

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
AL	H4343001000	Wellcare Complete - Giveback (HMO)
AL	H1848001000	Wellcare Giveback Open (PPO)
AR	H1416064000	Wellcare Giveback Dividend (HMO)
CT	H1914002000	Wellcare Giveback Open (PPO)
FL	H1032189000	Wellcare Giveback (HMO)
FL	H1032191000	Wellcare Giveback (HMO)
FL	H1032193000	Wellcare Giveback (HMO)
FL	H1032198000	Wellcare Giveback (HMO)
FL	H1032204000	Wellcare Giveback (HMO)
FL	H1032209000	Wellcare Giveback (HMO)
FL	H1032210000	Wellcare Giveback (HMO)
FL	H1032212000	Wellcare Giveback (HMO)
GA	H1112042000	Wellcare Giveback (HMO)
HI	H6605001000	Wellcare 'Ohana No Premium Open (PPO)
IL	H7399001000	Wellcare Complete - Giveback (HMO)
KS	H5398004000	Wellcare Complete - Giveback (HMO)
KY	H9730007000	Wellcare Giveback (HMO)
LA	H3047002000	Wellcare Giveback Open (PPO)
MA	H9761002000	Wellcare Giveback Open (PPO)
ME	H9364004000	Wellcare Giveback (HMO)
ME	H2775109000	Wellcare No Premium Open (PPO)
MI	H0482003000	Wellcare Complete - Giveback (HMO)
MI	H5475031000	Wellcare Giveback (HMO)
MS	H1416065000	Wellcare Giveback (HMO)
NC	H7175004000	Wellcare Giveback Open (PPO)
NE	H1215003000	Wellcare Giveback (HMO)
NH	H0969003000	Wellcare Giveback Open (PPO)
NJ	H0913002000	Wellcare No Premium (HMO-POS)
NJ	H0913021000	Wellcare Giveback (HMO)
NY	H0088002000	Wellcare Giveback Open (PPO)
NY	H2775111000	Wellcare Giveback Open (PPO)
NY	H2816013000	Wellcare Premium Ultra (PFFS)
NY	H2816019000	Wellcare Premium Enhanced (PFFS)
OH	H0908005000	Wellcare Giveback (HMO)
OH	H5475032000	Wellcare Dividend Giveback (HMO)
OK	H9900001000	Wellcare Giveback (HMO)
OR	H5439015000	Wellcare Giveback Open (PPO)
PA	H2128004000	Wellcare Giveback Open (PPO)

State	Plan Benefit Package	Plan Name
SC	H1416056000	Wellcare No Premium Value (HMO)
SC	H1416057000	Wellcare No Premium Value (HMO)
SC	H7326003000	Wellcare Giveback Open (PPO)
TN	H1416079000	Wellcare Giveback (HMO)
TN	H9428002000	Wellcare Giveback Open (PPO)
TX	H0174017000	Wellcare Giveback (HMO)
TX	H0174018000	Wellcare Giveback (HMO)
TX	H0174019000	Wellcare Giveback (HMO)
TX	H0174020000	Wellcare Giveback (HMO)
TX	H0174021000	Wellcare Giveback (HMO)
TX	H5294019000	Wellcare Giveback (HMO)
TX	H6678003000	Wellcare Complete - Giveback (HMO)
TX	H7323006000	Wellcare No Premium Rx Plus Open (PPO)
TX	H7323011000	Wellcare Mutual of Omaha No Premium Secure Open (PPO)
TX	H7323012000	Wellcare Mutual of Omaha No Premium Secure Open (PPO)
VT	H6594002000	Wellcare Giveback Open (PPO)
WA	H5439015000	Wellcare Giveback Open (PPO)

Disclaimers:

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 (H0174, H7323): 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.

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 Exams	D0120	Routine periodic exam completed during check-up	2 of (D0120) every 12 months; not within 6 months of D0150.
Oral Exams	D0140	Limited exam to evaluate a problem	2 of (D0140, D0160) per 12 months. This service counts toward limited exam frequency (D9440).
Oral Exams	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 Exams	D0160	Detailed and extensive problem focused exam	2 of (D0140, D0160) per 12 months.
Oral Exams	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 (D0240) 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).
I 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.

Category	Code	General Service Description	Frequency (how often our plan will pay)
Fluoride Services	D1206, D1208	Fluoride treatment	1 of (D1206, D1208) every 12 months.
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 tooth per date of service.
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.