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MassHealth

Transmittal Letter DEN-107

July 2020

**TO:** Dental Providers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Medicaid Director [signature of Amanda Cassel Kraft]

**RE:** *Dental Manual* (Revision to Subchapter 6)

This letter transmits a change to the service codes and descriptions in Subchapter 6 of the *Dental Manual* to add service code D1354, interim caries arresting medicament application-per tooth. This code is added effective for dates of service on or after June 22, 2020.

The following is a summary of the changes. For additional information, please see the *MassHealth* *Dental Program Office Reference Manual* (available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>).

# **Updates to Subchapter 6 of the MassHealth Dental Manual**

MassHealth has added the following code.

D1354 Interim caries arresting medicament application - per tooth

The MassHealth agency will pay for interim caries arresting medicament, such as silver diamine fluoride, for all MassHealth members for treatment of asymptomatic and actives dental caries only, twice per tooth per lifetime. Providers are required to retain documentation demonstrating medical necessity for interim caries arresting medicament application, including documentation of asymptomatic or active dental caries.

Dental providers who bill using Current Dental Terminology (CDT) service codes must continue to refer to the American Dental Association’s (ADA’s) 2020 code book for descriptions of service codes listed in Subchapter 6. Dental providers who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7) must refer to the American Medical Association’s (AMA’s) CPT 2020 code book for descriptions of service codes listed in Subchapter 6.

Providers are reminded that a dental provider may request prior authorization for any medically necessary service payable in accordance with the Early and Periodic Screening, Diagnostic, 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 age 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*.

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If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at [www.mass.gov/service-details/eohhs-regulations](https://www.mass.gov/service-details/eohhs-regulations). The regulation title for dental services is 101 CMR 314.000: Dental Services.

**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).

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

**Questions**

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email 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 6-1 through 6-30

OBSOLETE MATERIAL

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

Dental Manual

Pages 6-1 through 6-30 — transmitted by Transmittal Letter DEN-105

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, Diagnostic, 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 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 (NDCs).

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](http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-v-all.pdf) of your provider manual.

Public Health Dental Hygienists

Public health dental hygienists may claim payment for service codes D0190, D0191, D0220, D0230, D0272, D0273, D0274, D1110, D1120, D1206, D1208, D1351, D4341, D4342, D9110, and D9410.

602Explanation of Abbreviations and Service Code Requirements

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

1. Prior Authorization.
2. “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.
3. 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.

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| **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 |  |

604 Service Codes: Radiographs

See 130 CMR 420.423 and *Dental Manual* [Appendix E](https://www.mass.gov/guides/dental-den-manual#-dental-manual-appendices-d-f-) for service descriptions and limitations.

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| **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.

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| **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 |  |

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\* | | | *\* Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva  (PA required). See 602(A) above and 130 CMR 420.424(B)(1)(b).* |
| D1208 |  | Yes | No\* | No\* | | | *\* Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva  (PA required). See 602(A) above and 130 CMR 420.424(B)(1)(b).* |
| **Other Preventive Services** | | | | | | | |
| D1351 | Permanent first, second, and third noncarious, nonrestored molars | Yes | No | No |  | | |
| **Space Maintenance (Passive Appliances)** | | | | | | | |
| D1510 | Twice per lifetime | Yes | No | No |  | | |
| D1354 | Twice per tooth’s lifetime | Yes | Yes | Yes |  | | |
|  |  |  |  |  |  | | |
| D1516 |  | Yes | No | No |  | | |
| D1517 |  | Yes | No | No |  | | |
| D1520 | Twice per lifetime | Yes | No | No |  | | |
|  |  |  |  |  |  | | |
| D1526 |  | Yes | No | No |  | | |
| D1527 |  | Yes | No | No |  | | |

606 Service Codes: Restorative Services

See 130 CMR 420.425 for service descriptions and limitations.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** | | |
| **Amalgam Restorations (Including Polishing)** | | | | | | | | | | | | | | |
| 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 | | |  | | |
| **Resin-Based Composite Restorations** | | | | | | | | | | | | | | |
| 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 | | |  |
| **Crowns – Single Restoration Only** | | | | | | | | | | | | | | |
| 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 | | |  | |

606 Service Codes: Restorative Services (cont.)

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| **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** |
| 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 |  |
| **Other Restorative Services** | | | | | | |
| D2910 |  | Yes | Yes | | No |  |
| D2920 |  | Yes | Yes | | No |  |
| D2930 |  | Yes | No | | No |  |
| D2931 |  | Yes | No\* | | No | *\* Exception for members with undue medical risk. See  130 CMR 420.425(C)(2).* |
| D2932 | Primary anterior teeth only | Yes | No | | No |  |
| D2934 |  | Yes | No | | No |  |
| D2951 |  | Yes | Yes | | No |  |
| 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** |
| --- | --- | --- | --- | --- | --- |
| **Pulpotomy** | | | | | |
| D3220 |  | Yes | No | No |  |
| **Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)** | | | | | |
| D3310 | Once per lifetime per tooth | Yes | Yes | No |  |
| D3320 | Once per lifetime per tooth | Yes | No\* | No | *\* Exception for members with undue medical risk. See  130 CMR 420.426(B)(3). PA required.* |
| 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.* |

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** |
| --- | --- | --- | --- | --- | --- |
| **Endodontic Retreatment** | | | | | |
| 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.* |
| **Apicoectomy/Periradicular Services** | | | | | |
| 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). |
| 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). |

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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: Periodontal 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** |
| --- | --- | --- | --- | --- | --- | --- |
| **Surgical Services (Including Usual Postoperative Services)** | | | | | | |
| D4210 | Once per quadrant per 3 calendar years | Yes | Yes (PA) | Yes  (PA) | 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). | |

608 Service Codes: Periodontal 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 3 calendar years | | Yes | | Yes (PA) | | Yes  (PA) | | 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 3 calendar years | | Yes | | Yes (PA) | | Yes  (PA) | 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). |

608 Service Codes: Periodontal 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** |
| --- | --- | --- | --- | --- | --- | --- |
| D4342 | Once per quadrant per 3 calendar years | | Yes | Yes  (PA) | Yes  (PA) | 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). |

609 Service Codes: Prosthodontic (Removable) Services

See 130 CMR 420.428 for service descriptions and limitations.

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| **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** | |
| **Complete Dentures (Including Routine Post-Delivery Care)** | | | | | | | | |
| D5110 | | Once per 84 months | | Yes | Yes | Yes |  | |
| D5120 | | Once per 84 months | | Yes | Yes | Yes |  | |
| D5130 | |  | | Yes | No | No |  | |
| D5140 | |  | | Yes | No | No |  | |
| **Partial Dentures (Including Routine Post-Delivery Care)** | | | | | | |
| D5211 | | Once per 84 months | Yes | Yes | Yes |  |
| D5212 | | Once per 84 months | Yes | Yes | Yes |  |

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

|  |  |  |  |  |  |  |
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| **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** |
| **Partial Dentures (Including Routine Post-Delivery Care)** | | | | | | |
| 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 |  | |
| **Repairs to Complete Dentures** | | | | | | | | |
| D5511 | |  | Yes | Yes | Yes |  | | |
| D5512 | |  | Yes | Yes | Yes |  | | |
| D5520 | |  | Yes | Yes | Yes |  | | |
| **Repairs to Partial Dentures** | | | | | | | | |
| 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 |  | | |
| **Denture Reline Procedures** | | | | | | | | |
| 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 |  | | |

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

|  |  |  |  |  |  |
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| **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.

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| **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** |
| **Fixed Partial Denture Pontics** | | | | | | | | |
| D6241 | Once per 60 months per tooth | Yes | No | | No | |  | |
| D6751 | Once per 60 months per tooth | Yes | No | | No | |  | |
| **Other Fixed Partial Denture Services** | | | | | | | | |
| D6930 |  | Yes | No | | No | |  | |
| D6980 |  | Yes | No | | No | | See 602(B) above. | |

611 Service Codes: Oral Surgery (Exodontic) Services

See 130 CMR 420.430 for service descriptions and limitations.

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| **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) and (B) above and  130 CMR 420.429(B). |
| **Extractions (Includes Local Anesthesia and Routine Postoperative Care)** | | | | | | | | | | | | |
| D7111 | | |  | Yes | | Yes | | | Yes | |  | |
| D7140 | | |  | Yes | | Yes | | | Yes | |  | |
| D7210 | | |  | Yes | | Yes | | | Yes | |  | |
| 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 | |  | |
| **Surgical Procedures** | | | | | | | | | | | | |
| 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 | | | |  |

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** |
| 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 |  |
| 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. |

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. | |

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** |
| --- | --- | --- | --- | --- | --- | --- |
| **Orthodontic Diagnosis and Full Orthodontic Treatment** | | | | | | |
| 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). |

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](https://www.mass.gov/guides/dental-den-manual#-dental-manual-appendices-d-f-).  † Payable only to a dental provider who is a specialist in orthodontics in accordance with  130 CMR 420.405(A)(6). |

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** |
| --- | --- | --- | --- | --- | --- | --- |
| 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 (HLD), Form and medical necessity narrative, if applicable. See 602(A) and (B) above,130 CMR 420.431, and *Dental Manual* [Appendix D](https://www.mass.gov/guides/dental-den-manual#-dental-manual-appendices-d-f-).  † Payable only to a dental provider who is a specialist in orthodontics in accordance with  130 CMR 420.405(A)(6). |

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 (HLD) Form and a medical necessity narrative, if applicable. See 602(A) above and  130 CMR 420.431 and *Dental Manual* [Appendix D.](https://www.mass.gov/guides/dental-den-manual#-dental-manual-appendices-d-f-)  † Payable only to a dental provider who is a specialist in orthodontics in accordance with  130 CMR 420.405(A)(6). |

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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 (HLD) Form and a medical necessity narrative, if applicable. See 602(A) above and  130 CMR 420.431 and *Dental Manual* [Appendix D](https://www.mass.gov/guides/dental-den-manual#-dental-manual-appendices-d-f-).  † Payable only to a dental provider who is a specialist in orthodontics in accordance with  130 CMR 420.405(A)(6). | |

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 and occlusal views) & HLD Form.  *\* Exception for members whose comprehensive orthodontic treatment began by age 21.*  *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). |
| D8660† | Consultation - once per 6 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). |

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\* | *\* Exception for members whose comprehensive orthodontic treatment began by age 21. PA required.*  *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. |

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** |
| D8703† |  | Yes  (PA) | No | No | See 602(A) above.  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). |
| D8704† |  | Yes  (PA) | No | No | See 602(A) above.  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\* | *\* Exception for members whose comprehensive orthodontic treatment began by age 21.* 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) and (B) above. |

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: Adjunctive 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unclassified Treatment** | | | | | | | | |
| 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 | |  |
| **Professional Visits** | | | | | | | | |
| 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). |

614 Service Codes: Adjunctive 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment of Physically or Developmentally Disabled Members** | | | | | | | | | |
| 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) above and  130 CMR 420.456(B). |
| **Miscellaneous Services** | | | | | | | | | |
| 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. |
| D9945 |  | | Yes  (PA) | | No | | No | | Include documented evidence of the need for the appliance. See 602(A) above. |
| D9941 |  | | Yes | | No | | No | |  |
| D9999 |  | | Yes  (PA), (IC) | | Yes  (PA), (IC) | | No | | See 602(A) and (B) above. |

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

10061

10120

10121

10140

10160

10180

11010

11011

11012

11042

11043

11044

11045

11046

11310

11311

11312

11313

11440

11441

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11971

12001

12002

12004

12005

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12041

12042

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12046

12047

12051

12052

12053

12054

12055

12056

12057

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13121

13122

13131

13132

13133

13150

13151

13152

13153

13160

14000

14001

14020

14021

14040

14041

14060

14061

14301

14302

15040

15100

15110

15111

15115

15116

15120

15121

15150

15151

15152

15155

15156

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15240

15241

15260

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15574

15576

15610

15620

15630

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15734

15740

15750

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15758

15760

15770

15819

15820 (PA)

15821 (PA)

15822 (PA)

15823 (PA)

15840

15841

15842

15845

15852

15860

16000

17000

17003

17004

17106

17107

17108

17110

17111

17260

17266

17270

17271

17272

17273

17274

17276

17280

17281

17282

17283

17284

17286

17999 (IC)

20100

20200

20205

20206

20220

20225

20240

20245

20520

20525

20526

20605

20615

20670

20680

20690

20692

20693

20694

20900

20902

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20912

20920

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20926

20955

20956

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20969

615 Service Codes: Oral and Maxillofacial Surgery Services(cont.)

20970

20999 (IC)

21010

21015

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21087

21088 (IC)

21089 (IC)

21100

21110

21116

21120

21137 (PA)

21138 (PA)

21139 (PA)

21141

21142

21143

21145

21146 (PA)

21147 (PA)

21150 (PA)

21151 (PA)

21154 (PA)

21155 (PA)

21159 (PA)

21160 (PA)

21172 (PA)

21175 (PA)

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21183

21184

21188 (PA)

21193 (PA)

21194 (PA)

21195 (PA)

21196 (PA)

21198 (PA)

21206 (PA)

21208 (PA)

21209 (PA)

21210 (PA)

21215 (PA)

21230 (PA)

21235 (PA)

21240 (PA)

21242 (PA)

21243 (PA)

21244 (PA)

21247 (PA)

21255 (PA)

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21299 (PA),   
(IC)

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21470

21480

21485

21490

21495

21497

21499 (IC)

21685

29800 (PA)

29804 (PA)

29999 (IC)

30000

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30124

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30140

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30160

30462

30465

30520

30580

30600

30630

30901

30903

30905

30906

30920

30999 (IC)

31000

31020

31030

31032

31040

31200

31201

31205

31225

31230

31231

31233

31237

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31239

31240

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31267

31290

31292

31293

31294

31299 (IC)

31420

31500

31502

31505

31510

31511

31515

31525

31526

31530

31531

31535

31536

31575

31600

31603

31605

31610

31615

31622

35500

35572

35681

35682

35701

35800

35860

35875

35876

37609

38500

38505

38510

38542

38550

38555

38700

38720

38724

38790

38792

40490

40500

615 Service Codes: Oral and Maxillofacial Surgery Services(cont.)

40510

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40650

40652

40654

40700

40701

40702

40720

40761

40799 (IC)

40800

40801

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40840 (PA)

40842 (PA)

40843 (PA)

40844 (PA)

40845 (PA)

40899 (IC)

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41005

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41007

41008

41009

41010

41015

41016

41017

41018

41100

41105

41108

41110

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41120

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41140

41145

41150

41153

41155

41250

41251

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41510

41520

41599 (IC)

41800

41805

41806

41820 (IC), (PA)

41821 (IC)

41822

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41825

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41828

41830

41850 (IC)

41874

41899 (IC)

42000

42100

42104

42106

42107

42120

42140

42145

42160

42180

42182

42200

42205

42210

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42280 (PA)

42281 (PA)

42299 (IC)

42300

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42340

42400

42405

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42665

42699 (IC)

42700

42720

42725

42800

42802

42804

42806

42808

42809

42810

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42845

42860

42870

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42900

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42999 (IC)

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64911

64999 (IC)

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68801

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68811

69990

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70110

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70360

70380

99201

615 Service Codes: Oral and Maxillofacial Surgery Services(cont.)

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99204

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99211

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