013000	Wellcare Patriot Giveback (HMO)
TN	H9428001000	Wellcare No Premium Open (PPO)
TX	H4506029000	Wellcare TexanPlus No Premium (HMO-POS)
TX	H5294012000	Wellcare Giveback (HMO)
TX	H5294017000	Wellcare No Premium (HMO)
TX	H6678004000	Wellcare Complete No Premium (HMO)
WA	H1353005000	Wellcare No Premium (HMO)
WA	H1353006000	Wellcare Giveback (HMO)

Disclaimers:

Hawaii (H2491): 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

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

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

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

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2024 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2024 Schedule of Benefits

Category	Code	General Service Description	Frequency (how often our plan will pay)
Preventive Dental Services Preventive codes do not count towards the plan maximum.			
Oral Exam	D0120	Routine periodic exam completed during check-up	2 of (D0120) per 12 months; not within 6 months of D0150.
Oral Exam	D0140	Limited exam to evaluate a problem	2 of (D0140, D0160) per 12 months. This service counts toward limited exam frequency (D9440).
Oral Exam	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.
Oral Exam	D0160	Detailed and extensive problem focused exam	2 of (D0140, D0160) per 12 months.
Oral Exam	D0180	Comprehensive periodontal evaluation	2 of (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 of (D0220) per date of service.
Dental X-Rays	D0230	X-rays for closer evaluation around the roots of teeth	4 of (D0230) per date of service.
Dental X-Rays	D0240	Intraoral, occlusal radiographic image	1 of every 12 months.
Dental X-Rays	D0251	Extra-oral radiographic image	2 of (D0251) every 12 months.
Dental X-Rays	D0270, D0272, D0273	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0274) every 12 months.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Dental X-Rays	D0274	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0274) every 12 months. Not covered within 6 months of exam (D0120, D0140, D0150, D0160, and D0180).
Dental X-Rays	D0330	Whole-mouth x-ray for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months. Not covered within 6 months of exam (D0120, D0140, D0150, D0160, and D0180).
Dental X-Rays	D0350	2-Dimensional photo or x-ray image	1 of (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 of (D0391) per date of service; allowed only when submitted along with (D0701-D0709).
Dental X-Rays	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.
Dental X-Rays	D0703	Photo images, image capture only	1 of (D0703) every 36 months.
Dental X-Rays	D0706	X-rays taken inside the mouth	2 of (D0706) every 12 months.
Dental X-Rays	D0707	X-rays for closer evaluation around the roots of teeth – image capture only	1 of (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.
Other Services	D1110	Standard adult dental cleaning	2 of (D1110) every 12 months.
Fluoride	D1206, D1208	Fluoride treatment	1 of (D1206, D1208) every 12 months.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Services	D1355	Caries preventative medicament application	Only one of the following per tooth per 6mo (D1355).
Other Services	D9110	Minor procedure for emergency treatment of dental pain	1 of (D9110) per 12 months.
Comprehensive Dental (Diagnostic) Services			
Diagnostic	D0277	Bitewing x-rays for evaluation of the teeth and bone	Only one of the following per 12 months per provider group: (D0270, D0272, D0274, D0277). Maximum reimbursement on a single date of service for radiographs is limited to the fee for a complete series (D0210).
Diagnostic	D0460	Tooth nerve test	1 of (D0460) per visit.
Restorative	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2394) per surface, per tooth, per 24 months.
Restorative	D2390	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2394) per surface, per tooth, per 24 months. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth, must have 50% bone support at minimum.
Restorative	D2391, D2392, D2393, D2394	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 of (D2140-D2394) per surface, per tooth, per 24 months.
Restorative	D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753	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 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6545, D6548, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support. Exclude third

Category	Code	General Service Description	Frequency (how often our plan will pay)
			molars, except when medically necessary.
Restorative	D2790, D2791, D2792, 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 of (D2710, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792, D2794, D6210-D6252, D6545, D6548, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support. Exclude third molars, except when medically necessary.
Restorative	D2910, D2915, 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
Restorative	D2928	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth.
Restorative	D2931	Pre-made crowns	1 of (D2928, D2931) every 36 months per tooth. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth. Must have 50% bone support at minimum.
Restorative	D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2971	Buildup of filling around a post to prepare the tooth for a crown	1 of (D2950-D2957, D2971) per tooth per 84 months. Exclude third molars, except when medically necessary. Has to include 4 surfaces of the tooth.
Restorative	D2980	Crown repairs	1 of (D2980) per tooth per 36 months.
Endodontics	D3110, D3120	Pulp capping	1 of (D3110, D3120, D3220, D3310-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
Endodontics	D3220	Pulpotomy	1 of (D3110, D3120, D3220, D3310-D3333) per tooth per

Category	Code	General Service Description	Frequency (how often our plan will pay)
			lifetime; requires at least 50% remaining bone support.
Endodontics	D3310, D3320, D3330, D3331, D3332, D3333	Root canal treatment	1 of (D3110, D3120, D3220, D3310-D3333) per tooth per lifetime; requires at least 50% remaining bone support.
Endodontics	D3346, D3347, 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.
Endodontics	D3351, D3352, 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.
Periodontics	D4322, D4323	Wire placed to attach multiple teeth together	1 of (D4322-D4323) per arch every 36 months.
Periodontics	D4341	Deep cleaning for 4 or more teeth in a mouth	1 of (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	1 of (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 infected gums, full mouth, after evaluation	1 of (D4346) every 24 months, not to be billed the same date of service as other cleaning codes including D0120, D0140, D0150, D0160, D0180.
Periodontics	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.
Periodontics	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.
Periodontics	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.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Periodontics	D4920	Unscheduled dressing change	1 of (D4920) every 12 months per procedure.
Other Oral/Maxillofacial Surgery	D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251	Extractions	1 of (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group.
Other Oral/Maxillofacial Surgery	D7260, D7261	Sinus related surgery	1 of (D7260, D7261) per quadrant per date of service.
Other Oral/Maxillofacial Surgery	D7270, D7272, D7280, D7282	Surgery to move or re-implant natural teeth	1 of (D7270-D7282) per tooth per lifetime.
Other Oral/Maxillofacial Surgery	D7285, D7286, D7287, D7288	Biopsies	1 of (D7285, D7286, D7288) per 24 months; 1 of (D7287) per site per 24 months.
Other Oral/Maxillofacial Surgery	D7310, D7311, D7320, D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	1 of (D7310-D7321) per quadrant per lifetime.
Other Oral/Maxillofacial Surgery	D7340, D7350	Surgery on gum tissue to prepare for dentures	1 of (D7340, D7350) per quadrant every 60 months.
Other Oral/Maxillofacial Surgery	D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465	Removal of suspicious tissue growths	1 of (D7410-D7465) per date of service.
Other Oral/Maxillofacial Surgery	D7471	Removal of extra bone growths on sides of jaws	1 of (D7471) per arch per lifetime.
Other Oral/Maxillofacial Surgery	D7472	Removal of extra bone growth on roof of mouth	1 of (D7472) per lifetime.
Other Oral/Maxillofacial Surgery	D7473	Removal of extra bone growth inside of lower jaw	1 of (D7473) per quadrant per lifetime.
Other Oral/Maxillofacial Surgery	D7485	Removal of extra bone and tissue growth on back areas of upper jaw	1 of (D7485) per quadrant per lifetime.
Other Oral/Maxillofacial Surgery	D7509, D7510, D7511, D7520,	Cleaning an abscess/infection from a tooth root	1 of (D7509) per date of service.

Category	Code	General Service Description	Frequency (how often our plan will pay)
	D7521, D7530, D7540		
Other Oral/Maxillofacial Surgery	D7970	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7970) per arch per 60 months.
Other Oral/Maxillofacial Surgery	D7971	Other surgical procedures to remove excess gum tissue or muscle attachments	1 of (D7971) per tooth per lifetime.
Additional Coverage Services			
Adjunctive General Services	D9410, D9420	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service.
Teledentistry	D9995	Teledentistry - performed in real time	1 of (D9995-D9996) per date of service.
Teledentistry	D9996	Teledentistry - performed when information stored and sent to a dentist for later review	1 of (D9995-D9996) per date of service.
Adjunctive General Services	D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service.

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.