




**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**

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MASSHEALTH  
TRANSMITTAL LETTER DEN-60  
March 2002

**TO:** Dental Providers Participating in MassHealth  
**FROM:** Wendy E. Warring, Commissioner   
**RE:** *Dental Manual* (Revisions to Subchapter 6 Service Codes and Descriptions)

This letter transmits changes to the service codes and descriptions in Subchapter 6 of the *Dental Manual*. While the billing codes for dental services have not changed, the age groups to which they apply have been modified in accordance with 130 CMR 420.000.

These regulations are effective March 15, 2002.

**NEW MATERIAL**

(The pages listed here contain new or revised language.)

**Dental Manual**

Pages vi and 6-1 through 6-10

**OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

**Dental Manual**

Page vi — transmitted by Transmittal Letter DEN-58

Pages 6-1 through 6-10 — transmitted by Transmittal Letter DEN-55

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## 6. SERVICE CODES AND DESCRIPTIONS

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The dental service codes and descriptions that are listed in this Subchapter 6 must be used when providing dental services to members. For each dental service code, the description indicates what age range or if the Special Circumstances designation applies. The age ranges are “**under 21**,” “**21 and older with special circumstances designation**,” and “**21 and older — other**.” The dental service code applies to “**all members**” where no age range or Special Circumstances designation is indicated.

#### 601 Explanation of Abbreviations

The following abbreviations are used in Subchapter 6.

(A) **P.A.** indicates that service-specific prior authorization is required (see 130 CMR 420.410).

(B) **I.C.** indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 420.412).

(C) **S.P.** indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee (see 130 CMR 420.413).

(D) **S.C.** indicates that the procedure is covered for members aged 21 and older who meet the Special Circumstances criteria (see 130 CMR 420.410 (D)).

#### 602 Service Codes and Descriptions: Diagnostic Services

See 130 CMR 420.422, 420.433, and 420.443 for limitations.

Service

Code      Service Description

##### **Clinical Oral Evaluations**

D0120      Periodic oral examination (once per 12-month period and no sooner than 12 months from the date of the last evaluation) (**under 21 and S.C. only**)

D0150      Comprehensive oral evaluation (once per member per dentist) (**under 21 and S.C. only**)

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603 Service Codes and Descriptions: X Rays

See 130 CMR 420.423, 420.434, and 420.444 for limitations.

Service  
Code      Service Description

**Radiographs**

- D0210    Intraoral—complete series (including bitewings) (once every three calendar years)  
           **(ages 6 through 12:** 10 intraoral films and two posterior bitewings)  
           **(ages 13 through 20:** minimum of 12 periapical films and two posterior bitewings)  
           **(S.C.:** minimum of 12 periapical films and two posterior bitewings)  
           **(21 & older — other:** minimum of 12 periapical films and two posterior bitewings as  
           separate procedure as related to diagnosing an emergency-care condition, extracting a  
           tooth, or to document a condition for covered treatment related to P.A. requirements)
- D0220    Intraoral—periapical, first film
- D0230    Intraoral—periapical, each additional film
- D0270    Bitewing—single film
- D0272    Bitewings—two films  
           **(under 21 and S.C.,** twice per calendar year)  
           **(21 & older — other,** limited as noted above)
- D0274    Bitewings—four films **(under 21 and S.C. only,** twice per calendar year)
- D0330    Panoramic film (nonsurgical condition) **(under 21 only)** (P.A.)
- X0331    Panoramic film (surgical condition only) **(all members)**
- D0340    Cephalometric film **(under 21 only)** (P.A.)

***Test and Laboratory Examinations***

- D0470    Diagnostic casts (only when requested by the Division) (P.A.)
- D0471    Diagnostic photographs (only when requested by the Division) (P.A.)

604 Service Codes and Descriptions: Preventive Services

See 130 CMR 420.424, 420.435, and 420.445 for limitations.

Service  
Code      Service Description

**Dental Prophylaxis** (once per six-month period and no sooner than six months from the date  
 of the last prophylaxis)

- D1110    Prophylaxis—adult **(ages 14 through 20 and S.C. only)**
- D1120    Prophylaxis—child **(to age 14)**

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604 Service Codes and Descriptions: Preventive Services (cont.)

**Topical Fluoride Treatment (Office Procedure)**

- D1203 Topical application of fluoride (prophylaxis not included)—child (once per six-month period and no sooner than six months from the date of the last topical fluoride treatment) (**under 21 only**)  
(S.C. and 21 & older — other require P.A.)

**Other Preventive Services**

- D1351 Sealant—per tooth (permanent first and second molars only) (once per three years per tooth)  
(ages 5 through 20 only)

605 Service Codes and Descriptions: Restorative Services

See 130 CMR 420.425, 420.436, and 420.446 for limitations.

Service

Code      Service Description

**Amalgam Restorations (Including Polishing)**

- D2110 Amalgam—one surface, primary (**under 21 only**)  
D2120 Amalgam—two surfaces, primary (**under 21 only**)  
D2130 Amalgam—three surfaces, primary (**under 21 only**)  
D2131 Amalgam—four or more surfaces, primary (**under 21 only**)  
D2140 Amalgam—one surface, permanent (**under 21 and S.C. only**)  
D2150 Amalgam—two surfaces, permanent (**under 21 and S.C. only**)  
D2160 Amalgam—three surfaces, permanent (**under 21 and S.C. only**)  
D2161 Amalgam—four or more surfaces, permanent (**under 21 and S.C. only**)

**Resin Restorations (Composite Restorations)**

- D2330 Resin—one surface, anterior (**under 21 and S.C. only**)  
D2331 Resin—two surfaces, anterior (**under 21 and S.C. only**)  
D2332 Resin—three surfaces, anterior (**under 21 only**)  
D2335 Resin—four or more surfaces or involving incisal angle (anterior) (for fractured incisal angle) (includes pins) (**S.C. only**)  
D2336 Composite resin crown—anterior—primary (**under 21 only**)  
D2380 Resin—one surface, posterior—primary (**under 21 only**)  
D2381 Resin—two surfaces, posterior—primary (**under 21 only**)  
D2382 Resin—three or more surfaces, posterior—primary (**under 21 only**)  
D2385 Resin—one surface, posterior—permanent (**under 21 and S.C. only**)  
D2386 Resin—two surfaces, posterior—permanent (**under 21 and S.C. only**)  
D2387 Resin—three or more surfaces, posterior—permanent (**under 21 and S.C. only**)

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605 Service Codes and Descriptions: Restorative Services (cont.)

**Crowns—Single Restoration Only**

- D2710 Crown—resin (laboratory) (**under 21 only**) (P.A.)  
D2751 Crown—porcelain fused to predominantly base metal (**under 21 and S.C. only**) (P.A.)

**Other Restorative Services**

- D2910 Recement inlay (**under 21 and S.C. only**)  
D2920 Recement crown (**under 21 and S.C. only**)  
D2930 Prefabricated stainless steel crown—primary tooth (**under 21 only**)  
D2931 Prefabricated stainless steel crown—permanent tooth (**under 21 only**)  
D2932 Prefabricated resin crown (primary anterior teeth only) (**under 21 only**)  
D2951 Pin retention—per tooth, in addition to restoration (two or more surfaces) (commercial amalgam bonding) (**under 21 and S.C. only**)  
D2954 Prefabricated post and core in addition to crown (**under 21 and S.C. only**) (P.A.)  
D2980 Crown repair, by report (**under 21 and S.C. only**) (I.C.)  
X2981 Crown repair, extensive, by report (**under 21 and S.C. only**) (P.A.) (I.C.)  
D2999 Unspecified restorative procedure, by report (**under 21 and S.C. only**) (P.A.) (I.C.)

606 Service Codes and Descriptions: Endodontic Services

See 130 CMR 420.426, 420.437, and 420.447 for limitations.

Service

Code      Service Description

**Pulpotomy**

- D3220 Therapeutic pulpotomy (excluding final restoration) (**under 21 only**)

**Root Canal Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)**

- D3310 Anterior (excluding final restoration) (one canal) (bicuspid—one canal) (**under 21 and S.C. only**) (P.A.)  
D3320 Bicuspid (excluding final restoration) (two canals) (**under 21 only**) (P.A.)  
D3330 Molar (excluding final restoration) (three canals) (**under 21 only**) (P.A.)

**Periapical Services**

- D3410 Apicoectomy/periradicular surgery—anterior (per tooth) (includes retrograde filling) (**under 21 and S.C. only**) (P.A.)  
D3421 Apicoectomy/periradicular surgery—bicuspid (first root) (**under 21 and S.C. only**) (P.A.)  
D3426 Apicoectomy/periradicular surgery (each additional root) (**under 21 and S.C. only**) (P.A.)  
X2104 Apicoectomy with root-canal filling (same visit) (**under 21 and S.C. only**) (P.A.) (I.C.)

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607 Service Codes and Descriptions: Periodontic Services

See 130 CMR 420.424, 420.435, and 420.445 for limitations.

Service

Code    Service Description

**Surgical Services (Including Usual Postoperative Services)**

- D4210    Gingivectomy or gingivoplasty—per quadrant (once per quadrant per three-year period) **(under 21 and S.C. only)** (P.A.)
- D4341    Periodontal scaling and root planing—per quadrant (includes curettage) (once per quadrant per three-year period) **(under 21 and S.C. only)** (P.A.)

608 Service Codes and Descriptions: Prosthodontic (Removable) Services

See 130 CMR 420.427, 420.438, and 420.448 for limitations.

Service

Code    Service Description

**Complete Dentures (Including Routine Post Delivery Care)**

- D5110    Complete denture—maxillary (P.A.)
- D5120    Complete denture—mandibular (P.A.)
- D5130    Immediate denture—maxillary **(under 21 only)** (P.A.)
- D5140    Immediate denture—mandibular **(under 21 only)** (P.A.)

**Partial Dentures (Including Routine Post Delivery Care)**

- D5211    Upper partial—resin base (including any conventional clasps, rests, and teeth) (P.A.)
- D5212    Lower partial—resin base (including any conventional clasps, rests, and teeth) (P.A.)
- D5213    Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) **(under 21 only)** (P.A.)
- D5214    Mandibular partial denture—cast metal framework with resin denture bases (cast metal base with resin saddles) (including any conventional clasps, rests, and teeth) **(under 21 only)** (P.A.)

**Repairs to Complete Dentures**

- D5510    Repair broken complete denture base
- D5520    Replace missing or broken teeth—complete denture (each tooth)

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608 Service Codes and Descriptions: Prosthodontic (Removable) Services (cont.)

**Repairs to Partial Dentures**

- D5610 Repair resin denture base
- D5620 Repair cast framework
- D5630 Repair or replace broken clasp
- D5640 Replace broken teeth—per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture

**Denture Rebase Procedures**

- D5710 Rebase complete maxillary denture (laboratory) (P.A.)
- D5711 Rebase complete mandibular denture (laboratory) (P.A.)
- D5750 Reline complete maxillary denture (light-cured) (P.A.)
- D5751 Reline complete mandibular denture (light-cured) (P.A.)

609 Service Codes and Descriptions: Prosthodontic (Fixed) Services

See 130 CMR 420.427, 420.438, and 420.448 for limitations. Each abutment and each pontic constitutes a unit in a bridge.

Service

Code      Service Description

**Bridges**

- D6241 Pontic—porcelain fused to predominantly base metal (**under 21 only**) (P.A.)
- D6751 Crown—porcelain fused to predominantly base metal (**under 21 only**) (P.A.)

**Other Fixed Prosthetic Services**

- D6930 Recement bridge (**ages 16 through 20 only**)
- D6980 Bridge repair, by report (**ages 16 through 20 only**) (I.C.)
- X6981 Bridge repair, by report (**ages 16 through 20 only**) (P.A.) (I.C.)
- D6999 Unspecified, fixed prosthodontic procedure, by report (P.A.) (I.C.)



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610 Service Codes and Descriptions: Exodontic Services

See 130 CMR 420.429, 420.439, and 420.449 for limitations.

Service

Code      Service Description

**Extractions (Includes Local Anesthesia, Suturing, if Needed, and Routine Postoperative Care) (Place of Service Excludes Emergency Room and Hospital Inpatient)**

- D7110      Extraction—single tooth
- D7120      Extraction—each additional tooth
- D7210      Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
- D7220      Removal of impacted tooth—soft tissue (P.A.)
- D7230      Removal of impacted tooth—partially bony (P.A.)
- D7240      Removal of impacted tooth—completely bony (P.A.)
- D7281      Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes only) (**under 21 only**) (P.A.)

**Surgical Procedures (Place of Service Excludes Emergency Room and Hospital Inpatient)**

- D7310      Alveoplasty in conjunction with extractions—per quadrant (seven or more extractions per arch)
- D7320      Alveoplasty not in conjunction with extractions—per quadrant
- D7340      Vestibuloplasty—ridge extension (second epithelialization) (P.A.)
- D9930      Treatment of complications (postsurgical)—unusual circumstances, by report (I.C.)
- D7960      Frenulectomy (frenectomy or frenotomy)—separate procedure (S.P.)
- D7970      Excision of hyperplastic tissue—per arch (P.A.)
- D7999      Unspecified oral surgery procedure, by report (P.A.) (I.C.)
- X8000      Unspecified oral surgery procedure, emergency, by report (I.C.)

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611 Service Codes and Descriptions: Orthodontic Services

See 130 CMR 420.428 for limitations.

Service

Code    Service Description

**Consultations**

X2208    Orthodontic consultation (accredited orthodontists only) (once per six months) **(under 21 only)**

**Orthodontic Diagnosis**

Y9700    Orthodontic diagnosis and records, models, photos, and X rays **(under 21 only)** (P.A.)

Y9701    Initial fabrication and insertion of orthodontic appliance (includes all orthodontic records, models, photos, and X rays (treatment must commence before age 18½ years) ) **(under 21 only)** (P.A.)

**Full Orthodontic Treatment**

Y9703    Active, first year ortho (including a retainer) (per quarter) **(under 21 only)** (P.A.)

Y9704    Active, second year ortho (including a retainer) (per quarter) **(under 21 only)** (P.A.)

X2006    Active, first half of third year if necessary, including a retainer (per quarter) **(under 21 only)** (P.A.)

X2005    Active, second half of third year if necessary, including a retainer (for cases that began before April 1, 1998 only) (per quarter) **(under 21 only)** (P.A.)

**Space Maintenance (Passive Appliances)**

D1510    Space maintainer—fixed-unilateral **(under 21 only)**

D1515    Space maintainer—fixed-bilateral **(under 21 only)**

D1525    Space maintainer—removable-bilateral **(under 21 only)**

X2004    Replace space maintainer **(under 21 only)** (P.A.) (I.C.)

D1550    Recementing of space maintainer **(under 21 only)** (I.C.)

**Other Orthodontic Services**

D8750    Post-treatment stabilization (maximum of five visits) **(under 21 only)**

X8751    Replacement retainer **(under 21 only)** (P.A.)

D8999    Unspecified orthodontic procedure, by report **(under 21 only)** (P.A.) (I.C.)

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612 Service Codes and Descriptions: General Anesthesia and IV Sedation Services — All Members

See 130 CMR 420.452 for limitations. The allowable fees include payment for cardiac monitoring and other related costs, per 15 minutes.

Service  
Code    Service Description

X2008    Onset to 15 minutes  
X2009    16 to 30 minutes  
X2010    31 to 45 minutes  
X2011    46 to 60 minutes  
X2012    61 to 75 minutes  
X2013    76 to 90 minutes

613 Service Codes and Descriptions: Other Services — All Members

See 130 CMR 420.456 and 420.457 for limitations.

Service  
Code    Service Description

**Oral Screenings**

X2098    Oral screening in an inpatient hospital setting for members scheduled for radiation treatment, chemotherapy, bone marrow transplant, or organ transplant (**all members**) (P.A.) (I.C.)  
X2099    Oral screening in an outpatient hospital setting for members scheduled for radiation treatment, chemotherapy, bone marrow transplant, or organ transplant (**all members**) (P.A.) (I.C.)

**Treatment of Physically or Developmentally Disabled Recipients**

X2105    Dental treatment of physically or developmentally disabled member in the hospital (inpatient or outpatient setting) or a freestanding ambulatory surgery center, by report (P.A.) (I.C.)  
X2108    Dental treatment of physically or developmentally disabled member in the office (P.A.)

**Unclassified Treatment**

D9110    Palliative (emergency) treatment of dental pain—minor procedure  
D9941    Fabrication of athletic mouthguard (**under 21 only**) (P.A.)  
D9999    Unspecified adjunctive procedure, by report (P.A.) (I.C.)

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