



**Summary of Dental Benefits**  
**Wellcare 'Ohana No Premium (HMO) - Group No. 9050-3**  
**Effective: 01/01/2022**



This summary is a brief description of a Hawaii Dental Service (HDS) member's dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the Wellcare By 'Ohana Health Plan's agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service.

You must receive services from an HDS Medicare Advantage network dentist for HDS to pay for the covered benefits listed below in the table. If you receive services from a dentist that doesn't participate in the HDS Medicare Advantage network, the services are not covered by the plan and you will be responsible for the full cost of the services.

For the list of network dentists, see the Provider Directory, visit [hawaiidentalsservice.com](http://hawaiidentalsservice.com) or call HDS customer service at 529-9248 or toll free 1-844-379-4325 (Monday through Friday, 8:00 a.m. to 8:00 p.m.).

<b>PLAN MAXIMUM</b> The most HDS will pay for each person for all covered dental services performed during the plan year.	
<b>Wellcare 'Ohana No Premium (HMO)</b>	
<b>Plan Maximum</b>	<b>\$2000</b>
<b>HDS PLAN PAYS IN-NETWORK</b>	
<b>DIAGNOSTIC Examinations</b>	<b>100%</b>
D0120 - Periodic oral evaluation, established patient	2x/cal. yr
D0150 - Comprehensive oral evaluation, new or established patient	
D0180 - Comprehensive periodontal evaluation, new or established patient	
<b>Focused Evaluations</b>	<b>100%</b>
D0140 - Limited oral evaluation, problem focused	1x/yr/dental office (D0140, D0160, D0170, D0171)
<b>X-ray - Single</b> (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210)	<b>100%</b> 1x/patient/provider (dental office)/day
D0220 - Intraoral, periapical first radiographic image	
D0230 - Intraoral, periapical each additional radiographic image	<b>100%</b>
<b>X-ray - Occlusal Radiographic Image</b> (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210)	<b>100%</b>

D0240 - Intraoral, occlusal radiographic image	
<b>X-ray - Extraoral First and Additional Radiographic Image</b> D0250 - Extra-oral, 2D projection radiographic image created using a stationary radiation source, and detector	100%
<b>Bitewings</b> (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210)  D0270 - Bitewing, single radiographic image D0272 - Bitewings, two radiographic images D0273 - Bitewings, three radiographic images D0274 - Bitewings, four radiographic images D0277 - Vertical bitewings, 7 to 8 radiographic images	100% 1x/cal. yr
<b>Other X-rays</b> D0210 - Intraoral, complete series of radiographic images	100% full mouth X-rays 1x/3yrs
(Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210)  D0330 - Panoramic radiographic image	100% full mouth X-rays 1x/3yrs
D0340 - 2Dcephalometric radiographic image-acquisition, measurement and analysis D0350 - 2D oral/facial photographic image obtained intraorally or extraorally	100% 1x/proc/3yrs
<b>Other Comprehensive Diagnostic</b> D0470 - Diagnostic casts	100% 1x/test/yr
D0472 - Accession of tissue, gross exam, prep & report D0473 - Accession of tissue, gross and microscopic exam, prep & report D0474 - Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, prep & report	100% 1x/site on same date of service & same dental office (D0472, D0473, D0474)
D0480 - Accession of exfoliative cytologic smears, microscopic exam, prep, report D0484 - Consultation on slides prepared elsewhere	100%
D0999 - Unspecified diagnostic procedure, by report	100%
<b>PREVENTIVE</b>	
<b>Cleanings</b> D1110 - Prophylaxis, adult	100% 2x/cal. yr (D1110, D4346, D4355)
<b>Fluoride</b> D1206 - Topical application of fluoride varnish D1208 - Topical application of fluoride, excluding varnish	100% 1x/cal. yr

**RESTORATIVE****Amalgam Restorations (silver fillings)**

- D2140 - Amalgam, one surface, primary or permanent
- D2150 - Amalgam, two surfaces, primary or permanent
- D2160 - Amalgam, three surfaces, primary or permanent
- D2161 - Amalgam, four or more surfaces, primary or permanent

**Resin-Based Composite Restorations - Direct (white fillings)**

- D2330 - Resin-based composite, one surface, anterior
- D2331 - Resin-based composite, two surfaces, anterior
- D2332 - Resin-based composite, three surfaces, anterior
- D2335 - Resin-based composite, four or more surfaces or involving incisal angle (anterior)
- D2390 - Resin-based composite crown, anterior
- D2391 - Resin-based composite, one surface, posterior
- D2392 - Resin-based composite, two surfaces, posterior
- D2393 - Resin-based composite, three surfaces, posterior
- D2394 - Resin-based composite, four or more surfaces, posterior

**100%**  
1x/surface/tooth/2yrs

**Inlay/Onlay Restorations**

- D2542 - Onlay, metallic, two surfaces
- D2543 - Onlay, metallic, three surfaces
- D2544 - Onlay, metallic, four or more surfaces
- D2642 - Onlay, porcelain/ceramic, two surfaces
- D2643 - Onlay, porcelain/ceramic, three surfaces
- D2644 - Onlay, porcelain/ceramic, four or more surfaces
- D2662 - Onlay, resin-based composite, two surfaces
- D2663 - Onlay, resin-based composite, three surfaces
- D2664 - Onlay, resin-based composite, four or more surfaces

**Crowns-Single Restorations Only**

- D2710 - Crown, resin-based composite (indirect)
- D2712 - Crown,  $\frac{3}{4}$  resin-based composite (indirect)
- D2720 - Crown, resin with high noble metal
- D2721 - Crown, resin with predominantly base metal
- D2722 - Crown, resin with noble metal
- D2740 - Crown, porcelain/ceramic
- D2750 - Crown, porcelain fused to high noble metal
- D2751 - Crown, porcelain fused to predominantly base metal
- D2752 - Crown, porcelain fused to noble metal
- D2780 - Crown,  $\frac{3}{4}$  cast high noble metal
- D2781 - Crown,  $\frac{3}{4}$  cast predominantly base metal
- D2782 - Crown,  $\frac{3}{4}$  cast noble metal
- D2783 - Crown,  $\frac{3}{4}$  porcelain/ceramic
- D2790 - Crown, full cast high noble metal

**100%**  
1x/tooth/7yrs  
if eligible

D2791 - Crown, full cast predominantly base metal D2792 - Crown, full cast noble metal D2794 - Crown, titanium and titanium alloys	
<b>Other Restorative Services</b> D2910 - Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration D2915 - Re-cement or re-bond indirectly fabricated/prefabricated post and core D2920 - Re-cement or re-bond crown	<b>100%</b> after 6 mos then 1x/yr
D2921 - Reattachment of tooth fragment, incisal edge or cusp D2928 - Prefabricated porcelain/ceramic crown, permanent tooth D2931 - Prefabricated stainless steel crown, permanent tooth D2932 - Prefabricated resin crown D2940 - Protective restoration	<b>100%</b> 1x/2yrs
D2950 - Core buildup, including any pins	<b>100%</b> 1x/2yrs if eligible
D2951 - Pin retention, per tooth, in addition to restoration	<b>100%</b> 1x/2yrs
D2952 - Post and core in addition to crown, indirectly fabricated	<b>100%</b> 1x/7yrs if eligible
D2954 - Prefabricated post and core in addition to crown	<b>100%</b> 1x/2yrs if eligible
D2955 - Post removal	<b>100%</b> if eligible
D2971 - Additional procedures to customize a crown to fit under an existing partial denture framework	<b>100%</b> if eligible
D2980 - Crown repair necessitated by restorative material failure D2981 - Inlay repair necessitated by restorative material failure D2982 - Onlay repair necessitated by restorative material failure D2983 - Veneer repair necessitated by restorative material failure	<b>100%</b> 6 mos after initial placement, then 1x/yr if eligible
D2999 - Unspecified restorative procedure, by report	<b>100%</b>
<b>ENDODONTICS (ROOT CANALS)</b>	
D3110 - Pulp cap, direct (excluding final restoration) D3120 - Pulp cap, indirect (excluding final restoration)	<b>100%</b> if eligible
D3220 - Therapeutic pulpotomy (excluding final restoration), removal of pulp coronal to the dentinocemental junction and application of	<b>100%</b> 1x/tooth/lifetime

medicament	
D3221 - Pulpal debridement, primary and permanent teeth	<b>100%</b> 1x/tooth/lifetime if eligible
D3222 - Partial pulpotomy for apexogenesis, permanent tooth with incomplete root development	<b>100%</b> if eligible
D3230 - Pulpal therapy (resorbable filling), anterior, primary tooth (excluding final restoration)	<b>100%</b> 1x/tooth/lifetime if eligible
D3240 - Pulpal therapy (resorbable filling), posterior, primary tooth (excluding final restoration)	<b>100%</b> if eligible
D3310 - Endodontic therapy, anterior tooth (excluding final restoration) D3320 - Endodontic therapy, premolar tooth (excluding final restoration) D3330 - Endodontic therapy, molar tooth (excluding final restoration)	<b>100%</b> 1x/tooth/lifetime if eligible
D3331 - Treatment of root canal obstruction; non-surgical access	<b>100%</b> if eligible
D3332 - Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth D3333 - Internal root repair of perforation defects	<b>100%</b> 1x/tooth/lifetime if eligible
D3346 - Retreatment of previous root canal therapy, anterior D3347 - Retreatment of previous root canal therapy, premolar D3348 - Retreatment of previous root canal therapy, molar	<b>100%</b> 1x/tooth/2yrs if eligible
D3351 - Apexification/recalcification/pulpal regeneration initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	<b>100%</b> 1x/tooth/lifetime if eligible
D3352 - Apexification/recalcification/pulpal regeneration interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) D3353 - Apexification/recalcification, final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	<b>100%</b> in conjunction with D3351 if eligible
<b>PERIODONTIC TREATMENTS AND MAINTENANCE (GUM/BONE SURGERIES AND MAINTENANCE)</b>	
D4341 - Periodontal scaling and root planing, four or more teeth per quadrant D4342 - Periodontal scaling and root planing, one to three teeth per quadrant	<b>100%</b> 1x/site/quad/2yrs if eligible
D4346 - Scaling in presence of generalized moderate or severe gingival inflammation, full mouth after oral evaluation	<b>100%</b> 2x/cal. yr (D1110, D4346, D4355)

D4355 - Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit	<b>100%</b> (D1110, D4346, D4355), if eligible
D4910 - Periodontal maintenance	<b>100%</b> 2x/cal. yr, if eligible
D4920 - Unscheduled dressing change (by someone other than treating dentist or their staff)	<b>100%</b> 1x/dentist/dental office
D4999 - Unspecified periodontal procedure, by report	<b>100%</b>
<b>PROSTHODONTICS (FIXED BRIDGES AND DENTURES)</b>	
D5110 - Complete denture, maxillary D5120 - Complete denture, mandibular D5130 - Immediate denture, maxillary D5140 - Immediate denture, mandibular D5211 - Maxillary partial denture, resin base (including retentive/clasping materials, rests and teeth) D5212 - Mandibular partial denture, resin base (including retentive/clasping materials, rests and teeth) D5213 - Maxillary partial denture, cast metal frame, resin base (including retentive/clasping materials, rests and teeth) D5214 - Mandibular partial denture, cast metal frame, resin base (including retentive/clasping materials, rests and teeth) D5221 - Immediate maxillary partial denture, resin base (including retentive/clasping materials, rests and teeth) D5222 - Immediate mandibular partial denture, resin base (including retentive/clasping materials, rests and teeth) D5223 - Immediate maxillary partial denture, cast metal framework, resin denture base (including retentive/clasping materials, rests and teeth) D5224 - Immediate mandibular partial denture, cast metal framework, resin denture base (including retentive/clasping materials, rests and teeth) D5225 - Maxillary partial denture, flexible base (including any clasps, rests and teeth) D5226 - Mandibular partial denture, flexible base (including any clasps, rests and teeth) D5227 - Immediate maxillary partial denture, flexible base (including any clasps, rests and teeth) D5228 - Immediate mandibular partial denture, flexible base (including any clasps, rests and teeth) D5282 - Removable unilateral partial denture, one piece cast metal (including any clasps, rests and teeth), maxillary D5283 - Removable unilateral partial denture, one piece cast metal (including any clasps, rests and teeth), mandibular	<b>100%</b> 1x/denture/5yrs (counts towards denture frequency limitation)
D5410 - Adjust complete denture, maxillary	<b>100%</b>

D5411 - Adjust complete denture, mandibular D5421 - Adjust partial denture, maxillary D5422 - Adjust partial denture, mandibular D5511 - Repair broken complete denture base mandibular D5512 - Repair broken complete denture base maxillary D5520 - Replace missing or broken teeth, complete denture (each tooth) D5611 - Repair resin partial denture base, mandibular D5612 - Repair resin partial denture base, maxillary D5621 - Repair cast partial framework, mandibular D5622 - Repair cast partial framework, maxillary	1x/proc/6mos
D5630 - Repair or replace broken retentive clasping materials, per tooth D5640 - Replace broken teeth, per tooth D5650 - Add tooth to existing partial denture D5660 - Add clasp to existing partial denture, per tooth	<b>100%</b> 1x/tooth/6mos
D5670 - Replace all teeth and acrylic on cast metal frame, maxillary D5671 - Replace all teeth and acrylic on cast metal frame, mandibular	<b>100%</b> 1x/partial denture/2yrs
D5710 - Rebase complete maxillary denture D5711 - Rebase complete mandibular denture D5720 - Rebase maxillary partial denture D5721 - Rebase mandibular partial denture D5725 - Rebase hybrid prosthesis D5730 - Reline complete maxillary denture (chairside) D5731 - Reline complete mandibular denture (chairside) D5740 - Reline maxillary partial denture (chairside) D5741 - Reline mandibular partial denture (chairside) D5750 - Reline complete maxillary denture (laboratory) D5751 - Reline complete mandibular denture (laboratory) D5760 - Reline maxillary partial denture (laboratory) D5761 - Reline mandibular partial denture (laboratory) D5765 - Soft liner for complete or partial removable denture - indirect	<b>100%</b> 1x/arch/2yrs after insertion
D5820 - Interim partial denture, maxillary D5821 - Interim partial denture, mandibular	<b>100%</b> if eligible
D5850 - Tissue conditioning, maxillary D5851 - Tissue conditioning, mandibular	<b>100%</b> 2x/denture prior to insertion
D5863 - Overdenture, complete maxillary D5864 - Overdenture, partial maxillary D5865 - Overdenture, complete mandibular D5866 - Overdenture, partial mandibular	<b>100%</b> 1x/denture/5yrs (counts towards denture frequency limitation)
D5899 - Unspecified removable prosthodontic procedure, by report	<b>100%</b>

D6205 - Pontic, indirect resin based composite  
D6210 - Pontic, cast high noble metal  
D6211 - Pontic, cast predominantly base metal  
D6212 - Pontic, cast noble metal  
D6214 - Pontic, titanium and titanium alloys  
D6240 - Pontic, porcelain fused to high noble metal  
D6241 - Pontic, porcelain fused to predominantly base metal  
D6242 - Pontic, porcelain fused to noble metal  
D6245 - Pontic, porcelain/ceramic  
D6250 - Pontic, resin with high noble metal  
D6251 - Pontic, resin with predominantly base metal  
D6252 - Pontic, resin with noble metal  
D6253 - Interim pontic, further treatment or completion of diagnosis necessary prior to final impression  
D6545 - Retainer, cast metal for resin bonded fixed prosthesis  
D6548 - Retainer, porcelain/ceramic, resin bonded fixed prosthesis  
D6549 - Resin retainer, for resin bonded fixed prosthesis  
D6600 - Retainer inlay, porcelain/ceramic, two surfaces  
D6601 - Retainer inlay, porcelain/ceramic, three or more surfaces  
D6602 - Retainer Inlay, cast high noble metal, two surfaces  
D6603 - Retainer Inlay, cast high noble metal, three or more surfaces  
D6604 - Retainer Inlay, cast predominantly base metal, two surfaces  
D6605 - Retainer Inlay, cast predominantly base metal, three or more surfaces  
D6606 - Retainer Inlay, cast noble metal, two surfaces  
D6607 - Retainer Inlay, cast noble metal, three or more surfaces  
D6608 - Retainer onlay, porcelain/ceramic, two surfaces  
D6609 - Retainer onlay, porcelain/ceramic, three or more surfaces  
D6610 - Retainer onlay, cast high noble metal, two surfaces  
D6611 - Retainer onlay, cast high noble metal, three or more surfaces  
D6612 - Retainer onlay, cast predominantly base metal, two surfaces  
D6613 - Retainer onlay, cast predominantly base metal, three or more surfaces  
D6614 - Retainer onlay, cast noble metal, two surfaces  
D6615 - Retainer onlay, cast noble metal, three or more

**100%**  
1x/tooth/7yrs  
if eligible



surfaces D6710 - Retainer Crown, indirect resin based composite D6720 - Retainer Crown, resin with high noble metal D6721 - Retainer Crown, resin with predominantly base metal D6722 - Retainer Crown, resin with noble metal D6740- Retainer Crown, porcelain/ceramic D6751 - Retainer Crown, porcelain fused to predominantly base metal D6752 - Retainer Crown, porcelain fused to noble metal D6780 - Retainer Crown, 3/4 cast high noble metal D6781 - Retainer Crown, 3/4 cast predominantly base metal D6782 - Retainer Crown, 3/4 cast noble metal D6783 - Retainer Crown, 3/4 porcelain/ceramic D6790 - Retainer Crown, full cast high noble metal D6791 - Retainer Crown, full cast predominantly base metal D6792 - Retainer Crown, full cast noble metal D6794 - Retainer Crown - titanium and titanium alloys	
D6930 - Re-cement or re-bond fixed partial denture	<b>100%</b> after 6 mos then 1x/yr
D6980 - Fixed partial denture repair necessitated by restorative material failure	<b>100%</b> after 6 mos then 1x/yr, if eligible
D6999 - Unspecified fixed prosthodontic procedure, by report	<b>100%</b>
<b>ORAL SURGERY</b>	
D7140 - Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	<b>100%</b> 1x/tooth/lifetime
D7210 - Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated D7220 - Removal of impacted tooth, soft tissue D7230 - Removal of impacted tooth, partially bony D7240 - Removal of impacted tooth, completely bony D7241 - Removal of impacted tooth, completely bony, with unusual surgical complications D7250 - Removal of residual tooth roots (cutting procedure)	<b>100%</b> 1x/tooth/lifetime if eligible
D7260 - Oroantral fistula closure D7261 - Primary closure of a sinus perforation D7270 - Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7280 - Exposure of an unerupted tooth D7282 - Mobilization of erupted or malpositioned tooth to aid eruption D7285 - Incisional biopsy of oral tissue, hard (bone,	<b>100%</b> If eligible

tooth) D7286 - Incisional biopsy of oral tissue, soft D7290 - Surgical repositioning of teeth D7291 - Transseptal fiberotomy/supra crestal fiberotomy, by report D7310 - Alveoloplasty in conjunction w/ extractions, four or more teeth or tooth spaces per quadrant	
D7311 - Alveoloplasty in conjunction w/ extractions, one to three teeth or tooth spaces per quadrant	<p style="text-align: center;"><b>100%</b> in conjunction with simple extraction</p>
D7320 - Alveoloplasty not in conjunction with extractions, four or more teeth or tooth spaces per quadrant D7321 - Alveoloplasty not in conjunction with extractions, one to three teeth, or tooth spaces per quadrant	<p style="text-align: center;"><b>100%</b></p>
D7410 - Excision of benign lesion up to 1.25 cm D7411 - Excision of benign lesion greater than 1.25 cm D7413 - Excision of malignant lesion up to 1.25 cm D7414 - Excision of malignant lesion greater than 1.25 cm D7440 - Excision of malignant tumor, lesion diameter up to 1.25 cm D7441 - Excision of malignant tumor, lesion diameter greater than 1.25 cm D7450 - Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm D7451 - Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm D7460 - Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm D7461 - Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm D7465 - Destruction of lesion(s) by physical or chemical method, by report D7471 - Removal of lateral exostosis (maxilla or mandible) D7472 - Removal of torus palatinus D7473 - Removal of torus mandibularis D7485 - Reduction of osseous tuberosity D7510 - Incision and drainage of abscess, intraoral soft tissue D7511 - Incision and drainage of abscess, intraoral soft tissue, complicated (includes drainage of multiple fascial spaces) D7520 - Incision and drainage of abscess, extraoral soft tissue D7521 - Incision and drainage of abscess, extraoral soft	<p style="text-align: center;"><b>100%</b> if eligible</p>

tissue, complicated (includes drainage of multiple fascial spaces) D7530 - Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue D7540 - Removal of reaction producing foreign bodies, musculoskeletal system D7961 - Buccal/labial frenectomy (frenulectomy) D7962 - Lingual frenectomy (frenulectomy) D7963 - Frenuloplasty D7970 - Excision of hyperplastic tissue, per arch D7971 - Excision of pericoronal gingiva D7972 - Surgical reduction of fibrous tuberosity	
D7999 - Unspecified oral surgery procedure, by report	100%
<b>ADJUNCTIVE GENERAL SERVICES</b>	
D9110 - Palliative (emergency) treatment of dental pain, minor procedure	100% 1x/visit, if eligible
D9120 - Fixed partial denture sectioning	100% 1x/fixed partial denture
D9420 - Hospital or ambulatory surgical center call	100% 1x/day, if eligible
<b>ADDITIONAL SERVICES, IF ELIGIBLE</b>	
<b>Other Diagnostic</b> D0160 - Detailed and extensive oral evaluation - problem focused, by report D0170 - Re-evaluation - limited, problem focused (established patient; not post-operative visit) D0171 - Re-evaluation, post operative office visit	100% 1x/dental office/yr (Counts toward focused evaluation frequency D0140, D0160, D0170, D0171)
<b>Other Preventative</b> D0251 - Extra-oral posterior dental radiographic image	100% 2x/yr
D0310 - Sialography	100% 1x/3yrs
D0391 - Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	100%
D0604 - Antigen testing for a public health related pathogen, including coronavirus D0605 - Antibody testing for a public health related pathogen, including coronavirus	100% 1x/visit/test
D1355 - Caries prevention medicament application per tooth	100% 1x/yr
<b>Other Comprehensive Diagnostic</b> D0414 - Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report D0415 - Collection of microorganisms for culture and sensitivity D0416 - Viral Culture	100% 1x/proc/yr

<p>D0431 - Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</p> <p>D0475 - Decalcification procedure</p> <p>D0476 - Special stains for microorganisms</p> <p>D0477 - Special stains not for microorganisms</p> <p>D0478 - Immunohistochemical stains</p> <p>D0479 - Tissue in-situ hybridization, including interpretation</p> <p>D0481 - Electron microscopy</p> <p>D0482 - Direct immunofluorescence</p> <p>D0483 - Indirect immunofluorescence</p> <p>D0485 - Consultation, including preparation of slides from biopsy material supplied by referring source</p> <p>D0486 - Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report</p> <p>D0502 - Other oral pathology procedures, by report</p>	
<p><b>Other Restorative</b></p> <p>D2975 - Coping</p>	<p><b>100%</b></p> <p>1x/tooth/7rys</p>
<p><b>Other Periodontics</b></p> <p>D4381 - Localized delivery of antimicrobial agent via a controlled release vehicle into diseased crevicular tissue per tooth, per report</p>	<p><b>100%</b></p> <p>2 sites/quad/2yrs</p>
<p><b>Other Prosthodontics</b></p> <p>D5810 - Interim complete denture, (maxillary)</p> <p>D5811 - Interim complete denture, (mandibular)</p> <p>D5867 - Replacement of replaceable part of semi-precision or precision attachment, per attachment</p> <p>D5875 - Modification of removable prosthesis following implant surgery</p>	<p><b>100%</b></p> <p>1x/arch/proc/5yrs</p>
<p><b>Other Oral Surgery</b></p> <p>D7272 - Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)</p>	<p><b>100%</b></p> <p>1x/tooth/lifetime</p>
<p>D7287 - Exfoliative cytological sample collection</p> <p>D7288 - Brush biopsy, transepithelial sample collection</p> <p>D7292 - Placement of temporary anchorage device (screw retained plate) requiring flap</p> <p>D7293 - Placement of temporary anchorage device requiring flap</p> <p>D7294 - Placement of temporary anchorage device without flap</p>	<p><b>100%</b></p> <p>1x/site/proc/2yrs</p>
<p>D7340 - Vestibuloplasty, ridge extension (secondary epithelialization)</p> <p>D7350 - Vestibuloplasty, ridge extension (including soft</p>	<p><b>100%</b></p> <p>1x/site/quad/5yrs</p>

tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
D7412 - Excision of benign lesion, complicated D7415 - Excision of malignant lesion, complicated	100%
D7997 - Appliance removal (not by dentist who placed appliance), includes removal of archbar	100% 1x/proc/5yrs
D9410 - House/extended care facility call	100%

#### **SPECIAL CONSIDERATIONS**

1. Hawaii general excise tax is not reimbursable by HDS and is not billable to the patient.
2. HDS Medicare Advantage network dentists must obtain written agreement from members when performing services that are not reimbursable by HDS. The written agreement must 1) Describe the services to be provided; 2) Explain the member is responsible for paying for the services; and 3) Reflect HDS will not pay for the services.
3. Benefit limitations are based on claims incurred and covered by this plan only.
4. HDS Medicare Advantage providers must submit claims for Wellcare members within 180 days of the date of service. All other providers must submit claims within 12 months of the date of service.

2022\_9050-3 Wellcare 'Ohana No Premium (HMO)