



MassHealth  
Transmittal Letter DEN-101  
September 2018

**TO:** Dental Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary for MassHealth  
**RE:** Updated *Dental Manual* (Revised Service Codes)

This letter transmits a revised Subchapter 6 of the *Dental Manual* to reflect certain additions and deletions to covered service codes in accordance with the Current Dental Terminology (CDT) 2018 set by the American Dental Association (ADA) and Current Procedural Terminology (CPT) 2018 set by the American Medical Association (AMA) for the calendar year 2018, as well as codifications of existing limitations.

### Coding Updates

The revised Subchapter 6 of the *Dental Manual* includes the following coding updates, effective for dates of service beginning January 1, 2018:

#### ***New Current Dental Terminology (CDT) Codes***

D5511	Repair broken complete denture base, mandibular
D5512	Repair broken complete denture base, maxillary
D5611	Repair broken resin partial denture base, mandibular
D5612	Repair broken resin partial denture base, maxillary
D5621	Repair broken cast partial denture base, mandibular
D5622	Repair broken cast partial denture base, maxillary
D9222	Deep sedation/general anesthesia – first 15 minutes
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes

MassHealth no longer covers the following service codes for dates of service on or after January 1, 2018.

D5510	Repair broken complete denture base
D5610	Repair resin denture base
D5620	Repair cast framework

#### ***New Current Procedure Terminology (CPT) Codes***

For dentists who are specialists in oral surgery (as defined at 130 CMR 420.405(A)(7)), MassHealth will cover the following service codes for dates of service on or after January 1, 2018.

15730	15733
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MassHealth no longer covers the following service code for dates of service on or after January 1, 2018.

15732
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Dental providers who bill using CDT service codes must continue to refer to the ADA's 2018 code book for descriptions of service codes listed in Subchapter 6. Dental providers who are specialists in oral surgery (as defined at 130 CMR 420.405(A)(7)) must refer to the AMA's CPT 2018 code book for descriptions of service codes listed in Subchapter 6.

### **Codification of Existing Limitations**

The revised Subchapter 6 of the *Dental Manual* also reflects the codification in Subchapter 6 of certain existing limitations and requirements otherwise set forth in the *MassHealth Dental Program Office Reference Manual* (available at [www.masshealth-dental.net](http://www.masshealth-dental.net)) or other written issuances, to enhance consistency and reduce ambiguity.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters).

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### **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

#### **Dental Manual**

Pages vi and 6-1 through 6-26

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **Dental Manual**

Pages vi and 6-1 through 6-26 — transmitted by Transmittal Letter DEN-97

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## 601 Introduction

Dental providers who bill using Current Dental Terminology (CDT) codes must refer to the current version of the American Dental Association's (ADA) code book for the service descriptions for codes listed in Subchapter 6 of the *Dental Manual*. Dentists who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7) must refer to the current version of the American Medical Association's (AMA) Current Procedural Terminology (CPT) code book for the service descriptions for codes listed in Subchapter 6 of the *Dental Manual*.

MassHealth pays for dental services as described in MassHealth regulations at 130 CMR 420.000 and 450.000. A dental provider may request prior authorization for any medically necessary service payable in accordance with the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provisions set forth in 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member under the age of 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*. For each dental service code, the description indicates any limitations, such as age and frequency, and if prior authorization is required for the member.

### Dentists Who Are Specialists in Oral Surgery

A dentist who is a specialist in oral surgery in accordance with 130 CMR 420.405(A)(7) must submit all requests for prior authorization and claims containing Current Procedural Terminology (CPT) codes directly to MassHealth rather than to any third-party administrator or other MassHealth vendor, as described in 130 CMR 420.000.

When billing for multiple surgeries performed during the same operative session or on the same day, dental providers who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7), are reminded that Modifier 51 must be added to the second, third, and subsequent lines as appropriate. The primary procedure must be on line 1.

### Modifiers

The following modifiers are for Provider Preventable Conditions (PPCs) that are National Coverage Determinations.

- PA Surgical or other invasive procedure on wrong body part
- PB Surgical or other invasive procedure on wrong patient
- PC Wrong surgery or other invasive procedure on patient

For more information on the use of these modifiers, see [Appendix V](#) of your provider manual.

### Public Health Dental Hygienists

Public health dental hygienists may claim payment for Service Codes D0190, D0191, D0220, D0272, D0273, D0274, D1110, D1120, D1206, D1208, D1351, D4341, D4342, D9110, and D9410.

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602 Explanation of Abbreviations and Service Code Requirements

The following abbreviations are used in Subchapter 6 with certain services that may require special reporting, as described below.

(A) Prior Authorization.

(1) “PA” indicates that service-specific prior authorization is required (see 130 CMR 420.410). The provider must include in any request for prior authorization sufficiently detailed, clear information documenting the medical necessity of the service requested and, where specified, the information described in this Subchapter 6.

(2) The MassHealth agency may require any additional information it deems necessary. If prior authorization is not required, the provider must maintain in the member’s dental record, all information necessary to disclose the medical necessity for the services provided. Pursuant to 130 CMR 420.410(B)(3), prior authorization may be requested for any exception to a limitation on a service otherwise covered for that member. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

(B) Individual Consideration. “IC” indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 420.412) and be sufficiently detailed to enable the MassHealth agency to assess the extent and nature of the services provided. The reports must include the following where applicable:

- (1) amount of time required to perform the service;
- (2) degree of skill required to perform the service;
- (3) severity and complexity of the member’s disease, disorder, or disability; and
- (4) any extenuating circumstances or complications.

603 Service Codes: Diagnostic Services

See 130 CMR 420.422 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D0120	Twice per calendar year	Yes	Yes	Yes	
D0140	Twice per calendar year	Yes	Yes	Yes	
D0145	Twice per calendar year	Yes (IC)	No	No	See 602(B) above.
D0150	Once per member per dentist	Yes	Yes	Yes	
D0180	Once per calendar year	Yes	Yes	Yes	
D0190	Twice per calendar year	Yes	Yes	Yes	
D0191	Once per calendar year	Yes	Yes	Yes	

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604 Service Codes: Radiographs

See 130 CMR 420.423 and Dental Manual Appendix E for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D0210	Once every three calendar years	Yes	Yes	Yes	
D0220		Yes	Yes	Yes	
D0230		Yes	Yes	Yes	
D0240	Twice per calendar year	Yes	No	No	
D0270	Twice per calendar year	Yes	Yes	Yes	
D0272	Twice per calendar year	Yes	Yes	Yes	
D0273	Twice per calendar year	Yes (IC)	Yes (IC)	Yes (IC)	See 602(B) above.
D0274	Twice per calendar year	Yes	Yes	Yes	
D0330	Once every three calendar years	Yes	Yes	Yes	
D0340		Yes	Yes	Yes	

605 Service Codes: Preventive Services

See 130 CMR 420.424 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D1110	Twice per calendar year	Yes (Use this code for ages 14-21.)	Yes	Yes	
D1120	Twice per calendar year	Yes (Use this code for ages up to 14.)	No	No	

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605 Service Codes: Preventive Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D1206		Yes	No*	No*	* <i>Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva <input type="checkbox"/> (PA). See 602(A) above and 130 CMR 420.424(B)(1)(b).</i>
D1208		Yes	No*	No*	* <i>Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva <input type="checkbox"/> (PA). See 602(A) above and 130 CMR 420.424(B)(1)(b).</i>
<b>Other Preventive Services</b>					
D1351	Permanent first, second, and third noncarious, nonrestored molars	Yes	No	No	
<b>Space Maintenance (Passive Appliances)</b>					
D1510	Twice per lifetime	Yes	No	No	
D1515	Twice per lifetime	Yes	No	No	
D1520	Twice per lifetime	Yes	No	No	
D1525	Twice per lifetime	Yes	No	No	
D1550		Yes	No	No	

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606 Service Codes: Restorative Services

See 130 CMR 420.425 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Amalgam Restorations (Including Polishing)</b>					
D2140	Once per calendar year per tooth	Yes	Yes	Yes	
D2150	Once per calendar year per tooth	Yes	Yes	Yes	
D2160	Once per calendar year per tooth	Yes	Yes	Yes	
D2161	Once per calendar year per tooth	Yes	Yes	Yes	
<b>Resin-Based Composite Restorations</b>					
D2330	Once per calendar year per tooth	Yes	Yes	Yes	
D2331	Once per calendar year per tooth	Yes	Yes	Yes	
D2332	Once per calendar year per tooth	Yes	Yes	Yes	
D2335	Once per calendar year per tooth	Yes	Yes	Yes	
D2390	Once per calendar year per tooth	Yes	No	No	
D2391	Once per calendar year per tooth	Yes	Yes	Yes	
D2392	Once per calendar year per tooth	Yes	Yes	Yes	
D2393	Once per calendar year per tooth	Yes	Yes	Yes	
D2394	Once per calendar year per tooth	Yes	Yes	Yes	
<b>Crowns – Single Restoration Only</b>					
D2710	Once per 60 months per tooth	Yes	No	No	
D2740	Once per 60 months per tooth	Yes	No	No	
D2750	Once per 60 months per tooth	Yes	No	No	

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606 Service Codes: Restorative Services (cont.)

D2751	Once per 60 months per tooth	Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(2).
D2752	Once per 60 months per tooth	Yes	No	No	
D2790	Once per 60 months per tooth	Yes	No	No	
<b>Other Restorative Services</b>					
D2910		Yes	Yes	No	
D2920		Yes	Yes	No	
D2930		Yes	No	No	
D2931		Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.425(C)(2).</i>
D2932	Primary anterior teeth only	Yes	No	No	
D2934		Yes	No	No	
D2951		Yes	Yes	No	

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606 Service Codes: Restorative Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D2954		Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(1)(c).
D2980	Chairside	Yes	Yes	No	
D2999	Outside laboratory	Yes (PA) (IC)	Yes (PA) (IC)	No	Include documentation to substantiate why the repair could not be done chairside. See 602(A) and (B) above and 130 CMR 420.425(E).

607 Service Codes: Endodontic Services

See 130 CMR 420.426 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Pulpotomy</b>					
D3220		Yes	No	No	
<b>Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)</b>					
D3310	Once per lifetime per tooth	Yes	Yes	No	
D3320	Once per lifetime per tooth	Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required.</i>

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607 Service Codes: Endodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D3330	Once per lifetime per tooth	Yes	No*	No	* Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required.
D3346		Yes	Yes	No	
D3347		Yes	No*	No	* Exception for members with undue medical risk or with one or more medical conditions listed in 130 CMR 420.425(C)(2). See 130 CMR 420.426(C)(2). PA required.
<b>Endodontic Retreatment</b>					
D3348		Yes	No*	No	* Exception for members with undue medical risk or with one or more medical conditions listed in 130 CMR 420.425(C)(2). See 130 CMR 420.426(C)(2). PA required.
<b>Apicoectomy/Periradicular Services</b>					
D3410	Per tooth; Includes retrograde filling; Once per lifetime per tooth	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).
D3421	Once per lifetime per tooth	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).

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607 Service Codes: Endodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D3425	First root; Once per lifetime per tooth	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).
D3426	Each additional root	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).

608 Service Codes: Periodontic Services

See 130 CMR 420.427 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Surgical Services (Including Usual Postoperative Services)</b>					
D4210	Once per quadrant per three-calendar years	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).

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608 Service Codes: Periodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D4211	Once per quadrant per three-calendar years	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).
D4341	Once per quadrant per three-calendar years	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B).
D4342	Once per quadrant per three calendar years	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B).

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609 Service Codes: Prosthodontic (Removable) Services

See 130 CMR 420.428 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Complete Dentures (Including Routine Post-Delivery Care)</b>					
D5110	Once per 84 months	Yes	Yes	Yes	
D5120	Once per 84 months	Yes	Yes	Yes	
D5130		Yes	No	No	
D5140		Yes	No	No	
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>					
D5211	Once per 84 months	Yes	Yes	Yes	
D5212	Once per 84 months	Yes	Yes	Yes	
D5213	Once per 84 months	Yes	No	No	
D5214	Once per 84 months	Yes	No	No	
D5225	Once per 84 months	Yes	No	No	
D5226	Once per 84 months	Yes	No	No	
<b>Repairs to Complete Dentures</b>					
D5511		Yes	Yes	Yes	
D5512		Yes	Yes	Yes	
D5520		Yes	Yes	Yes	
<b>Repairs to Partial Dentures</b>					
D5611		Yes	Yes	Yes	
D5612		Yes	Yes	Yes	
D5621		Yes	Yes	Yes	
D5622		Yes	Yes	Yes	
D5630		Yes	Yes	Yes	
D5640		Yes	Yes	Yes	
D5650		Yes	Yes	Yes	
D5660		Yes	Yes	Yes	
<b>Denture Reline Procedures</b>					
D5730	Once per 24 months per arch	Yes	Yes	Yes	
D5731	Once per 24 months per arch	Yes	Yes	Yes	
D5740	Once per 24 months per arch	Yes	No	No	
D5741	Once per 24 months per arch	Yes	No	No	
D5750	Once per 24 months per arch	Yes	Yes	Yes	
D5751	Once per 24 months per arch	Yes	Yes	Yes	

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609 Service Codes: Prosthodontic (Removable) Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D5760	Once per 24 months per arch	Yes	No	No	
D5761	Once per 24 months per arch	Yes	No	No	

610 Service Codes: Prosthodontic (Fixed) Services

See 130 CMR 420.429 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Fixed Partial Denture Pontics</b>					
D6241	Once per 60 months per tooth	Yes	No	No	
D6751	Once per 60 months per tooth	Yes	No	No	
<b>Other Fixed Partial Denture Services</b>					
D6930		Yes	No	No	
D6980		Yes	No	No	See 602 (B) above.

611 Service Codes: Exodontic Services

See 130 CMR 420.430 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D6999		Yes (PA) (IC)	Yes (PA)	No	Include documentation to substantiate why the repair could not be done chairside. See 602(A), (B) above and 130 CMR 420.429(B).
<b>Extractions (Includes Local Anesthesia and Routine Postoperative Care)</b>					
D7111		Yes	Yes	Yes	

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D7140		Yes	Yes	Yes	
D7210		Yes	Yes	Yes	

611 Service Codes: Exodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D7220		Yes	Yes	Yes	
D7230		Yes	Yes	Yes	
D7240		Yes (PA)	Yes (PA)	Yes (PA)	Include Panorex film. See 602(A) above and 130 CMR 420.430(D).
D7250		Yes	Yes	Yes	
D7270		Yes	Yes	Yes	
D7280	Including orthodontic attachments	Yes	No	No	
D7283		Yes	No	No	
<b>Surgical Procedures</b>					
D7310	Once per 6 months per quadrant	Yes	Yes	Yes	
D7311	Once per 6 months per quadrant	Yes	Yes	Yes	
D7320	Once per 6 months per quadrant	Yes	Yes	Yes	
D7321	Once per 6 months per quadrant	Yes	Yes	Yes	
D7340		Yes (PA)	Yes (PA)	No	Include justification of the surgical procedure designed to increase alveolar ridge height. See 602(A) above and 130 CMR 420.430(F).
D7350†		Yes (PA)	Yes (PA)	No	† Payable only to a dental provider with a specialty in oral surgery. In accordance with 130 CMR 420.405(A)(7). See 602(A) above and 130 CMR 420.430(F).
D7410		Yes	Yes	No	
D7411		Yes	Yes	No	
D7450		Yes	Yes	No	
D7451		Yes	Yes	No	
D7460		Yes	Yes	No	
D7461		Yes	Yes	No	

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611 Service Codes: Exodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D7471†	Once per lifetime per arch	Yes (PA)	Yes (PA)	No	† Payable only to a dental provider with a specialty in oral surgery in accordance with 130 CMR 420.405(A)(7). See 602(A) above.
D7472†	Once per lifetime per arch	Yes (PA)	Yes (PA)		† Payable only to a dental provider with a specialty in oral surgery in accordance with 130 CMR 420.405(A)(7). See 602(A) above.
D7473†	Once per lifetime per arch	Yes (PA)	Yes (PA)		† Payable only to a dental provider with a specialty in oral surgery in accordance with 130 CMR 420.405(A)(7). See 602(A) above.
D7960		Yes	Yes	No	
D7963		Yes	Yes	No	
D7999		Yes (PA) (IC)	Yes (PA) (IC)	No	See 602(A) and (B) above.

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612 Service Codes: Orthodontic Services

See 130 CMR 420.431 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Orthodontic Diagnosis and Full Orthodontic Treatment</b>					
D8050†		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance. See 602(A) and (B) above and 130 CMR 420.431. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8060†		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance. See 602(A) and (B) above, 130 CMR 420.431, and Dental Manual Appendix F. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8070†	Once per lifetime for either D8070, D8080, or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, completed copy of the Handicapping Labio-Lingual Deviations Form (HLD), and medical necessity narrative, if applicable. See 602(A) and (B) above, 130 CMR 420.431, and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8080†	Once per lifetime for either D8070, D8080, or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations Form (HLD) and a medical necessity narrative, if applicable. See 602(A) above and 130 CMR 420.431 and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8090†	Once per lifetime for either D8070, D8080 or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations Form (HLD) and a medical necessity narrative, if applicable. See 602(A) above and 130 CMR 420.431 and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8660†	Consultation - once per six months	Yes	No	No	† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8670†	As part of contract; billed once per quarter (90 days) on the first date of service beginning with the calendar month following the calendar month during which appliance(s) were placed	Yes (PA)	No*	No*	Submit authorization request for the first two years of treatment, include photographic prints, radiographs (lateral & occlusal views) & HLD Index Form. . * <i>Exception for members whose comprehensive orthodontic treatment began by age 21. See 130 CMR 420.431(A).</i> † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6)

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8680†		Yes	No*	No*	* <i>Exception for members whose comprehensive orthodontic treatment began by age 21. PA required.</i> See 130 CMR 420.431(A)(1). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6) Include the date of the initial banding and a narrative of the reason(s) for removal of the orthodontic appliance. See 602(A) above.
D8690†		Yes (PA)	No	No	† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6) See 602(A) above.

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612 Service: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8692†		Yes (PA)	No	No	See 602(A) above. PA required. See 130 CMR 420.431(C)(5). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8999†		Yes (PA) (IC)	No*	No*	* <i>Exception for members whose comprehensive orthodontic treatment began by age 21.</i> PA required. See 130 CMR 420.431(A). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6) See 602(A), (B), and (D) above.

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613 Service Codes: General Anesthesia and IV Sedation Services

See 130 CMR 420.452 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D9222		Yes	Yes	Yes	
D9223		Yes	Yes	Yes	
D9230		Yes	Yes	Yes	
D9239		Yes	Yes	Yes	
D9243		Yes	Yes	Yes	
D9248		Yes	Yes	Yes	

614 Service Codes: Other Services

See 130 CMR 420.456 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Unclassified Treatment</b>					
D9110	Other nonemergency medically necessary treatment may be provided during the same visit – that is, nonemergency codes may be billed in conjunction with D9110.	Yes	Yes	Yes	
<b>Professional Visits</b>					
D9410		Yes	Yes	Yes	A visit to a nursing facility, chronic disease and rehabilitation hospital, hospice facility, school, or other licensed educational facility, once per facility per day. Bill in addition to any medically necessary MassHealth-covered service provided during the same visit. Code may be billed once per facility per day. See 130 CMR 420.456(F).

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614 Service Codes: Other Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
<b>Treatment of Physically or Developmentally Disabled Members</b>					
D9920	Once per member per day	Yes (PA)	Yes (PA)	Yes (PA)	Include a description of the member's illness or disability, and types of services to be furnished. See 602(A) and (D) above and 130 CMR 420.456(B).
<b>Miscellaneous Services</b>					
D9930		Yes (IC)	Yes (IC)	Yes (IC)	Include with the claim the date, the location of the original surgery, and the type of procedure. See 602(A) above.
D9940		Yes (PA)	No	No	Include documented evidence of the need for the appliance. See 602(A) and (D) above.
D9941		Yes	No	No	
D9999		Yes (PA), (IC)	Yes (PA), (IC)	No	See 602(A), (B), and (D) above.

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615 Service Codes: Oral and Maxillofacial Surgery Services

See 130 CMR 420.453 and 420.455 for service descriptions and limitations.

The following all-numeric service codes may be used only by dental providers who are specialists in oral surgery, in accordance with 130 CMR 420.405(A)(7).

CPT Service Codes

10060	12001	13152	15576	17276
10061	12002	13153	15610	17280
10120	12004	13160	15620	17281
10121	12005	14000	15630	17282
10140	12006	14001	15730	17283
10160	12007	14020	15731	17284
10180	12011	14021	15733	17286
11010	12013	14040	15734	17999 (IC)
11011	12014	14041	15740	20005
11012	12015	14060	15750	20100
11042	12016	14061	15756	20200
11043	12017	14301	15757	20205
11044	12018	14302	15758	20206
11045	12020	15040	15760	20220
11046	12021	15100	15770	20225
11100	12031	15110	15819	20240
11101	12032	15111	15820 (PA)	20245
11310	12034	15115	15821 (PA)	20520
11311	12035	15116	15822 (PA)	20525
11312	12036	15120	15823 (PA)	20526
11313	12037	15121	15840	20605
11440	12041	15150	15841	20615
11441	12042	15151	15842	20670
11442	12044	15152	15845	20680
11443	12045	15155	15852	20690
11444	12046	15156	15860	20692
11446	12047	15157	16000	20693
11620	12051	15240	17000	20694
11621	12052	15241	17003	20900
11622	12053	15260	17004	20902
11623	12054	15261	17106	20910
11624	12055	15271	17107	20912
11626	12056	15272	17108	20920
11640	12057	15273	17110	20922
11641	13120	15274	17111	20924
11642	13121	15275	17260	20926
11643	13122	15276	17266	20955
11644	13131	15277	17270	20956
11646	13132	15278	17271	
11960	13133	15570	17272	
11970	13150	15572	17273	
11971	13151	15574	17274	

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20962	21147 (PA)	21325	21480	31290
20969	21150 (PA)	21330	21485	31292
20970	21151 (PA)	21335	21490	31293
20999 (IC)	21154 (PA)	21336	21495	31294
21010	21155 (PA)	21337	21497	31299 (IC)
21015	21159 (PA)	21338	21499 (IC)	31420
21025	21160 (PA)	21339	21685	31500
21026	21172 (PA)	21340	29800 (PA)	31502
21029	21175 (PA)	21343	29804 (PA)	31505
21030	21179	21344	29999 (IC)	31510
21031	21180	21345	30000	31511
21032	21181	21346	30020	31515
21034	21182	21347	30124	31525
21040	21183	21348	30125	31526
21044	21184	21355	30130	31530
21045	21188 (PA)	21356	30140	31531
21046	21193 (PA)	21360	30150	31535
21047	21194 (PA)	21365	30160	31536
21048	21195 (PA)	21366	30462	31575
21049	21196 (PA)	21385	30465	31600
21050	21198 (PA)	21386	30520	31603
21060	21206 (PA)	21387	30580	31605
21070	21208 (PA)	21390	30600	31610
21076	21209 (PA)	21395	30630	31615
21077	21210 (PA)	21400	30901	31622
21079	21215 (PA)	21401	30903	35500
21080	21230 (PA)	21406	30905	35572
21081	21235 (PA)	21407	30906	35681
21082	21240 (PA)	21408	30920	35682
21083	21242 (PA)	21421	30999 (IC)	35701
21084	21243 (PA)	21422	31000	35800
21085	21244 (PA)	21423	31020	35875
21086	21247 (PA)	21431	31030	35876
21087	21255 (PA)	21432	31032	37609
21088 (IC)	21260	21433	31040	38500
21089 (IC)	21261	21435	31200	38505
21100	21263	21436	31201	38510
21110	21267	21440	31205	38542
21116	21268	21445	31225	38550
21120	21270	21450	31230	38555
21137 (PA)	21275	21451	31231	38700
21138 (PA)	21280	21452	31233	38720
21139 (PA)	21282	21453	31237	38724
21141	21295	21454	31238	38790
21142	21296	21461	31239	38792
21143	21299 (PA), (IC)	21462	31240	40490
21145	21310	21465	31256	40500
21146 (PA)	21315	21470	31267	
	21320			

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40510	41108	42200	42804	62146
40520	41110	42205	42806	62147
40525	41112	42210	42808	62148
40527	41113	42215	42809	64400
40530	41114	42220	42810	64600
40650	41115	42225	42815	64605
40652	41116	42226	42820	64612
40654	41120	42227	42842	64613
40700	41130	42235	42844	64615
40701	41135	42260	42845	64616
40702	41140	42280 (PA)	42860	64722
40720	41145	42281 (PA)	42870	64727
40761	41150	42299 (IC)	42890	64732
40799 (IC)	41153	42300	42894	64734
40800	41155	42305	42900	64736
40801	41250	42310	42950	64738
40804	41251	42320	42953	64740
40805	41252	42330	42955	64864
40806	41500	42335	42960	64865
40808	41510	42340	42961	64868
40810	41520	42400	42962	64872
40812	41599 (IC)	42405	42970	64874
40814	41800	42408	42971	64885
40816	41805	42409	42972	64886
40818	41806	42410	42999 (IC)	64910
40819	41820 (IC), (PA)	42415	61580	64911
40820	41821 (IC)	42420	61581	64999 (IC)
40830	41822	42425	61582	67715
40831	41823	42426	61583	67840
40840 (PA)	41825	42440	61584	67916
40842 (PA)	41826	42450	61585	67917
40843 (PA)	41827	42500	61586	68801
40844 (PA)	41828	42505	61590	68810
40845 (PA)	41830	42507	61591	68811
40899 (IC)	41850 (IC)	42508	61592	69990
41000	41874	42509	61595	70100
41005	41899 (IC)	42510	61596	70110
41006	42000	42550	61597	70140
41007	42100	42600	61598	70150
41008	42104	42650	61600	70160
41009	42106	42660	61605	70210
41010	42107	42665	61606	70220
41015	42120	42699 (IC)	61607	70240
41016	42140	42700	61608	70328
41017	42145	42720	61610	70330
41018	42160	42725	62142	70360
41100	42180	42800	62143	70380
41105	42182	42802	62145	99201

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99202	99211	99215	99231	99282
99203	99212	99221	99232	99283
99204	99213	99222	99233	99284
99205	99214	99223	99281	99285