

## 2020 WELLCARE DENTAL SUPPLEMENTAL CODES

# QUICK REFERENCE GUIDE

### Dental 750 Plan

#### Preventive Dental coverage includes:

|                          |  |
|--------------------------|--|
| <b>Oral Exams:</b>       | D0120, D0140, D0150, D0160, D0170, D0171, D0180  |
| <b>X-rays:</b>           | D0210, D0220, D0230, D0240, D0270, D0272, D0273, D0274, D0277, D0330   |
| <b>Periodontics:</b>     | D4341, D4342, D4355, D4910   |
| <b>Other preventive:</b> | DD1110- adult Prophylaxis,<br>D1208- Topical application of fluoride, excluding varnish,<br>D9110- Palliative (emergency) treatment, minor procedure |

#### Comprehensive Dental coverage includes:

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| <b>Restorative:</b><br>This category of service may include but is not limited to fillings, single crowns, protective restorations and other restorative services.       | D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394   |
| <b>Endodontics:</b><br>This category of service may include but is not limited to root canal, retreatment of previous root canal and pulp caps.                          | D3221, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348  |
| <b>Periodontics:</b>   | D4346-Scaling in presence of moderate or severe inflammation; full mouth after evaluation   |
| <b>Removable Prosthodontics:</b><br>This category of service may include but is not limited to complete and/or partial dentures, adjustments and/or repairs to dentures. | D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761 |
| <b>Other Oral/Maxillofacial Surgery:</b><br>This category of service may include but is not limited to extractions and oral surgical procedures.                         | D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260  |
| <b>Other Comprehensive Services:</b><br>This category of service may include but is not limited to anesthesia, sedation or occlusal guards.                              | D9310, D9985, D9986, D9987  |

(continued on back)



## Additional Dental coverage:

This category of service may include but is not limited to case management, certified translation or consultation.

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|-------------------------|--|
| <b>Case Management:</b> | D9991, D9992, D9993, D9994   |
| <b>Other Coverage:</b>  | D9990- Certified translation or sign-language services, per visit,<br>D9311- Consultation with a medical healthcare professional |

