

2020 WELLCARE DENTAL SUPPLEMENTAL CODES

QUICK REFERENCE GUIDE

Midwest Dental Plans 750x2, 1500, 875x2, 1750, 1000x2, 2000 and 2500

Preventive Dental coverage includes:	
Oral Exams:	D0120, D0140, D0150
X-rays:	D0210, D0220, D0230, D0270, D0272, D0273, D0274, D0330
Other preventive:	D1110 (Adult Prophylaxis), D1206 (Fluoride Treatments)

Comprehensive Dental coverage includes:	
Restorative: 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, D2391, D2392, D2393, D2394, D2940
Endodontics: This category of service may include but is not limited to root canal, retreatment of previous root canal and pulp caps.	D3310, D3320, D3330
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
Removable Prosthodontics: 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, D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761
Other Oral/Maxillofacial Surgery: This category of service may include but is not limited to extractions and oral surgical procedures.	D7140, D7210, D7220, D7230, D7240, D7241, D7250
Other Comprehensive Services: This category of service may include but is not limited to anesthesia, sedation or occlusal guards.	D9226, D9243

