




MassHealth
Transmittal Letter DEN-95
January 2016

TO: Dental Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: Orthodontic Prior Authorization Clarification, Revised Appendix D, and *Dental Manual* (Revised Service Codes)

This transmittal letter clarifies several current MassHealth policies and includes a revised Appendix D to the *Dental Manual*. The revised Appendix D provides information and forms for dentists who are specialists in orthodontics regarding prior authorization requests for comprehensive orthodontic treatment.

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 January 1, 2016; and
- outlines the prior-authorization (PA) requirements for certain service codes listed below.

The following are highlights of the changes and policy clarification. For further details please see the MassHealth dental regulations at 130 CMR 420.000 and the *MassHealth Dental Program Office Reference Manual* (available at www.masshealth-dental.net).

Updates to MassHealth *Dental Manual* Appendix D

Consistent with 130 CMR 420.431(E), eligible MassHealth members younger than age 21 may qualify for comprehensive orthodontic treatment for treatment of handicapping malocclusions, as described in Appendix D of the MassHealth *Dental Manual*. MassHealth has clarified Appendix D of the MassHealth *Dental Manual* to include additional information regarding the standards and submission requirements for prior authorization requests for comprehensive orthodontic treatment.

The updated Appendix D clarifies that MassHealth approves prior authorization requests for comprehensive orthodontic treatment when: 1) the member has one of the “autoqualifying” conditions described by MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form; 2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form; or 3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical necessity narrative and supporting documentation submitted by the requesting provider.

Instructions for Submission of Medical Necessity Narrative

Appendix D of the MassHealth *Dental Manual* now includes detailed instructions for the submission of a medical necessity narrative. Dentists who are specialists in orthodontics may submit a medical necessity narrative in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the member does not have an autoqualifying condition or meet the threshold score on the HLD Form, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. The instructions included in the updated Appendix D includes examples of conditions that may meet this standard, and content and submission requirements for submission of a medical necessity narrative for comprehensive orthodontic treatment.

Updated Handicapping Labio-Lingual Deviations Form

Appendix D of the MassHealth *Dental Manual* also includes an updated version of the HLD Form. Specifically, the HLD Form has been updated to include questions regarding the submission of a medical necessity narrative for comprehensive orthodontic treatment. Specifically, the HLD Form now asks providers whether they are submitting a medical necessity narrative with the prior authorization request, and if they have included the required supporting documentation. As discussed above, providers must submit this narrative in cases where the member does not have an autoqualifying condition or meet the threshold score on the HLD Form, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers may optionally submit this narrative in other cases. Regardless of whether a medical necessity narrative is included, providers must submit a completed HLD Form with all prior authorization requests for comprehensive orthodontic treatment.

Updates to Subchapter 6 of the MassHealth Dental Manual

Subchapter 6 of the MassHealth *Dental Manual* has been updated to reflect certain additions of and changes to covered service codes. Dental providers who bill using Current Dental Terminology (CDT) service codes must refer to the American Dental Association's (ADA) 2016 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) 2016 code book for descriptions for service codes listed in Subchapter 6. Specific updates to Subchapter 6 are described below.

Comprehensive Orthodontic Treatment of the Transitional Dentition (Service Code D8070)

Subchapter 6 has been updated to reflect that, effective for dates of service on or after January 1, 2016, MassHealth will cover comprehensive orthodontic treatment of the transitional dentition (service code D8070) for eligible MassHealth members younger than age 21 with prior authorization. The prior authorization requirements for service code 8070 will be identical to those for service code 8080 (comprehensive orthodontic treatment of the adolescent dentition), and like service code 8080, service code D8070 will be payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). MassHealth will cover either service code D8070 or D8080 once per member per lifetime.

Alveoloplasty (Service Codes D7310, D7311, D7320, D7321)

Subchapter 6 has been updated to reflect that, effective for dates of service on or after January 1, 2016, MassHealth will cover the following service codes for all eligible MassHealth members age 21 and older:

- D7310 Alveoloplasty with extractions – Four or more teeth or tooth spaces
- D7311 Alveoloplasty with extractions – One to three teeth or tooth spaces
- D7320 Alveoloplasty without extractions – Four or more teeth or tooth spaces
- D7321 Alveoloplasty without extractions – One to three teeth or tooth spaces

MassHealth will continue to cover these service codes for members younger than age 21.

Fluoride Varnish (Service Code D1206)

Subchapter 6 has been clarified to reflect that, in accordance with 130 CMR 420.424(B)(1)(b), MassHealth covers fluoride varnish (service code D1206) with prior authorization for members age 21 and older who have a medical or dental condition that significantly interrupts the flow of saliva. MassHealth will continue to cover this service code for members younger than age 21 without prior authorization.

New Current Procedure Terminology (CPT) Codes

Subchapter 6 has been updated to reflect that, effective for dates of service on or after January 1, 2016, MassHealth will cover the following services codes for dentists who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7):

11620	15040	20100	61585
11621	15100	21179	61590
11622	15110	21180	61591
11623	15111	21685	61592
11624	15115	30462	61595
11626	15116	30465	61596
12001	15150	30630	61597
12002	15151	30920	61598
12004	15152	31040	61605
12005	15155	31230	61606
12006	15156	31237	61607
12007	15157	31238	61608
12031	15574	31239	61610
12032	15576	31240	62147
12034	15610	31505	62148
12035	15731	31510	64605
12036	17107	31511	64612
12037	17108	31525	64615
12041	17110	31526	64616
12042	17111	31530	64865
12044	17260	31531	64886
12045	17266	31535	64910
12046	17270	31536	64911
12047	17271	42426	67715
13120	17272	42890	67840
13121	17273	42894	67916
13122	17274	42955	67917
15572	17276	61583	

Replacement of Current Dental Terminology (CDT) Codes

Subchapter 6 has been updated to reflect the deletion and replacement of four CDT codes as indicated in the following chart:

Deleted Code	New Code
D9220	D9223
D9221	D9223
D9241	D9243
D9242	D9243

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

Appendix D

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

Appendix D — Transmitted by Transmittal Letter DEN-87

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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*	* <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).
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	

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606 Service Codes: Restorative Services

See 130 CMR 420.425 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
Amalgam Restorations (Including Polishing)					
D2140		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	
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	

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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
D2954		Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(I)(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	* <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). 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
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.
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).

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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
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).

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).

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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
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).
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).

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609 Service Codes: Prosthodontic (Removable) Services

See 130 CMR 420.428 for service descriptions and limitations.

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
Complete Dentures (Including Routine Post-Delivery Care)					
D5110		Yes	Yes	Yes	
D5120		Yes	Yes	Yes	
D5130		Yes	No	No	
D5140		Yes	No	No	
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	
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	

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609 Service Codes: Prosthodontic (Removable) Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D5760		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	

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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
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	
Surgical Procedures					
D7310		Yes	Yes	Yes	
D7311		Yes	Yes	Yes	
D7320		Yes	Yes	Yes	
D7321		Yes	Yes	Yes	
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	

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611 Service Codes: Exodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D7471†		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.
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.
D8070†	Once per lifetime for either D8070 or D8080.	Yes (PA)	No	No	Include the x-ray, photographic prints, completed copy of the Handicapping Labio-Lingual Deviations Form (HLD), and medical necessity narrative, if applicable. See 602(A) and (B) above, 130 CMR 420.431, and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

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612 Service Codes: Orthodontic Services (cont.)

Service Code and Limitations		Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior-Authorization Requirements, Report Requirements, and Notations
D8080†	Once per lifetime for either D8080 or D8070.	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations Form (HLD) and a medical necessity narrative, if applicable. See 602(A) above and 130 CMR 420.431 and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
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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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*	<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
D9223		Yes	Yes	Yes	
D9230		Yes	Yes	Yes	
D9243		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	
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).

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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
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).
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.

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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	11971	13150	15570	17272
10061	12001	13151	15572	17273
10120	12002	13152	15574	17274
10121	12004	13153	15576	17276
10140	12005	13160	15610	17280
10160	12006	14000	15620	17281
10180	12007	14001	15630	17282
11010	12011	14020	15731	17283
11011	12013	14021	15732	17284
11012	12014	14040	15734	17286
11042	12015	14041	15740	17999 (IC)
11043	12016	14060	15750	20005
11044	12017	14061	15756	20100
11045	12018	14301	15757	20200
11046	12020	14302	15758	20205
11100	12021	15040	15760	20206
11101	12031	15100	15770	20220
11310	12032	15110	15819	20225
11311	12034	15111	15820 (PA)	20240
11312	12035	15115	15821 (PA)	20245
11313	12036	15116	15822 (PA)	20520
11440	12037	15120	15823 (PA)	20525
11441	12041	15121	15840	20526
11442	12042	15150	15841	20605
11443	12044	15151	15842	20615
11444	12045	15152	15845	20670
11446	12046	15155	15852	20680
11620	12047	15156	15860	20690
11621	12051	15157	16000	20692
11622	12052	15240	17000	20693
11623	12053	15241	17003	20694
11624	12054	15260	17004	20900
11626	12055	15261	17106	20902
11640	12056	15271	17107	20910
11641	12057	15272	17108	20912
11642	13120	15273	17110	20920
11643	13121	15274	17111	20922
11644	13122	15275	17260	20924
11646	13131	15276	17266	20926
11960	13132	15277	17270	20955
11970	13133	15278	17271	20956

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

20962	21147 (PA)	21320	21470	31267
20969	21150 (PA)	21325	21480	31290
20970	21151 (PA)	21330	21485	31292
20999 (IC)	21154 (PA)	21335	21490	31293
21010	21155 (PA)	21336	21495	31294
21015	21159 (PA)	21337	21497	31299 (IC)
21025	21160 (PA)	21338	21499 (IC)	31420
21026	21172 (PA)	21339	21685	31500
21029	21175 (PA)	21340	29800 (PA)	31502
21030	21179	21343	29804 (PA)	31505
21031	21180	21344	29999 (IC)	31510
21032	21181	21345	30000	31511
21034	21182	21346	30020	31515
21040	21183	21347	30124	31525
21044	21184	21348	30125	31526
21045	21188 (PA)	21355	30130	31530
21046	21193 (PA)	21356	30140	31531
21047	21194 (PA)	21360	30150	31535
21048	21195 (PA)	21365	30160	31536
21049	21196 (PA)	21366	30462	31575
21050	21198 (PA)	21385	30465	31600
21060	21206 (PA)	21386	30520	31603
21070	21208 (PA)	21387	30580	31605
21076	21209 (PA)	21390	30600	31610
21077	21210 (PA)	21395	30630	31615
21079	21215 (PA)	21400	30901	31622
21080	21230 (PA)	21401	30903	35500
21081	21235 (PA)	21406	30905	35572
21082	21240 (PA)	21407	30906	35681
21083	21242 (PA)	21408	30920	35682
21084	21243 (PA)	21421	30999 (IC)	35701
21085	21244 (PA)	21422	31000	35800
21086	21247 (PA)	21423	31020	35875
21087	21255 (PA)	21431	31030	35876
21088 (IC)	21260	21432	31032	37609
21089 (IC)	21261	21433	31040	38500
21100	21263	21435	31200	38505
21110	21267	21436	31201	38510
21116	21268	21440	31205	38542
21120	21270	21445	31225	38550
21137 (PA)	21275	21450	31230	38555
21138 (PA)	21280	21451	31231	38700
21139 (PA)	21282	21452	31233	38720
21141	21295	21453	31237	38724
21142	21296	21454	31238	38790
21143	21299 (PA), (IC)	21461	31239	38792
21145	21310	21462	31240	40490
21146 (PA)	21315	21465	31256	40500

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

40510	41108	42200	42804	62146
40520	41110	42205	42806	62147
40525	41112	42210	42808	62148
40527	41113	42215	42809	64400
40530	41114	42220	42810	64600
40650	41115	42225	42815	64605
40652	41116	42226	42820	64612
40654	41120	42227	42842	64613
40700	41130	42235	42844	64615
40701	41135	42260	42845	64616
40702	41140	42280 (PA)	42860	64722
40720	41145	42281 (PA)	42870	64727
40761	41150	42299 (IC)	42890	64732
40799 (IC)	41153	42300	42894	64734
40800	41155	42305	42900	64736
40801	41250	42310	42950	64738
40804	41251	42320	42953	64740
40805	41252	42330	42955	64864
40806	41500	42335	42960	64865
40808	41510	42340	42961	64868
40810	41520	42400	42962	64872
40812	41599 (IC)	42405	42970	64874
40814	41800	42408	42971	64885
40816	41805	42409	42972	64886
40818	41806	42410	42999 (IC)	64910
40819	41820 (IC), (PA)	42415	61580	64911
40820	41821 (IC)	42420	61581	64999 (IC)
40830	41822	42425	61582	67715
40831	41823	42426	61583	67840
40840 (PA)	41825	42440	61584	67916
40842 (PA)	41826	42450	61585	67917
40843 (PA)	41827	42500	61586	68801
40844 (PA)	41828	42505	61590	68810
40845 (PA)	41830	42507	61591	68811
40899 (IC)	41850 (IC)	42508	61592	69990
41000	41874	42509	61595	70100
41005	41899 (IC)	42510	61596	70110
41006	42000	42550	61597	70140
41007	42100	42600	61598	70150
41008	42104	42650	61600	70160
41009	42106	42660	61605	70210
41010	42107	42665	61606	70220
41015	42120	42699 (IC)	61607	70240
41016	42140	42700	61608	70328
41017	42145	42720	61610	70330
41018	42160	42725	62142	70360
41100	42180	42800	62143	70380
41105	42182	42802	62145	99201

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

99202	99211	99215	99231	99282
99203	99212	99221	99232	99283
99204	99213	99222	99233	99284
99205	99214	99223	99281	99285

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AUTHORIZATION FORM FOR COMPREHENSIVE ORTHODONTIC TREATMENT

MassHealth Handicapping Labio-Lingual Deviations Index

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

The Handicapping Labio-Lingual Deviations Index (HLD) is a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. The HLD **must** be submitted with all prior authorization requests for comprehensive orthodontic treatment.

The following documents **must** also be submitted with this form. ☐ X-rays ☐ photos

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 should not be scored.

Patient's Name (please print): _____ Member ID: _____

Address: _____
Street City/County State Zip Code

AUTOQUALIFIERS	Condition Observed	
Cleft Palate or Cranio-Facial Anomaly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deep impinging overbite *with severe soft tissue damage (e.g., ulcerations or tissue tears – more than indentations)*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anterior Impactions where extraction is not indicated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe Traumatic Deviations – refers to facial accidents rather than congenital deformity. Do not include traumatic occlusions or crossbites.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overjet (greater than 9mm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reverse overjet (greater than 3.5mm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Severe Maxillary Anterior Crowding (greater than 8mm)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HLD SCORING	Measurement	Score
Overjet (in mm)	# mm X 1	
Overbite (in mm)	# mm X 1	
Mandibular Protrusion (in mm) – see scoring instructions	# mm X 5	
Anterior Open Bite - Do not count ectopic eruptions, measure the opening between maxillary and mandibular incisors in mm.	# mm X 4	
Ectopic Eruption (Number of teeth, excluding third molars) – This refers to an unusual pattern of eruption such as high labial cuspids. Do not score teeth in this category if they are scored under maxillary or mandibular crowding.	# of teeth X 3	
Anterior Crowding – If crowding exceeds 3.5mm in an arch, score each arch.	Maxilla: 5 points Mandible: 5 points	

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	Both: 10 points	
Labio-Lingual Spread (anterior spacing in mm) – see scoring instructions.	# mm X 1	
Posterior Unilateral Crossbite – Must involve 2 or more teeth, one of which must be a molar.	4 points	
Posterior impactions or congenitally missing posterior teeth (excluding 3 rd molars).	# teeth X 3	
	TOTAL	
Treatment will be authorized for cases with verified autoqualifiers or verified scores of 28 and above.		

Medical Necessity Narrative

MEDICAL NECESSITY NARRATIVE	
Are you submitting a Medical Necessity Narrative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you submitting additional supporting documentation?	Yes <input type="checkbox"/> No <input type="checkbox"/> the medical necessity determination does not involve any mental, emotional, behavioral or other condition outside the professional expertise of the requesting provider and, therefore, the submitted narrative does not incorporate or rely on the opinion or expertise of anyone other than the requesting provider.
<p>Instructions for Medical Necessity Narrative and Supporting Documentation (if applicable)</p> <p>Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate:</p> <ul style="list-style-type: none"> i. a severe deviation affecting the patient's mouth and/or underlying dentofacial structures; ii. a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; iii. a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; iv. a diagnosed speech or language pathology caused by the patient's malocclusion; or v. a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent. <p>Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion.</p> <p>The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must:</p> <ul style="list-style-type: none"> i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist); 	

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ii. iii. iv. v. vi.	describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment; state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s); document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made); discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.
<p>The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.</p>	

Attestation

I certify under the pains and penalties of perjury that I am the prescribing provider identified on this form. 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 are made with a measurement tool scaled in millimeters. Absence of any conditions must be recorded by entering "0" (See attached form).

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

- Cleft Palate Deformities:** Indicate an "X" on the form. *(This is considered an autoqualifying condition.)*
- Deep Impinging Overbite:** Indicate an "X" on the form when lower incisors are destroying the soft tissue of the palate (e.g., ulcerations or tissue tears – more than indentations). *(This is considered an autoqualifying condition.)*
- Anterior Impactions:** Indicate an "X" on the form. Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches. *(This is considered an autoqualifying condition.)*
- Severe Traumatic Deviations:** Indicate an "X" on the form. Traumatic deviations refers to facial accidents rather than congenital deformity. For example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Do not include traumatic occlusions or crossbites. *(This is considered an autoqualifying condition.)*
- Overjet greater than 9mm:** Indicate an "X" on the form. 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. *(This is considered an autoqualifying condition.)*
- Reverse overjet greater than 3.5mm:** Indicate an "X" on the form. 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. *(This is considered an autoqualifying condition.)*
- Severe Maxillary Anterior Crowding, greater than 8mm:** Indicate an "X" on the form. *(This is considered an autoqualifying condition.)*
- 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.
- 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.
- Mandibular Protrusion in Millimeters:** Score exactly as measured from the buccal groove of the first mandibular molar to the MB cusp of the first maxillary molar. The measurement in millimeters is entered on the form and multiplied by 5.
- 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, a close approximation can usually be estimated.
- Ectopic Eruption:** Count each tooth, excluding third molars. Enter the number of teeth on the form and multiply by 3. If Condition No. 13, 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.
- 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. 12, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. Do not score both conditions.
- Labio-Lingual Spread:** The measurement tool 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. In the event that 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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B. Additionally, anterior spacing may be measured as the total score in mm from the mesial of cuspid to the mesial of cuspid, totaling both arches.

Only score the greater score attained by either of these two methods.

15. **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.
16. **Posterior impactions or congenitally missing posterior teeth:** Total the number of posterior teeth, excluding third molars that meet this criterion and multiply by 3.

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