



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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 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 the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to 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

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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, 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](#) 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.

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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) Prior Authorization.

(1) “PA” indicates that service-specific prior authorization is required (see 130 CMR 420.410). The provider must include in any request for prior authorization sufficiently detailed, clear information documenting the medical necessity of the service requested and, where specified, the information described in this Subchapter 6.

(2) The MassHealth agency may require any additional information it deems necessary. If prior authorization is not required, the provider must maintain in the member’s dental record, all information necessary to disclose the medical necessity for the services provided. Pursuant to 130 CMR 420.410(B)(3), prior authorization may be requested for any exception to a limitation on a service otherwise covered for that member. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

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

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

603 Service Codes: Diagnostic Services

See 130 CMR 420.422 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D0120	Twice per calendar year	Yes	Yes	Yes	
D0140	Twice per calendar year	Yes	Yes	Yes	
D0145	Twice per calendar year	Yes (IC)	No	No	See 602(B) above.
D0150	Once per member per dentist	Yes	Yes	Yes	
D0160		Yes	Yes	Yes	

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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	

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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	
D1208		Yes	No*	No*	* <i>Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva</i> <input type="checkbox"/> (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	

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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
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	* <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 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).

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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	* 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.

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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).
D3425	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.)

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-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	Yes	
D5120		Yes	Yes	Yes	
D5130		Yes	No	No	
D5140		Yes	No	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
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	

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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
	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.

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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	

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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		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.

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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	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).

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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 began by age 21. See 130 CMR 420.431(A)(1).</i></p> <p>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).</p>

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Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8680†		Yes	No*	No*	<i>* Exception for members whose comprehensive orthodontic treatment began by age 21. PA required.</i> 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.

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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 began by age 21.</i> 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*	* <i>Exception for members whose comprehensive orthodontic treatment began by age 21.</i> 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.

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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 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).

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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 (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

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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

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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

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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	