



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



**MassHealth**  
**Dental Bulletin 33**  
**December 2005**

**TO:** Dental Providers Participating in MassHealth  
**FROM:** Beth Waldman, Medicaid Director *BW*  
**RE:** **Coverage of Comprehensive Dental Benefits for Pregnant Women and for Mothers with Children Under the Age of Three Years**

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**Introduction**

Effective for dates of service on or after January 15, 2006, MassHealth members aged 21 and older who are either pregnant or mothers with a child under the age of three years are eligible for the same services as those covered for members designated “special circumstances” as described in 130 CMR 420.432 through 420.439.

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**Covered Services**

Services covered beginning January 15, 2006, for pregnant women and for mothers with a child under the age of three years, include services in the following categories, subject to the same service limitations described in 130 CMR 420.432 through 420.439 for members aged 21 and older who meet the special circumstances criteria:

- emergency care visits;
- diagnostic services, including oral evaluation (comprehensive and periodic);
- radiographs;
- preventive services, including prophylaxis, periodontal scaling and root planing, and gingivectomy or gingivoplasty;
- restorative services, including amalgam restorations, composite resin restorations, reinforcing pins, and crowns for anterior teeth;
- endodontic services, including root canals for anterior teeth;
- prosthodontic services, including full and partial dentures;
- exodontic services (extractions); and
- oral surgery.

**Note:** Members who are either pregnant or mothers with children under the age of three years, do not need to qualify as “special circumstances” in order to receive these covered services.

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***Billing Instructions***

To be paid for services provided to a pregnant member or to a mother with a child under the age of three years, the provider must:

- ask the member if she is either pregnant or a mother with a child under the age of three years;
  - document in the dental record of any such member to reflect that she is either pregnant or a mother with a child under the age of three years, as applicable;
  - *for paper claims*, attach to the claim, a written statement on an 8 ½" by 11" piece of paper that states the member attested to either being pregnant or a mother with a child under the age of three years;
  - *for electronic claims*, enter text in the comments section of the claim that the member attested to being either pregnant or a mother with a child under the age of three years; and
  - submit the claim in accordance with the billing instructions in your provider manual or your companion guide, as applicable.
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***Member Notice***

The enclosed notice announces to members this coverage of comprehensive dental benefits. Please post this notice prominently in your office where members can view it easily.

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***Questions***

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service 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.

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**Important Notice for MassHealth Members Aged 21 and Older Who  
Are Either Pregnant or a Mother with a Child  
Under the Age of Three Years**

**Coverage of Comprehensive Dental Benefits**

The MassHealth dental program now provides comprehensive dental benefits for members aged 21 and older who are either pregnant or mothers with children under the age of three years. **These changes do not affect any MassHealth member under age 21 because these members are already eligible for all medically necessary dental services.**

**Effective January 15, 2006**, for members who are either pregnant or a mother with a child under the age of three years, MassHealth will cover the following dental services in accordance with the MassHealth dental regulations.

- ◆ emergency care visits
- ◆ diagnostic services, including oral evaluation (comprehensive and periodic)
- ◆ radiographs
- ◆ preventive services, including prophylaxis, periodontal scaling and root planing, and gingivectomy or gingivoplasty
- ◆ restorative services, including amalgam restorations, composite resin restorations, reinforcing pins, and crowns for anterior teeth
- ◆ endodontic services, including root canals for anterior teeth
- ◆ prosthodontic services, including full and partial dentures
- ◆ exodontic services (extractions)
- ◆ oral surgery

To get these services, if you are a MassHealth member and you are either pregnant or a mother with a child under the age of three years, you **MUST** tell your dentist at the time of your visit.

**Any questions?** Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for the deaf and hard of hearing) from 8 A.M. to 5 P.M. Monday through Friday.



## **Aviso importante de MassHealth para miembros de 21 años de edad y mayores que están embarazadas o que son madres de un niño menor de tres años**

### **Cobertura de Beneficios Dentales Completos**

El programa dental de MassHealth provee ahora beneficios dentales completos a miembros de 21 ó más años de edad que estén embarazadas o que tengan un hijo menor de tres años. **Estos cambios no afectan a miembros de MassHealth menores de 21 años porque ya son elegibles a todos los servicios médicos dentales necesarios.**

**A partir del 15 de enero del 2006**, para aquellos miembros que estén embarazadas o que tengan un hijo menor de tres años, MassHealth cubrirá los siguientes servicios dentales de acuerdo con las normas dentales de MassHealth.

- ◆ visitas de emergencia
- ◆ servicios de diagnóstico, incluyendo evaluación bucal (completa y periódica)
- ◆ radiografías
- ◆ servicios preventivos, incluyendo profilaxis, limpieza periodontal y pulido de raíz, gingivectomía o gingivoplastia
- ◆ servicios restaurativos, incluyendo restauración de amalgamas, restauración de resinas compuestas, postes de refuerzo y coronas para los dientes delanteros
- ◆ servicios de endodoncia, incluyendo canales de raíz para los dientes delanteros
- ◆ servicios de prostodoncia, incluyendo dentaduras parciales o completas
- ◆ servicios de exodoncia (extracciones)
- ◆ cirugía bucal

Para obtener estos servicios, si usted es miembro de MassHealth y está embarazada o tiene un hijo menor de tres años, usted **DEBE** decírselo al dentista durante la consulta.

**¿Preguntas?** Llame al Centro de servicios al cliente de MassHealth al 1-800-841-2900 (TTY: 1-800-497-4648 para personas con sordera parcial o total) de 8 de la mañana a 5 de la tarde, de lunes a viernes.