



Commonwealth of Massachusetts
Executive Office of Health and Human Services
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MASSHEALTH
TRANSMITTAL LETTER FAS-16
June 2006

TO: Freestanding Ambulatory Surgery Centers Participating in MassHealth

FROM: Beth Waldman, Medicaid Director *BW*

RE: *Freestanding Ambulatory Surgery Center Manual* (Coverage of Dental Services for Members Aged 21 Years or Older)

Due to a new state law, effective July 1, 2006, MassHealth will cover dental services for eligible members aged 21 years or older (adults).

This letter transmits a revised Subchapter 6 of the *Freestanding Ambulatory Surgery Center Manual*. The revisions reflect the new dental coverage for adults. Effective July 1, 2006, dental coverage will be available for all eligible adults, not just to members with demonstrated special circumstances or to members who are pregnant or a mother of a child under the age of three years. Accordingly, providers will no longer need to seek special circumstances designation for members. MassHealth will continue to process all requests for special circumstances designation for services that will be provided before July 1, 2006. All other conditions of 130 CMR 423.000 and 450.000 continue to apply.

This transmittal letter, including the attached pages, and other publications issued by MassHealth are available on the MassHealth Web site at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service 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.)

Freestanding Ambulatory Surgery Center Manual

Pages iv, 6-1, 6-2, 6-21, and 6-22

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Freestanding Ambulatory Surgery Center Manual

Page iv — transmitted by Transmittal Letter FAS-9

Pages 6-1, 6-2, 6-21, and 6-22 — transmitted by Transmittal Letter FAS-15

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601 Payable Surgery Services

MassHealth pays for the following services in a freestanding ambulatory surgery center, subject to all conditions and limitations in MassHealth regulations at 130 CMR 423.000 and 450.000. Codes with additional text as shown in the legend below require specific attachments or prior authorization or have specific instructions or limitations.

Legend:

CPA-2: A completed Certification for Payable Abortion form is required. See 130 CMR 423.419 for additional information.

CS-18: A completed Sterilization Consent Form (for members aged 18 through 20) is required. See 130 CMR 423.417 and 423.418 for additional information.

CS-21: A completed Sterilization Consent Form (for members aged 21 and older) is required. See 130 CMR 423.417 and 423.418 for additional information.

IC: Claim requires individual consideration. See 130 CMR 423.402 for more information.

PA: Service requires prior authorization. See 130 CMR 423.406 or 420.410 in the *Dental Manual* for more information.

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601 Surgery Service Codes (cont.)

<u>Service Code</u>	<u>Service Code</u>	<u>Service Code</u>
10121	12045	15155
10180	12046	15156
11010	12047	15157
11011	12054	15200
11012	12055	15201
11042	12056	15220
11043	12057	15221
11044	13100	15240
11404	13101	15241
11406	13120	15260
11424	13121	15261
11426	13131	15300
11444	13132	15301
11446	13150	15320
11450	13151	15321
11451	13152	15330
11462	13160	15331
11463	14000	15335
11470	14001	15336
11471	14020	15400
11604	14021	15401
11606	14040	15420
11624	14041	15421
11626	14060	15430
11644	14061	15431
11646	14300	15570
11770	14350	15572
11771	15000	15574
11772	15040	15576
11960	15050	15600
11970	15100	15610
11971	15101	15620
12005	15110	15630
12006	15111	15650
12007	15115	15732
12016	15116	15734
12017	15120	15736
12018	15121	15738
12020	15130	15740
12021	15131	15750
12034	15135	15760
12035	15136	15770
12036	15150	15820 (PA)
12037	15151	15821 (PA)
12044	15152	15822 (PA)

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602 Periodontic Service Codes and Descriptions

Service

Code Description

Surgical Services (Includes Usual Postoperative Services)

- D4210 Gingivectomy or gingivoplasty—four or more contiguous teeth or bounded teeth spaces per quadrant (once per quadrant per three-year period) (PA)
- D4341 Periodontal scaling and root planing—four or more contiguous teeth or bounded teeth spaces per quadrant (includes curettage) (once per quadrant per three-year period) (PA)

603 Exodontic Service Codes and Descriptions

Service

Code Description

Extractions (Includes Local Anesthesia and Routine Postoperative Care)

- D7111 Coronal remnants – deciduous tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220 Removal of impacted tooth—soft tissue (PA)
- D7230 Removal of impacted tooth—partially bony (PA)
- D7240 Removal of impacted tooth—completely bony (PA)
- D7283 Placement of device to facilitate eruption of impacted tooth (under 21 only) (PA)

604 Dental Surgery Procedures

Service

Code Description

- D7310 Alveoloplasty in conjunction with extactions—per quadrant
- D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
- D7320 Alveoloplasty not in conjunction with extractions—per quadrant
- D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
- D7340 Vestibuloplasty—ridge extension (second epithelialization) (PA)
- D7960 Frenulectomy (frenectomy or frenotomy)—separate procedure
- D7963 Frenuloplasty
- D7970 Excision of hyperplastic tissue—per arch (PA)
- D7999 Unspecified oral surgery procedure, by report (PA) (IC)
- D9930 Treatment of complications (postsurgical) – unusual circumstances, by report (IC)

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605 Prosthetic Service Codes and Descriptions

Service

Code Description

Integumentary System

- L8500 Artificial larynx, any type (IC)
- L8501 Tracheostomy speaking valve (IC)
- L8510 Voice amplifier (IC)
- L8600 Implantable breast prosthesis, silicone or equal (IC)
- L8603 Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies (IC)
- L8606 Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies (IC)

Head: Skull, Facial Bones, and Temporomandibular Joint

- L8610 Ocular implant (IC)
- L8612 Aqueous shunt (IC)
- L8613 Ossicular implant (IC)
- L8614 Cochlear device/system (IC)
- L8619 Cochlear implant external speech processor, replacement (IC)

Upper Extremity

- L8630 Metacarpophalangeal joint implant (IC)

Lower Extremity — Joint: Knee, Ankle, Toe

- L8641 Metatarsal joint implant (IC)
- L8642 Hallux implant (IC)
- L8658 Interphalangeal joint spacer, silicone or equal, each (IC)

Cardiovascular System

- L8670 Vascular graft material, synthetic, implant (IC)

606 Modifiers

- 50 Bilateral procedure
- 51 Multiple procedures
- 73 Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure prior to the administration of anesthesia
- 74 Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after administration of anesthesia