|  |  |
| --- | --- |
|  | ***Commonwealth of Massachusetts***  ***Executive Office of Health and Human Services Office of Medicaid***  [*www.mass.gov/masshealth*](http://www.mass.gov/masshealth) |

MassHealth

Transmittal Letter DEN-93 May 2015

**TO:** Dental Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary and Director of MassHealth

**RE:** *Dental Manual* (Revised Service Codes)

This letter transmits an updated Subchapter 6 of the *Dental Manual* regarding coverage of dentures for MassHealth members. MassHealth currently covers dentures for members under age 21 when medically necessary, pursuant to federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. Effective for dates of service beginning May 15, 2015, and notwithstanding the descriptions and limitations in 130 CMR 420.428, MassHealth will also pay for certain prosthodontic services (full and partial dentures, including repairs) for members age 21 and older.

The corresponding service codes in Subchapter 6 of the *Dental Manual* have been updated to reflect this additional coverage. Service codes affected by the addition of these prosthodontic services for members age 21 and older are listed below. The revised Subchapter 6 also includes several technical corrections.

**Current Dental Terminology (CDT) Codes Affected by Update**

D5110 Complete denture - maxillary D5120 Complete denture - mandibular

D5211 Maxillary partial denture – resin base

(including any conventional clasps, rests and teeth)

D5212 Mandibular partial denture – resin base

(including any conventional clasps, rests and teeth) D5510 Repair broken complete denture base

D5520 Replace missing or broken teeth – complete denture (each tooth) D5610 Repairs to partial dentures

D5620 Repairs to partial dentures D5630 Repairs to partial dentures D5640 Repairs to partial dentures D5650 Repairs to partial dentures D5660 Repairs to partial dentures

D5710 Rebase complete maxillary denture D5711 Rebase complete mandibular denture

D5730 Reline complete maxillary denture (chairside) D5731 Reline complete mandibular denture (chairside) D5750 Laboratory

D5751 Laboratory

MassHealth

Transmittal Letter DEN 93 May 2015

Page 2

**MassHealth Website**

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

**Questions**

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

NEW MATERIAL

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

Pages 6-1 through 6-24

OBSOLETE MATERIAL

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

Pages 6-1 through 6-6 — transmitted by Transmittal Letter DEN-92 Pages 6-7 through 6-24 — transmitted by Transmittal Letter DEN-90

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts MassHealth**  **Provider Manual Series** | **Subchapter Number and Title**  6. Service Codes | **Page**  6-1 |
| Dental Manual | **Transmittal Letter**  DEN-93 | **Date**  05/15/15 |

601 Introduction

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

MassHealth pays for dental services as described in MassHealth regulations at 130 CMR 420.000 and 450.000. A dental provider may request prior authorization for any medically necessary service payable in accordance with the Early and Periodic Screening, Diagnosis and Treatment

(EPSDT) provisions set forth in 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member under the age of 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*. For each dental service code, the description indicates any limitations, such as age and frequency, and if prior authorization is required for the member.

Dentists Who Are Specialists in Oral Surgery

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

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

Modifiers

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

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

For more information on the use of these modifiers, see [Appendix V](http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-v-all.pdf) of your provider manual. Public Health Dental Hygienists

Public health dental hygienists may claim payment for Service Codes D0220, D0272, D0273, D0274, D1110, D1120, D1206, D1208, 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.

1. 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.)
2. 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 |  |
| D0160 |  | Yes | Yes | Yes |  |

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 |  |
| 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 |  |

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 |  |
| D1208 |  | Yes | No\* | No\* | *\* 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).* |
|  | **Other Preventive Services** | | | | |
| D1351 | 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 | Yes |  |
| D2150 |  | Yes | Yes | Yes |  |
| D2160 |  | Yes | Yes | Yes |  |
| D2161 |  | Yes | Yes | Yes |  |
|  | **Resin-Based Composite Restorations** | | | | |
| D2330 |  | Yes | Yes | Yes |  |
| D2331 |  | Yes | Yes | Yes |  |
| D2332 |  | Yes | Yes | Yes |  |
| D2335 |  | Yes | Yes | Yes |  |

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** |
| D2390 |  | Yes | No | No |  |
| D2391 |  | Yes | Yes | Yes |  |
| D2392 |  | Yes | Yes | Yes |  |
| D2393 |  | Yes | Yes | Yes |  |
| D2394 |  | Yes | Yes | Yes |  |
|  | **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 | *\* Exception for members with undue medical risk. See*  *130 CMR 420.425(C)(2).* |
| D2932 | Primary anterior teeth only | Yes | No | No |  |
| D2934 |  | Yes | No | No |  |
| D2951 |  | Yes | Yes | No |  |
| D2954 |  | Yes | Yes (PA) | No | Include periapical film of the tooth. See  602(A) above and  130 CMR 420.425(C)(1)(c) |
| D2980 | Chairside | Yes | Yes | No |  |
| D2999 | Outside laboratory | Yes (PA) (IC) | Yes (PA)  (IC) | No | Include documentation to substantiate why the repair could not be done chairside. See 602(A) and  (B) above and  130 CMR 420.425(E). |

607 Service Codes: Endodontic Services

See 130 CMR 420.426 for service descriptions and limitations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code and Limitations** | | **Covered Under Age 21?** | **Covered DDS**  **Clients Aged 21 and**  **Older?** | **Covered Aged 21 and Older?** | **Prior-Authorization Requirements, Report Requirements, and Notations** |
|  | **Pulpotomy** | | | | |
| D3220 |  | Yes | No | No |  |
|  | **Root Canal Therapy** (Including Pre- and Post-Treatment Radiographs and Follow-up Care) | | | | |
| D3310 | Excluding final restoration | Yes | Yes | No |  |
| D3320 | Excluding final restoration | Yes | No\* | No | *\* Exception for members with undue medical risk. See*  *130 CMR 420.426(B)(3).*  *PA required.* |
| D3330 | Excluding final restoration | Yes | No\* | No | *\* Exception for members with undue medical risk. See*  *130 CMR 420.426(B)(3).*  *PA required.* |
| D3346 |  | Yes | Yes | No |  |
| D3347 |  | Yes | No\* | No | *\* Exception for members with undue medical risk or with one or more medical conditions listed in*  *130 CMR 420.425(C)(2).*  *See*  *130 CMR 420.426(C)(2).*  *PA required.* |
|  | **Endodontic Retreatment** | | | | |
| D3348 |  | Yes | No\* | No | *\* Exception for members with undue medical risk or with one or more medical conditions listed in*  *130 CMR 420.425(C)(2).*  *See*  *130 CMR 420.426(C)(2).*  *PA required.* |

607 Service Codes: Endodontic Services (cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code and Limitations** | | **Covered** | **Covered** | **Covered** | **Prior-Authorization** |
|  | | **Under** | **DDS** | **Aged 21** | **Requirements, Report** |
|  | | **Age 21?** | **Clients** | **and Older?** | **Requirements, and** |
|  | |  | **Aged 21** |  | **Notations** |
|  | |  | **and** |  |  |
|  | |  | **Older?** |  |  |
|  | **Apicoectomy/Periradicular Services** | | | | |
| D3410 | (per tooth) (includes | Yes | Yes | No | Include periapical film |
|  | retrograde filling) |  | (PA) |  | 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 | No | Include periapical film |
|  |  |  | (PA) |  | of the tooth and date of |
|  |  |  |  |  | the original root canal |
|  |  |  |  |  | treatment. See 602(A) |
|  |  |  |  |  | above and |
|  |  |  |  |  | 130 CMR 420.426(D). |
| D3425 | First root | Yes | Yes | No | Include periapical film |
|  |  |  | (PA) |  | 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 | No | Include periapical film |
|  |  |  | (PA) |  | of the tooth and date of |
|  |  |  |  |  | the original root canal |
|  |  |  |  |  | treatment. See 602(A) |
|  |  |  |  |  | above and |
|  |  |  |  |  | 130 CMR 420.426(D). |

608 Service Codes: Periodontic Services

See 130 CMR 420.427 for service descriptions and limitations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code and Limitations** | | **Covered Under Age 21?** | **Covered DDS**  **Clients Aged 21 and**  **Older?** | **Covered Aged 21 and Older?** | **Prior-Authorization Requirements, Report Requirements, and Notations** |
|  | **Surgical Services** (Including Usual Postoperative Services) | | | | |
| D4210 | Once per quadrant per three- | Yes | Yes | No | Include complete |
|  | year period |  | (PA) |  | 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- | Yes | Yes | No | Include complete |
|  | year period |  | (PA) |  | 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: Periodontic Services (cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code and Limitations** | | **Covered Under Age 21?** | **Covered DDS**  **Clients Aged 21 and**  **Older?** | **Covered Aged 21 and Older?** | **Prior-Authorization Requirements, Report Requirements, and Notations** |
| D4341 | Once per quadrant per three- | Yes | Yes | No | Include complete |
|  | year period |  | (PA) |  | 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 | No | Include complete |
|  |  | (PA) |  | 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 | Yes |  |
| D5120 |  | Yes | Yes | Yes |  |
| D5130 |  | Yes | No | No |  |
| D5140 |  | Yes | No | No |  |

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts MassHealth**  **Provider Manual Series** | **Subchapter Number and Title**  6. Service Codes | **Page**  6-10 |
| Dental Manual | **Transmittal Letter**  DEN-93 | **Date**  05/15/15 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code and Limitations** | | **Covered Under Age 21?** | **Covered DDS**  **Clients Aged 21 and**  **Older?** | **Covered Aged 21 and Older?** | **Prior-Authorization Requirements, Report Requirements, and Notations** |
|  | **Partial Dentures** (Including Routine Post-Delivery Care) | | | | |
| D5211 |  | Yes | Yes | Yes |  |
| D5212 |  | Yes | Yes | Yes |  |
| D5213 |  | Yes | No | No |  |
| D5214 |  | Yes | No | No |  |
| D5225 |  | Yes | No | No |  |
| D5226 |  | Yes | No | No |  |
|  | **Repairs to Complete Dentures** | | | | |
| D5510 |  | Yes | Yes | Yes |  |
| D5520 |  | Yes | Yes | Yes |  |
|  | **Repairs to Partial Dentures** | | | | |
| D5610 |  | Yes | Yes | Yes |  |
| D5620 |  | Yes | Yes | Yes |  |
| D5630 |  | Yes | Yes | Yes |  |
| D5640 |  | Yes | Yes | Yes |  |
| D5650 |  | Yes | Yes | Yes |  |
| D5660 |  | Yes | Yes | Yes |  |
|  | **Denture Rebase Procedures** | | | | |
| D5710 |  | Yes | Yes | Yes |  |
| D5711 |  | Yes | Yes | Yes |  |
| D5720 |  | Yes | No | No |  |
| D5721 |  | Yes | No | No |  |

|  |  |  |
| --- | --- | --- |
| **Commonwealth of Massachusetts MassHealth**  **Provider Manual Series** | **Subchapter Number and Title**  6. Service Codes | **Page**  6-11 |
| Dental Manual | **Transmittal Letter**  DEN-93 | **Date**  05/15/15 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |
|  | **Denture Reline Procedures** | | | | |
| D5730 |  | Yes | Yes | Yes |  |
| D5731 |  | Yes | Yes | Yes |  |
| D5740 |  | Yes | No | No |  |
| D5741 |  | Yes | No | No |  |
| D5750 |  | Yes | Yes | Yes |  |
| D5751 |  | Yes | Yes | Yes |  |
| D5760 |  | Yes | No | No |  |
| D5761 |  | 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 |  | Yes | No | No |  |
| D6751 |  | Yes | No | No |  |
|  | **Other Fixed Partial Denture Services** | | | | |
| D6930 |  | Yes | No | No |  |
| D6980 |  | 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 |  | 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 |  | Yes | Yes | Yes |  |
| D7270 |  | Yes | Yes | Yes |  |
| D7280 | Including orthodontic  attachments | 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 |  | Yes | Yes | No |  |
| D7311 |  | Yes | Yes | No |  |
| D7320 |  | Yes | Yes | No |  |
| D7321 |  | Yes | Yes | No |  |
| D7340 |  | Yes (PA) | Yes (PA) | No | Include justification of the surgical procedure designed to increase alveolar ridge height. See 602(A) above  and 130 CMR 420.430(F). |
| D7350† |  | Yes (PA) | Yes (PA) | No | † Payable only to a dental provider with a specialty in oral surgery. In accordance with  130 CMR 420.405(A)(7).  See 602(A) above and 130 CMR 420.430(F). |
| D7410 |  | Yes | Yes | No |  |
| D7411 |  | Yes | Yes | No |  |
| D7450 |  | Yes | Yes | No |  |
| D7451 |  | Yes | Yes | No |  |
| D7460 |  | Yes | Yes | No |  |
| D7461 |  | Yes | Yes | No |  |
| D7471† |  | 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 |  | Yes | Yes | No | See 602(C) above. |

611 Service Codes: Exodontic Services (cont.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service Code and Limitations** | | **Covered Under Age 21?** | **Covered DDS**  **Clients Aged 21 and**  **Older?** | **Covered Aged 21 and Older?** | **Prior-Authorization Requirements, Report Requirements, and Notations** |
| 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** | **Covered** | **Covered** | **Prior-Authorization** |
|  | | **Under** | **DDS** | **Aged 21** | **Requirements,** |
|  | | **Age 21?** | **Clients**  **Aged 21** | **and Older?** | **Report Requirements,**  **and Notations** |
|  | |  | **and** |  |  |
|  | |  | **Older?** |  |  |
|  | **Orthodontic Diagnosis and Full Orthodontic Treatment** | | | | |
| D8050 |  | Yes (PA) | No | No | Include the number of |
|  | (IC) |  |  | adjustment visits |
|  |  |  |  | required in conjunction |
|  |  |  |  | with the type of |
|  |  |  |  | interceptive appliance. |
|  |  |  |  | See 602(A) and (B) |
|  |  |  |  | above and |
|  |  |  |  | 130 CMR 420.431. |

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 | No | Include the X-ray, photographic prints, and a completed copy of the Handicapping Labio- Lingual Deviations Form (HLD) (Dental Manual Appendix D). 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 | 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** |
| D8670† | As part of contract; billed | Yes | No\* | No\* | Submit separate prior |
|  | quarterly | (PA) |  |  | 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. |
|  |  |  |  |  | *\* Exception for members* |
|  |  |  |  |  | *whose comprehensive* |
|  |  |  |  |  | *orthodontic treatment* |
|  |  |  |  |  | *began by age 21.* 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). |

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** |
| D8692† |  | Yes (PA) | No\* | No\* | Include a statement regarding the date of the onset of retention. See 602(A) above.  *\* 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). |
| 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)(1).  † Payable only to a dental provider who is a specialist in orthodontics in accordance with  130 CMR 420.405(A)(6) See 602(A), (B), and (D)  above. |

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 |  |

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 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(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). |

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 (IC) | Yes (IC) | Yes (IC) | Include with the claim the date, the location of the original surgery, and the type of procedure. See  602(A) above. |
| D9940 |  | Yes (PA) | No | No | Include documented evidence of the need for the appliance.  See 602(A) and (D)  above. |
| D9941 |  | Yes | No | No |  |
| D9999 |  | Yes (PA)  (IC) | Yes (PA)  (IC) | No | See 602(A), (B), and  (D) above. |

615 Service Codes: Oral and Maxillofacial Surgery Services

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CPT Service Codes |  | | | |
| 10060 | 11045 | 11446 | 12015 | 13131 |
| 10061 | 11046 | 11640 | 12016 | 13132 |
| 10120 | 11100 | 11641 | 12017 | 13133 |
| 10121 | 11101 | 11642 | 12018 | 13150 |
| 10140 | 11310 | 11643 | 12020 | 13151 |
| 10160 | 11311 | 11644 | 12021 | 13152 |
| 10180 | 11312 | 11646 | 12051 | 13153 |
| 11010 | 11313 | 11960 | 12052 | 13160 |
| 11011 | 11440 | 11970 | 12053 | 14000 |
| 11012 | 11441 | 11971 | 12054 | 14001 |
| 11042 | 11442 | 12011 | 12055 | 14020 |
| 11043 | 11443 | 12013 | 12056 | 14021 |
| 11044 | 11444 | 12014 | 12057 | 14301 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14302 | 17000 | 21025 | 21155 (PA) | 21336 |
| 14040 | 17003 | 21026 | 21159 (PA) | 21337 |
| 14041 | 17004 | 21029 | 21160 (PA) | 21338 |
| 14060 | 17106 | 21030 | 21172 (PA) | 21339 |
| 14061 | 17280 | 21031 | 21175 (PA) | 21340 |
| 15120 | 17281 | 21032 | 21181 | 21343 |
| 15121 | 17282 | 21034 | 21182 | 21344 |
| 15240 | 17283 | 21040 | 21183 | 21345 |
| 15241 | 17284 | 21044 | 21184 | 21346 |
| 15260 | 17286 | 21045 | 21188 (PA) | 21347 |
| 15261 | 17999 (IC) | 21046 | 21193 (PA) | 21348 |
| 15271 | 20005 | 21047 | 21194 (PA) | 21355 |
| 15272 | 20200 | 21048 | 21195 (PA) | 21356 |
| 15273 | 20205 | 21049 | 21196 (PA) | 21360 |
| 15274 | 20206 | 21050 | 21198 (PA) | 21365 |
| 15275 | 20220 | 21060 | 21206 (PA) | 21366 |
| 15276 | 20240 | 21070 | 21208 (PA) | 21385 |
| 15277 | 20225 | 21076 | 21209 (PA) | 21386 |
| 15278 | 20245 | 21077 | 21210 (PA) | 21387 |
| 15570 | 20520 | 21079 | 21215 (PA) | 21390 |
| 15572 | 20525 | 21080 | 21230 (PA) | 21395 |
| 15574 | 20526 | 21081 | 21235 (PA) | 21400 |
| 15576 | 20605 | 21082 | 21240 (PA) | 21401 |
| 15620 | 20615 | 21083 | 21242 (PA) | 21406 |
| 15630 | 20670 | 21084 | 21243 (PA) | 21407 |
| 15732 | 20680 | 21085 | 21244 (PA) | 21408 |
| 15734 | 20690 | 21086 | 21247 (PA) | 21421 |
| 15740 | 20692 | 21087 | 21255 (PA) | 21422 |
| 15750 | 20693 | 21088 (IC) | 21260 | 21423 |
| 15756 | 20694 | 21089 (IC) | 21261 | 21431 |
| 15757 | 20900 | 21100 | 21263 | 21432 |
| 15758 | 20902 | 21110 | 21267 | 21433 |
| 15760 | 20910 | 21116 | 21268 | 21435 |
| 15770 | 20912 | 21120 | 21270 | 21436 |
| 15819 | 20920 | 21137 (PA) | 21275 | 21440 |
| 15820 (PA) | 20922 | 21138 (PA) | 21280 | 21445 |
| 15821 (PA) | 20924 | 21139 (PA) | 21282 | 21450 |
| 15822 (PA) | 20926 | 21141 | 21295 | 21451 |
| 15823 (PA) | 20955 | 21142 | 21296 | 21452 |
| 15840 | 20956 | 21143 | 21299 (PA), (IC) | 21453 |
| 15841 | 20962 | 21145 | 21310 | 21454 |
| 15842 | 20969 | 21146 (PA) | 21315 | 21461 |
| 15845 | 20970 | 21147 (PA) | 21320 | 21462 |
| 15852 | 20999 (IC) | 21150 (PA) | 21325 | 21465 |
| 15860 | 21010 | 21151 (PA) | 21330 | 21470 |
| 16000 | 21015 | 21154 (PA) | 21335 | 21480 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 21485 | 31525 | 40805 | 41251 | 42310 |
| 21490 | 31575 | 40806 | 41252 | 42320 |
| 21495 | 31600 | 40808 | 41500 | 42330 |
| 21497 | 31603 | 40810 | 41510 | 42335 |
| 21499 (IC) | 31605 | 40812 | 41520 | 42340 |
| 29800 (PA) | 31610 | 40814 | 41599 (IC) | 42400 |
| 29804 (PA) | 31615 | 40816 | 41800 | 42405 |
| 29999 (IC) | 31622 | 40818 | 41805 | 42408 |
| 30000 | 35500 | 40819 | 41806 | 42409 |
| 30020 | 35572 | 40820 | 41820 (IC), (PA) | 42410 |
| 30124 | 35681 | 40830 | 41821 (IC) | 42415 |
| 30125 | 35682 | 40831 | 41822 | 42420 |
| 30130 | 35701 | 40840 (PA) | 41823 | 42425 |
| 30140 | 35800 | 40842 (PA) | 41825 | 42440 |
| 30150 | 35875 | 40843 (PA) | 41826 | 42450 |
| 30160 | 35876 | 40844 (PA) | 41827 | 42500 |
| 30520 | 37609 | 40845 (PA) | 41828 | 42505 |
| 30580 | 38542 | 40899 (IC) | 41830 | 42507 |
| 30600 | 38550 | 41000 | 41850 (IC) | 42508 |
| 30901 | 38555 | 41005 | 41874 | 42509 |
| 30903 | 38700 | 41006 | 41899 (IC) | 42510 |
| 30905 | 38720 | 41007 | 42000 | 42550 |
| 30906 | 38724 | 41008 | 42100 | 42600 |
| 30999 (IC) | 38790 | 41009 | 42104 | 42650 |
| 31000 | 38792 | 41010 | 42106 | 42660 |
| 31020 | 38500 | 41015 | 42107 | 42665 |
| 31030 | 38505 | 41016 | 42120 | 42699 (IC) |
| 31032 | 38510 | 41017 | 42140 | 42700 |
| 31200 | 40490 | 41018 | 42145 | 42720 |
| 31201 | 40500 | 41100 | 42160 | 42725 |
| 31205 | 40510 | 41105 | 42180 | 42800 |
| 31225 | 40520 | 41108 | 42182 | 42802 |
| 31231 | 40525 | 41110 | 42200 | 42804 |
| 31233 | 40527 | 41112 | 42205 | 42806 |
| 31256 | 40530 | 41113 | 42210 | 42808 |
| 31267 | 40650 | 41114 | 42215 | 42809 |
| 31290 | 40652 | 41115 | 42220 | 42810 |
| 31292 | 40654 | 41116 | 42225 | 42815 |
| 31293 | 40700 | 41120 | 42226 | 42820 |
| 31294 | 40701 | 41130 | 42227 | 42894 |
| 31299 (IC) | 40702 | 41135 | 42235 | 42842 |
| 31420 | 40720 | 41140 | 42260 | 42844 |
| 31500 | 40761 | 41145 | 42280 (PA) | 42845 |
| 31502 | 40799 (IC) | 41150 | 42281 (PA) | 42860 |
| 31505 | 40800 | 41153 | 42299 (IC) | 42870 |
| 31510 | 40801 | 41155 | 42300 | 42900 |
| 31515 | 40804 | 41250 | 42305 | 42950 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 42953 | 62143 | 64868 | 70220 | 99215 |
| 42960 | 62145 | 64872 | 70240 | 99221 |
| 42961 | 62146 | 64874 | 70328 | 99222 |
| 42962 | 64400 | 64885 | 70330 | 99223 |
| 42970 | 64600 | 64999 (IC) | 70360 | 99231 |
| 42971 | 64612 | 68801 | 70380 | 99232 |
| 42972 | 64613 | 68810 | 99201 | 99233 |
| 42999 (IC) | 64722 | 68811 | 99202 | 99281 |
| 61580 | 64727 | 69990 | 99203 | 99282 |
| 61581 | 64732 | 70100 | 99204 | 99283 |
| 61582 | 64734 | 70110 | 99205 | 99284 |
| 61584 | 64736 | 70140 | 99211 | 99285 |
| 61586 | 64738 | 70150 | 99212 |  |
| 61600 | 64740 | 70160 | 99213 |  |
| 62142 | 64864 | 70210 | 99214 |  |