



**Transmittal Letter DEN-114**

**DATE:** June 2024

**TO:** Dental Providers Participating in MassHealth

**FROM:** Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

**RE:** *Dental Manual: 2024 Updates to Subchapter 6*

**Introduction**

This letter transmits revisions to the service codes in Subchapter 6 of the *Dental Manual*. For dates of service on or after June 1, 2024, you must use the new codes in order to obtain reimbursement.

Dental providers who bill using CDT service codes must refer to the American Dental Association’s (ADA) 2024 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) CPT 2024 code book for descriptions of service codes listed in Subchapter 6.

The following changes are effective June 1, 2024:

- addition of billable Current Dental Terminology (CDT);
- additions to the list of CDT codes billable by public health dental hygienists (PHDH);
- updating interceptive/limited orthodontic codes according to the CDT;
- additions to the list of Current Procedural Terminology (CPT) codes billable by specialists in oral surgery; and
- updates to clarify documentation requirements and technical corrections.

**Addition of CDT Codes:**

| Code  | Description                                   |
|-------|---|
| D9944 | Occlusal guard – hard appliance, full arch    |
| D9946 | Occlusal guard – hard appliance, partial arch |

**CDT codes added to the list of PHDH billable codes:**

| Code  | Description   |
|-------|---|
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation |
| D9920 | Behavioral management, by report  |
| D9450 | Rural add-on  |

**Updating Interceptive/Limited Orthodontic Codes:**

| Deleted Codes | Added Codes |
|---------------|-------------|
| D8050         | D8010       |
| D8060         | D8020       |
|               | D8030       |
|               | D8040       |

**CPT codes added to the list of oral surgery specialists billable codes:**

| Code  |
|-------|
| 99446 |
| 99447 |
| 99448 |
| 99449 |
| 99451 |
| 99452 |

The CPT codes listed above are billable in accordance with All Provider Bulletin 364.

Providers are reminded that 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 under age 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*.

**MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth-transmittal-letters](http://www.mass.gov/masshealth-transmittal-letters). [Sign up](#) to receive email alerts when MassHealth issues new transmittal letters and provider bulletins.

**Questions**

- If you have questions about the information in this transmittal letter, please
- Contact the MassHealth Dental Customer Service Center at (800) 207-5019, or
  - Email your inquiry to [inquiries@masshealthdental.net](mailto:inquiries@masshealthdental.net).

For additional information, please see the MassHealth Dental Program Office Reference Manual (available at <https://www.masshealth-dental.net/Documents?ids=1>).

**New Material**

The pages listed here contain new or revised language.

***Dental Manual***




Pages vi, 6-1 through 6-34

## **Obsolete Material**

The pages listed here are no longer in effect.

### ***Dental Manual***

Pages vi, 6-1 through 6-28 — transmitted by Transmittal Letter DEN-113

 [MassHealth on Facebook](#)    [MassHealth on X \(Twitter\)](#)    [MassHealth on YouTube](#)

|   |   |                         |
|---|---|-------------------------|
| <b>Commonwealth of Massachusetts</b><br><b>MassHealth</b><br><b>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>Table of Contents | <b>Page</b><br>vi       |
|   | <b>Transmittal Letter</b><br>DEN-114                    | <b>Date</b><br>06/01/24 |

## 6. Service Codes

|   |      |
|---|------|
| 601. Introduction .....   | 6-1  |
| 602. Explanation of Abbreviations and Service Code Requirements .....                                     | 6-2  |
| 603. Service Codes: Diagnostic Services .....   | 6-3  |
| 604. Service Codes: Radiographs .....   | 6-4  |
| 605. Service Codes: Preventive Services .....   | 6-5  |
| 606. Service Codes: Restorative Services .....  | 6-7  |
| 607. Service Codes: Endodontic Services .....   | 6-10 |
| 608. Service Codes: Periodontal Services .....  | 6-12 |
| 609. Service Codes: Prosthodontic (Removable) Services .....  | 6-15 |
| 610. Service Codes: Prosthodontic (Fixed) Services .....  | 6-17 |
| 611. Service Codes: Oral Surgery (Exodontic) Services .....   | 6-18 |
| 612. Service Codes: Orthodontic Services .....  | 6-22 |
| 613. Service Codes: General Anesthesia and IV Sedation Services .....                                     | 6-28 |
| 614. Service Codes: Adjunctive Services.....  | 6-28 |
| 615. Service Codes: Oral and Maxillofacial Surgery Services.....  | 6-31 |
| Appendix A. Directory .....   | A-1  |
| Appendix C. Third-Party-Liability Codes .....   | C-1  |
| Appendix D: Authorization Form for Comprehensive Orthodontic Treatment.....                               | D-1  |
| Appendix E. Intraoral Complete Series of Radiographic Images.....   | E-1  |
| Appendix F. Authorization for Interceptive Orthodontic Treatment.....                                     | F-1  |
| Appendix G. Utilization Management Program .....  | G-1  |
| Appendix H. Admission Guidelines .....  | H-1  |
| Appendix T. CMSP Covered Codes .....  | T-1  |
| Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable<br>Conditions..... | U-1  |
| Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....                      | V-1  |
| Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules .....                  | W-1  |
| Appendix X. Family Assistance Copayments and Deductibles.....   | X-1  |
| Appendix Y. EVS Codes and Messages .....  | Y-1  |
| Appendix Z. EPSDT/PPHSD Screening Services Codes .....  | Z-1  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-1      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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, 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 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 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 service codes D0190, D0191, D0220, D0230, D0272, D0273, D0274, D1110, D1120, D1206, D1208, D1351, D1354, D4341, D4342, D4346, D9110, D9920, D9410 and D9450.

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-2      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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  $\geq 25\%$  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 and when 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. 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.

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-3      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

603 Service Codes: Diagnostic Services

See 130 CMR 420.422 for service descriptions and limitations.

| <b>Service Code and Limitations</b> |                             | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b> |
|-------------------------------------|-----------------------------|------------------------------|---|-----------------------------------|---|
| 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                                   |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-4      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

604 Service Codes: Radiographs

See 130 CMR 420.423 and *Dental Manual* [Appendix E](#) 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                        | Once every three calendar years | Yes                   | Yes                                    | Yes                        |  |
| D0220                        |                                 | Yes                   | Yes                                    | Yes                        |  |
| D0230                        |                                 | Yes                   | Yes                                    | Yes                        |  |
| D0240                        | Twice per calendar year         | Yes                   | No                                     | No                         |  |
| 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                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-5      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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 | Yes<br>(Use this code for ages 14- 21.)   | Yes                                    | Yes                        |  |
| D1120                        | Twice per calendar year | Yes<br>(Use this code for ages up to 14.) | No                                     | No                         |  |
| D1206                        |                         | Yes                                       | No*                                    | No*                        | <i>* 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).</i> |
| D1208                        |                         | Yes                                       | No*                                    | No*                        | <i>* 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).</i> |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-6      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

605 Service Codes: Preventive Services (cont.)

| <b>Service Code and Limitations</b>           |   | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b> |
|---|---|------------------------------|---|-----------------------------------|---|
| <b>Other Preventive Services</b>              |   |                              |   |                                   |   |
| D1351   | Permanent first, second, and third noncarious, nonrestored molars | Yes                          | No  | No                                |   |
| D1354   | Twice per tooth's lifetime  | Yes                          | Yes   | Yes                               |   |
| <b>Space Maintenance (Passive Appliances)</b> |   |                              |   |                                   |   |
| D1510   | Twice per lifetime  | Yes                          | No  | No                                |   |
| D1516   |   | Yes                          | No  | No                                |   |
| 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                               |   |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-7      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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 |
|------------------------------|--|-----------------------|--|----------------------------|--|
| 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.

| 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 |
|---|----------------------------------|-----------------------|--|----------------------------|--|
| <b>Amalgam Restorations (Including Polishing)</b> |                                  |                       |  |                            |  |
| 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                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-8      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

606 Service Codes: Restorative Services (cont.)

| <b>Service Code and Limitations</b>       |                                  | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b> |
|---|----------------------------------|------------------------------|---|-----------------------------------|---|
| <b>Resin-Based Composite Restorations</b> |                                  |                              |   |                                   |   |
| D2330                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2331                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2332                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2335                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2390                                     | Once per calendar year per tooth | Yes                          | No  | No                                |   |
| D2391                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2392                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2393                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| D2394                                     | Once per calendar year per tooth | Yes                          | Yes   | Yes                               |   |
| <b>Crowns – Single Restoration Only</b>   |                                  |                              |   |                                   |   |
| 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.                |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-9      |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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               |
|-----------------------------------|------------------------------|-----------------------|--|----------------------------|--|
| 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.                       |
| <b>Other Restorative Services</b> |                              |                       |  |                            |  |
| D2910                             |                              | Yes                   | Yes                                    | Yes                        |  |
| D2920                             |                              | Yes                   | Yes                                    | Yes                        |  |
| D2929                             | Primary anterior teeth only  | Yes                   | No                                     | No                         |  |
| D2930                             |                              | Yes                   | No                                     | No                         |  |
| D2931                             |                              | Yes                   | No*                                    | No*                        | <i>* Exception for members with undue medical risk. See 130 CMR 420.425(C)(2).</i> |
| D2932                             | Primary anterior teeth only  | Yes                   | No                                     | No                         |  |
| D2934                             |                              | Yes                   | No                                     | No                         |  |
| D2950                             |                              | Yes                   | Yes                                    | Yes                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-10     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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   |
|------------------------------|--------------------|-----------------------|--|----------------------------|--|
| 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.

| 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 |
|------------------------------|--|-----------------------|--|----------------------------|--|
| <b>Pulpotomy</b>             |  |                       |  |                            |  |
| D3120                        |  | Yes                   | Yes                                    | Yes                        |  |
| D3220                        |  | Yes                   | No                                     | No                         |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-11     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

607     Service Codes: Endodontic Services (cont.)

| <b>Service Code and Limitations</b>  |   | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b>          |
|--|---|------------------------------|---|-----------------------------------|--|
| <b>Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)</b> |   |                              |   |                                   |  |
| 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.                         |
| <b>Endodontic Retreatment</b>  |   |                              |   |                                   |  |
| 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.                         |
| <b>Apicoectomy/Periradicular Services</b>  |   |                              |   |                                   |  |
| 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. |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-12     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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                 |
|------------------------------|---|-----------------------|--|----------------------------|--|
| 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.

| 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  |
|---|--|-----------------------|--|----------------------------|---|
| <b>Surgical Services (Including Usual Postoperative Services)</b> |  |                       |  |                            |   |
| 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). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-13     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

608 Service Codes: Periodontal Services (cont.)

| <b>Service Code and Limitations</b> |  | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b>   |
|-------------------------------------|--|------------------------------|---|-----------------------------------|---|
| 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). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-14     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

608 Service Codes: Periodontal Services (cont.)

| <b>Service Code and Limitations</b> |  | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b>   |
|-------------------------------------|--|------------------------------|---|-----------------------------------|---|
| 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                               |   |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-15     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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 |
|---|--------------------|-----------------------|--|----------------------------|--|
| <b>Complete Dentures (Including Routine Post-Delivery Care)</b> |                    |                       |  |                            |  |
| D5110   | Once per 84 months | Yes                   | Yes                                    | Yes                        |  |
| D5120   | Once per 84 months | Yes                   | Yes                                    | Yes                        |  |
| D5130   |                    | Yes                   | No                                     | No                         |  |
| D5140   |                    | Yes                   | No                                     | No                         |  |
| <b>Partial Dentures (Including Routine Post-Delivery Care)</b>  |                    |                       |  |                            |  |
| 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                         |  |
| <b>Repairs to Complete Dentures</b>                             |                    |                       |  |                            |  |
| D5511   |                    | Yes                   | Yes                                    | Yes                        |  |
| D5512   |                    | Yes                   | Yes                                    | Yes                        |  |
| D5520   |                    | Yes                   | Yes                                    | Yes                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-16     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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

| <b>Repairs to Partial Dentures</b> |                             |     |     |     |  |
|------------------------------------|-----------------------------|-----|-----|-----|--|
| 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 |  |
| <b>Denture Reline Procedures</b>   |                             |     |     |     |  |
| 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 |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-17     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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                        | 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.

| 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 |
|---|------------------------------|-----------------------|--|----------------------------|--|
| <b>Fixed Partial Denture Pontics</b>        |                              |                       |  |                            |  |
| D6241                                       | Once per 60 months per tooth | Yes                   | No                                     | No                         |  |
| D6751                                       | Once per 60 months per tooth | Yes                   | No                                     | No                         |  |
| <b>Other Fixed Partial Denture Services</b> |                              |                       |  |                            |  |
| D6930                                       |                              | Yes                   | No                                     | No                         |  |
| D6980                                       |                              | Yes                   | No                                     | No                         |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-18     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

611 Service Codes: Oral Surgery (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<br>(PA)<br>(IC)   | Yes<br>(PA)<br>(IC)                    | Yes<br>(PA)<br>(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). |
| <b>Extractions (Includes Local Anesthesia and Routine Postoperative Care)</b> |  |                       |  |                            |  |
| D7111   |  | Yes                   | Yes                                    | Yes                        |  |
| D7140   |  | Yes                   | Yes                                    | Yes                        |  |
| D7210   |  | Yes                   | Yes                                    | Yes                        |  |
| D7220   |  | Yes                   | Yes                                    | Yes                        |  |
| D7230   |  | Yes                   | Yes                                    | Yes                        |  |
| D7240   |  | Yes<br>(PA)           | Yes<br>(PA)                            | Yes<br>(PA)                | Include Panorex film. See 602(A) above and 130 CMR 420.430(D).   |
| D7250   |  | Yes                   | Yes                                    | Yes                        |  |
| D7251   |  | Yes                   | Yes                                    | Yes                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-19     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

611 Service Codes: Oral Surgery (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   |
|------------------------------|--|-----------------------|--|----------------------------|--|
| D7270                        |  | Yes                   | Yes                                    | Yes                        |  |
| 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                         |  |
| <b>Surgical Procedures</b>   |  |                       |  |                            |  |
| D7310                        | Once per 6 months per quadrant   | Yes                   | Yes                                    | Yes                        |  |
| D7311                        | Once per 6 months per quadrant   | Yes                   | Yes                                    | Yes                        |  |
| D7320                        | Once per 6 months per quadrant   | Yes                   | Yes                                    | Yes                        |  |
| D7321                        | Once per 6 months per quadrant   | 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). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-20     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

611 Service Codes: Oral Surgery (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   |
|------------------------------|-----------------------|--|----------------------------|--|
| 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                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-21     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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†                       | 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. |
| 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.  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-22     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

612 Service Codes: Orthodontic Services

See 130 CMR 420.431 for service descriptions and limitations.

| <b>Service Code and Limitations</b>                         | <b>Covered Under Age 21?</b> | <b>Covered DDS Clients Aged 21 and Older?</b> | <b>Covered Aged 21 and Older?</b> | <b>Prior Authorization Requirements, Report Requirements, and Notations</b>   |
|---|------------------------------|---|-----------------------------------|---|
| <b>Orthodontic Diagnosis and Full Orthodontic Treatment</b> |                              |   |                                   |   |
| 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 <i>Dental Manual Appendix F</i> .<br>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-23     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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   |
|------------------------------|--|-----------------------|--|----------------------------|--|
| 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 <a href="#">Appendix F</a> .<br>† 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 <a href="#">Appendix F</a> .<br>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-24     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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   |
|------------------------------|--|-----------------------|--|----------------------------|--|
| 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.<br>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).               |
| 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 <i>Dental Manual Appendix D</i> .<br>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-25     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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   |
|------------------------------|---|-----------------------|--|----------------------------|--|
| 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 <i>Dental Manual Appendix D</i> .<br>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-26     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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.<br/>See<br/>130 CMR 420.431(A)(1).<br/>† 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.</i> |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-27     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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   |
|------------------------------|--|-----------------------|--|----------------------------|--|
| 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*                        | * <i>Exception for members whose comprehensive orthodontic treatment began by age 21. PA required. See 130 CMR 420.431(A).</i> † 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. |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-28     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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 |
|------------------------------|--|-----------------------|--|----------------------------|--|
| D9222                        |  | Yes                   | Yes                                    | Yes                        |  |
| D9223                        |  | Yes                   | Yes                                    | Yes                        |  |
| D9230                        |  | Yes                   | Yes                                    | Yes                        |  |
| D9239                        |  | Yes                   | Yes                                    | Yes                        |  |
| D9243                        |  | Yes                   | Yes                                    | Yes                        |  |
| D9248                        |  | Yes                   | Yes                                    | Yes                        |  |

614 Service Codes: Adjunctive 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 |
|-------------------------------|--|-----------------------|--|----------------------------|--|
| <b>Unclassified Treatment</b> |  |                       |  |                            |  |
| 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                        |  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-29     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

614 Service Codes: Adjunctive 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  |
|--|-------------------------|-----------------------|--|----------------------------|---|
| <b>Professional Visits</b>   |                         |                       |  |                            |   |
| 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). |
| <b>Treatment of Physically or Developmentally Disabled Members</b> |                         |                       |  |                            |   |
| 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).  |

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-30     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

614 Service Codes: Adjunctive Services (cont.)

| <b>Miscellaneous Services</b> |                         |                      |                      |                     |   |
|-------------------------------|-------------------------|----------------------|----------------------|---------------------|---|
| D9930                         |                         | Yes<br>(IC)          | Yes<br>(IC)          | Yes<br>(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  |                      |                      |                     | Include documented evidence of the need for the appliance.  |
| 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 that are within the 5 counties that meet the criteria for rural add-on payment. See 601 Introduction above. |
| D9999                         |                         | Yes<br>(PA),<br>(IC) | Yes<br>(PA),<br>(IC) | Yes<br>(PA)<br>(IC) | See 602(A) and (B) above.   |

|  |  |                         |
|--|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-31     |
|  | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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 | 11970 | 13150 | 15572      | 17273      |
| 10005 | 11971 | 13151 | 15574      | 17274      |
| 10006 | 12001 | 13152 | 15576      | 17276      |
| 10021 | 12002 | 13153 | 15610      | 17280      |
| 10060 | 12004 | 13160 | 15620      | 17281      |
| 10061 | 12005 | 14000 | 15630      | 17282      |
| 10120 | 12006 | 14001 | 15730      | 17283      |
| 10121 | 12007 | 14020 | 15731      | 17284      |
| 10140 | 12011 | 14021 | 15733      | 17286      |
| 10160 | 12013 | 14040 | 15734      | 17999 (IC) |
| 10180 | 12014 | 14041 | 15740      | 20100      |
| 11010 | 12015 | 14060 | 15750      | 20200      |
| 11011 | 12016 | 14061 | 15756      | 20205      |
| 11012 | 12017 | 14301 | 15757      | 20206      |
| 11042 | 12018 | 14302 | 15758      | 20220      |
| 11043 | 12020 | 15040 | 15760      | 20225      |
| 11044 | 12021 | 15100 | 15770      | 20240      |
| 11045 | 12031 | 15110 | 15819      | 20245      |
| 11046 | 12032 | 15111 | 15820 (PA) | 20520      |
| 11310 | 12034 | 15115 | 15821 (PA) | 20525      |
| 11311 | 12035 | 15116 | 15822 (PA) | 20526      |
| 11312 | 12036 | 15120 | 15823 (PA) | 20605      |
| 11313 | 12037 | 15121 | 15840      | 20615      |
| 11440 | 12041 | 15150 | 15841      | 20670      |
| 11441 | 12042 | 15151 | 15842      | 20680      |
| 11442 | 12044 | 15152 | 15845      | 20690      |
| 11443 | 12045 | 15155 | 15852      | 20692      |
| 11444 | 12046 | 15156 | 15860      | 20693      |
| 11446 | 12047 | 15157 | 16000      | 20694      |
| 11620 | 12051 | 15240 | 17000      | 20900      |
| 11621 | 12052 | 15241 | 17003      | 20902      |
| 11622 | 12053 | 15260 | 17004      | 20910      |
| 11623 | 12054 | 15261 | 17106      | 20912      |
| 11624 | 12055 | 15271 | 17107      | 20920      |
| 11626 | 12056 | 15272 | 17108      | 20922      |
| 11640 | 12057 | 15273 | 17110      | 20924      |
| 11641 | 13120 | 15274 | 17111      | 20926      |
| 11642 | 13121 | 15275 | 17260      | 20955      |
| 11643 | 13122 | 15276 | 17266      | 20956      |
| 11644 | 13131 | 15277 | 17270      | 20962      |
| 11646 | 13132 | 15278 | 17271      | 20969      |
| 11960 | 13133 | 15570 | 17272      |            |

|  |                                    |             |
|--|------------------------------------|-------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b> | <b>Page</b> |
|  | 6. Service Codes                   | 6-32        |
| Dental Manual  | <b>Transmittal Letter</b>          | <b>Date</b> |
|  | DEN-114                            | 06/01/24    |

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

|            |             |       |            |            |
|------------|-------------|-------|------------|------------|
| 20970      | 21154 (PA)  | 21325 | 21485      | 31293      |
| 20999 (IC) | 21155 (PA)  | 21330 | 21490      | 31294      |
| 21010      | 21159 (PA)  | 21335 | 21495      | 31299 (IC) |
| 21015      | 21160 (PA)  | 21336 | 21497      | 31420      |
| 21025      | 21172 (PA)  | 21337 | 21499 (IC) | 31500      |
| 21026      | 21175 (PA)  | 21338 | 21685      | 31502      |
| 21029      | 21179       | 21339 | 29800 (PA) | 31505      |
| 21030      | 21180       | 21340 | 29804 (PA) | 31510      |
| 21031      | 21181       | 21343 | 29999 (IC) | 31511      |
| 21032      | 21182       | 21344 | 30000      | 31515      |
| 21034      | 21183       | 21345 | 30020      | 31525      |
| 21040      | 21184       | 21346 | 30124      | 31526      |
| 21044      | 21188 (PA)  | 21347 | 30125      | 31530      |
| 21045      | 21193 (PA)  | 21348 | 30130      | 31531      |
| 21046      | 21194 (PA)  | 21355 | 30140      | 31535      |
| 21047      | 21195 (PA)  | 21356 | 30150      | 31536      |
| 21048      | 21196 (PA)  | 21360 | 30160      | 31575      |
| 21049      | 21198 (PA)  | 21365 | 30462      | 31600      |
| 21050      | 21199 (PA)  | 21366 | 30465      | 31603      |
| 21060      | 21206 (PA)  | 21385 | 30520      | 31605      |
| 21070      | 21208 (PA)  | 21386 | 30580      | 31610      |
| 21076      | 21209 (PA)  | 21387 | 30600      | 31615      |
| 21077      | 21210 (PA)  | 21390 | 30630      | 31622      |
| 21079      | 21215 (PA)  | 21395 | 30901      | 35500      |
| 21080      | 21230 (PA)  | 21400 | 30903      | 35572      |
| 21081      | 21235 (PA)  | 21401 | 30905      | 35681      |
| 21082      | 21240 (PA)  | 21406 | 30906      | 35682      |
| 21083      | 21242 (PA)  | 21407 | 30920      | 35701      |
| 21084      | 21243 (PA)  | 21408 | 30999 (IC) | 35800      |
| 21085      | 21244 (PA)  | 21421 | 31000      | 35860      |
| 21086      | 21247 (PA)  | 21422 | 31020      | 35875      |
| 21087      | 21255 (PA)  | 21423 | 31030      | 35876      |
| 21088 (IC) | 21260       | 21431 | 31032      | 37609      |
| 21089 (IC) | 21261       | 21432 | 31040      | 38500      |
| 21100      | 21263       | 21433 | 31200      | 38505      |
| 21110      | 21267       | 21435 | 31201      | 38510      |
| 21116      | 21268       | 21436 | 31205      | 38542      |
| 21120      | 21270       | 21440 | 31225      | 38550      |
| 21137 (PA) | 21275       | 21445 | 31230      | 38555      |
| 21138 (PA) | 21280       | 21450 | 31231      | 38700      |
| 21139 (PA) | 21282       | 21451 | 31233      | 38720      |
| 21141      | 21295       | 21452 | 31237      | 38724      |
| 21142      | 21296       | 21453 | 31238      | 38790      |
| 21143      | 21299 (PA), | 21454 | 31239      | 38792      |
| 21145      | (IC)        | 21461 | 31240      | 40490      |
| 21146 (PA) | 21310       | 21462 | 31256      | 40500      |
| 21147 (PA) | 21315       | 21465 | 31267      | 40510      |
| 21150 (PA) | 21320       | 21470 | 31290      | 40520      |
| 21151 (PA) |             | 21480 | 31292      |            |

|  |  |                         |
|--|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-33     |
|  | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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

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

|   |  |                         |
|---|--|-------------------------|
| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b><br><br>Dental Manual | <b>Subchapter Number and Title</b><br>6. Service Codes | <b>Page</b><br>6-34     |
|   | <b>Transmittal Letter</b><br>DEN-114                   | <b>Date</b><br>06/01/24 |

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

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 99211 | 99219 | 99226 | 99281 | 99448 |
| 99212 | 99220 | 99231 | 99282 | 99449 |
| 99213 | 99221 | 99232 | 99283 | 99451 |
| 99214 | 99222 | 99233 | 99284 | 99452 |
| 99215 | 99223 | 99234 | 99285 |       |
| 99217 | 99224 | 99235 | 99446 |       |
| 99218 | 99225 | 99236 | 99447 |       |