Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Transmittal Letter DEN-113
May 2023

TO: Dental Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

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

This letter transmits updates to Subchapter 6 of the *Dental Manual* to add the following:

- a clarification of the billing instructions for code D7280;
- four (4) Current Procedural Terminology (CPT) codes effective January 1, 2023; and
- seven (7) COVID-19 vaccine booster Current Dental Terminology (CDT) codes effective March 22, 2022.

Clarification of Billing Instructions for Code D7280

The MassHealth agency pays for D7280 for members under the age of 21 with no prior authorization requirement. D7280 is intended to be used in conjunction with orthodontic treatment when an impacted tooth needs to be exposed to erupt appropriately. However, MassHealth interprets the service reflected by D7280 to be included when an adjacent impacted tooth is extracted; that is, D7280 may not be billed to MassHealth in conjunction with applicable extraction codes, including codes D7220, D7230, D7240, D7241, when those codes are billed for an adjacent impacted extraction.

Subchapter 6 Code Additions

Effective for dates of service on and after January 1, 2023, coverage includes the four (4) CPT codes listed below, if the service is provided by dentists who are specialists in oral surgery (in accordance with regulations at 130 CMR 420.405(A)(7)).

10004
10005
10006
10021

Dental providers must refer to the American Medical Association's (AMA) CPT 2023 code book for descriptions of CPT codes listed in Subchapter 6 of the *Dental Manual*.

COVID-19 Vaccine Boosters

Effective for dates of service on or after March 22, 2022, coverage includes the seven (7) COVID-19 vaccine CDT codes listed below.

Please see Subchapter 6 of the *Dental Manual* for limitations, prior authorization requirements, report requirements, and notations.

Code	Description
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER
D1710	Moderna Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3
D1711	Moderna Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE BOOSTER
D1712	Janssen Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2

MassHealth Website

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Questions

If you have questions about this transmittal letter, please contact MassHealth Dental Customer Service at (800) 207-5019, or email your inquiry to inquiries@masshealthdental.net.

For additional information, please see the MassHealth Dental Program Office Reference Manual (available at www.masshealth-dental.net/).

NEW MATERIAL

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

Dental Manual

Pages vi, 6-1 through 6-30

OBSOLETE MATERIAL

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

Dental Manual

Page vi — transmitted by Transmittal Letter DEN-102
Pages 6-1 through 6-30 — transmitted by Transmittal Letter DEN-112

6. Service Codes

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 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, D1354, D4341, D4342, D9110, and D9410.

601 Introduction (cont.)

Rural Add-On Payment

Certain dental providers who render covered dental services to members in their business practice address within the following five counties are eligible for a rural add-on payment using code D9450: Barnstable, Berkshire, Dukes, Franklin, and Hampshire. When billing for a covered dental service rendered within the five counties, the following dental providers are eligible to bill for the rural add-on payment using code D9450: individual dentists, dental group practices, dental clinics, and dental schools.

These five counties are eligible for the rural add-on payment based on the following criteria:

- Counties that are ≥25% rural based on U.S. Census data (Berkshire, Dukes, Franklin, and Hampshire), OR
- Counties that the Health Resources and Services Administration (HRSA) has designated as High Needs Geographic Health Professional Shortage Areas (HPSA) (Barnstable)

Additional counties may be included if and when they meet the criteria stated above. Any of the five counties noted above may also be removed if they no longer meet the above criteria.

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 next.

(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	Payable only to a Public Health Hygienist
D0191	Once per calendar year	Yes	Yes	Yes	Payable only to Public Health Hygienist

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	
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).*

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
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	
D1575		Yes	No	No	
D1701		Yes	Yes	Yes	
D1702		Yes	Yes	Yes	
D1703		Yes	Yes	Yes	
D1704		Yes	Yes	Yes	
D1707		Yes	Yes	Yes	
D1708		Yes	Yes	Yes	
D1709		Yes	Yes	Yes	
D1710		Yes	Yes	Yes	
D1711		Yes	Yes	Yes	
D1712		Yes	Yes	Yes	
D1713		Yes	Yes	Yes	
D1714		Yes	No	No	

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
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	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2750	Once per 60 months per tooth	Yes	No	No	

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
D2751	Once per 60 months per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
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	Yes	
D2920		Yes	Yes	Yes	
D2929	Primary anterior teeth only	Yes	No	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	
D2950		Yes	Yes	Yes	
D2951		Yes	Yes	Yes	
D2954		Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2980	Chairside	Yes	Yes	Yes	
D2999	Outside laboratory	Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA) (IC)	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					
D3120		Yes	Yes	Yes	
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	Yes	
D3320	Once per lifetime per tooth	Yes	Yes	Yes	
D3330	Once per lifetime per tooth	Yes	Yes	Yes	
D3346		Yes	Yes	Yes	
D3347		Yes	Yes	Yes	
Endodontic Retreatment					
D3348		Yes	Yes	Yes	
Apicoectomy/Periradicular Services					
D3410	Per tooth. Includes retrograde filling. Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3421	Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3425	First root. Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.

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	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.

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).
D4346	Twice per calendar year	Yes	Yes	Yes	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.

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	
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.)

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
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	

611 Service Codes: Oral Surgery (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) (IC)	Yes (PA) (IC)	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	
D7251		Yes	Yes	Yes	
D7270		Yes	Yes	Yes	
D7280	Including orthodontic attachments; may not be billed in conjunction with applicable extraction codes (including D7220, D7230, D7240, D7241) when those codes are billed for an adjacent impacted extraction.	Yes	No	No	
D7283		Yes	No	No	

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
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	
D7340		Yes (PA)	Yes (PA)	Yes (PA)	Include justification of the surgical procedure designed to increase alveolar ridge height. See 602(A) above and 130 CMR 420.430(F).
D7350†		Yes	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 and 130 CMR 420.430(F).
D7410		Yes	Yes	Yes	
D7411		Yes	Yes	Yes	
D7450		Yes	Yes	Yes	
D7451		Yes	Yes	Yes	
D7460		Yes	Yes	Yes	
D7461		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
D7471†	Once per lifetime per arch	Yes	Yes	Yes	† 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	Yes	Yes	† 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	Yes	Yes	† 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.
D7961		Yes	Yes	Yes	
D7962		Yes	Yes	Yes	
D7963		Yes	Yes	Yes	
D7970		Yes	Yes	Yes	
D7999		Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA)(IC)	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.
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).

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. † 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. † 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. † 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	

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
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).
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	
D9450	Once per member per day	Yes	Yes	Yes	Only payable to providers that are within the 5 counties that meet the criteria for rural add-on payment. See 601 Introduction above.
D9999		Yes (PA), (IC)	Yes (PA), (IC)	Yes (PA) (IC)	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

10004	11970	13150	15572	17273
10005	11971	13151	15574	17274
10006	12001	13152	15576	17276
10021	12002	13153	15610	17280
10060	12004	13160	15620	17281
10061	12005	14000	15630	17282
10120	12006	14001	15730	17283
10121	12007	14020	15731	17284
10140	12011	14021	15733	17286
10160	12013	14040	15734	17999 (IC)
10180	12014	14041	15740	20100
11010	12015	14060	15750	20200
11011	12016	14061	15756	20205
11012	12017	14301	15757	20206
11042	12018	14302	15758	20220
11043	12020	15040	15760	20225
11044	12021	15100	15770	20240
11045	12031	15110	15819	20245
11046	12032	15111	15820 (PA)	20520
11310	12034	15115	15821 (PA)	20525
11311	12035	15116	15822 (PA)	20526
11312	12036	15120	15823 (PA)	20605
11313	12037	15121	15840	20615
11440	12041	15150	15841	20670
11441	12042	15151	15842	20680
11442	12044	15152	15845	20690
11443	12045	15155	15852	20692
11444	12046	15156	15860	20693
11446	12047	15157	16000	20694
11620	12051	15240	17000	20900
11621	12052	15241	17003	20902
11622	12053	15260	17004	20910
11623	12054	15261	17106	20912
11624	12055	15271	17107	20920
11626	12056	15272	17108	20922
11640	12057	15273	17110	20924
11641	13120	15274	17111	20926
11642	13121	15275	17260	20955
11643	13122	15276	17266	20956
11644	13131	15277	17270	20962
11646	13132	15278	17271	20969
11960	13133	15570	17272	

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

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20999 (IC)
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21089 (IC)
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21193 (PA)
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21198 (PA)
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21499 (IC)
21685
29800 (PA)
29804 (PA)
29999 (IC)
30000
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30140
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30462
30465
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30580
30600
30630
30901
30903
30905
30906
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30999 (IC)
31000
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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	41108	42200	42804	62147
40520	41110	42205	42806	62148
40525	41112	42210	42808	64400
40527	41113	42215	42809	64600
40530	41114	42220	42810	64605
40650	41115	42225	42815	64612
40652	41116	42226	42820	64613
40654	41120	42227	42842	64615
40700	41130	42235	42844	64616
40701	41135	42260	42845	64722
40702	41140	42280 (PA)	42860	64727
40720	41145	42281 (PA)	42870	64732
40761	41150	42299 (IC)	42890	64734
40799 (IC)	41153	42300	42894	64736
40800	41155	42305	42900	64738
40801	41250	42310	42950	64740
40804	41251	42320	42953	64864
40805	41252	42330	42955	64865
40806	41510	42335	42960	64868
40808	41520	42340	42961	64872
40810	41599 (IC)	42400	42962	64874
40812	41800	42405	42970	64885
40814	41805	42408	42971	64886
40816	41806	42409	42972	64910
40818	41820 (IC),	42410	42999 (IC)	64911
40819	(PA)	42415	61580	64999 (IC)
40820	41821 (IC)	42420	61581	67715
40830	41822	42425	61582	67840
40831	41823	42426	61583	67916
40840 (PA)	41825	42440	61584	67917
40842 (PA)	41826	42450	61585	68801
40843 (PA)	41827	42500	61586	68810
40844 (PA)	41828	42505	61590	68811
40845 (PA)	41830	42507	61591	69990
40899 (IC)	41850 (IC)	42508	61592	70100
41000	41874	42509	61595	70110
41005	41899 (IC)	42510	61596	70140
41006	42000	42550	61597	70150
41007	42100	42600	61598	70160
41008	42104	42650	61600	70210
41009	42106	42660	61605	70220
41010	42107	42665	61606	70240
41015	42120	42699 (IC)	61607	70328
41016	42140	42700	61608	70330
41017	42145	42720	62142	70360
41018	42160	42725	62143	70380
41100	42180	42800	62145	
41105	42182	42802	62146	

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

99202	99214	99222	99233	99284
99203	99215	99223	99234	99285
99204	99217	99224	99235	
99205	99218	99225	99236	
99211	99219	99226	99281	
99212	99220	99231	99282	
99213	99221	99232	99283	

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