

DENTAL PLAN BENEFIT SUMMARY

Mass General Brigham Health Plan

Mass General Brigham Health Plan, your DSNP medical plan provider, has partnered with DentaQuest to provide your dental benefits. Mass General Brigham Health Plan works with DentaQuest to make sure you get the dental care you need.

PROCEDURE CODES FOR SCO AND ONE CARE PLAN YEAR 2026

Preventive Services:

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D0120	periodic oral evaluation - established patient	Two of (D0120, D0140, D0150, D0180) per one calendar year per patient.	No	Not Applicable
D0140	limited oral evaluation-problem focused	Two of (D0120, D0140, D0150, D0180) every calendar year, per patient	No	Not Applicable
D1110	prophylaxis - adult	Two of (D1110) every calendar year, per patient	No	Not Applicable
D1208	topical application of fluoride - excluding varnish	Two of (D1208) every calendar year, per patient	Yes	Narrative of medical necessity

Disclaimer: This material is for information only. A complete description of covered services, limitations and exclusions is available in the Member Handbook. Dental providers are independent contractors and are not agents of Mass General Brigham Health Plan. Provider participation may change without notice. Plan features and availability may vary by location and are subject to change.

Questions about your dental benefits?

Visit massgeneralbrighamadvantage.org
or call:

SCO Members: 888-403-7610

One Care Members: 888-403-7567

Comprehensive Services:

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D0150	comprehensive oral evaluation - new or established patient	One of (D0150, D0180) per 1 Lifetime Per Provider OR Location.	No	Not Applicable
D0180	comprehensive periodontal evaluation - new or established patient	One of (D0180) per 1 Calendar year(s) Per Provider OR Location. Not covered with D9110, D0140, D0145, D0150 by same provider or provider group on same date of service.	No	Not Applicable
D0210	intraoral – comprehensive series of radiographic images	One of (D0210) per 3 Calendar year(s) Per Provider OR Location. One complete series every three calendar years per patient, per provider or location. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate.	No	Not Applicable
D0220	intraoral - periapical first radiographic image	One of (D0220) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of one per 1 day per patient per (Provider or Location). Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate.	No	Not Applicable
D0230	intraoral - periapical each additional radiographic image	Three of (D0230) per 1 Day(s) Per Provider OR Location. Twelve of (D0220, D0230) per 12 Month(s) Per patient. Maximum of 3 per day per patient per (Provider or Location). Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the same rate as D0210. Documentation of variation from ADA clinical guidelines to be kept in patient record.	No	Not Applicable

D0270	bitewing - single radiographic image	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines	No	Not Applicable
D0272	bitewings - two radiographic images	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	No	Not Applicable
D0273	bitewings - three radiographic images	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	No	Not Applicable
D0274	bitewings - four radiographic images	Two of (D0270, D0272, D0273, D0274) per 1 Calendar year(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient. Any combination of radiographs that exceeds the maximum allowable payment for a FMX will be reimbursed at the D0210 rate. Documentation of variation from ADA clinical guidelines to be kept in patient record.	No	Not Applicable
D0330	panoramic radiographic image	One of (D0330) per 3 Year(s) Per Provider OR Location. Not covered when billed with services related to Crowns, Endodontics, Periodontics, Restorations and Orthodontics. Not covered when the treating dentist is an orthodontist, endodontist, prosthodontist and periodontist. Non-surgical conditions. Surgical conditions are payable in excess of the 3 year limitation when used as a diagnostic tool. Any	No	narrative of medical necessity

		combination of radiographs that exceeds the maximum allowable payment for an FMX will be reimbursed at the same rate as D0210. Documentation of variation from ADA clinical guidelines to be kept in patient record		
D0340	cephalometric radiographic image	Reimbursable when used in conjunction with surgical condition, including status post-facial trauma such as LaFort, mandibular fractures and jaw dislocation.narrative of medical necessity. Non-orthodontic procedures. Only payable to a dental provider with a specialty in oral surgery.	Yes	narrative of medical necessity
D1206	topical application of fluoride varnish	One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Only allowed for members 21 & older who have medical dental conditions that significantly interrupt the flow of saliva.	Yes	narrative of medical necessity
D1354	application of caries arresting medicament- per tooth	Two of (D1354) per 1 Lifetime Per patient per tooth.	No	Not Applicable
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	One of (D1701) per 1 Lifetime Per patient.	No	Not Applicable
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose	One of (D1702) per 1 Lifetime Per patient.	No	Not Applicable
D1703	Moderna Covid-19 vaccine administration – first dose	One of (D1703) per 1 Lifetime Per patient.	No	Not Applicable
D1704	Moderna Covid-19 vaccine administration – second dose	One of (D1704) per 1 Lifetime Per patient.	No	Not Applicable

D1707	Janssen Covid-19 vaccine administration	One of (D1707) per 1 Lifetime Per patient.	No	Not Applicable
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose	One of (D1708) per 1 Lifetime Per patient.	No	Not Applicable
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose		No	Not Applicable
D1710	Moderna Covid-19 vaccine administration – third dose	One of (D1710) per 1 Lifetime Per patient.	No	Not Applicable
D1711	Moderna Covid-19 vaccine administration – booster dose		No	Not Applicable
D1712	Janssen Covid-19 vaccine administration - booster dose		No	Not Applicable
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric– first dose	One of (D1713) per 1 Lifetime Per patient.	No	Not Applicable
D2140	Amalgam - one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable

D2150	Amalgam - two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2160	amalgam - three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2161	amalgam - four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2330	resin-based composite - one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2331	resin-based composite - two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2332	resin-based composite - three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2335	resin-based composite - four or more surfaces (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2391	resin-based composite - one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable

D2392	resin-based composite - two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2393	resin-based composite - three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2394	resin-based composite - four or more surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Calendar year(s) Per Business per tooth, per surface.	No	Not Applicable
D2740	crown - porcelain/ceramic	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2750	crown-porcelain fused to high noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2751	crown - porcelain fused to predominantly base metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2752	crown - porcelain fused to noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2790	crown - full cast high noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable

D2791	crown - full cast predominantly base metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2792	crown - full cast noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792) per 60 Month(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Not covered within 6 months of placement.	No	Not Applicable
D2920	re-cement or re-bond crown	Not covered within 6 months of placement.	No	Not Applicable
D2931	prefabricated steel crown-permanent tooth	Only covered for members with undue medical risk per 130 CMR 420.425 (C) (2).	No	Not Applicable
D2950	core buildup, including any pins when required	One of (D2950, D2954) per 1 Day(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable
D2951	pin retention - per tooth, in addition to restoration	Must be billed with a two-or-more surface restoration on a permanent tooth.	No	Not Applicable
D2954	prefabricated post and core in addition to crown	One of (D2950, D2954) per 1 Day(s) Per patient per tooth. Maintain pre-treatment and post-treatment film of the tooth in chart.	No	Not Applicable

D2980	crown repair, by report	Chairside	No	Not Applicable
D2999	unspecified restorative procedure, by report		Yes	Not Applicable
D3120	pulp cap - indirect (excluding final restoration)	Cannot be billed in conjunction with root canals on same date of service. (D3310, D3320 or D3330).	No	Not Applicable
D3310	endodontic therapy, anterior tooth (excluding final restoration)	One of (D3310) per 1 Lifetime Per patient per tooth. No limitation on number performed per treatment. Cannot be billed in conjunction with D3120 on the same date of service	No	Not Applicable
D3320	endodontic therapy, premolar tooth (excluding final restoration)	One of (D3320) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	No	Not Applicable
D3330	endodontic therapy, molar tooth (excluding final restoration)	One of (D3330) per 1 Lifetime Per patient per tooth. Cannot be billed in conjunction with D3120 on the same date of service.	No	Not Applicable
D3346	retreatment of previous root canal therapy-anterior	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320 or D3330) within 24 months. Include periapical film of the tooth and date of original root canal treatment.	No	Not Applicable
D3347	retreatment of previous root canal therapy - premolar	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320 or D3330) within 24 months. Include periapical film of the tooth and date of original root canal treatment.	No	Not Applicable

D3348	retreatment of previous root canal therapy-molar	Not payable to the same provider who performed the original endodontic therapy (D3310, D3320 or D3330) within 24 months. Include periapical film of the tooth and date of original root canal treatment.	No	Not Applicable
D3410	apicoectomy - anterior	One of (D3410) per 1 Lifetime Per patient per tooth. Includes retrograde filling. Pre-operative X-ray(s).	No	Not Applicable
D3421	apicoectomy - premolar (first root)	One of (D3421) per 1 Lifetime Per patient per tooth. Includes retrograde filling. Pre-operative X-ray(s).	No	pre-operative x-ray(s)
D3425	apicoectomy - molar (first root)	One of (D3425) per 1 Lifetime Per patient per tooth. Includes retrograde filling.	No	Not Applicable
D3426	apicoectomy (each additional root)	One of (D3426) per 1 Lifetime Per patient per tooth for Bicuspids. Two of (D3426) per 1 Lifetime Per patient per tooth for First and Second Molars.	No	Not Applicable
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4210) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	Yes	narr. of med. necessity, pre-op x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	One of (D4211) per 3 Calendar year(s) Per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Documentation Required :Diagnostic Quality Radiographs and Medical Necessity Narrative	Yes	narr. of med. necessity, pre-op x-ray(s)

D4341	periodontal scaling and root planing - four or more teeth per quadrant	<p>One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant.</p> <p>Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office.</p> <p>Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition</p>	Yes	Perio Charting, pre-op radiographs and narr of med necessity
D4342	periodontal scaling and root planing- one to three teeth per quadrant	<p>One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant.</p> <p>Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office.</p> <p>Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.</p>	Yes	Perio Charting, pre-op radiographs and narr of med necessity
D4346	scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	No	Not Applicable
D5110	complete denture - maxillary	<p>One of (D5110) per 84 Month(s) Per patient.</p> <p>Complete treatment plan and prosthetic history. If the member still has natural teeth, a current series of periapical and bitewing films. X-rays are not required if the patient is edentulous.</p>	No	Not Applicable

D5120	complete denture - mandibular	<p>One of (D5120) per 84 Month(s) Per patient.</p> <p>Complete treatment plan and prosthetic history. If the member still has natural teeth, a current series of periapical and bitewing films. X-rays are not required if the patient is edentulous.</p>	No	Not Applicable
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	<p>One of (D5211) per 84 Month(s) Per patient.</p> <p>Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.</p>	No	Not Applicable
D5212	mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	<p>One of (D5212) per 84 Month(s) Per patient.</p> <p>Pre-op radiographs of all teeth in arch with claim for prepayment review. Documentation must indicate that there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition is sound and there is a good prognosis.</p>	No	Not Applicable
D5511	repair broken complete denture base, mandibular	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5512	repair broken complete denture base, maxillary	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5520	replace missing or broken teeth - complete denture (each tooth)	<p>Three of (D5520) per 12 Month(s) Per patient.</p> <p>Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.</p>	No	Not Applicable

D5611	repair resin partial denture base, mandibular	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5612	repair resin partial denture base, maxillary	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5621	repair cast partial framework, mandibular	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5622	repair cast partial framework, maxillary	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5630	repair or replace broken retentive/clasping materials per tooth	One of (D5630) per 6 Month(s) Per patient per tooth. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5640	replace broken teeth-per tooth	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5650	add tooth to existing partial denture	Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are not billable.	No	Not Applicable
D5660	add clasp to existing partial denture	Per tooth, add clasp to existing partial denture. Not allowed within 6 months of initial placement. All adjustments, repairs to acrylic or framework, as well as replacement and/or addition of any teeth to the prosthesis are considered part of the prosthetic code fee and are	No	Not Applicable

		not billable.		
D5730	reline complete maxillary denture (chairside)	One of (D5730, D5750) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	No	Not Applicable
D5731	reline complete mandibular denture (chairside)	One of (D5731, D5751) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	No	Not Applicable
D5750	reline complete maxillary denture (laboratory)	One of (D5730, D5750) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	No	Not Applicable
D5751	reline complete mandibular denture (laboratory)	One of (D5731, D5751) per 36 Month(s) Per patient. Fee for denture includes payment for any relines or rebases necessary within 6 months of dispensing date of the denture.	No	Not Applicable
D5877	Duplication of complete denture – maxillary	One of (D5110, D5130) per 84 months, per patient	No	Not Applicable
D5878	Duplication of complete denture – mandibular	One of (D5120, D5140,) per 84 months, per patient	No	Not Applicable
D6999	fixed prosthodontic procedure		Yes	narrative of medical necessity

D7111	extraction, coronal remnants - primary tooth		No	Not Applicable
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)		No	Not Applicable
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Erupted surgical extractions are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure.	No	Not Applicable
D7220	removal of impacted tooth-soft tissue	Only covered for teeth that are symptomatic, carious or pathologic.	No	Not Applicable
D7230	removal of impacted tooth-partially bony	Only covered for teeth that are symptomatic, carious or pathologic.	No	Not Applicable
D7240	removal of impacted tooth-completely bony	Removal of asymptomatic tooth not covered.	Yes	Narr of med necessity & full mouth xrays
D7250	surgical removal of residual tooth roots (cutting procedure)	Only covered for teeth that are symptomatic, carious or pathologic.	No	Not Applicable
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	One of (D7251) per 1 Lifetime Per patient per tooth. Cannot be billed on same date of service with codes D7111, D7140, D7210, D7220, D7230, D7240, D7250. If D7251 is billed following any history of D7111, D7210, D7140, D7220, D7230, D7240, D7250 billed on the same tooth as code D7251, then deduct what was paid for D7251 from	No	Not Applicable

		payment of new code.		
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		No	Not Applicable
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One of (D7310) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoplasty.	No	Not Applicable
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One of (D7311) per 6 Month(s) Per patient per quadrant. One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoplasty. Up to 3 teeth\tooth spaces per quad.	No	narrative of medical necessity
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One of (D7320) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. No extractions performed in edentulous area. Limited to two per quadrant when the second procedure follows the first within 6 months.	No	narrative of medical necessity
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One of (D7321) per 6 Month(s) Per patient per quadrant. One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. Limited to one per quadrant when performed within 6 months of initial alveoplasty. Up to 3 teeth\tooth spaces per quad.	No	Not Applicable
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Include justification of the surgical procedure designed to increase alveolar ridge height.	Yes	narrative of medical necessity

D7350	vestibuloplasty - ridge extension	Only payable to dental provider w\specialty in oral surgery.	Yes	narrative of medical necessity
D7410	radical excision - lesion diameter up to 1.25cm		No	Not Applicable
D7411	excision of benign lesion greater than 1.25 cm		No	Not Applicable
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	Pathology Report Required in Chart.	No	Not Applicable
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	Pathology Report Required in Chart.	No	Not Applicable
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	Pathology Report Required in Chart.	No	Not Applicable
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	Pathology Report Required in Chart.	No	Not Applicable
D7471	removal of exostosis - per site	One of (D7471) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	No	Not Applicable

D7472	removal of torus palatinus	One of (D7472) per 1 Lifetime Per patient per arch. Only payable to a dental provider with a specialty in oral surgery	No	Not Applicable
D7473	removal of torus mandibularis	One of (D7473) per 1 Lifetime Per patient per arch for Arches. Only payable to a dental provider with a specialty in oral surgery	No	Not Applicable
D7961	buccal / labial frenectomy (frenulectomy)	One of (D7961) per 1 Lifetime Per patient per arch. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	No	Not Applicable
D7962	lingual frenectomy (frenulectomy)	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	No	Not Applicable
D7963	frenuloplasty	One of (D7962, D7963) per 1 Lifetime Per patient. The frenum may be excised when the tongue has limited mobility; for large diastemas between teeth; or when frenum interferes with a prosthetic appliance; or when it is the etiology of the periodontal tissue disease. Narrative describing location and medical necessity must be maintained in the patient record.	No	Not Applicable
D7970	excision of hyperplastic tissue - per arch	Not payable on the same date of service as an extraction (D7111-D7240) of the same tooth.	No	narrative of medical necessity

D7999	unspecified oral surgery procedure, by report		Yes	Not Applicable
D9110	palliative treatment of dental pain – per visit	Other non-emergency medically necessary treatment may be provided during the same visit. Not covered with D0120,D0140,D0160, D0180 by same provider or provider group on same date of service.	No	Not Applicable
D9222	administration of deep sedation/general anesthesia-first 15 minute increment, or any portion thereof		No	Not Applicable
D9223	administration of deep sedation/general anesthesia-each subsequent 15 minute increment, or any portion thereof		No	Not Applicable
D9224	administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof		No	Not Applicable
D9225	administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof		No	Not Applicable
D9230	administration of nitrous oxide		No	Not Applicable
D9239	administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof		No	Not Applicable

D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	Five of (D9243) per 1 Day(s) Per patient.	No	Not Applicable
D9244	in-office administration of minimal sedation – single drug – enteral		No	Not Applicable
D9245	administration of moderate sedation – enteral		No	Not Applicable
D9246	administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof		No	Not Applicable
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof		No	Not Applicable
D9248	non-intravenous moderate (conscious) sedation		No	Not Applicable
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		No	Not Applicable
D9410	house/extended care facility call	One of (D9410) per 1 Day(s) Per Business, Per facility. Claim must be submitted with one of the following place of service (POS)codes to be considered for payment (03,04,12,13,14,31,32,33,34,or 99). Facility name and address must be placed on the claim form in the narratives section.	No	Not Applicable

D9920	behavior management, by report	One of (D9920) per 1 Day(s) Per Provider OR Location. Narrative of medical necessity. Include a description of the members illness or disability and types of services to be furnished.	Yes	narrative of medical necessity
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	Include with claim the date, the location of the original surgery and the type of procedure.	No	Not Applicable
D9450	case presentation, subsequent to detailed and extensive treatment planning	Once per member per day Only payable to providers that are within the 5 counties that meet the criteria for rural add-on payment.	No	Not Applicable
D9999	unspecified adjunctive procedure, by report		Yes	narrative of medical necessity