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|  | ***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 [signature of Mike Levine]

**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**

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).

[Sign up](https://www.mass.gov/forms/email-notifications-for-masshealth-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

**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](mailto:inquiries@masshealthdental.net).

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

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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, 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](https://www.mass.gov/doc/appendix-v-masshealth-billing-instructions-for-provider-preventable-conditions-3/download) 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.

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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.

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.

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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](https://www.mass.gov/doc/appendix-e-intraoral-complete-series-of-radiographic-images/download) 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 |  |

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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).* |

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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** |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  | |

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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** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |  | |

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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** |
| --- | --- | --- | --- | --- | --- | --- |
| 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). |

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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. |

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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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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). |

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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). |

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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). |

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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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |

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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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  | |

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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 | |  | |

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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** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | |

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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 | | 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. |

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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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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](https://www.mass.gov/doc/appendix-f-authorization-for-interceptive-orthodontic-treatment/download).  † 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** |
| --- | --- | --- | --- | --- | --- |
| 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/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download).  † 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 (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/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download).  † 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download).  † 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

10005

10006

10021

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10061

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11012

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14061

14301

14302

15040

15100

15110

15111

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15821 (PA)

15822 (PA)

15823 (PA)

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17999 (IC)

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20225

20240

20245

20520

20525

20526

20605

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

20970

20999 (IC)

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21089 (IC)

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21193 (PA)

21194 (PA)

21195 (PA)

21196 (PA)

21198 (PA)

21199 (PA)

21206 (PA)

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21450

21451

21452

21453

21454

21461

21462

21465

21470

21480

21485

21490

21495

21497

21499 (IC)

21685

29800 (PA)

29804 (PA)

29999 (IC)

30000

30020

30124

30125

30130

30140

30150

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

31238

31239

31240

31256

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

40520

40525

40527

40530

40650

40652

40654

40700

40701

40702

40720

40761

40799 (IC)

40800

40801

40804

40805

40806

40808

40810

40812

40814

40816

40818

40819

40820

40830

40831

40840 (PA)

40842 (PA)

40843 (PA)

40844 (PA)

40845 (PA)

40899 (IC)

41000

41005

41006

41007

41008

41009

41010

41015

41016

41017

41018

41100

41105

41108

41110

41112

41113

41114

41115

41116

41120

41130

41135

41140

41145

41150

41153

41155

41250

41251

41252

41510

41520

41599 (IC)

41800

41805

41806

41820 (IC), (PA)

41821 (IC)

41822

41823

41825

41826

41827

41828

41830

41850 (IC)

41874

41899 (IC)

42000

42100

42104

42106

42107

42120

42140

42145

42160

42180

42182

42200

42205

42210

42215

42220

42225

42226

42227

42235

42260

42280 (PA)

42281 (PA)

42299 (IC)

42300

42305

42310

42320

42330

42335

42340

42400

42405

42408

42409

42410

42415

42420

42425

42426

42440

42450

42500

42505

42507

42508

42509

42510

42550

42600

42650

42660

42665

42699 (IC)

42700

42720

42725

42800

42802

42804

42806

42808

42809

42810

42815

42820

42842

42844

42845

42860

42870

42890

42894

42900

42950

42953

42955

42960

42961

42962

42970

42971

42972

42999 (IC)

61580

61581

61582

61583

61584

61585

61586

61590

61591

61592

61595

61596

61597

61598

61600

61605

61606

61607

61608

62142

62143

62145

62146

62147

62148

64400

64600

64605

64612

64613

64615

64616

64722

64727

64732

64734

64736

64738

64740

64864

64865

64868

64872

64874

64885

64886

64910

64911

64999 (IC)

67715

67840

67916

67917

68801

68810

68811

69990

70100

70110

70140

70150

70160

70210

70220

70240

70328

70330

70360

70380

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

99202

99203

99204

99205

99211

99212

99213

99214

99215

99217

99218

99219

99220

99221

99222

99223

99224

99225

99226

99231

99232

99233

99234

99235

99236

99281

99282

99283

99284

99285

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