2026 WellSense Medicare Advantage Dental Procedure Codes

This document is to help WellSense Medicare Advantage HMO and PPO members identify covered dental codes. It is for summary purposes only and is not a guarantee of coverage.

A covered service is subject to the terms and conditions set forth by WellSense, including applicable coinsurance percentage, maximum benefit and limitations. Coverage is limited to the services listed in the chart. If a service is not listed, it is not covered. For additional benefit and limitation information, please call Member Service at **855-833-8128 (TTY: 711)**. Hours are Monday through Friday, 8 a.m. to 8 p.m. (From Oct. 1 to March 31 representatives are available seven days a week).

Members must see a participating provider for these services to be covered if enrolled under one of the following plans: WellSense Added Value (HMO), Choice (HMO) and Signature (HMO). If you obtain services from a non-participating provider, you may be required to pay provider in full at the time of services, as services listed will not be covered.

Members enrolled in the WellSense Signature Access (PPO) plan can use their benefit for these services by seeing both a participating and non-participating provider. If you obtain services from a non-participating provider, reimbursement will be reduced. You may be required to pay the provider in full at the time of services and may be responsible for submitting a claim form.

Procedure Code	Description	Frequency
D0120	Periodic oral evaluation – established patient*	2 per calendar year
D0140	Limited oral evaluation – problem focused*	2 per calendar year
D0150	Comprehensive oral evaluation - new or established patient*	2 per calendar year
D0180	Comprehensive periodontal evaluation - new or established patient*	2 per calendar year
D0190	Screening of a patient†	1 per calendar year
D0191	Assessment of a patient†	1 per calendar year
D0210	Intraoral – comprehensive series of radiographic images‡,§	1 every 5 years

Procedure Code	Description	Frequency
D0220	Intraoral – periapical first radiographic image	Covered as needed
D0230	Intraoral – periapical each additional radiographic image	Covered as needed
D0240	Intraoral – occlusal radiographic image	Covered as needed
D0270	Bitewing – single radiographic image§	2 per calendar year
D0272	Bitewings – two radiographic images §	2 per calendar year
D0273	Bitewings – three radiographic images §	2 per calendar year
D0274	Bitewings – four radiographic images §	2 per calendar year
D0277	Vertical bitewings – 7 to 8 radiographic images§	2 per calendar year
D0330	Panoramic radiographic image‡	1 every 5 years
D1110	Prophylaxis- adult**	2 per calendar year
D1206	Topical application of fluoride varnish††	2 per calendar year
D1208	Topical application of fluoride – excluding varnish ††	2 per calendar year
D1351	Sealant – per tooth	1 every 3 years per tooth on unrestored perm molars
D2140	Amalgam - one surface, primary or permanent‡‡	1 every 24 months, per surface, per tooth
D2150	Amalgam - two surfaces, primary or permanent‡‡	1 every 24 months, per surface, per tooth
D2160	Amalgam - three surfaces, primary or permanent‡‡	1 every 24 months, per surface, per tooth
D2161	Amalgam - four or more surfaces, primary or permanent‡‡	1 every 24 months, per surface, per tooth
D2330	Resin-based composite - one surface, anterior‡‡	1 every 24 months, per surface, per tooth

Procedure Code	Description	Frequency
D2331	Resin-based composite - two surfaces, anterior‡‡	1 every 24 months, per surface, per tooth
D2332	Resin-based composite - three surfaces, anterior‡‡	1 every 24 months, per surface, per tooth
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)‡‡	1 every 24 months, per surface, per tooth
D2390	Resin-based composite crown, anterior‡‡	1 every 24 months, per surface, per tooth
D2391	Resin-based composite - one surface, posterior‡‡	1 every 24 months, per surface, per tooth
D2392	Resin-based composite - two surfaces, posterior‡‡	1 every 24 months, per surface, per tooth
D2393	Resin-based composite - three surfaces, posterior‡‡	1 every 24 months, per surface, per tooth
D2394	Resin-based composite - four or more surfaces, posterior‡‡	1 every 24 months, per surface, per tooth
D2710	Crown - resin-based composite (indirect)§§	1 every 7 years per tooth
D2740	Crown - porcelain/ceramic§§	1 every 7 years per tooth
D2750	Crown - porcelain fused to high noble metal§§	1 every 7 years per tooth
D2751	Crown - porcelain fused to predominantly base metal§§	1 every 7 years per tooth
D2752	Crown - porcelain fused to noble metal§§	1 every 7 years per tooth

Procedure Code	Description	Frequency
D2790	Crown - full cast high noble metal§§	1 every 7 years per tooth
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	1 per lifetime per tooth
D2920	Re-cement or re-bond crown	1 per lifetime per tooth
D2931	Prefabricated stainless steel crown-permanent tooth	1 every 24 months per tooth
D2950	Core build-up	1 every 7 years per tooth
D2951	Pin retention - per tooth, in addition to restoration	1 every 24 months per tooth
D2954	Prefabricated post and core in addition to crown	1 every 7 years per tooth
D2980	Crown repair, by report	1 every 7 years per tooth
D3310	Endodontic therapy, anterior tooth (excluding final restoration) ***	1 every 3 years per tooth
D3320	Endodontic therapy, premolar tooth (excluding final restoration) ***	1 every 3 years per tooth
D3330	Endodontic therapy, molar tooth (excluding final restoration) ***	1 every 3 years per tooth
D3331	Treatment of root canal obstruction; non-surgical access	
D3346	Retreatment of previous root canal therapy-anterior***	1 every 3 years per tooth
D3347	Retreatment of previous root canal therapy - premolar***	1 every 3 years per tooth
D3348	Retreatment of previous root canal therapy-molar***	1 every 3 years per tooth
D3410	Apicoectomy - anterior	1 every 3 years per tooth

Procedure Code	Description	Frequency
D3421	Apicoectomy – premolar (first root)	1 every 3 years per tooth
D3425	Apicoectomy – molar (first root)	1 every 3 years per tooth
D3426	Apicoectomy (each additional root)	1 every 3 years per tooth
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	1 every 3 years per quad
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	1 every 3 years per quad
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	1 every 24 months per quad
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	1 every 24 months per quad
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation**	2 per calendar year
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on subsequent visit**	1 per lifetime
D4910	Periodontal maintenance**	2 per calendar year
D5110	Complete denture – maxillary†††	1 every 7 years
D5120	Complete denture – mandibular†††	1 every 7 years
D5130	Immediate denture – maxillary†††	1 every 7 years
D5140	Immediate denture – mandibular†††	1 every 7 years
D5211	Maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth) †††	1 every 7 years
D5212	Mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth) †††	1 every 7 years

Procedure Code	Description	Frequency
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) †††	1 every 7 years
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)†††	1 every 7 years
D5225	Maxillary partial denture–flexible base†††	1 every 7 years
D5226	Mandibular partial denture–flexible base†††	1 every 7 years
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)†††	1 every 7 years
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)†††	1 every 7 years
D5511	Repair broken complete denture base, mandibular	2 every 12 months per arch
D5512	Repair broken complete denture base, maxillary	2 every 12 months per arch
D5520	Replace missing or broken teeth - complete denture (each tooth)	
D5611	Repair resin partial denture base, mandibular	2 every 12 months per tooth or arch
D5612	Repair resin partial denture base, maxillary	2 every 12 months per tooth or arch
D5621	Repair cast partial framework, mandibular	2 every 12 months per tooth or arch
D5622	Repair cast partial framework, maxillary	2 every 12 months per tooth or arch
D5630	Repair or replace broken retentive/clasping materials per tooth	2 every 12 months per tooth or arch
D5640	Replace broken teeth–per tooth	2 every 12 months per tooth
D5650	Add tooth to existing partial denture	2 every 12 months per tooth

Procedure Code	Description	Frequency
D5660	Add clasp to existing partial denture	2 every 12 months per tooth
D5710	Rebase complete maxillary†††	1 every 7 years
D5711	Rebase complete mandibular†††	1 every 7 years
D5720	Rebase maxillary partial denture†††	1 every 7 years
D5721	Rebase mandibular partial denture†††	1 every 7 years
D5725	Rebase hybrid prosthesis†††	1 every 7 years
D5730	Reline complete maxillary denture (chairside)	2 every 12 months per arch
D5731	Reline complete mandibular denture (chairside)	2 every 12 months per arch
D5740	Reline maxillary partial denture (chairside)	2 every 12 months per arch
D5741	Reline mandibular partial denture (chairside)	2 every 12 months per arch
D5750	Reline complete maxillary denture (laboratory)	2 every 12 months per arch
D5751	Reline complete mandibular denture (laboratory)	2 every 12 months per arch
D5760	Reline maxillary partial denture (laboratory)	2 every 12 months per arch
D5761	Reline mandibular partial denture (laboratory)	2 every 12 months per arch
D5765	Soft liner for complete or partial removable denture – indirect	2 every 12 months per arch
D6241	Pontic-porcelain fused to base metal	1 every 7 years per tooth
D6751	Crown-porcelain fused to base metal§§	1 every 7 years per tooth
D6930	Re-cement or re-bond fixed partial denture	1 per lifetime per quad

Procedure Code	Description	Frequency
D6980	Fixed partial denture repair	1 every 7 years per tooth
D7111	Extraction, coronal remnants – primary tooth	1 per lifetime per tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 per lifetime per tooth
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	1 per lifetime per tooth
D7220	Removal of impacted tooth-soft tissue	1 per lifetime per tooth
D7230	Removal of impacted tooth-partially bony	1 per lifetime per tooth
D7240	Removal of impacted tooth-completely bony	1 per lifetime per tooth
D7250	Surgical removal of residual tooth roots (cutting procedure)	1 per lifetime per tooth
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	1 per lifetime per tooth
D7280	Surgical access of an unerupted tooth	1 per lifetime per tooth
D7283	Placement of device to facilitate eruption of impacted tooth	1 per lifetime per tooth
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	1 per lifetime per quad
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	1 per lifetime per quad
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	1 per lifetime per quad
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	1 per lifetime per quad
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	1 per lifetime per arch

Procedure Code	Description	Frequency
D7350	Vestibuloplasty – ridge extension	1 per lifetime per arch
D7410	Radical excision – lesion diameter up to 1.25cm	
D7411	Excision of benign lesion greater than 1.25 cm	
D7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm	
D7451	Removal of odontogenic cyst or tumor – lesion greater than 1.25cm	
D7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	
D7461	Removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm	
D7471	Removal of exostosis – per site	
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	
D7961	Buccal / labial frenectomy (frenulectomy)	1 per lifetime
D7962	Lingual frenectomy (frenulectomy)	1 per lifetime
D7963	Frenuloplasty	1 per lifetime
D7970	Excision of hyperplastic tissue – per arch	
D9222	Deep sedation/general anesthesia – first 15 minutes	Covered when submitted with covered oral and implant surgery procedures
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	Covered when submitted with covered oral and implant surgery procedures
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Covered when submitted with covered oral and

Procedure Code	Description	Frequency
		implant surgery procedures
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	Covered when submitted with covered oral and implant surgery procedures

Limitations

* All oral evaluations (D0120, D0140, D0150 and D0180) cross check against each other, and both D0150 and D0180 maintain 1x lifetime per provider.

† D0190 and D0191 crosscheck against each other.

‡ D0210 and D0330 crosscheck for time limitations.

§ All bitewings (D0270, D0272, D0273, D0274 and D0277) crosscheck against each other, and also against D0210.

** D1110, D4346, D4355 and D4910 all crosscheck for time limitations, and D4355 is 1x lifetime.

†† D1206 and D1208 crosscheck against each other for time limitations.

‡‡ All amalgam and resin-based restorations crosscheck.

§§ Crowns (D2710, D2740, D2750, D2751, D2752, D2790 and D6751) cross check against each other.

*** Root canals (D3310, D3320 and D3330) and retreatments (D3346, D3347 and D3348) crosscheck.

††† Like dentures (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5227, D5228) and rebases (D5710, D5711, D5720, D5721, D5725) crosscheck one every seven years. Dentures also crosscheck against themselves (in the same quad/arch).