

# DENTAL PLAN BENEFIT SUMMARY



## Mass General Brigham Health Plan

Mass General Brigham Health Plan, your Medicare Advantage 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.

An annual maximum is the dollar amount your dental coverage will pay toward the cost of dental services in a benefit plan year. If your dental costs go over that limit, you will have to pay for the cost until the end of the benefit period.

### PROCEDURE CODES FOR MEDICARE ADVANTAGE 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	No	Not Applicable

Disclaimer: This material is for information only. A complete description of covered services, limitations and exclusions is available in the Evidence of Coverage. 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.

Services provided out of network, may affect how these services are covered and incurs higher costs.

#### Questions about your dental benefits?

Visit [massgeneralbrighamadvantage.org](https://massgeneralbrighamadvantage.org) or call 855-833-3668.

\*For our (HMO-POS) plan, some services require prior authorizations in-network and out-of-network. For our PPO plans, some services require prior authorization in-network. Consult with your dentist or DentaQuest. DentaQuest Member Service phone number is 1-800-419-1456. TTY/TDD users call 1-800-466-7566. The hours of operation are October 1 - March 31, 8:00 a.m. - 8:00 p.m. EST seven days a week and April 1 - September 30, 8:00 a.m. - 8:00 p.m. EST Monday through Friday.

Comprehensive Services:

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D0150	comprehensive oral evaluation - new or established patient	Two of (D0120, D0140, D0150, D0180) every calendar year, per patient	No	Not Applicable
D0180	comprehensive periodontal evaluation - new or established patient	Two of (D0120, D0140, D0150, D0180) every calendar year, per patient	No	Not Applicable
D0210	intraoral- comprehensive series of radiographic images	One of (D0210, D0330) every three calendar years, per patient	No	Not Applicable
D0220	intraoral - periapical first radiographic image		No	Not Applicable
D0230	intraoral - periapical each additional radiographic image		No	Not Applicable
D0270	bitewing - single radiographic image	Two of (D0270, D0272, D0273, D0274, D0277) every calendar year, per patient	No	Not Applicable
D0272	bitewings - two radiographic images	Two of (D0270, D0272, D0273, D0274, D0277) every calendar year, per patient	No	Not Applicable
D0273	bitewings - three radiographic images	Two of (D0270, D0272, D0273, D0274, D0277) every calendar year, per patient	No	Not Applicable
D0274	bitewings - four radiographic images	Two of (D0270, D0272, D0273, D0274, D0277) every calendar year, per patient	No	Not Applicable
D0277	vertical bitewings - 7 to 8 films	Two of (D0270, D0272, D0273, D0274, D0277) every calendar year, per patient	No	Not Applicable
D0330	panoramic radiographic image	One of (D0210, D0330) every three calendar years, 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), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2150	amalgam - two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2160	amalgam - three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D2161	amalgam - four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2330	resin-based composite - one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2331	resin-based composite - two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2332	resin-based composite - three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2391	resin-based composite - one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D2392	resin-based composite - two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2393	resin-based composite - three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	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), one restoration per tooth, per surface, once per calendar year, per patient - Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once crown service paid.	No	Not Applicable
D2740	crown - porcelain/ceramic	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2750	crown - porcelain fused to high noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2751	crown - porcelain fused to predominantly base metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2752	crown - porcelain fused to noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2790	crown - full cast high noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2791	crown - full cast predominantly base metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2792	crown - full cast noble metal	One of (D2740, D2750, D2751, D2752, D2790, D2791, D2792), once per tooth per 5 calendar years, per patient	Yes	Pre-operative periapical radiograph
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One of (D2910, D2915, D2920, D6930) per tooth per calendar year, per patient, only after 6 months of initial placement	No	Not Applicable
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	One of (D2910, D2915, D2920, D6930) per tooth per calendar year, per patient, only after 6 months of initial placement	No	Not Applicable

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D2920	re-cement or re-bond crown	One of (D2910, D2915, D2920, D6930) per tooth per calendar year, per patient, only after 6 months of initial placement	No	Not Applicable
D3310	endodontic therapy, anterior tooth (excluding final restoration)	Once per permanent tooth every calendar year	No	Not Applicable
D3320	endodontic therapy, premolar tooth (excluding final restoration)	Once per permanent tooth every calendar year	No	Not Applicable
D3330	endodontic therapy, molar tooth (excluding final restoration)	Once per permanent tooth every calendar year	No	Not Applicable
D4341	periodontal scaling and root planing - four or more teeth per quadrant	Two of (D4341 or D4342), once per quadrant per calendar year, per patient	Yes	Radiographs and perio charting
D4342	periodontal scaling and root planing - one to three teeth per quadrant	Two of (D4341 or D4342), once per quadrant per calendar year, per patient	No	Not Applicable
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Two of (D4346) every calendar year, per patient	No	Not Applicable
D4355	full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	One of (D4355) every three calendar years, per patient	No	Not Applicable
D4910	periodontal maintenance procedures	Two of D4910 every calendar year	No	Not Applicable
D5110	complete denture - maxillary	One of (D5110, D5130, D5211, D5213, D5225, D5282) once per five calendar years, per patient	No	Not Applicable
D5120	complete denture - mandibular	One of (D5120, D5140, D5212, D5214, D5226, D5283), once per five calendar years, per patient	No	Not Applicable
D5130	immediate denture - maxillary	One of (D5110, D5130, D5211, D5213, D5225, D5282) once per five calendar years, per patient	No	Not Applicable
D5140	immediate denture - mandibular	One of (D5120, D5140, D5212, D5214, D5226, D5283), once per five calendar years, per patient	No	Not Applicable
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5225, D5282) once per five calendar years, per patient	No	Not Applicable
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214, D5226, D5283), once per five calendar years, per patient	No	Not Applicable
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5225, D5282) once per five calendar years, per patient	No	Not Applicable
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214, D5226, D5283), once per five calendar years, per patient	No	Not Applicable

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D5225	maxillary partial denture-flexible base	One of (D5110, D5130, D5211, D5213, D5225, D5282) once per five calendar years, per patient	No	Not Applicable
D5226	mandibular partial denture-flexible base	One of (D5120, D5140, D5212, D5214, D5226, D5283), once per five calendar years, per patient	No	Not Applicable
D5282	removable unilateral partial denture, one piece cast metal, maxillary	One of (D5110, D5130, D5211, D5213, D5225, D5282) once per five calendar years, per patient	No	Not Applicable
D5283	removable unilateral partial denture, one piece cast metal, mandibular	One of (D5120, D5140, D5212, D5214, D5226, D5283), once per five calendar years, per patient	No	Not Applicable
D5410	adjust complete denture - maxillary	One adjustment per arch per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5411	adjust complete denture - mandibular	One adjustment per arch per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5421	adjust partial denture-maxillary	One adjustment per arch per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5422	adjust partial denture - mandibular	One adjustment per arch per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5710	rebase complete maxillary denture	One of (D5710, D5730, D5750) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5711	rebase complete mandibular denture	One of (D5711, D5731, D5751) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5720	rebase maxillary partial denture	One of (D5720, D5740, D5760) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5721	rebase mandibular partial denture	One of (D5721, D5741, D5761) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5730	reline complete maxillary denture (chairside)	One of (D5710, D5730, D5750) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5731	reline complete mandibular denture (chairside)	One of (D5711, D5731, D5751) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5740	reline maxillary partial denture (chairside)	One of (D5720, D5740, D5760) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5741	reline mandibular partial denture (chairside)	One of (D5721, D5741, D5761) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D5750	reline complete maxillary denture (laboratory)	One of (D5710, D5730, D5750) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5751	reline complete mandibular denture (laboratory)	One of (D5711, D5731, D5751) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5760	reline maxillary partial denture (laboratory)	One of (D5720, D5740, D5760) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D5761	reline mandibular partial denture (laboratory)	One of (D5721, D5741, D5761) per calendar year (after 6 months have elapsed since initial placement)	No	Not Applicable
D6930	re-cement or re-bond fixed partial denture	One of (D2910, D2915, D2920, D6930) per tooth per calendar year, per patient, only after 6 months of initial placement	No	Not Applicable
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Once per tooth per lifetime	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	Once per tooth per lifetime	Yes	Pre-operative radiographs
D9110	palliative treatment of dental pain -per visit	Two of (D9110) per calendar year, per patient	No	Not Applicable
D9120	fixed partial denture sectioning		No	Not Applicable
D9210	local anesthesia not in conjunction, operative or surgical procedure		Yes	Narrative, treatment record (including anesthesia records)
D9211	regional block anesthesia		Yes	Narrative, treatment record (including anesthesia records)
D9212	trigeminal division block anesthesia		Yes	Narrative, treatment record (including anesthesia records)
D9215	local anesthesia in conjunction with operative or surgical procedure		Yes	Narrative, treatment record (including anesthesia records)
D9222	deep Sedation/general anesthesia-first 15 minutes	One per member per date of service. Not allowed with (D9239, D9243) on the same day.	Yes	Narrative, treatment record (including anesthesia records)

Code	Procedure Name	Frequency Limitations	Prepayment Review Required	Documentation Required*
D9223	deep sedation/general anesthesia - each subsequent 15-minute increment	Not allowed with (D9239, D9243) on the same day.	Yes	Narrative, treatment record (including anesthesia records)
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	One per member per date of service. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	Yes	Narrative, treatment record (including anesthesia records)
D9239	Intravenous moderation (conscious)	One per member per date of service. Not allowed with (D9222, D9223) on the same day.	Yes	Narrative, treatment record (including anesthesia records)
D9243	intravenous moderation (conscious)-each subsequent 15-minute increment	Not allowed with (D9222, D9223) on the same day.	Yes	Narrative, treatment record (including anesthesia records)
D9244	in-office administration of minimal sedation – single drug – enteral	One of (D9244, D9245, D9246, D9247) per day(s) per patient.	No	Not Applicable
D9245	administration of moderate sedation – enteral	One of (D9244, D9245, D9246, D9247) per day(s) per patient.	No	Not Applicable
D9246	admin. of mod. sedation – non-iv parenteral – first 15 min. increment, or any portion thereof	One of (D9244, D9245, D9246, D9247) per day(s) per patient.	No	Not Applicable
D9247	admin. of mod. sedation – non-iv parenteral – each sub. 15 min. increment, or any portion thereof	One of (D9244, D9245, D9246, D9247) per day(s) per patient.	No	Not Applicable
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	One of (D9310) every 6 months per patient	No	Not Applicable
D9995	teledentistry – synchronous; real-time encounter	Two of (D9995 or D9996) per calendar year. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	No	Indicator of modality, not separately reimbursed. Reimbursement is with exam code
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Two of (D9995 or D9996) per calendar year. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	No	Indicator of modality, not separately reimbursed. Reimbursement is with exam code

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