



Disclaimer: Eligibility for Medicaid can change daily. Member eligibility should be verified on the date of service. The claim history reflected below is based on the latest claims received, and does not include claims in process, claims incurred but not yet received or any denied services. If you have any questions about the eligibility or claim listing below, please call the MassHealth Dental Program at 844-MH-DENTL (844-643-3685).

Member ID	Name	Date of Birth	Eligibility as of 5/20/2025	Coverage Type	Age Band
100050022431	BING GANG LI	4/17/1964	Y	MassHealth Regular with Health Safety Net wrap	Adult (>20)

Date of Service	Tooth Number	Surface(s)	Procedure Code	Description	Provider
07-29-2024			D0120	PERIODIC EXAM	UNKNOWN
07-29-2024	9		D0220	PERI SIN FIRST	UNKNOWN
07-29-2024			D0274	BW 4 FILMS	UNKNOWN
07-29-2024			D1110	ADULT PROPHY	UNKNOWN
07-29-2024			D9450	TREATMENT PLAN	UNKNOWN
08-28-2023			D0120	PERIODIC EXAM	UNKNOWN
08-28-2023			D0274	BW 4 FILMS	UNKNOWN
08-28-2023			D1110	ADULT PROPHY	UNKNOWN
08-28-2023			D9450	TREATMENT PLAN	UNKNOWN
06-06-2022	5		D2391	1S RSN COM POS	UNKNOWN
06-06-2022	3		D2391	1S RSN COM POS	UNKNOWN
06-06-2022			D9450	TREATMENT PLAN	UNKNOWN
03-07-2022			D0120	PERIODIC EXAM	UNKNOWN
03-07-2022			D0210	COMP XRAY SER	UNKNOWN
03-07-2022			D1110	ADULT PROPHY	UNKNOWN
03-07-2022			D9450	TREATMENT PLAN	UNKNOWN
07-11-2018			D0120	PERIODIC EXAM	UNKNOWN
07-11-2018			D1110	ADULT PROPHY	UNKNOWN
07-11-2018			D9450	TREATMENT PLAN	UNKNOWN
12-06-2017			D0120	PERIODIC EXAM	UNKNOWN
12-06-2017			D0210	COMP XRAY SER	UNKNOWN
12-06-2017			D1110	ADULT PROPHY	UNKNOWN
12-06-2017			D9450	TREATMENT PLAN	UNKNOWN
03-30-2017			D0120	PERIODIC EXAM	UNKNOWN
03-30-2017			D1110	ADULT PROPHY	UNKNOWN
03-30-2017			D9450	TREATMENT PLAN	UNKNOWN