



2021 WellCare Dental Supplemental Codes

Quick Reference Guide

Dental Plans 1000, 1500, 2000, 2500, 3000 and 5000

Preventive Dental coverage includes:

Oral Exams:	D0120, D0140, D0150, D0160, D0170, D0171, D0180
X-rays:	D0210, D0220, D0230, D0240, D0270, D0272, D0273, D0274, D0277, D0330, D0250, D0251, D0310, D0320, D0321, D0322, D0340, D0350
Other preventive:	D1110- adult prophylaxis, D1208- Topical application of fluoride, excluding varnish, D9110- Palliative (emergency) treatment, minor procedure

Comprehensive Dental coverage includes:

Diagnostic: This category of service may include clinical oral evaluations diagnostic imaging and risk assessment.	D0414, D0415, D0416, D0425, D0431, D0470, D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0484, D0485, D0486, D0502, D0999
Restorative: This category of service may include but is not limited to fillings, single crowns, protective restorations and other restorative services.	D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2721, D2722, D2740, D2751, D2752, D2781, D2782, D2783, D2791, D2792, D2910, D2915, D2920, D2931, D2932, D2933, D2934, D2940, D2950, D2951, D2952, D2953, D2954, D2955, D2957, D2971, D2975, D2980, D2999, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394
Endodontics: This category of service may include but is not limited to root canal, retreatment of previous root canal and pulp caps.	D3110, D3120, D3220, D3221, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3346, D3347, D3348, D3351, D3352, D3353, D3410, D3421, D3425, D3426, D3430, D3450, D3460, D3470, D3910, D3920, D3950, D3999
Periodontics: This category of service may include but is not limited to scaling and root planning (deep cleanings), full mouth debridement and gingival procedures.	D4341, D4342, D4355, D4910, D4210, D4211, D4230, D4231, D4240, D4241, D4245, D4249, D4260, D4261, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D4283, D4285, D4320, D4321, D4381, D4920, D4921, D4999, D4346

(continued on back)



Comprehensive Dental coverage includes:

<p>Removable Prosthodontics:</p> <p>This category of service may include but is not limited to complete and/or partial dentures, adjustments and/or repairs to dentures.</p>	<p>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, D5810, D5811, D5820, D5821, D5850, D5851, D5863, D5864, D5865, D5866, D5867, D5875, D5899</p>
<p>Fixed Prosthodontics:</p> <p>This category of service may include but is not limited to bridges, retainer inlays and onlays.</p>	<p>D6205, D6210, D6211, D6212, D6241, D6242, D6245, D6251, D6252, D6253, D6545, D6548, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6612, D6613, D6614, D6615, D6710, D6721, D6722, D6740, D6751, D6752, D6781, D6782, D6783, D6791, D6792, D6793, D6920, D6930, D6940, D6950, D6980, D6999</p>
<p>Other Oral/Maxillofacial Surgery:</p> <p>This category of service may include but is not limited to extractions and oral surgical procedures.</p>	<p>D7261, D7270, D7272, D7280, D7282, D7283, D7285, D7286, D7287, D7288, D7290, D7291, D7292, D7293, D7294, D7310, D7311, D7320, D7321, D7340, D7350, D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471, D7472, D7473, D7485, D7490, D7510, D7511, D7520, D7521, D7530, D7540, D7960, D7963, D7970, D7971, D7972, D7997, D7999, D9120, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260</p>
<p>Other Comprehensive Services:</p> <p>This category of service may include but is not limited to anesthesia, sedation or occlusal guards.</p>	<p>D9210, D9211, D9212, D9215, D9219, D9222, D9223, D9230, D9239, D9243, D9248, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D9911, D9920, D9930, D9942, D9944, D9945, D9946, D9950, D9951, D9952, D9310, D9985, D9986, D9987</p>
<h2>Additional Dental coverage:</h2>	
<p>This category of service may include but is not limited to case management, certified translation or consultation.</p>	
<p>Dental Case Management:</p>	<p>D9991, D9992, D9993, D9994;</p>
<p>Other Coverage:</p>	<p>D9990- Certified translation or sign-language services, per visit, D9311- Consultation with a medical healthcare care professional</p>