

# Dental Benefit Details

## 2025

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2025 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.

Last updated on 12/05/2024

The *Dental Benefit Details* applies to the 2025 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	H1416064000	Wellcare Giveback Dividend (HMO-POS)
AR	H9630008000	Wellcare Giveback (HMO-POS)
AZ	H0351064000	Wellcare Giveback (HMO)
CT	H0712032000	Wellcare Giveback (HMO-POS)
CT	H1914002000	Wellcare Giveback Open (PPO)
FL	H1032191000	Wellcare Giveback (HMO)
FL	H1032193000	Wellcare Giveback (HMO)
FL	H1032198000	Wellcare Giveback (HMO)
FL	H1032204000	Wellcare Giveback (HMO)
FL	H1032210000	Wellcare Giveback (HMO)
FL	H1032212000	Wellcare Giveback (HMO)
GA	H1112042000	Wellcare Giveback (HMO-POS)
KS	H5398004000	Wellcare Complete - Giveback (HMO-POS)
LA	H3047002000	Wellcare Giveback Open (PPO)
ME	H2816040000	Wellcare Advantage Simple (PFFS)
MI	H5475031000	Wellcare Giveback (HMO-POS)
MS	H1416065000	Wellcare Giveback (HMO-POS)
NC	H1914010000	Wellcare Giveback Open (PPO)
NC	H7175004000	Wellcare Giveback Open (PPO)
NE	H1215003000	Wellcare Giveback (HMO-POS)
NJ	H0913002000	Wellcare Simple (HMO-POS)
NJ	H0913021000	Wellcare Giveback (HMO-POS)
NJ	H0913017000	Wellcare Simple Focus (HMO-POS)
NY	H2775111000	Wellcare Giveback Open (PPO)
NY	H4868019000	Wellcare Simple (HMO-POS)
OH	H0908005000	Wellcare Giveback (HMO-POS)
OK	H4537005000	Wellcare Patriot Giveback Open (PPO)
OK	H9900001000	Wellcare Giveback (HMO-POS)
OR	H5439015000	Wellcare Giveback Open (PPO)
OR	H5439019000	Wellcare Low Premium Open (PPO)
OR	H6815038000	Wellcare Simple Value (HMO-POS)
PA	H2128004000	Wellcare Giveback Open (PPO)
SC	H7326003000	Wellcare Giveback Open (PPO)
TN	H1416079000	Wellcare Giveback (HMO-POS)
TX	H5294019000	Wellcare Giveback (HMO)
TX	H7323006000	Wellcare Simple Rx Plus Open (PPO)

State	Plan Benefit Package	Plan Name
TX	H7323011000	Wellcare Mutual of Omaha Simple Secure Open (PPO)
TX	H7323012000	Wellcare Mutual of Omaha Simple Secure Open (PPO)
TX	H4506030000	Wellcare Simple Value (HMO-POS)
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)

**Disclaimers:**

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

**Texas (H0174, H4506, 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 2025 *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 2025 Schedule of Benefits

Code	General Service Description	Periodicity
<b>D0120</b>	Routine periodic exam completed during check-up	2 of (D0120) every 12 months; not within 6 months of D0150
<b>D0140</b>	Limited exam to evaluate a problem	2 of (D0140, D0160, D9310) every 12 months.
<b>D0150</b>	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
<b>D0160</b>	Detailed and extensive problem focused exam	2 of (D0140, D0160, D9310) every 12 months.
<b>D0180</b>	Comprehensive periodontal evaluation	2 of (D0180) every 12 months; not on same date as D0120 or D0150
<b>D0210</b>	Full mouth/complete x-ray set for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months
<b>D0220</b>	X-rays for closer evaluation around the roots of teeth	1 of (D0220) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0230</b>	X-rays for closer evaluation around the roots of teeth	4 of (D0230) per date of service. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0240</b>	Intraoral, occlusal radiographic image	1 of (D0240) every 12 months
<b>D0251</b>	Extra-oral radiographic image	2 of (D0251) every 12 months
<b>D0270</b>	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0272</b>	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.

Code	General Service Description	Periodicity
<b>D0273</b>	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0274</b>	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0277</b>	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0277) every 12 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0330</b>	Whole-mouth x-ray for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months. Maximum number of x-rays on a single date of services limited to a complete mouth series.
<b>D0350</b>	2-Dimensional photo or x-ray image	1 of (D0350) every 36 months
<b>D0391</b>	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, D0703, D0706-D0709).
<b>D0460</b>	Tooth nerve test	1 of (D0460) per visit.
<b>D0701</b>	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
<b>D0703</b>	Photo images, image capture only	1 of (D0703) every 36 months
<b>D0706</b>	X-rays taken inside the mouth	2 of (D0706) every 12 months
<b>D0707</b>	X-rays for closer evaluation around the roots of teeth – image capture only	1 of (D0707) per date of service
<b>D0708</b>	Bitewing x-rays for evaluation of the teeth and bone – image capture only	2 of (D0708) every 12 months
<b>D0709</b>	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

Code	General Service Description	Periodicity
<b>D1110</b>	Standard adult dental cleaning	2 of (D1110) every 12 months
<b>D1206</b>	Fluoride treatment	1 of (D1206, D1208) every 12 months
<b>D1208</b>	Fluoride treatment	1 of (D1206, D1208) every 12 months
<b>D1355</b>	Caries preventative medicament application	One of (D1355) per tooth per 6 months.
<b>D9110</b>	Minor procedure for emergency treatment of dental pain	1 of (D9110) per 12 months.
<b>D9310</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	2 of (D0140, D0160) every 12 months.
<b>D9410</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service.
<b>D9420</b>	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 of (D9410, D9420, D9997) per date of service.
<b>D9995</b>	Teledentistry - performed in real time	1 of (D9995-D9996) per date of service.
<b>D9996</b>	Teledentistry - performed when information stored and sent to a dentist for later review	1 of (D9995-D9996) per date of service.
<b>D9997</b>	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.

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