Subchapter 6: Dental Manual

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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 under 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, Diagnostic 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 younger than 21 years old. 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 under 130 CMR 420.405(A)(7) must submit all requests for prior authorization and claims containing 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 (NDCs).

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 the following service codes.

D0190	D0240	D1120	D4341	D9410
D0191	D0272	D1206	D4342	D9450
D0210	D0273	D1208	D4346	
D0220	D0274	D1351	D9110	
D0230	D1110	D1354	D9920	

601 Introduction (cont.)

Rural Add-On Payment

Certain dental providers who render covered dental services to members within the following five counties are eligible for a rural add-on payment using code D9450: Barnstable, Berkshire, Dukes, Franklin, and Hampshire. When billing for a covered dental service rendered within the five counties, the following dental providers are eligible to bill for the rural add-on payment using code D9450: individual dentists, public health dental hygienists, dental group practices, dental clinics, and dental schools.

These five counties are eligible for the rural add-on payment based on the following criteria:

- Counties that are ≥25% rural based on U.S. Census data (Berkshire, Dukes, Franklin, and Hampshire), OR
- Counties that the Health Resources and Services Administration (HRSA) has designated as High Needs Geographic Health Professional Shortage Areas (HPSA) (Barnstable)

Additional counties may be included if they meet the criteria stated above. Any of the five counties noted above may also be removed if they no longer meet the above criteria.

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 next.

(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. Under 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). 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	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	No	No	
D0150	Once per member per dentist	Yes	Yes	Yes	
D0180	Once per calendar year	Yes	Yes	Yes	
D0190	Twice per calendar year	Yes	Yes	Yes	Payable only to a Public Health Hygienist
D0191	Once per calendar year	Yes	Yes	Yes	Payable only to a Public Health Hygienist

604 Service Codes: Radiographs

See 130 CMR 420.423 and *Dental Manual* Appendix E for service descriptions and limitations.

Service Code	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	Once every three calendar years	Yes	Yes	Yes	
D0220		Yes	Yes	Yes	
D0230		Yes	Yes	Yes	
D0240	Twice per calendar year	Yes	No	No	

604 Service Codes: Radiographs (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D0270	Twice per calendar year	Yes	Yes	Yes	
D0272	Twice per calendar year	Yes	Yes	Yes	
D0273	Twice per calendar year	Yes	Yes	Yes	
D0274	Twice per calendar year	Yes	Yes	Yes	
D0330	Once every three calendar years	Yes	Yes	Yes	
D0340		Yes	Yes	Yes	

605 Service Codes: Preventive Services

See 130 CMR 420.424 for service descriptions and limitations.

Service Code	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	Yes (Use this code for ages 14-21.)	Yes	Yes	
D1120	Twice per calendar year	Yes (Use this code for ages up to 14.)	No	No	

605 Service Codes: Preventive Services (cont.)

Service Code	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*	** Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva (PA required). See 602(A) above and 130 CMR 420.424(B)(1)(b).*
D1208		Yes	No*	No*	** Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva (PA required). See 602(A) above and 130 CMR 420.424(B)(1)(b).*

Other Preventive Services

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D1351	Permanent first, second, and third noncarious, nonrestored molars	Yes	No	No	
D1354	Twice per tooth's lifetime	Yes	Yes	Yes	

Space Maintenance (Passive Appliances)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D1510	Twice per lifetime	Yes	No	No	
D1516		Yes	No	No	

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D1517		Yes	No	No	
D1520	Twice per lifetime	Yes	No	No	
D1526		Yes	No	No	
D1527		Yes	No	No	
D1575		Yes	No	No	
D1701		Yes	Yes	Yes	
D1702		Yes	Yes	Yes	
D1703		Yes	Yes	Yes	
D1704		Yes	Yes	Yes	
D1707		Yes	Yes	Yes	
D1708		Yes	Yes	Yes	
D1709		Yes	Yes	Yes	
D1710		Yes	Yes	Yes	
D1711		Yes	Yes	Yes	
D1712		Yes	Yes	Yes	
D1713		Yes	Yes	Yes	
D1714		Yes	No	No	

606 Service Codes: Restorative Services

See 130 CMR 420.425 for service descriptions and limitations.

Amalgam Restorations (Including Polishing)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D2140	Once per calendar year per tooth	Yes	Yes	Yes	
D2150	Once per calendar year per tooth	Yes	Yes	Yes	
D2160	Once per calendar year per tooth	Yes	Yes	Yes	
D2161	Once per calendar year per tooth	Yes	Yes	Yes	

Resin-Based Composite Restorations

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D2330	Once per 12 months per tooth	Yes	Yes	Yes	
D2331	Once per 12 months per tooth	Yes	Yes	Yes	
D2332	Once per 12 months per tooth	Yes	Yes	Yes	
D2335	Once per 12 months per tooth	Yes	Yes	Yes	
D2390	Once per 12 months per tooth	Yes	No	No	
D2391	Once per 12 months per tooth	Yes	Yes	Yes	
D2392	Once per 12 months per tooth	Yes	Yes	Yes	
D2393	Once per 12 months per tooth	Yes	Yes	Yes	
D2394	Once per 12 months per tooth	Yes	Yes	Yes	

606 Service Codes: Restorative Services (cont.)

Crowns – Single Restoration Only

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D2710	Once per 60 months per tooth	Yes	No	No	Maintain pre-treatment and post-treatment film of the tooth.
D2740	Once per 60 months per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2750	Once per 60 months per tooth	Yes	No	No	Maintain pre-treatment and post-treatment film of the tooth.
D2751	Once per 60 months per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2752	Once per 60 months per tooth	Yes	No	No	Maintain pre-treatment and post-treatment film of the tooth.
D2790	Once per 60 months per tooth	Yes	No	No	Maintain pre-treatment and post-treatment film of the tooth.

Other Restorative Services

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D2910		Yes	Yes	Yes	
D2920		Yes	Yes	Yes	
D2929	Primary anterior teeth only	Yes	No	No	
D2930		Yes	No	No	
D2931		Yes	Yes	No*	
D2932	Primary anterior teeth only	Yes	No	No	

606 Service Codes: Restorative Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D2934		Yes	No	No	
D2950		Yes	Yes	Yes	
D2951		Yes	Yes	Yes	
D2954		Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D2980	Chairside	Yes	Yes	Yes	
D2999	Outside laboratory	Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA) (IC)	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.

Pulpotomy

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D3120		Yes	Yes	Yes	
D3220		Yes	No	No	

607 Service Codes: Endodontic Services (cont.)

Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D3310	Once per lifetime per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D3320	Once per lifetime per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D3330	Once per lifetime per tooth	Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.

Endodontic Retreatment

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D3346		Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D3347		Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.
D3348		Yes	Yes	Yes	Maintain pre-treatment and post-treatment film of the tooth.

607 Service Codes: Endodontic Services (cont.)

Apicoectomy/Periradicular Services

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D3410	Per tooth. Includes retrograde filling. Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3421	Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3425	First root. Once per lifetime per tooth	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.
D3426	Each additional root	Yes	Yes	Yes	Maintain periapical film of the tooth and date of the original root canal treatment.

608 Service Codes: Periodontal Services

See 130 CMR 420.427 for service descriptions and limitations.

Surgical Services (Including Usual Postoperative Services)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D4210	Once per quadrant per 3 calendar years	Yes	Yes (PA)	Yes (PA)	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 3 calendar years	Yes	Yes (PA)	Yes (PA)	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 3 calendar years	Yes	Yes (PA)	Yes (PA)	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).

608 Service Codes: Periodontal Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D4342	Once per quadrant per 3 calendar years	Yes	Yes (PA)	Yes (PA)	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).
D4346	Twice per calendar year	Yes	Yes	Yes	

609 Service Codes: Prosthodontic (Removable) Services

See 130 CMR 420.428 for service descriptions and limitations.

Complete Dentures (Including Routine Post-Delivery Care)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D5110	Once per 84 months	Yes	Yes	Yes	
D5120	Once per 84 months	Yes	Yes	Yes	
D5130		Yes	No	No	
D5140		Yes	No	No	

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

Partial Dentures (Including Routine Post-Delivery Care)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D5211	Once per 84 months	Yes	Yes	Yes	
D5212	Once per 84 months	Yes	Yes	Yes	
D5213	Once per 84 months	Yes	No	No	
D5214	Once per 84 months	Yes	No	No	
D5225	Once per 84 months	Yes	No	No	
D5226	Once per 84 months	Yes	No	No	

Repairs to Complete Dentures

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D5511		Yes	Yes	Yes	
D5512		Yes	Yes	Yes	
D5520		Yes	Yes	Yes	

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

Repairs to Partial Dentures

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D5611		Yes	Yes	Yes	
D5612		Yes	Yes	Yes	
D5621		Yes	Yes	Yes	
D5622		Yes	Yes	Yes	
D5630		Yes	Yes	Yes	
D5640		Yes	Yes	Yes	
D5650		Yes	Yes	Yes	
D5660		Yes	Yes	Yes	

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

Denture Reline Procedures

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D5730	Once per 24 months per arch	Yes	Yes	Yes	
D5731	Once per 24 months per arch	Yes	Yes	Yes	
D5740	Once per 24 months per arch	Yes	No	No	
D5741	Once per 24 months per arch	Yes	No	No	
D5750	Once per 24 months per arch	Yes	Yes	Yes	
D5751	Once per 24 months per arch	Yes	Yes	Yes	
D5760	Once per 24 months per arch	Yes	No	No	
D5761	Once per 24 months per arch	Yes	No	No	

610 Service Codes: Prosthodontic (Fixed) Services

See 130 CMR 420.429 for service descriptions and limitations.

Fixed Partial Denture Pontics

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D6241	Once per 60 months per tooth	Yes	No	No	
D6751	Once per 60 months per tooth	Yes	No	No	
D6930		Yes	No	No	
D6980		Yes	No	No	

611 Service Codes: Oral Surgery (Exodontic) Services

See 130 CMR 420.430 for service descriptions and limitations.

Service Code	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) (IC)	Yes (PA) (IC)	Include documentation to substantiate why the repair could not be done chairside. See 602(A) and (B) above and 130 CMR 420.429(B).

Extractions (Includes Local Anesthesia and Routine Postoperative Care)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
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	
D7251		Yes	Yes	Yes	
D7270		Yes	Yes	Yes	

611 Service Codes: Oral Surgery (Exodontic) Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D7280	Including orthodontic attachments; may not be billed in conjunction with applicable extraction codes (including D7220, D7230, D7240, D7241) when those codes are billed for an adjacent impacted extraction.	Yes	No	No	
D7283		Yes	No	No	
D7284		Yes	No	No	

Surgical Procedures

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D7310	Once per quadrant per lifetime	Yes	Yes	Yes	
D7311	Once per quadrant per lifetime	Yes	Yes	Yes	
D7320	Once per quadrant per lifetime	Yes	Yes	Yes	
D7321	Once per quadrant per lifetime	Yes	Yes	Yes	
D7340		Yes (PA)	Yes (PA)	Yes (PA)	Include justification of the surgical procedure designed to increase alveolar ridge height. See 602(A) above and 130 CMR 420.430(F).

611 Service Codes: Oral Surgery (Exodontic) Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D7350†		Yes	Yes (PA)	Yes (PA)	† 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	Yes	
D7411		Yes	Yes	Yes	
D7450		Yes	Yes	Yes	
D7451		Yes	Yes	Yes	
D7460		Yes	Yes	Yes	
D7461		Yes	Yes	Yes	
D7471†	Once per lifetime per arch	Yes	Yes	Yes	† 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.
D7472†	Once per lifetime per arch	Yes	Yes	Yes	† 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.
D7473†	Once per lifetime per arch	Yes	Yes	Yes	† 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.

611 Service Codes: Oral Surgery (Exodontic) Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D7961		Yes	Yes	Yes	
D7962		Yes	Yes	Yes	
D7963		Yes	Yes	Yes	
D7970		Yes	Yes	Yes	
D7999		Yes (PA) (IC)	Yes (PA) (IC)	Yes (PA)(IC)	See 602(A) and (B) above.

612 Service Codes: Orthodontic Services

See 130 CMR 420.431 for service descriptions and limitations.

Orthodontic Diagnosis and Full Orthodontic Treatment

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8010		Yes (PA)	No	No	Include the number of adjustment visits required in conjunction with the type of limited orthodontic appliance. See 602(A) above and 130 CMR 420.431.
D8020†		Yes (PA)	No	No	Include the number of adjustment visits required in conjunction with the type of limited orthodontic appliance. See 602(A) above, 130 CMR 420.431, and *Dental Manual* Appendix F. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).

612 Service Codes: Orthodontic Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8030†		Yes (PA)	No	No	Include the number of adjustment visits required in conjunction with the type of limited orthodontic appliance. See 602(A) above, 130 CMR 420.431, and *Dental Manual* Appendix F. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8040†		Yes (PA)	No	No	Include the number of adjustment visits required in conjunction with the type of limited orthodontic appliance. See 602(A) above, 130 CMR 420.431, and *Dental Manual* Appendix F. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8070†	Once per lifetime for either D8070, D8080, or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, completed copy of the Handicapping Labio-Lingual Deviations (HLD) Form and medical necessity narrative, if applicable. See 602(A) 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).

612 Service Codes: Orthodontic Services (cont.)

Service Code	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 D8070, D8080, or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations (HLD) Form 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).
D8090†	Once per lifetime for either D8070, D8080 or D8090.	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations (HLD) Form 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).

612 Service Codes: Orthodontic Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8091†	Once per lifetime	Yes (PA)	No	No	Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations (HLD) Form 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).
D8670†		Yes (PA)	No	No	* *Exception for members whose comprehensive orthodontic treatment began by age 21. PA required. See 130 CMR 420.431(A)(1).* † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). Include the date of the initial banding and a narrative of the reason(s) for removal of the orthodontic appliance. See 602(A) above.

612 Service Codes: Orthodontic Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8671†		Yes (PA)	No	No	* *Exception for members whose comprehensive orthodontic treatment began by age 21. PA required. See 130 CMR 420.431(A)(1).* † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). Include the date of the initial banding and a narrative of the reason(s) for removal of the orthodontic appliance. See 602(A) above.
D8680†		Yes	No*	No*	* *Exception for members whose comprehensive orthodontic treatment began by age 21. PA required.* *See 130 CMR 420.431(A)(1).* † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). Include the date of the initial banding and a narrative of the reason(s) for removal of the orthodontic appliance. See 602(A) above.

612 Service Codes: Orthodontic Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D8703†		Yes (PA)	No	No	See 602(A) above. See 130 CMR 420.431(C)(5). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8704†		Yes (PA)	No	No	See 602(A) above. See 130 CMR 420.431(C)(5). † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
D8999†		Yes (PA) (IC)	No*	No*	* *Exception for members whose comprehensive orthodontic treatment began by age 21.* PA required. *See 130 CMR 420.431(A).* † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). See 602(A) and (B) above.

613 Service Codes: General Anesthesia and IV Sedation Services

See 130 CMR 420.452 for service descriptions and limitations.

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D9222		Yes	Yes	Yes	
D9223		Yes	Yes	Yes	
D9224		Yes	Yes	Yes	
D9225		Yes	Yes	Yes	
D9230		Yes	Yes	Yes	
D9239		Yes	Yes	Yes	
D9243		Yes	Yes	Yes	
D9244		Yes	Yes	Yes	
D9245		Yes	Yes	Yes	
D9246		Yes	Yes	Yes	

614 Service Codes: Adjunctive Services

See 130 CMR 420.456 for service descriptions and limitations.

Unclassified Treatment

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
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	
D9310		Yes	Yes	Yes	

Professional Visits

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

614 Service Codes: Adjunctive Services (cont.)

Treatment of Physically or Developmentally Disabled Members

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
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) above and 130 CMR 420.456(B).

Miscellaneous Services

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
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.
D9941	Once per calendar year	Yes	No	No	Include documented evidence of the need for the appliance.
D9944	Once per calendar year	Yes	No	No	Include documented evidence of the need for the appliance.

614 Service Codes: Adjunctive Services (cont.)

Service Code	Limitations	Covered Under Age 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D9945	Once per calendar year	Yes	No	No	Include documented evidence of the need for the appliance.
D9946	Once per calendar year	Yes	No	No	Include documented evidence of the need for the appliance.
D9450	Once per member per day	Yes	Yes	Yes	Only payable to providers rendering services within the 5 counties that meet the criteria for rural add-on payment. See 601 Introduction above.
D9999		Yes (PA), (IC)	Yes (PA), (IC)	Yes (PA) (IC)	See 602(A) and (B) 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

10004	11046	11621	12006	12042
10005	11310	11622	12007	12044
10006	11311	11623	12011	12045
10021	11312	11624	12013	12046
10060	11313	11626	12014	12047
10061	11420	11640	12015	12051
10120	11421	11641	12016	12052
10121	11422	11642	12017	12053
10140	11423	11643	12018	12054
10160	11424	11644	12020	12055
10180	11426	11646	12021	12056
11010	11440	11960	12031	12057
11011	11441	11970	12032	13120
11012	11442	11971	12034	13121
11042	11443	12001	12035	13122
11043	11444	12002	12036	13131
11044	11446	12004	12037	13132
11045	11620	12005	12041	13133

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

13150	15610	17283	21034	21179
13151	15620	17284	21040	21180
13152	15630	17286	21044	21181
13153	15730	17999 (IC)	21045	21182
13160	15731	20100	21046	21183
14000	15733	20200	21047	21184
14001	15734	20205	21048	21188 (PA)
14020	15740	20206	21049	21193 (PA)
14021	15750	20220	21050	21194 (PA)
14040	15756	20225	21060	21195 (PA)
14041	15757	20240	21070	21196 (PA)
14060	15758	20245	21076	21198 (PA)
14061	15760	20520	21077	21199 (PA)
14301	15770	20525	21079	21206 (PA)
14302	15819	20526	21080	21208 (PA)
15040	15820 (PA)	20605	21081	21209 (PA)
15100	15821 (PA)	20615	21082	21210 (PA)
15110	15822 (PA)	20670	21083	21215 (PA)
15111	15823 (PA)	20680	21084	21230 (PA)
15115	15840	20690	21085	21235 (PA)
15116	15841	20692	21086	21240 (PA)
15120	15842	20693	21087	21242 (PA)
15121	15845	20694	21088 (IC)	21243 (PA)
15150	15852	20900	21089 (IC)	21244 (PA)
15151	15860	20902	21100	21247 (PA)
15152	16000	20910	21110	21255 (PA)
15155	17000	20912	21116	21260
15156	17003	20920	21120	21261
15157	17004	20922	21137 (PA)	21263
15240	17106	20924	21138 (PA)	21267
15241	17107	20926	21139 (PA)	21268
15260	17108	20955	21141	21270
15261	17110	20956	21142	21275
15271	17111	20962	21143	21280
15272	17260	20969	21145	21282
15273	17266	20970	21146 (PA)	21295
15274	17270	20999 (IC)	21147 (PA)	21296
15275	17271	21010	21150 (PA)	21299 (PA)(IC)
15276	17272	21015	21151 (PA)	21310
15277	17273	21025	21154 (PA)	21315
15278	17274	21026	21155 (PA)	21320
15570	17276	21029	21159 (PA)	21325
15572	17280	21030	21160 (PA)	21330
15574	17281	21031	21172 (PA)	21335
15576	17282	21032	21175 (PA)	21336

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

21337	21343	21347	21360	21386
21338	21344	21348	21365	21387
21339	21345	21355	21366	21390
21340	21346	21356	21385	21395
21400	30160	31511	40527	41017
21401	30462	31515	40530	41018
21406	30465	31525	40650	41100
21407	30520	31526	40652	41105
21408	30580	31530	40654	41108
21421	30600	31531	40700	41110
21422	30630	31535	40701	41112
21423	30901	31536	40702	41113
21431	30903	31575	40720	41114
21432	30905	31600	40761	41115
21433	30906	31603	40799 (IC)	41116
21435	30920	31605	40800	41120
21436	30999 (IC)	31610	40801	41130
21440	31000	31615	40804	41135
21445	31020	31622	40805	41140
21450	31030	35500	40806	41145
21451	31032	35572	40808	41150
21452	31040	35681	40810	41153
21453	31200	35682	40812	41155
21454	31201	35701	40814	41250
21461	31205	35800	40816	41251
21462	31225	35860	40818	41252
21465	31230	35875	40819	41510
21470	31231	35876	40820	41520
21480	31233	37609	40830	41599 (IC)
21485	31237	38500	40831	41800
21490	31238	38505	40840 (PA)	41805
21495	31239	38510	40842 (PA)	41806
21497	31240	38542	40843 (PA)	41820 (IC) (PA)
21499 (IC)	31256	38550	40844 (PA)	41821 (IC)
21685	31267	38555	40845 (PA)	41822
29800 (PA)	31290	38700	40899 (IC)	41823
29804 (PA)	31292	38720	41000	41825
29999 (IC)	31293	38724	41005	41826
30000	31294	38790	41006	41827
30020	31299 (IC)	38792	41007	41828
30124	31420	40490	41008	41830
30125	31500	40500	41009	41850 (IC)
30130	31502	40510	41010	41874
30140	31505	40520	41015	41899 (IC)
30150	31510	40525	41016	42000

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

42100	42120	42180	42210	42226
42104	42140	42182	42215	42227
42106	42145	42200	42220	42235
42107	42160	42205	42225	42260
42280 (PA)	42720	61585	64740	99213
42281 (PA)	42725	61586	64864	99214
42299 (IC)	42800	61590	64865	99215
42300	42802	61591	64868	99217s
42305	42804	61592	64872	99218
42310	42806	61595	64874	99219
42320	42808	61596	64885	99220
42330	42809	61597	64886	99221
42335	42810	61598	64910	99222
42340	42815	61600	64911	99223
42400	42820	61605	64912	99224
42405	42842	61606	64999 (IC)	99225
42408	42844	61607	67715	99226
42409	42845	61608	67840	99231
42410	42860	62142	67916	99232
42415	42870	62143	67917	99233
42420	42890	62145	68801	99234
42425	42894	62146	68810	99235
42426	42900	62147	68811	99236
42440	42950	62148	69990	99281
42450	42953	64400	70100	99282
42500	42955	64600	70110	99283
42505	42960	64605	70140	99284
42507	42961	64612	70150	99285
42508	42962	64613	70160	99446
42509	42970	64615	70210	99447
42510	42971	64616	70220	99448
42550	42972	64716	70240	99449
42600	42999 (IC)	64722	70328	99451
42650	61580	64727	70330	99452
42660	61581	64732	70360	
42665	61582	64734	70380	
42699 (IC)	61583	64736	99211	
42700	61584	64738	99212	