



Quick Reference Guide

PREVENTIVE DENTAL

✓ Oral Exams

2 every 12 months per procedure: D0120, D0140, D0150, D0160, D0170, D0171, D0180

✓ X-Rays

1 every 12 months per procedure: D0240, D0708

1 every 36 months per procedure: D0210, D0250, D0277, D0310, D0330, D0340, D0350, D0701, D0702, D0703, D0709

1 per date of service: D0220, D0707, D0391

2 every 12 months per procedure: D0251, D0270, D0272, D0273, D0274, D0705, D0706

4 per date of service: D0230

✓ Fluoride Services

1 every 12 months per procedure: D1206, D1208

✓ Other Preventive Services

1 per date of service D0604 Antigen Testing, D0605 Antibody Test

2 every 12 months per procedure: D1110 Prophylaxis, adult

1 visit per member, per 12 months: D9110 Palliative (emergency) treatment, minor procedure

1 every 12 months: D1355 Caries prevention medicament

COMPREHENSIVE SERVICES

✓ **Diagnostic Services**

1 every 12 months per test:

D0414, D0415, D0416, D0431, D0470, D0472,
D0473, D0474, D0475, D0476, D0477, D0478,
D0479, D0480, D0481, D0482, D0483, D0484,
D0485, D0486, D0502, D0999

ADDITIONAL COVERAGE

1 per date of service:

D9410, D9420, D9997

✓ **Teledentistry**

1 per date of service:

D9995, D9996



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