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420.421: Covered and Noncovered Services: Introduction

(A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members under age 21.

(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary and the member is under age 21. Prior authorization must be submitted for any medically necessary noncovered services for members under age 21.

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their attachments, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions);
- (3) counseling or member-education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the *Dental Manual*.

(C) Covered Services for All Members Aged 21 and Older. The MassHealth agency pays for the services listed in 130 CMR 420.422 through 420.456 for all members aged 21 and older in accordance with the service descriptions and limitations set forth therein:

- (1) diagnostic services as described in 130 CMR 420.422;
- (2) radiographs as described in 130 CMR 420.423;
- (3) preventive services as described in 130 CMR 420.424;
- (4) restorative services as described in 130 CMR 420.425;
- ~~(5)~~ periodontal services as described in 130 CMR 420.427;
- ~~(56)~~ prosthodontic services as described in 130 CMR 420.428;
- ~~(67)~~ exodontic services as described in 130 CMR 420.430, except for the following:
 - (a) vestibuloplasty;
 - (b) frenulectomy;
 - (c) excision of hyperplastic tissue; and
 - (d) excision of benign lesion.
- ~~(78)~~ anesthesia services as described in 130 CMR 420.452;
- ~~(89)~~ oral and maxillofacial surgery services as described in 130 CMR 420.453;
- ~~(910)~~ behavior management services as described in 130 CMR 420.456(C);
- ~~(4011)~~ palliative treatment of dental pain or infection services as described in 130 CMR 420.456(D); and
- ~~(4112)~~ house/facility call as described in 130 CMR 420.456(G).

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(D) Noncovered Services for All Members Aged 21 and Older. The MassHealth agency does not pay for the following services for all members aged 21 and older:

- (1) preventive services as described in 130 CMR 420.424(C);
- (2) prosthodontic services (fixed) as described in 130 CMR 420.429; and
- (3) other services as described in 130 CMR 420.456(A), (B), (E), and (F).

(E) Additional Covered Services for DDS Clients Aged 21 and Older. The MassHealth agency pays for the following additional services for DDS clients aged 21 and older:

- (1) endodontic services as described in 130 CMR 420.426;
- ~~(2) periodontic services as described in 130 CMR 420.427;~~
- ~~(3)~~ the following additional exodontic services as described in 130 CMR 420.430:
 - (a) vestibuloplasty;
 - (b) frenulectomy;
 - (c) excision of hyperplastic tissue; and
 - (d) excision of benign lesion;
- ~~(4)~~ prosthodontic services (removable) as described in 130 CMR 420.428; and
- ~~(5)~~ maxillofacial prosthetics as described in 130 CMR 420.455.

420.422: Service Descriptions and Limitations: Diagnostic Services

(A) Comprehensive Oral Evaluation. The MassHealth agency pays for a comprehensive oral evaluation once per member, per provider or per location. A comprehensive oral evaluation is more thorough than a periodic oral evaluation, and includes a written review of the member's medical and dental history, the examination and charting of the member's dentition and associated structures, periodontal charting if applicable, diagnosis, and the preparation of treatment plans and reporting forms. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues.

(B) Periodic Oral Evaluation. The MassHealth agency pays for a periodic oral evaluation twice per calendar year, per member, per provider or location. This service is not covered on the same date of service as a palliative emergency treatment visit. A periodic oral evaluation is performed on an established patient of record to determine any changes in the member's dental and medical health status since a previous comprehensive or periodic oral evaluation.

(C) Oral Evaluation. The MassHealth agency pays for this service twice per calendar year per provider or location. An oral evaluation is counseling with a primary caregiver (parent/guardian) for members under three years of age.

(D) Limited Oral Evaluation. The MassHealth agency pays for a limited oral evaluation twice per member per calendar year. A limited oral evaluation is not covered on the same date of service as a palliative emergency treatment visit. A limited oral evaluation is an evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Typically, patients receiving this type of evaluation present with a specific problem and/or dental trauma, pain, or acute infection.

(E) Comprehensive Periodontal Evaluation. The MassHealth agency pays for a comprehensive periodontal evaluation once per calendar year per member; per provider or per location. A comprehensive periodontal evaluation is indicated for members showing signs or symptoms of periodontal disease and for members with risk factors such as smoking or diabetes. A comprehensive periodontal evaluation includes evaluation of periodontal conditions, probing and charting, evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation,

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(F) Oral Screening. The MassHealth agency pays for an oral screening twice per calendar year per member per provider. An oral screening may only be billed by Public Health Dental Hygienists. An oral screening includes state or federally mandated screenings to determine a member's need to be seen by a dentist for further diagnosis.

(G) Limited Clinical Assessment. The MassHealth agency pays for a limited clinical inspection once per calendar year per member per provider. A limited clinical assessment may only be billed by Public Health Dental Hygienists. A limited clinical assessment includes identification of possible signs of oral or systemic disease, malformation, injury, and/or the potential need for a referral for diagnosis and treatment by a dentist.

420.423: Service Descriptions and Limitations: Radiographs

(A) Introduction and definitions.

(1) The MassHealth agency pays for radiographs/diagnostic imaging taken as an integral part of diagnosis and treatment planning.

(a) Assessing extent of required radiographs – Providers should conduct a clinical examination; consider the member's oral and medical histories, as well as the member's vulnerability to environmental factors that may affect the oral health before conducting a radiographic examination to determine the type of imaging, frequency and number of images. Radiographs should be taken only when there is an expectation that the diagnostic yield will affect patient care. The intent is to confine radiation exposure of members to the minimum necessary to achieve satisfactory diagnosis.

(b) The provider must document efforts to obtain any previous radiographs/diagnostic imaging before prescribing more.

(c) When radiographs and diagnostic imaging submitted to the MassHealth agency as part of the prior authorization process or upon other request are not of good diagnostic quality, the provider may not claim payment for any retake of radiographs/diagnostic imaging requested by the MassHealth agency.

(2) Definitions.

(a) Bitewing Radiographs – A bitewing radiograph is a diagnostic image showing the crowns of the upper and lower teeth simultaneously.

(b) Cephalometric radiograph – a 2D image of the head made using Cephalostat to standardize anatomic, positional, with reproducible beam geometry.

(c) Intraoral complete series of radiographic images – Intraoral complete series of radiographic images surveys the whole mouth; usually consists of 14-22 periapical and posterior bitewing images, intended to display the crowns and roots of all teeth, periapical areas, and alveolar bone.

(d) Periapical Radiographs – diagnostic intraoral images showing tooth apices and surrounding structures in a particular intraoral area.

(e) Occlusal Radiographs – a supplementary radiograph designed to provide a more extensive view of the maxilla and mandible; highlighting tooth development and placement in children.

(f) Panoramic radiograph – an extraoral image showing a two-dimensional view of the patients' entire jaw from ear to ear.

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(B) Intraoral Conventional or Direct Digital Radiographs.

(1) Intraoral complete series of radiographic images. The MassHealth agency pays for intraoral complete series of radiographic images once every three calendar years per member; per provider or location. Intraoral complete series of radiographic images are recommended for members with clinical evidence of generalized oral disease or a history of extensive dental treatment. The MassHealth agency allows for substitution of the intraoral complete series of radiographic images with individualized radiographs consisting of posterior bitewings with a panoramic or occlusal radiograph and selected periapicals for members with transitional dentition. Panoramic radiographs cannot be substituted for intraoral complete series of radiographic images if intraoral complete series of radiographic images are required for a prior-authorization request, unless the member has complete bony impacted teeth, or other surgical conditions listed under 130 CM 420.423(C)(1), and is edentulous. The MassHealth agency does not pay more for individual periapical radiographs (with or without bitewings) than it would for an intraoral complete series of radiographic images. The MassHealth agency further defines the numbers of radiographs which constitute intraoral complete series of radiographic images based on age limitations described in Appendix E of the Dental Manual.

(2) Bitewing Radiographs. The MassHealth agency pays for up to four bitewing radiographs as separate procedures based on the clinical guidelines set forth by the American Dental Association. Providers must document variations from the ADA clinical guidelines in the member's dental record. The MassHealth agency does not pay separately for bitewing radiographs taken as part of an intraoral complete series of radiographic images.

(3) Periapical Radiographs. Periapical radiographs may be taken for specific areas where extraction is anticipated, or when infection, periapical change, or an anomaly is suspected, or when otherwise directed by the MassHealth agency. A maximum of four periapical radiographs is allowed per day, per member per provider or location.

(4) Occlusal Radiographs. The MassHealth agency pays for two occlusal radiographs per calendar year per member under age 5; per provider or location.

(5) Panoramic Radiographs. The MassHealth agency pays for panoramic radiographs for surgical and nonsurgical conditions as described in 130 CMR 420.423(C)(1) and (2). The MassHealth agency does not pay for panoramic radiographs for orthodontics, crowns, endodontics, periodontics, and interproximal caries.

(6) Cephalometric Radiographs. The MassHealth agency pays for cephalometric radiographs in conjunction with surgical conditions including, but are not limited to status after facial trauma, mandibular fractures, dentoalveolar fractures, mandibular atrophy, and jaw dislocations. Payment for cephalometric radiographs, or other radiographs, in conjunction with orthodontic diagnosis is included in the payment for orthodontic services (see 130 CMR 420.431(C)(9)). The MassHealth agency does not pay separately for additional radiographs when required for orthodontic diagnosis.

(C) Surgical Conditions. The MassHealth agency pays for panoramic radiographs when used as a diagnostic tool for surgical conditions, whether or not the radiograph is taken prior to the procedure or on the same date as the surgical procedure. Surgical conditions include, but are not limited to

- (a1) impactions;
- (b2) teeth requiring extractions in more than one quadrant;
- (c3) large cysts or tumors that are not fully visualized by intraoral radiographs or clinical examination;
- (d4) salivary-gland disease;
- (e5) maxillary-sinus disease;
- (f6) facial trauma;
- (g7) trismus where an intraoral radiographs placement is impossible; and
- (h8) orthognathic surgery.

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(D) Nonsurgical Conditions.

(a1) Members Under Age 21. The MassHealth agency pays for only one panoramic radiograph every three (3) calendar years per member for nonsurgical conditions, to monitor the growth and development of permanent dentition as a part of an individualized radiograph series for the child member with transitional dentition.

(b2) Members Aged 21 and Older. The MassHealth agency pays for only one panoramic radiograph every three (3) years per member in lieu of an intraoral complete series of radiographic images only for those members who are unable to cooperate with the process for obtaining an intraoral complete series of radiographic images or is edentulous. The provider must document in the member's dental record the reasons why the member cannot cooperate with the process for obtaining an intraoral complete series of radiographic images.

420.424: Service Descriptions and Limitations: Preventive Services

(A) Prophylaxis. The MassHealth agency pays for prophylaxis twice per member per calendar year. The prophylaxis must include the removal of plaque, calculus, and stains from the tooth structures. MassHealth requires the provider to perform as part of this service, oral hygiene instruction including but not limited to proper tooth brushing and flossing instructions, and use of oral hygiene aids. The MassHealth agency does not pay a separate fee for oral hygiene instruction.

(B) Fluoride.

(1) Topical Fluoride Treatment.

(a) Members Under Age 21. The MassHealth agency pays for topical fluoride treatment every 90 days per member, per provider or location. Topical fluoride treatment consists of continuous topical application of an approved fluoride agent such as gels, foams, and varnishes, for a period shown to be effective for the agent. The MassHealth agency pays for treatment that incorporates fluoride with the polishing compound as part of the prophylaxis procedure. The MassHealth agency does not pay for treatment that incorporates fluoride with the polishing compound as a separate procedure.

(b) Members Aged 21 and Older. The MassHealth agency pays for topical fluoride only for members who have medical or dental conditions that significantly interrupt the flow of saliva. Providers must submit a prior authorization request for this treatment for members aged 21 and older.

(2) Fluoride Supplements. The MassHealth agency pays for fluoride supplements only for members under age 21 and through the pharmacy program (see 130 CMR 406.000).

(C) Sealants. The MassHealth agency pays for sealants, for members under age 17, on the occlusal surface of permanent noncarious nonrestored molars once every three (3) calendar years per member per tooth; per provider or location. Sealants are placed on teeth by mechanically and/or chemically sealing the prepared enamel surface to prevent decay. The MassHealth agency does not pay for reapplication of sealants if the process fails within three (3) calendar years. The MassHealth agency does not pay to replace sealants lost or damaged during the three (3) calendar-year period when reapplied by the same provider or location. The MassHealth agency does not pay for sealants applied to any tooth that has been restored.

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(D) Space Maintainers. Space maintainers are indicated when there is premature loss of teeth that may lead to loss of arch integrity. The MassHealth agency pays for two space maintainers per arch per lifetime for members under 21, to include recemented or rebonded space maintainers, and replacement space maintainers. These appliances are indicated when there is premature loss of teeth that may lead to loss of arch integrity. The provider must maintain in the member's record, diagnostic-quality radiographs that support the need for space maintainers whether initial or replacement. Payment for subsequent visits to adjust space maintainers is included in the original payment.

420.425: Service Descriptions and Limitations: Restorative Services

The MassHealth agency pays for restorative services in accordance with the service descriptions and limitations in 130 CMR 420.425(A) through (E). The MassHealth agency considers all of the following to be components of a completed restoration (local anesthesia tooth preparation, acid etching, all adhesives applications, resin bonding agents, amalgam bonding agents, liners, bases, amalgams, resin-based composites, glass ionomers, curing and polishing) and includes them in the payment for this service. The MassHealth agency does not pay for composite or amalgam restorations replaced within one (1) year of the date of completion of the original restoration when replaced by the same provider or dental group. The initial payment includes all restorations replaced due to defects or failure less than one year from the original placement.

(A) Amalgam Restorations. The MassHealth agency does not pay for restorations on primary teeth when early exfoliation (more than two-thirds of the root structure resorbed) is expected.

(B) Resin-Based Composite Restorations.

(1) The MassHealth agency pays for the following:

- (a) all resin-based composite restorations for all surfaces of anterior and posterior teeth;
- (b) full-coverage composite crowns only for members under age 21, only for anterior primary teeth.

(2) For anterior teeth, the MassHealth agency pays no more than the maximum allowable payment for four-or-more-surface resin-based composite restorations on the same tooth, except for reinforcing pins.

(3) The MassHealth agency pays for only one resin-based composite restoration per member per tooth surface per 12 months per provider or location.

(4) The MassHealth agency does not pay more for a composite restoration on a posterior (primary or permanent) tooth than it would for an amalgam restoration.

(C) Crowns, Posts and Cores and Fixed Partial Dentures (Bridgework).

(1) Members Under Age 21. The MassHealth agency pays for the following:

- (a) crowns made from resin-based composite (indirect);
- (b) crowns porcelain fused to predominantly base metal, posts and cores on permanent incisors, cuspids, bicuspid, and first and second molars; and
- (c) prefabricated stainless-steel crowns for primary and permanent posterior teeth or prefabricated resin crowns for primary and permanent anterior teeth. Stainless-steel or prefabricated resin crowns are limited to instances where the prognosis is favorable and must not be placed on primary teeth that are mobile or show advanced resorption of roots. The MassHealth agency pays for no more than four stainless-steel or prefabricated resin crowns per member per date of service in an office setting.

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(2) DDS Clients Aged 21 and Older. The MassHealth agency pays for crown porcelain fused to predominantly base metal, and prefabricated posts and cores on anterior teeth only. The MassHealth agency pays for porcelain fused to predominantly base metal and stainless steel crowns for posterior teeth only if extraction (the alternative treatment) would cause undue medical risk for a member with one or more medical conditions that include, but are not limited to

- (a) hemophilia;
- (b) history of radiation therapy;
- (c) acquired or congenital immune disorder;
- (d) severe physical disabilities such as quadriplegia;
- (e) profound mental retardation; or
- (f) profound mental illness.

(D) Reinforcing Pins. The MassHealth agency pays for reinforcing pins only when used in conjunction with a two-or-more-surface restoration on a permanent tooth. Commercial amalgam bonding systems are included in this category.

(E) Crown or Bridge Repair. The MassHealth agency pays for chairside crown repair and fixed partial denture repair. A description of the repair must be documented in the member's dental record. The MassHealth agency pays for unspecified restoration procedures for crown repair by an outside laboratory only if the repair is extensive and cannot be done chairside.

420.426: Service Descriptions and Limitations: Endodontic Services

The MassHealth agency pays for endodontic services including all radiographs performed with the exception of panoramic radiographs, during the treatment visit. The MassHealth agency pays for endodontic services for members under age 21 and DDS clients only in accordance with the service descriptions and limitations described in 130 CMR 420.426.

(A) Pulpotomy.

- (1) The MassHealth agency pays for a therapeutic pulpotomy for members under age 21 only.
- (2) Therapeutic pulpotomy is the surgical removal of a portion of the pulp with the aim of maintaining the vitality of the remaining portion by means of an adequate dressing. This procedure is performed on primary or permanent teeth. It is limited to instances when the prognosis is favorable, and must not be performed on primary teeth that are ready to exfoliate or permanent teeth with advanced periodontal disease or to be used for apexogenesis.
- (3) The MassHealth agency does not pay for pulpotomy on deciduous teeth that are ready to exfoliate.
- (4) The MassHealth agency does not pay for pulpotomy as the first stage of root canal therapy.
- (5) The MassHealth agency does not pay for a pulpotomy performed on the same date of service as root-canal therapy. (See 130 CMR 420.456(D) regarding palliative treatment.)

(B) Endodontic Root-Canal Therapy.

(1) General Conditions.

- (a) Payment by the MassHealth agency for root-canal therapy includes payment for all preoperative and postoperative treatment; diagnostic (for example, pulp vitality) tests; and pretreatment, treatment, and post-treatment radiographs and anesthesia. MassHealth does not pay for pulpotomy as a separate procedure from root canal therapy .
- (b) The provider must maintain a radiograph of the completed root canal in the member's dental record.

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(2) Members Under Age 21.

(a) The MassHealth agency pays for root-canal therapy on anterior teeth, bicuspid, and first and second molars but does not pay for root-canal therapy on third molars. Root-canal therapy is limited to the permanent dentition only if the periodontal condition of the remaining dentition and soft tissue are stable with a favorable prognosis.

(b) The MassHealth agency pays for root canal retreatment for all permanent teeth with the exception of third molars.

(3) DDS Clients Aged 21 and Older.

(a) The MassHealth agency pays for root-canal therapy only on anterior teeth and then only when there is a favorable prognosis of the dentition and soft tissue.

(b) The MassHealth agency does not pay for root-canal therapy on a posterior tooth unless extractions and/or removable prosthodontics (the alternate treatment) would cause undue medical risk for a member with one or more of the medical conditions that include but are not limited to those listed under 130 CMR 420.425(C)(2).

(C) Endodontic Retreatment.

(1) The MassHealth agency pays for endodontic retreatment of anterior, bicuspid, and molar teeth for members under age 21 only and endodontic retreatment of previous root-canal therapy only on anterior teeth for DDS clients aged 21 and older. This procedure may include the removal of a post, pins, old root-canal filling material, and the procedures necessary to prepare the canals and place the canal filling.

(2) The MassHealth agency pays for endodontic retreatment of posterior teeth for DDS clients aged 21 and older only if the alternate treatment would cause undue medical risk for such member with one or more of the medical conditions that include but are not limited to those listed under 130 CMR 420.425(C)(2).

(3) Payment includes all retreatments within 24 months of the original root canal.

(D) Apicoectomy/Periradicular Surgery.

(1) The MassHealth agency pays for an apicoectomy as a separate procedure for members under age 21 and DDS clients only following root-canal therapy when the canal cannot be retreated through reinstrumentation.

(2) Payment by the MassHealth agency for an apicoectomy with root canal filling includes payment for the filling of the canal or canals and removing the pathological periapical tissue and any retrograde filling in the same period of treatment.

420.427: Service Descriptions and Limitations: ~~Periodontic-Periodontal~~ Services

(A) Gingivectomies and Gingivoplasties. The MassHealth agency pays for gingivectomies and gingivoplasties once per member per quadrant every three (3) calendar years ~~for members under age 21 and DDS clients only~~. The MassHealth agency does not pay for a gingivectomy performed on the same day as a prophylaxis, periodontal scaling and root planing, or as a separate procedure with an extraction. The MassHealth agency pays for the gingivectomy or gingivoplasty for a maximum of two (2) quadrants on the same date of service in an office setting. Gingivectomy or Gingivoplasty procedure is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. Prior authorization is required for members 21 years of age or older.

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(B) Periodontal Scaling and Root Planing. The MassHealth agency pays for periodontal scaling and root planing once per member per quadrant every three (3) calendar years ~~for members under age 21 and DDS clients only~~. The MassHealth agency does not pay separately for prophylaxis provided on the same day as periodontal scaling and root planing or on the same day as a gingivectomy or a gingivoplasty. The MassHealth agency pays only for periodontal scaling and root planing for a maximum of two quadrants on the same date of service in an office setting. Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus. It is indicated for members with active periodontal disease, not prophylactic. Root planing is the definitive procedure for the removal of rough cementum and dentin, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. Local anesthesia is considered an integral part of periodontal procedures and may not be billed separately. Prior authorization is required for members 21 years of age or older.

420.428: Service Descriptions and Limitations: Prosthodontic Services (Removable)

(A) General Conditions. The MassHealth agency pays for dentures services once per seven (7) calendar years per member, subject to the age limitations specified in 130 CMR 420.428(B). MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion. The member is responsible for all denture care and maintenance following insertion. The MassHealth agency does not pay for complete dentures when the member's medical record indicates material limitations to the member's ability to cooperate during the fabrication of the denture or to accept or function with the denture, or indications that the member does not intend to utilize the denture.

(B) Prosthodontic Services. The MassHealth agency pays for complete dentures, and for members under age 21 only, immediate dentures; including relines and post insertion procedures and placement of identification.

(C) Denture Procedures.

- (a1) All denture services require appropriate diagnostic quality radiographs to be taken and stored in the member's chart.
- (b2) As part of the denture fabrication process, the member must approve the teeth and setup in wax and try on the denture setup at a try-in visit before the dentures are processed.
- (e3) The member's identification must be on each denture.
- (d4) All dentures must be initially inserted and subsequently examined and can be adjusted up to six months after the date of insertion by the dentist at reasonable intervals consistent with the community standards.
- (e5) If a member does not return for the insertion of the completed processed denture, the provider is required to submit to the MassHealth agency written evidence on their office letterhead of at least three attempts to contact the member over a period of one month via certified mail return receipt requested. Upon providing documentation, the provider may be reimbursed a percentage of the denture fee to assist in covering costs. See 130 CMR 450.231: *General Conditions of Payment*.

(D) Complete Dentures. Payment by the MassHealth agency for complete dentures includes payment for all necessary adjustments, including relines, as described in 130 CMR 420.428(E).

(E) Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.

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(F) Replacement of Dentures. The MassHealth agency pays for the necessary replacement of dentures. The member is responsible for denture care and maintenance. The member, or persons responsible for the member's custodial care, must take all possible steps to prevent the loss of the member's dentures. The provider must inform the member of the MassHealth agency's policy on replacing dentures and the member's responsibility for denture care. The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals any of the following:

- (1) repair or reline will make the existing denture usable;
- (2) any of the dentures made previously have been unsatisfactory due to physiological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt satisfactorily to the new denture;
- (4) no medical or surgical condition in the member necessitates a change in the denture or a requirement for a new denture;
- (5) the existing denture is less than seven years old and no other condition in this list applies;
- (6) the denture has been relined within the previous two years, unless the existing denture is at least seven years old;
- (7) there has been marked physiological change in the member's oral cavity, any further reline has a poor prognosis for success; or
- (8) the loss of the denture was not due to extraordinary circumstances such as a fire in the home.

(G) Complete Denture Relines. The MassHealth agency pays for chairside and laboratory complete denture relines. Payment for dentures includes any relines or rebases necessary within six (6) months of the insertion date of the denture. The MassHealth agency pays for subsequent relines once every three (3) calendar years per member.

420.429: Service Descriptions and Limitations: Prosthodontic Services (Fixed)

(A) Fixed Partial Dentures/Bridges. The MassHealth agency pays for fixed partial dentures/ bridge for anterior teeth only for members under age 21 with two or more missing permanent teeth. The member must not have active periodontis-periodontal disease and the prognosis for the life of the bridge and remaining dentition must be excellent.

(B) Fixed Partial Denture/Bridge Repair. The MassHealth agency pays for chairside fixed partial denture/bridge repair. A description of the repair must be documented in the member's dental record.

420.430: Covered Service Descriptions and Limitations: Oral and Maxillofacial Surgery Services

(A) General Requirements.

- (1) The MassHealth agency pays for oral and maxillofacial surgery services for all members, regardless of age, subject to the service descriptions and limitations as described in 130 CMR 420.430. Payment for oral and maxillofacial surgery includes payment for local anesthesia, suture removal, irrigations, bony spicule removal, apical curettage of associated cysts and granulomas, enucleation of associated follicles, and routine preoperative and postoperative care.
- (2) The MassHealth agency pays for routine extractions provided in an office, hospital, or freestanding ambulatory surgery center. Use of a hospital or freestanding ambulatory surgery center for extractions is limited to those members whose health, because of a medical condition, would be at risk if these procedures were performed in the provider's office. Member apprehension alone is not sufficient justification for use of a hospital or freestanding ambulatory surgery center. Lack of facilities for the administration of general anesthesia when