



# Dental Benefit Details

## 2026

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* apply to the 2026 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* apply to the 2026 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
MI	H7435001000	Wellcare Meridian Dual Align (HMO D-SNP)

**Disclaimers:**

**MI HMO D-SNP (H7435):** Wellcare Meridian Dual Align (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to members. Enrollment in our plan depends on contract renewal.

Please contact your plan for details.

**Covered Dental Benefits:** Our plan provides coverage for the dental services described below. Refer to your 2026 *Evidence of Coverage* for any applicable cost sharing and benefit maximum. Covered codes between D0120 and D1208 do not count towards the plan annual maximum. Dental codes marked with an asterisk (\*) are covered under Medicaid. Covered codes marked with a (P) are a partial list that may require prior authorization (other codes may apply).

### Dental 2026 Schedule of Benefits

Code	Code Description	Periodicity
<b>Diagnostic (Preventive) Services</b>		
D0160	Detailed and extensive problem focused exam	2 of D0160,) every plan year
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0277) every plan year. Maximum reimbursement for a single date of services limited to the allowed reimbursement for a complete mouth series
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every plan year
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)
D0460	Pulp Vitality Test	1 of (D0460) per visit
D0701	Panoramic radiographic image - image capture only	1 of (D0701) every 3 plan years; 1 of (D0701, D0709) every 3 plan years
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year

Code	Code Description	Periodicity
<b>D0707</b>	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service
<b>D0708</b>	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year
<b>D0709</b>	Intraoral - complete series of radiographic images - image capture only	1 of (D0701, D0709) every 3 plan years
<b>D1355</b>	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months
<b>Comprehensive Services</b>		
<b>D2720</b>	Crown, resin-based composite (indirect)	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D2721</b>	Crown, resin with predominantly base metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D2928</b>	Prefabricated porcelain/ceramic crown	1 of (D2928) every 3 plan years per tooth. Exclude third molars, except when medically necessary. Must have 50% bone support at minimum
<b>D2953</b>	Each additional indirectly fabricated post, same tooth	1 of (D2953, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown

Code	Code Description	Periodicity
D2955	Post removal	1 (D2955) per tooth every 7 plan years.
D2957	Each additional prefabricated post, same tooth	1 of (D2953, D2957) per tooth every 7 plan years. Must be necessary to provide retention for an approved crown
D2971	Additional procedure to customize a crown to fit under an existing partial denture framework	1 (D2971) per tooth every 7 plan years.
D2980	Crown repair necessitated by restorative material failure	1 of (D2980) per tooth every 3 plan years
D3120	Pulp cap, indirect (excluding final restoration)	1 of (D3110, D3120, D3220) per tooth per lifetime; requires at least 50% remaining bone support. D3110 and D3220 are not Medicaid codes
D3331	Treatment of root canal obstruction; non-surgical access	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support
D3333	Internal root repair of perforation defects	1 of (D3331-D3333) per tooth per lifetime; requires at least 50% remaining bone support
D3450	Root amputation, per root	1 of (D3351- D3353, D3450, D3470) per tooth per lifetime
D3470	Intentional reimplantation (including necessary splinting)	1 of (D3351- D3353, D3450, D3470) per tooth per lifetime
D3920	Hemisection, not including root canal therapy	1 of (D3920-D3921) per tooth per lifetime
D3921	Decoronation or submergence of an erupted tooth	1 of (D3920-D3921) per tooth per lifetime
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1 of (D4210-D4211) per quadrant every 3 plan years
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 of (D4212) per tooth per lifetime

Code	Code Description	Periodicity
<b>D4240</b>	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years
<b>D4241</b>	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bound	1 of (D4240-D4245) per quadrant every 3 plan years
<b>D4245</b>	Apically positioned flap	1 of (D4240-D4245) per quadrant every 3 plan years
<b>D4249</b>	Clinical crown lengthening, hard tissue	1 of (D4249) per tooth per lifetime
<b>D4260</b>	Osseous surgery, four or more teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years
<b>D4261</b>	Osseous surgery, one to three teeth per quadrant	1 of (D4260-D4261) per quadrant every 3 plan years
<b>D4270</b>	Pedicle soft tissue graft procedure	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4273</b>	Autogenous connective tissue graft procedure, first tooth	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4274</b>	Mesial/distal wedge procedure, single tooth	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4275</b>	Non-autogenous connective tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4276</b>	Combined connective tissue and pedicle graft, per tooth	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4277</b>	Free soft tissue graft, first tooth	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4278</b>	Free soft tissue graft, each additional tooth	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4283</b>	Autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4285</b>	Non-autogenous connective tissue graft procedure, each additional tooth, per site	1 of (D4270-D4285) per tooth every 3 plan years
<b>D4322</b>	Splint - intra-coronal; natural teeth or prosthetic crowns	1 of (D4322-D4323) per arch every 3 plan years

Code	Code Description	Periodicity
<b>D4323</b>	Splint - extra-coronal; natural teeth or prosthetic crowns	1 of (D4322-D4323) per arch every 3 plan years
<b>D4381</b>	Localized delivery of antimicrobial agent/per tooth	8 of (D4381) every 2 plan years; at least 28 days after D4341 or D4342; requires evidence of pockets 5 mm or greater with persistent inflammation
<b>D4920</b>	Unscheduled dressing change (other than treating dentist or staff)	1 of (D4920) every plan year per procedure
<b>D5284</b>	Unilateral removable partial denture, flexible base, per quadrant	1 of (D5284 or D5286) every 5 plan years for the upper and lower jaw
<b>D5286</b>	Unilateral removable partial denture, resin base, per quadrant	1 of (D5284 or D5286) every 5 plan years for the upper and lower jaw
<b>D5670</b>	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5670-D5671) per arch every 2 plan years
<b>D5671</b>	Replace all teeth & acrylic on cast metal frame, mandibular	1 of (D5670-D5671) per arch every 2 plan years
<b>D5850</b>	Tissue conditioning, maxillary	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D5851</b>	Tissue conditioning, mandibular	1 of (D5850-D5851) per arch every plan year; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
<b>D6210*<sup>P</sup></b>	Pontic, cast high noble metal	1 of (D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6211*<sup>P</sup></b>	Pontic, cast predominantly base metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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

Code	Code Description	Periodicity
		molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied
D6212* <sup>P</sup>	Pontic, cast noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
D6214* <sup>P</sup>	Pontic - titanium	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
D6240* <sup>P</sup>	Pontic - porcelain fused to high noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
D6241* <sup>P</sup>	Pontic, porcelain fused to predominantly base metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
D6242* <sup>P</sup>	Pontic, porcelain fused to noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires

Code	Code Description	Periodicity
		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
<b>D6243*P</b>	Pontic - porcelain fused to titanium and titanium alloys	1 of ( D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6245*P</b>	Pontic, porcelain/ceramic	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6250<sup>P</sup></b>	Pontic - resin with high noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6251<sup>P</sup></b>	Pontic, resin with predominantly base metal	1 of ( D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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

Code	Code Description	Periodicity
		molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied
<b>D6252<sup>P</sup></b>	Pontic, resin with noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6740*<sup>P</sup></b>	Retainer crown, porcelain/ceramic	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6750*<sup>P</sup></b>	Crown - Porcelain Fused to High Noble Metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6751*<sup>P</sup></b>	Retainer crown, porcelain fused to predominantly base metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D6752*<sup>P</sup></b>	Retainer crown, porcelain fused to noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years unless the loss of an additional tooth requires

Code	Code Description	Periodicity
		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
D6753* <sup>P</sup>	Retainer crown - porcelain fused to titanium and titanium alloys	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
D6790* <sup>P</sup>	Crown - Porcelain Fused to High Noble Metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
D6791* <sup>P</sup>	Retainer crown, full cast predominantly base metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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.
D6792* <sup>P</sup>	Retainer crown, full cast noble metal	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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

Code	Code Description	Periodicity
		molars) are missing in both quadrants in the same arch, posterior bridge requests will be denied
<b>D6794*<sup>P</sup></b>	Retainer crown - titanium	1 of (D2720, D2721, D6210-D6252, D6740-D6753, D6790, D6791, D6792, D6794) per tooth every 7 plan years 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
<b>D7251</b>	Coronectomy - intentional partial tooth removal, impacted teeth only	1 of (D7251) per tooth per lifetime
<b>D7272</b>	Tooth transplantation	1 of (D7272, D7280, -D7282) per tooth per lifetime
<b>D7280*</b>	Exposure of an unerupted tooth	1 of (D7272, D7280, -D7282) per tooth per lifetime
<b>D7282*</b>	Mobilization of erupted/malpositioned tooth	1 of (D7272, D7280, -D7282) per tooth per lifetime
<b>D7285</b>	Incisional biopsy of oral tissue, hard (bone, tooth)	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
<b>D7286</b>	Incisional biopsy of oral tissue, soft	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
<b>D7287</b>	Exfoliative cytological sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
<b>D7288</b>	Brush biopsy, transepithelial sample collection	1 of (D7285, D7286, D7288) every 2 plan years; 1 of (D7287) per site every 2 plan years
<b>D7311</b>	Alveoloplasty with extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. These codes are covered by Medicaid
<b>D7321</b>	Alveoloplasty, w/o extractions, one to three teeth per quadrant	1 of (D7310-D7321) per quadrant per lifetime. These codes are covered by Medicaid
<b>D7340</b>	Vestibuloplasty, ridge extension (2nd epithelialization)	1 of (D7340, D7350) per quadrant every 5 plan years
<b>D7350</b>	Vestibuloplasty, ridge extension	1 of (D7340, D7350) per quadrant every 5 plan years

Code	Code Description	Periodicity
<b>D7410</b>	Excision of benign lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7411</b>	Excision of benign lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7412</b>	Excision of benign lesion, complicated	1 of (D7410-D7465) per date of service
<b>D7413</b>	Excision of malignant lesion, up to 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7414</b>	Excision of malignant lesion, greater than 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7415</b>	Excision of malignant lesion, complicated	1 of (D7410-D7465) per date of service
<b>D7440</b>	Excision of malignant tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7441</b>	Excision of malignant tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7450</b>	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7451</b>	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7460</b>	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7461</b>	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	1 of (D7410-D7465) per date of service
<b>D7465</b>	Destruction of lesion(s) by physical or chemical method, by report	1 of (D7410-D7465) per date of service

Code	Code Description	Periodicity
D7509	Marsupialization of odontogenic cyst	1 of (D7509) per date of service
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	1 of (D7511-D7540) per date of service
D7520	Incision & drainage of abscess, intraoral soft tissue, complicated	1 of (D7511-D7540) per date of service
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	1 of (D7511-D7540) per date of service
D7530	Remove foreign body, mucosa, skin, tissue	1 of (D7511-D7540) per date of service
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	1 of (D7511-D7540) per date of service
D9120	Fixed Partial Denture Sectioning	1 of (D9120) per plan year
D9219	Evaluation for moderate sedation, deep sedation, or general anesthesia	1 of (D9219) per date of service
D9222	Deep sedation/general anesthesia, first 15 minute increment	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	7 of (D9223, D9225, D9243, D9245, D9247) per date of service

Code	Code Description	Periodicity
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	7 of (D9223, D9225, D9243, D9245, D9247) per date of service
D9244	In-office administration of minimal sedation – single drug – enteral	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9245	Administration of moderate sedation – enteral	1 of (D9222, D9224, D9230, D9239, D9244, D9245) per date of service
D9410	House/Extended Care Facility Call	1 of (D9410, D9997) per date of service
D9430	Office visit, observation, regular hours, no other services	2 of (D0160, D9430, D9440) every plan year
D9440	Office visit, after regularly scheduled hours	2 of (D0160, D9430, D9440) every plan year
D9610	Therapeutic Parenteral Drug, Single Administration	1 of (D9610, D9612) per date of service
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 of (D9610, D9612) per date of service
D9911	Application of desensitizing resin for cervical, root surface, per tooth	1 of (D9911) per tooth every 2 plan years
D9932	Cleaning and inspection of removable complete denture, maxillary	1 of (D9932-D9935) every 2 plan years, not within six months of denture delivery
D9933	Cleaning and inspection of removable complete denture, mandibular	1 of (D9932-D9935) every 2 plan years, not within six months of denture delivery

Code	Code Description	Periodicity
D9934	Cleaning and inspection of removable partial denture, maxillary	1 of (D9932-D9935) every 2 plan years, not within six months of denture delivery
D9935	Cleaning and inspection of removable partial denture, mandibular	1 of (D9932-D9935) every 2 plan years, not within six months of denture delivery
D9942	Repair and/or Reline of Occlusal Guard	1 of (D9942) every 2 plan years, not within six months of appliance delivery
D9944*	Occlusal guard, hard appliance, full arch	1 of (D9944-D9946) every 5 plan years
D9945	Occlusal guard, soft appliance, full arch	1 of (D9944-D9946) every 5 plan years
D9946*	Occlusal guard, hard appliance, partial arch	1 of (D9944-D9946) every 5 plan years
D9951	Occlusal adjustment, limited	1 of (D9951) every 2 plan years
D9995	Teledentistry - synchronous; real-time encounter	1 of (D9995-D9996) per date of service
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1 of (D9995-D9996) per date of service
D9997	Dental Case Management - patients with special needs	1 of (D9410, D9997) per date of service

## **Limitations:**

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

## **Exclusions:**

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.



## **Treatment Completion Date**

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

## **Prior Authorization**

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.



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