

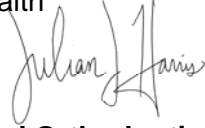


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter DEN-87
June 2012

TO: Dental Providers Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director 

RE: **Addition of New Service Codes, Revised Orthodontic Form, Dental Policy Clarifications, and Reminders for Covered Services and Conditions of Payment**

This transmittal letter clarifies several current MassHealth policies about how dental providers must provide and bill certain services. It also includes a revised Appendix D to the *Dental Manual*, which contains guidelines, and a new form, for dentists who are specialists in orthodontics to measure severe and handicapping malocclusions.

In addition, this letter transmits a revised Subchapter 6 of the *Dental Manual*, which

- adds coverage for the Current Dental Terminology (CDT) and Current Procedural Terminology (CPT) service codes listed below and effective for dates of services on or after July 1, 2012;
- removes the prior-authorization (PA) requirements for certain service codes listed below;
- limits coverage of certain service codes listed below to dentists who have been approved by MassHealth as specialists in orthodontics (in accordance with 130 CMR 420.405(A)(6)); and
- adds coverage of additional service codes for public health dental hygienists.

Finally, this letter contains reminders about coverage of certain service codes.

Dental providers who bill using Current Dental Terminology (CDT) service codes must refer to the American Dental Association's (ADA) 2012 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) Current Procedural Terminology (CPT) 2012 code book for descriptions for service codes listed in Subchapter 6.

Please Note: All other conditions of payment in 130 CMR 420.000 and 450.000 still apply, including, but not limited to, age limitations and specifications for services provided to members.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The specific regulation titles for services are 114.3 CMR 14.00: Dental Services; 114.3 CMR 16.00: Surgery and Anesthesia Services; 114.3 CMR 17.00: Medicine; and 114.3 CMR 18.00: Radiology.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

I. Changes to Subchapter 6

MassHealth has removed service code descriptions from Subchapter 6 of the *Dental Manual*, and has made additional changes as described below.

New Current Dental Terminology (CDT) Codes and Alternative Coding Allowances

MassHealth will cover the following service codes for dates of service on or after July 1, 2012.

D2740	D2752	D5225	D5730	D5740	D7250
D2750	D2790	D5226	D5731	D5741	D9248

For some of these new service codes listed in **Column A** below, MassHealth does not pay more than the related code listed in **Column B**.

Column A	Column B
D2740 - Crown, porcelain/ceramic substrate	D2751 - Crown, porcelain fused to predominantly base metal
D2750 - Crown, porcelain fused to high noble metal	D2751 - Crown, porcelain fused to predominantly base metal
D2752 - Crown, porcelain fused to noble metal	D2751 - Crown, porcelain fused to predominantly base metal
D2790 - Crown, full cast high noble metal	D2751 - Crown, porcelain fused to predominantly base metal
D5225 - Maxillary partial denture – flexible base (including any clasps, rests, and teeth)	D5213 - Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)
D5226 - Mandibular partial denture – flexible base (including any clasps, rests, and teeth)	D5214 - Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)

New Current Procedural Terminology (CPT) Codes

MassHealth will cover the following service codes for dates of service on or after July 1, 2012, for dentists who are specialists in oral surgery (in accordance with 130 CMR 420.405(A)(7)).

14000	15852	31615	42950
14001	15860	31622	42953
14020	20225	35500	61580
14021	20526	35572	61581
14301	30000	35681	61582
14302	30020	35682	61584
15271	30124	35701	61586
15272	30125	35800	61600
15273	30150	35875	62142
15274	30160	35876	62143
15275	31200	37609	62145
15276	31201	38542	62146
15277	31205	38550	64868
15278	31231	38555	64872
15734	31420	38700	64874
15740	31505	38720	68801
15750	31510	38724	68810
15756	31515	38790	68811
15757	31525	38792	
15758	31575	42820	
15760	31610	42894	

New PA Requirements for Certain Codes

The PA requirement has been removed from the following codes.

D3310	D3330 [†]	D3347 [†]	D5110	D5211	D5710	D5750
D3320 [†]	D3346	D3348 [†]	D5120	D5212	D5711	D5751

[†] **Please Note:** The prior authorization requirement has **not** been removed for DDS clients over the age of 21. For these individuals, the service is covered only in accordance with 130 CMR 420.425(C), 420.426(B)(3), and 420.426(C)(2).

Service Codes Limited to Specialists in Orthodontics

MassHealth has updated Subchapter 6 to identify service codes (listed below) that can be billed only by dentists who have been approved by MassHealth as specialists in orthodontics (in accordance with 130 CMR 420.405(A)(6)). In order to qualify, a dentist must meet all conditions for participation as a MassHealth dental provider and, additionally, have completed a minimum of two years of training in a CODA-advanced education program in orthodontics that fulfills all educational requirements for eligibility for the examination by the American Board of Orthodontics.

D8080	D8660	D8670	D8680	D8690	D8692
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Coverage of Additional Service Codes for Public Health Dental Hygienists

MassHealth will cover the following service codes for public health dental hygienists (PHDHs), for dates of service on or after July 1, 2012:

D0220 D0272 D0273 D0274

II. Reminder About Use of Modifier 51 by Dentists Who Are Specialists in Oral Surgery

Dentists who are specialists in oral surgery (in accordance with 130 CMR 420.405(A)(7)) are reminded that when they bill for multiple surgeries performed at the same operative session, or on the same day, Modifier 51 must be added to the second, third, and subsequent line, as appropriate. The primary procedure must be reported on Line One.

III. Payment for Multiple Endoscopy Procedures to Dentists Who Are Specialists in Oral Surgery

When dentists who are specialists in oral surgery (in accordance with 130 CMR 420.405(A)(7)) perform multiple procedures through the same endoscope, payment is made for the highest valued endoscopy procedure, plus the difference between the next highest endoscopy procedure and the base endoscopy procedure.

The base endoscopy procedure is included in the codes for each of the multiple procedures. When two related endoscopies and an unrelated endoscopy are performed, the endoscopic payment rule stated above applies to the related endoscopies. Unrelated endoscopic procedures are treated as separate surgeries and paid as multiple surgeries using Modifier 51.

IV. New Guidelines for Dentists Who Are Specialists in Orthodontics to Measure Severe and Handicapping Malocclusion (Appendix D)

The Handicapping Labio-Lingual Deviations Form (HLD) is a quantitative, objective method for measuring severe and handicapping malocclusions.

This new form replaces the PAR Index in Appendix D of the *Dental Manual*. The HLD Form is also available on the MassHealth website at www.mass.gov/masshealth. Click on MassHealth Provider Forms in the lower right corner of the page. Scroll down the page to Dental Providers.

MassHealth will accept PA requests from dentists who are specialists in orthodontics (in accordance with 130 CMR 420.405(A)(6)), for comprehensive orthodontic treatment with the PAR Index Recording Form until June 30, 2012. **Effective July 1, 2012**, all PA requests for comprehensive orthodontic treatment **must** be submitted with a completed HLD Form and all required accompanying documentation (see 130 CMR 420.431(E)).

V. Reminder about Coverage of Service Code D9110 for Public Health Dental Hygienists

Public Health Dental Hygienists (PHDHs) can bill the two procedures listed below as palliative (emergency) treatment of dental pain using Service Code D9110 when performed in accordance with the licensure requirements as per 234 CMR 5.12.

- Perform a minor emergency denture adjustment to eliminate pain and discomfort in nursing facilities and other residential or long-term care facilities; and
- Perform minor emergency palliative orthodontic adjustment to eliminate pain and discomfort.

VI. Reminder about Noncoverage for Oral/Facial Photographic Images (Service Code D0350)

MassHealth does not cover oral/facial photographic images (Service Code D0350) as a separate procedure. Payment for digital or photographic prints is included in the payment for orthodontic treatment services.

VII. Reminder about Noncoverage for Diagnostic Casts (Service Code D0470)

MassHealth does not cover diagnostic casts (Service Code D0470) as a separate procedure. Where medically necessary, payment is included as a component of the orthodontic services.

VIII. Detailed and Extensive Oral Evaluation (Service Code D0160)

MassHealth will pay for extensive oral evaluations (Service Code D0160) according to the description in the ADA code book.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact MassHealth Dental Customer Service at 1-800-207-5019, or e-mail your inquiry to inquiries@masshealth-dental.net.

NEW MATERIAL

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

Dental Manual

Pages vi, 6-1 through 6-22, and D-1 through D-4

OBSOLETE MATERIAL

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

Dental Manual

Page vi — transmitted by Transmittal Letter DEN-84

Pages 6-1, 6-2, and 6-5 through 6-48 — transmitted by Transmittal Letter DEN-85

Pages 6-3 and 6-4 — transmitted by Transmittal Letter DEN-86

Pages D-1 through D-8 — transmitted by Transmittal Letter DEN-48

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601 Introduction

Dental providers who bill using Current Dental Terminology (CDT) codes must refer to the American Dental Association's (ADA) 2012 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 American Medical Association's (AMA) Current Procedural Terminology (CPT) 2012 code book for the service descriptions for codes listed in Subchapter 6 of the *Dental Manual*.

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

Dentists Who Are Specialists in Oral Surgery

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

When billing for multiple surgeries, performed at 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 line as appropriate. The primary procedure must be on line one.

Public Health Dental Hygienists

Public health dental hygienists may claim payment for Service Codes D0220, D0272, D0273, D0274, D1110, D1120, D1203, D1204, D1206, D1351, D4341, D4342, D9110, and D9410.

602 Explanation of Abbreviations and Service Code Requirements

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

(A) "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. 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 will pay for additional prophylaxis for a member within a calendar year if medically necessary.)

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602 Explanation of Abbreviations and Service Code Requirements (cont.)

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

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

(C) “Separate procedure” within the service code description indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee (see 130 CMR 420.413).

(D) “By report” in the service code description column indicates that the provider must include with the claim a narrative documenting the medical necessity for the procedure.

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	
D0160		Yes	Yes	Yes	See 602(D) above.

604 Service Codes: Radiographs

See 130 CMR 420.423 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	(FMx) (including bitewings) (once every three calendar years)	Yes	Yes	Yes	
D0220		Yes	Yes	Yes	

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604 Service Codes: Radiographs (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
D0230		Yes	Yes	Yes	
D0270		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		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 – permanent dentition	Yes (Use this code for ages 14-21.)	Yes	Yes	
D1120	Twice per calendar year – primary or mixed dentition	Yes (Use this code for ages up to 14.)	No	No	
D1203	Prophylaxis not included	Yes	No	No	
D1204	Prophylaxis not included	No	No*	No*	* <i>Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva – (PA) See 602(A) above and 130 CMR 420.424(B)(1)(b).</i>

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605 Service Codes: Preventive Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D1206		Yes	No	No	
Other Preventive Services					
D1351	Primary or permanent first, second, and third noncarious, nonrestored molars	Yes	No	No	
Space Maintenance (Passive Appliances)					
D1510		Yes	No	No	
D1515		Yes	No	No	
D1520		Yes	No	No	
D1525		Yes	No	No	
D1550		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		Yes	Yes	No	
D2150		Yes	Yes	No	
D2160		Yes	Yes	No	
D2161		Yes	Yes	No	
Resin-Based Composite Restorations					
D2330		Yes	Yes	No	
D2331		Yes	Yes	No	
D2332		Yes	Yes	No	
D2335		Yes	Yes	No	
D2390		Yes	No	No	
D2391		Yes	Yes	No	
D2392		Yes	Yes	No	

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606 Service Codes: Restorative Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D2393		Yes	Yes	No	
D2394		Yes	Yes	No	
Crowns – Single Restoration Only					
D2710	Indirect	Yes	No	No	
D2740		Yes	No	No	
D2750		Yes	No	No	
D2751		Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(2).
D2752		Yes	No	No	
D2790		Yes	No	No	
Other Restorative Services					
D2910		Yes	Yes	No	
D2920		Yes	Yes	No	
D2930		Yes	No	No	
D2931		Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.425(C)(2).</i>
D2932	Primary anterior teeth only	Yes	No	No	
D2934		Yes	No	No	
D2951		Yes	Yes	No	
D2954		Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 20.425(C)(1)(c).
D2980	Chairside	Yes	Yes	No	See 602(D) above.
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).

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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					
D3220		Yes	No	No	
Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)					
D3310	Excluding final restoration	Yes	Yes	No	
D3320	Excluding final restoration	Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required</i>
D3330	Excluding final restoration	Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required.</i>
D3346		Yes	Yes	No	
D3347		Yes	No*	No	* <i>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.</i>
Endodontic Retreatment					
D3348		Yes	No*	No	* <i>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.</i>

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607 Service Codes: Endodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
	Apicoectomy/Periradicular Services				
D3410	(per tooth) (includes retrograde filling)	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	First 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).
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).

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608 Service Codes: Periodontic Services

See 130 CMR 420.427 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
	Surgical Services (Including Usual Postoperative Services)				
D4210	Once per quadrant per three-year period	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).
D4211	Once per quadrant per three-year period	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).

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608 Service Codes: Periodontic Services (cont.)

D4341	Once per quadrant per three-year period	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B).
D4342		Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B).

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		Yes	Yes	No	
D5120		Yes	Yes	No	
D5130		Yes	No	No	
D5140		Yes	No	No	
	Partial Dentures (Including Routine Post-Delivery Care)				
D5211	Including any conventional clasps, rests, and teeth	Yes	Yes	No	
D5212	Including any conventional clasps, rests, and teeth	Yes	Yes	No	

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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
D5213	Including any conventional clasps, rests, and teeth	Yes	No	No	
D5214	Including any conventional clasps, rests, and teeth	Yes	No	No	
D5225	Including any clasps, rests, and teeth	Yes	No	No	
D5226	Including any clasps, rests, and teeth	Yes	No	No	
Repairs to Complete Dentures					
D5510					
D5520	Each tooth				
Repairs to Partial Dentures					
D5610		Yes	Yes	No	
D5620		Yes	Yes	No	
D5630		Yes	Yes	No	
D5640		Yes	Yes	No	
D5650		Yes	Yes	No	
D5660		Yes	Yes	No	
Denture Rebase Procedures					
D5710		Yes	Yes	No	
D5711		Yes	Yes	No	
D5720	Cast partial denture only	Yes	No	No	
D5721	Cast partial denture only	Yes	No	No	
Denture Reline Procedures					
D5730	Chairside	Yes	Yes	No	
D5731	Chairside	Yes	Yes	No	
D5740	Chairside	Yes	No	No	
D5741	Chairside	Yes	No	No	
D5750	Laboratory	Yes	Yes	No	
D5751	Laboratory	Yes	Yes	No	
D5760	Laboratory, cast partial denture only	Yes	No	No	
D5761	Laboratory, cast partial denture only	Yes	No	No	

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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		Yes	No	No	
D6751		Yes	No	No	
Other Fixed Partial Denture Services					
D6930		Yes	No	No	
D6980	Chairside	Yes	No	No	See 602 (D) above.

611 Service Codes: Exodontic Services

See 130 CMR 420.430 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D6999	Outside laboratory	Yes (PA) (IC)	Yes (PA)	No	Include documentation to substantiate why the repair could not be done chairside. See 602(A), (B), and (D) 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	Cutting procedure	Yes	Yes	Yes	
D7270		Yes	Yes	Yes	
D7280	Including orthodontic attachments	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		Yes	Yes	No	
D7311		Yes	Yes	No	
D7320		Yes	Yes	No	
D7321		Yes	Yes	No	
D7340	Secondary epithelialization	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 [†]	Including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue	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 [†]	Maxilla or mandible	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.
D7960	frenectomy or frenotomy – separate procedure	Yes	Yes	No	See 602(C) above.

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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
D7963		Yes	Yes	No	
D7970		Yes	Yes (PA)	No	Include a narrative documenting the medical necessity for the procedure and documentation of the planned prosthesis. See 602(A) above and 130 CMR 420.430(H).
D7999		Yes (PA) (IC)	Yes (PA) (IC)	No	See 602(A), (B), and (D) 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.

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8060		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance. See 602(A) and (B) above and 130 CMR 420.431.
D8080 [†]		Yes (PA)		No	Include the x-ray, photographic prints, and a completed copy of the Handicapping Labio-Lingual Deviations Form (HLD)(<i>Dental Manual Appendix D</i>). See 602(A) 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).
	Other Orthodontic Services				
D8660 [†]	Consultation - once per six months	Yes	Yes	No	[†] Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7)

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8670 [†]	As part of contract; billed quarterly	Yes (PA)	No*	No*	<p>Submit separate prior authorization request for year 1, year 2, and year 3 (up to 6 months), if necessary. For years 2 and 3 only, include original photographic prints, intraoral photographic prints, documentation that all restorative services were completed, and a copy of the initially submitted orthodontics prior-authorization form with Part IV completed with progress to date. See 602(A) above.</p> <p><i>* Exception for members whose comprehensive orthodontic treatment was begun by age 21.</i></p> <p><i>[†] Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7). See 130 CMR 420.431(A)(1).</i></p>

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8680 [†]	Removal of appliances, construction and placement of retainer(s)	Yes	No*	No*	* <i>Exception for members whose comprehensive orthodontic treatment was begun by age 21. PA required. See 130 CMR 420.431(A)(1).</i> † <i>Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7)</i> 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	† <i>Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7).</i> See 602(A) above.

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612 Service: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8692 [†]		Yes (PA)	No*	No*	Include a statement regarding the date of the onset of retention. See 602(A) above. * <i>Exception for members whose comprehensive orthodontic treatment was begun by age 21. PA required.</i> See 130 CMR 420.431(A)(1). [†] <i>Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7).</i>
D8999 [†]		Yes (PA) (IC)	No*	No*	* <i>Exception for members whose comprehensive orthodontic treatment was begun by age 21. PA required.</i> See 130 CMR 420.431(A)(1). [†] <i>Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7)</i> See 602(A), (B), and (D) above.

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613 Service Codes: General Anesthesia and IV Sedation Services

See 130 CMR 420.452 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D9220		Yes	Yes	Yes	
D9221		Yes	Yes	Yes	
D9230		Yes	Yes	Yes	
D9241		Yes	Yes	Yes	
D9242		Yes	Yes	Yes	
D9248		Yes	Yes	Yes	

614 Service Codes: Other Services

See 130 CMR 420.456 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
	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	

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614 Service Codes: Other Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
	Professional Visits				
D9410		Yes	Yes	Yes	A visit to a nursing facility, chronic disease and rehabilitation hospitals, hospice facilities, schools, and other licensed educational facilities, 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(G).
	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) and (D) above and 130 CMR 420.456(C).

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614 Service Codes: Other Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
Miscellaneous Services					
D9930		Yes (I.C)	Yes (IC)	Yes (IC)	Include with the claim the date, the location of the original surgery, and the type of procedure. See 602(A) above.
D9940		Yes (PA)	No	No	Include documented evidence of the need for the appliance. See 602(A) and (D) above.
D9941		Yes	No	No	
D9999		Yes (PA) (IC)	Yes (PA) (IC)	No	See 602(A), (B), and (D) above.

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

99201	99213	99232	10060	11010	11046
99202	99214	99233	10061	11011	11100
99203	99215	99281	10120	11012	11101
99204	99221	99282	10121	11042	11310
99205	99222	99283	10140	11043	11311
99211	99223	99284	10160	11044	11312
99212	99231	99285	10180	11045	11313
11440	11643	12015	12054	13152	14040
11441	11644	12016	12055	13153	14041
11442	11646	12017	12056	13160	14060
11443	11960	12018	12057	14000	14061
11444	11970	12020	13131	14001	15120
11446	11971	12021	13132	14020	15121
11640	12011	12051	13133	14021	15240
11641	12013	12052	13150	14301	15241
11642	12014	12053	13151	14302	15260

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

CPT Service Codes

15261	17999	21046	21194	21355	30125
15271	20005	21047	21195	21356	30130
15272	20200	21048	21196	21360	30140
15273	20205	21049	21198	21365	30150
15274	20206	21050	21206	21366	30160
15275	20220	21060	21208	21385	30520
15276	20240	21070	21209	21386	30580
15277	20225	21076	21210	21387	30600
15278	20245	21077	21215	21390	30901
15570	20520	21079	21230	21395	30903
15572	20525	21080	21235	21400	30905
15574	20526	21081	21240	21401	30906
15576	20605	21082	21242	21406	30999
15620	20615	21083	21243	21407	31000
15630	20670	21084	21244	21408	31020
15732	20680	21085	21247	21421	31030
15734	20690	21086	21255	21422	31032
15740	20692	21087	21260	21423	31200
15750	20693	21088	21261	21431	31201
15756	20694	21089	21263	21432	31205
15757	20900	21100	21267	21433	31225
15758	20902	21110	21268	21435	31231
15760	20910	21116	21270	21436	31233
15770	20912	21137	21275	21440	31256
15819	20920	21138	21280	21445	31267
15820	20922	21139	21282	21450	31290
15821	20924	21141	21295	21451	31292
15822	20926	21142	21296	21452	31293
15823	20955	21143	21299	21453	31294
15840	20956	21145	21310	21454	31299
15841	20962	21146	21315	21461	31420
15842	20969	21147	21320	21462	31500
15845	20970	21150	21325	21465	31502
15852	20999	21151	21330	21470	31505
15860	21010	21154	21335	21480	31510
16000	21015	21155	21336	21485	31515
17000	21025	21159	21337	21490	31525
17003	21026	21160	21338	21495	31575
17004	21029	21172	21339	21497	31600
17106	21030	21175	21340	21499	31603
17280	21031	21181	21343	29800	31605
17281	21032	21182	21344	29804	31610
17282	21034	21183	21345	29999	31615
17283	21040	21184	21346	30000	31622
17284	21044	21188	21347	30020	35500
17286	21045	21193	21348	30124	35572

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

CPT Service Codes

35681	40830	41821	42415	61582
35682	40831	41822	42420	61584
35701	40840	41823	42425	61586
35800	40842	41825	42440	61600
35875	40843	41826	42450	62142
35876	40844	41827	42500	62143
37609	40845	41828	42505	62145
38542	40899	41830	42507	62146
38550	41000	41850	42508	64400
38555	41005	41874	42509	64600
38700	41006	41899	42510	64722
38720	41007	42000	42550	64727
38724	41008	42100	42600	64732
38790	41009	42104	42650	64734
38792	41010	42106	42660	64736
38500	41015	42107	42665	64738
38505	41016	42120	42699	64740
38510	41017	42140	42700	64864
40490	41018	42145	42720	64868
40500	41100	42160	42725	64872
40510	41105	42180	42800	64874
40520	41108	42182	42802	64885
40525	41110	42200	42804	64999
40527	41112	42205	42806	68801
40530	41113	42210	42808	68810
40650	41114	42215	42809	68811
40652	41115	42220	42810	69990
40654	41116	42225	42815	70100
40700	41120	42226	42820	70110
40701	41130	42227	42894	70140
40702	41135	42235	42842	70150
40720	41140	42260	42844	70160
40761	41145	42280	42845	70210
40799	41150	42281	42860	70220
40800	41153	42299	42870	70240
40801	41155	42300	42900	70328
40804	41250	42305	42950	70330
40805	41251	42310	42953	70360
40806	41252	42320	42960	70380
40808	41500	42330	42961	
40810	41510	42335	42962	
40812	41520	42340	42970	
40814	41599	42400	42971	
40816	41800	42405	42972	
40818	41805	42408	42999	
40819	41806	42409	61580	
40820	41820	42410	61581	

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The Handicapping Labio-Lingual Deviations Form (HLD) is a quantitative, objective method for measuring malocclusion. The HLD provides a single score, based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. You will need this form and a Boley Gauge.

The following documents **must** be submitted with this form.

X-rays _____
Photos _____

MassHealth Handicapping Labio-Lingual Deviations (The HLD Index No. 4)

FOR OFFICE USE ONLY ☐ First Reviewer: __ ☐ Second Reviewer: __ ☐ Third Reviewer: __

Procedure

1. Occlude patient or models in occlusion position.
2. Record all measurements in the order given, and rounded off to the nearest millimeter.
3. **Enter score "0" if condition is absent.**
4. Start by measuring **overjet** of the most protruding incisor.
5. Measure **overbite** from the labio-incisal edge of overlapped front tooth (or teeth) to point of maximum coverage.
6. Score all other conditions listed.
7. **Ectopic eruption** and **anterior crowding**: **Do not double score.** Record the more serious condition.
8. Deciduous teeth and teeth not fully erupted are not to be scored.

Patient's Name (please print): _____ Member ID No.: _____

Address: _____
Street City/County State Zip

Conditions Observed	HLD Score
Cleft palate	Score "X" _____
Deep impinging overbite	Score "X" _____
Anterior impactions	Score "X" _____
Severe traumatic deviations	Score 15 _____
Overjet in mm	X1 _____
Overbite in mm	X1 _____
Mandibular protrusion in mm	X5 _____
Open bite in mm	X4 _____
Ectopic eruption (number of teeth, excluding third molars) ¹	X3 _____
Anterior crowding: maxilla: _____ mandible: _____	X5 ea _____
Labio-lingual spread, in mm (anterior spacing)	X1 _____
Posterior unilateral crossbite	Score 4 _____
	Total: _____

A score of 28 and over constitutes a severe and handicapping malocclusion.

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I certify under the pains and penalties of perjury that I am the prescribing provider identified below. Any attached statement on my letterhead has been reviewed and signed by me. I certify that the medical necessity information (per 130 CMR 450.204) on this form is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Prescribing provider's signature _____
(signature and date stamps, or the signature of anyone other than the provider, are not acceptable):

Printed name of prescribing provider: _____

Date_____

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Handicapping Labio-Lingual Deviation Index Scoring Instructions

All measurements must be made with a Boley Gauge, scaled in millimeters. Absence of any conditions must be recorded by entering "0."

The following information should help clarify the categories on the HLD Index.

1. **Cleft Palate Deformities:** Indicate an "X" on the form. (This condition is considered to be a handicapping malocclusion.)
2. **Deep Impinging Overbite:** Indicate an "X" on the form when lower incisors are destroying the soft tissue of the palate. (This condition is considered to be a handicapping malocclusion.)
3. **Anterior Impactions:** Indicate an "X" on the form. Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches.
4. **Severe Traumatic Deviations:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology. The presence of severe traumatic deviations is indicated by a score of 15 of the form.
5. **Overjet in Millimeters:** This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form.
6. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the form. Reverse overbite may exist in certain conditions and should be measured and recorded.
7. **Mandibular Protrusion in Millimeters:** Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the form and multiplied by 5. A reverse overbite, if present, should be shown under "overbite."
8. **Open Bite in Millimeters:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge in millimeters. This measurement is entered on the form and multiplied by 4. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, use a close approximation.
9. **Ectopic Eruption:** Count each tooth, excluding third molars. Enter the number of teeth on the form and multiply by 3. If "Condition No. 10, Anterior Crowding," is also present, with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
10. **Anterior Crowding:** Arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If "Condition No. 9, Ectopic Eruption," is also present in the anterior portion of the mouth, score the most severe condition. Do not score both conditions.
11. **Labio-Lingual Spread:** The Boley Gauge is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured.

The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. If multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.

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12. **Posterior-Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the form.