



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter DEN-89  
September 2012

**TO:** Dental Providers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director  
**RE:** *Dental Manual* (Corrections to Service Codes)

This letter transmits corrections to Subchapter 6 of the *Dental Manual* to include prior authorization (PA) and individual consideration (IC) indicators that were inadvertently deleted in Transmittal Letter DEN-87. This is not a substantive change to PA and IC requirements.

#### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

#### **Questions**

If you have any questions about the information in this transmittal letter, please contact MassHealth Dental Customer Service at 1-800-207-5019, or e-mail your inquiry to [inquiries@masshealth-dental.net](mailto:inquiries@masshealth-dental.net).

#### **NEW MATERIAL**

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

##### **Dental Manual**

Pages 6-1 through 6-22

#### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

##### **Dental Manual**

Pages 6-1 through 6-6 transmitted by Transmittal Letter DEN-88

Pages 6-7 through 6-22 transmitted by Transmittal Letter DEN-87

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Dental Manual	<b>Subchapter Number and Title</b> 6. Service Codes and Descriptions	<b>Page</b> 6-1
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601 Introduction

Dental providers who bill using Current Dental Terminology (CDT) codes must refer to the American Dental Association’s (ADA) 2012 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 American Medical Association’s (AMA) Current Procedural Terminology (CPT) 2012 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, Diagnosis 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 Current Procedural Terminology (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 one.

Modifiers

The following modifiers are for Provider Preventable Conditions that are National Coverage Determinations.

- 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 D0220, D0272, D0273, D0274, D1110, D1120, D1203, D1204, D1206, D1351, D4341, D4342, D9110, and D9410.

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 below.

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602 Explanation of Abbreviations and Service Code Requirements (cont.)

(A) “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.

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 will pay for additional prophylaxis for a member within a calendar year if medically necessary.)

(B) “IC” indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 420.412). Reports must accompany the claim and be sufficiently detailed to enable the MassHealth agency to assess the extent and nature of the services provided and include the following where applicable:

- (1) the amount of time required to perform the service;
- (2) the degree of skill required to perform the service;
- (3) the severity and complexity of the member’s disease, disorder, or disability; and
- (4) any extenuating circumstances or complications.

603 Service Codes: Diagnostic Services

See 130 CMR 420.422 for service descriptions and limitations.

Service Code 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
D0120	Twice per calendar year	Yes	Yes	Yes	
D0140	Twice per calendar year	Yes	Yes	Yes	
D0145	Twice per calendar year	Yes (IC)	No	No	See 602(B) above.
D0150	Once per member per dentist	Yes	Yes	Yes	
D0160		Yes	Yes	Yes	See 602(D) above.

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604 Service Codes: Radiographs

See 130 CMR 420.423 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	(FMx) (including bitewings) (once every three calendar years)	Yes	Yes	Yes	
D0220		Yes	Yes	Yes	
D0230		Yes	Yes	Yes	
D0270		Yes	Yes	Yes	
D0272	Twice per calendar year	Yes	Yes	Yes	
D0273	Twice per calendar year	Yes (IC)	Yes (IC)	Yes (IC)	See 602(B) above.
D0274	Twice per calendar year	Yes	Yes	Yes	
D0330		Yes	Yes	Yes	
D0340		Yes	Yes	Yes	

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 – permanent dentition	Yes (Use this code for ages 14-21.)	Yes	Yes	
D1120	Twice per calendar year – primary or mixed dentition	Yes (Use this code for ages up to 14.)	No	No	
D1203	Prophylaxis not included	Yes	No	No	

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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
D1204	Prophylaxis not included	No	No*	No*	* Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva – (PA). See 602(A) above and 130 CMR 420.424(B)(1)(b).
D1206		Yes	No	No	
<b>Other Preventive Services</b>					
D1351	Primary or permanent first, second, and third noncarious, nonrestored molars	Yes	No	No	
<b>Space Maintenance (Passive Appliances)</b>					
D1510		Yes	No	No	
D1515		Yes	No	No	
D1520		Yes	No	No	
D1525		Yes	No	No	
D1550		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		Yes	Yes	No	
D2150		Yes	Yes	No	
D2160		Yes	Yes	No	
D2161		Yes	Yes	No	
<b>Resin-Based Composite Restorations</b>					
D2330		Yes	Yes	No	
D2331		Yes	Yes	No	
D2332		Yes	Yes	No	
D2335		Yes	Yes	No	

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606 Service Codes: Restorative Services (cont.)

Service Code and Limitations	Covered Under Aged 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Reporting Requirements, and Notations	
D2390	Yes	No	No		
D2391	Yes	Yes	No		
D2392	Yes	Yes	No		
D2393	Yes	Yes	No		
D2394	Yes	Yes	No		
<b>Crowns – Single Restoration Only</b>					
D2710	Indirect	Yes	No	No	
D2740		Yes	No	No	
D2750		Yes	No	No	
D2751		Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(2).
D2752		Yes	No	No	
D2790		Yes	No	No	
<b>Other Restorative Services</b>					
D2910		Yes	Yes	No	
D2920		Yes	Yes	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	
D2951		Yes	Yes	No	
D2954		Yes	Yes (PA)	No	Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(1)(c).
D2980	Chairside	Yes	Yes	No	See 602(D) above.
D2999	Outside laboratory	Yes (PA) (IC)	Yes (PA) (IC)	No	Include documentation to substantiate why the repair could not be done chairside. See 602(A) and (B) above and 130 CMR 420.425(E).

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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>				
D3220	Yes	No	No	
<b>Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care)</b>				
D3310	Yes	Yes	No	
D3320	Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required.</i>
D3330	Yes	No*	No	* <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required.</i>
D3346	Yes	Yes	No	
D3347	Yes	No*	No	* <i>Exception for members with undue medical risk or with one or more medical conditions listed in 130 CMR 420.425(C)(2). See 130 CMR 420.426(C)(2). PA required.</i>
<b>Endodontic Retreatment</b>				
D3348	Yes	No*	No	* <i>Exception for members with undue medical risk or with one or more medical conditions listed in 130 CMR 420.425(C)(2). See 130 CMR 420.426(C)(2). PA required.</i>

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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, Reporting Requirements, and Notations
<b>Apicoectomy/Periradicular Services</b>					
D3410	(per tooth) (includes retrograde filling)	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).
D3421	First root	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).
D3426	Each additional root	Yes	Yes (PA)	No	Include periapical film of the tooth and date of the original root canal treatment. See 602(A) above and 130 CMR 420.426(D).



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608 Service Codes: Periodontic 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, Reporting Requirements, and Notations
<b>Surgical Services (Including Usual Postoperative Services)</b>					
D4210	Once per quadrant per three-year period	Yes	Yes (PA)	No	Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(A).
D4211	Once per quadrant per three-year period	Yes	Yes (PA)	No	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).

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608 Service Codes: Periodontic Services (cont.)

D4341	Once per quadrant per three-year period	Yes	Yes (PA)	No	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).
D4342		Yes	Yes (PA)	No	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).

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		Yes	Yes	No	
D5120		Yes	Yes	No	
D5130		Yes	No	No	
D5140		Yes	No	No	
<b>Partial Dentures (Including Routine Post-Delivery Care)</b>					
D5211	Including any conventional clasps, rests, and teeth	Yes	Yes	No	
D5212	Including any conventional clasps, rests, and teeth	Yes	Yes	No	

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

Service Code and Limitations		Covered Under Aged 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
D5213	Including any conventional clasps, rests, and teeth	Yes	No	No	
D5214	Including any conventional clasps, rests, and teeth	Yes	No	No	
D5225	Including any clasps, rests, and teeth	Yes	No	No	
D5226	Including any clasps, rests, and teeth	Yes	No	No	
<b>Repairs to Complete Dentures</b>					
D5510		Yes	Yes	No	
D5520	Each tooth	Yes	Yes	No	
<b>Repairs to Partial Dentures</b>					
D5610		Yes	Yes	No	
D5620		Yes	Yes	No	
D5630		Yes	Yes	No	
D5640		Yes	Yes	No	
D5650		Yes	Yes	No	
D5660		Yes	Yes	No	
<b>Denture Rebase Procedures</b>					
D5710		Yes	Yes	No	
D5711		Yes	Yes	No	
D5720	Cast partial denture only	Yes	No	No	
D5721	Cast partial denture only	Yes	No	No	
<b>Denture Reline Procedures</b>					
D5730	Chairside	Yes	Yes	No	
D5731	Chairside	Yes	Yes	No	
D5740	Chairside	Yes	No	No	
D5741	Chairside	Yes	No	No	
D5750	Laboratory	Yes	Yes	No	
D5751	Laboratory	Yes	Yes	No	
D5760	Laboratory, cast partial denture only	Yes	No	No	
D5761	Laboratory, cast partial denture only	Yes	No	No	

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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		Yes	No	No	
D6751		Yes	No	No	
<b>Other Fixed Partial Denture Services</b>					
D6930		Yes	No	No	
D6980	Chairside	Yes	No	No	See 602 (D) above.

611 Service Codes: 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	Outside laboratory	Yes (PA) (IC)	Yes (PA)	No	Include documentation to substantiate why the repair could not be done chairside. See 602(A), (B), and (D) 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 (PA)	Yes (PA)	Yes (PA)	Include Panorex film. See 602(A) above and 130 CMR 420.430(D).
D7250	Cutting procedure	Yes	Yes	Yes	
D7270		Yes	Yes	Yes	
D7280	Including orthodontic attachments	Yes	No	No	
D7283		Yes	No	No	

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611 Service Codes: Exodontic Services (cont.)

Service Code and Limitations		Covered Under Aged 21?	Covered DDS Clients Aged 21 and Older?	Covered Aged 21 and Older?	Prior Authorization Requirements, Report Requirements, and Notations
<b>Surgical Procedures</b>					
D7310		Yes	Yes	No	
D7311		Yes	Yes	No	
D7320		Yes	Yes	No	
D7321		Yes	Yes	No	
D7340	Secondary epithelialization	Yes (PA)	Yes (PA)	No	Include justification of the surgical procedure designed to increase alveolar ridge height. See 602(A) above and 130 CMR 420.430(F).
D7350 <sup>†</sup>	Including soft-tissue grafts, muscle reattachments, revision of soft-tissue attachment, and management of hypertrophied and hyperplastic tissue	Yes (PA)	Yes (PA)	No	<sup>†</sup> 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	No	
D7411		Yes	Yes	No	
D7450		Yes	Yes	No	
D7451		Yes	Yes	No	
D7460		Yes	Yes	No	
D7461		Yes	Yes	No	
D7471 <sup>†</sup>	Maxilla or mandible	Yes (PA)	Yes (PA)	No	<sup>†</sup> 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.
D7960	frenectomy or frenotomy – separate procedure	Yes	Yes	No	See 602(C) above.

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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
D7963		Yes	Yes	No	
D7970		Yes	Yes (PA)	No	Include a narrative documenting the medical necessity for the procedure and documentation of the planned prosthesis. See 602(A) above and 130 CMR 420.430(H).
D7999		Yes (PA) (IC)	Yes (PA) (IC)	No	See 602(A), (B), and (I) above.

612 Service Codes: Orthodontic Services

See 130 CMR 420.431 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>Orthodontic Diagnosis and Full Orthodontic Treatment</b>					
D8050		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance.  See 602(A) and (B) above and 130 CMR 420.431.

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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
D8060		Yes (PA) (IC)	No	No	Include the number of adjustment visits required in conjunction with the type of interceptive appliance.  See 602(A) and (B) above and 130 CMR 420.431.
D8080 <sup>†</sup>		Yes (PA)	No	No	Include the x-ray, photographic prints, and a completed copy of the Handicapping Labio-Lingual Deviations Form (HLD)( <i>Dental Manual Appendix D</i> ). See 602(A) above and 130 CMR 420.431.  <sup>†</sup> Payable only to a dental provider who is specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).
<b>Other Orthodontic Services</b>					
D8660 <sup>†</sup>	Consultation - once per six months	Yes	No	No	<sup>†</sup> Payable only to a dental provider who is specialist in orthodontics in accordance with 130 CMR 420.405(A)(7)

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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, Reporting Requirements, and Notations
D8670 <sup>†</sup>	As part of contract; billed quarterly	Yes (PA)	No*	No*	<p>Submit separate prior authorization request for year 1, year 2, and year 3 (up to 6 months), if necessary. For years 2 and 3 only, include original photographic prints, intraoral photographic prints, documentation that all restorative services were completed, and a copy of the initially submitted orthodontics prior-authorization form with Part IV completed with progress to date. See 602(A) above.</p> <p><i>* Exception for members whose comprehensive orthodontic treatment was begun by age 21.</i></p> <p><i>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7). See 130 CMR 420.431(A)(1).</i></p>



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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 Requirement and Notations
D8680 <sup>†</sup> Removal of appliances, construction and placement of retainer(s)	Yes	No*	No*	<p>* <i>Exception for members whose comprehensive orthodontic treatment was begun by age 21. PA required.</i></p> <p>See 130 CMR 420.431(A)(1).  <sup>†</sup> Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7)  Include the date of the initial banding and a narrative of the reason(s) for removal of the orthodontic appliance. See 602(A) above.</p>
D8690 <sup>†</sup>	Yes (PA)	No	No	<sup>†</sup> Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7) See 602(A) above.

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612 Service: 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 Requirement and Notations
D8692 <sup>†</sup>	Yes (PA)	No*	No*	<p>Include a statement regarding the date of the onset of retention. See 602(A) above.</p> <p><i>* Exception for members whose comprehensive orthodontic treatment was begun by age 21. PA required.</i></p> <p>See 130 CMR 420.431(A)(1).  <sup>†</sup> Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7).</p>
D8999 <sup>†</sup>	Yes (PA) (IC)	No*	No*	<p><i>* Exception for members whose comprehensive orthodontic treatment was begun by age 21. PA required.</i></p> <p>See 130 CMR 420.431(A)(1).  <sup>†</sup> Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(7).  See 602(A), (B), and (D) above.</p>

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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 Requirement and Notations
D9220	Yes	Yes	Yes	
D9221	Yes	Yes	Yes	
D9230	Yes	Yes	Yes	
D9241	Yes	Yes	Yes	
D9242	Yes	Yes	Yes	
D9248	Yes	Yes	Yes	

614 Service Codes: Other 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 Requirement and Notations
<b>Unclassified Treatment</b>				
D9110	Other nonemergency medically necessary treatment may be provided during the same visit – that is, nonemergency code may be billed in conjunction with D9110.	Yes	Yes	Yes

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614 Service Codes: Other 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 Requirement and Notations	
<b>Professional Visits</b>					
D9410	Yes	Yes	Yes	A visit to a nursing facility, chronic disease and rehabilitation hospitals, hospice facilities, schools, and other licensed educational facilities, 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(G).	
<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) and (D) above and 130 CMR 420.456(C).

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614 Service Codes: Other 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>Miscellaneous Services</b>					
D9930		Yes (I.C)	Yes (IC)	Yes (IC)	Include with the claim the date, the location of the original surgery and the type of procedure. See 602(A) above.
D9940		Yes (PA)	No	No	Include documented evidence of the need for the appliance. See 602(A) and (D) above.
D9941		Yes	No	No	
D9999		Yes (PA) (IC)	Yes (PA) (IC)	No	See 602(A), (B), and (D) above.

615 Service Codes: Oral and Maxillofacial Surgery Services

See 130 CMR 420.453 and 420.455 for service descriptions and limitations.

The following all-numeric service codes may be used only by dental providers who are specialists in oral surgery, in accordance with 130 CMR 420.405(A)(7).

CPT Service Codes

99201	99213	99232	10060	11010	11046
99202	99214	99233	10061	11011	11100
99203	99215	99281	10120	11012	11101
99204	99221	99282	10121	11042	11310
99205	99222	99283	10140	11043	11311
99211	99223	99284	10160	11044	11312
99212	99231	99285	10180	11045	11313
11440	11643	12015	12054	13152	14040
11441	11644	12016	12055	13153	14041
11442	11646	12017	12056	13160	14060
11443	11960	12018	12057	14000	14061
11444	11970	12020	13131	14001	15120
11446	11971	12021	13132	14020	15121
11640	12011	12051	13133	14021	15240
11641	12013	12052	13150	14301	15241
11642	12014	12053	13151	14302	15260

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

CPT Service Codes

15261	17999 (IC)	21046	21194 (PA)	21355	30125
15271	20005	21047	21195 (PA)	21356	30130
15272	20200	21048	21196 (PA)	21360	30140
15273	20205	21049	21198 (PA)	21365	30150
15274	20206	21050	21206 (PA)	21366	30160
15275	20220	21060	21208 (PA)	21385	30520
15276	20240	21070	21209 (PA)	21386	30580
15277	20225	21076	21210 (PA)	21387	30600
15278	20245	21077	21215 (PA)	21390	30901
15570	20520	21079	21230 (PA)	21395	30903
15572	20525	21080	21235 (PA)	21400	30905
15574	20526	21081	21240 (PA)	21401	30906
15576	20605	21082	21242 (PA)	21406	30999 (IC)
15620	20615	21083	21243 (PA)	21407	31000
15630	20670	21084	21244 (PA)	21408	31020
15732	20680	21085	21247 (PA)	21421	31030
15734	20690	21086	21255 (PA)	21422	31032
15740	20692	21087	21260	21423	31200
15750	20693	21088 (IC)	21261	21431	31201
15756	20694	21089 (IC)	21263	21432	31205
15757	20900	21100	21267	21433	31225
15758	20902	21110	21268	21435	31231
15760	20910	21116	21270	21436	31233
15770	20912	21137 (PA)	21275	21440	31256
15819	20920	21138 (PA)	21280	21445	31267
15820 (PA)	20922	21139 (PA)	21282	21450	31290
15821 (PA)	20924	21141	21295	21451	31292
15822 (PA)	20926	21142	21296	21452	31293
15823 (PA)	20955	21143	21299 (PA), (IC)	21453	31294
15840	20956	21145	21310	21454	31299 (IC)
15841	20962	21146 (PA)	21315	21461	31420
15842	20969	21147 (PA)	21320	21462	31500
15845	20970	21150 (PA)	21325	21465	31502
15852	20999 (IC)	21151 (PA)	21330	21470	31505
15860	21010	21154 (PA)	21335	21480	31510
16000	21015	21155 (PA)	21336	21485	31515
17000	21025	21159 (PA)	21337	21490	31525
17003	21026	21160 (PA)	21338	21495	31575
17004	21029	21172 (PA)	21339	21497	31600
17106	21030	21175 (PA)	21340	21499 (IC)	31603
17280	21031	21181	21343	29800 (PA)	31605
17281	21032	21182	21344	29804 (PA)	31610
17282	21034	21183	21345	29999 (IC)	31615
17283	21040	21184	21346	30000	31622
17284	21044	21188 (PA)	21347	30020	35500
17286	21045	21193 (PA)	21348	30124	35572

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

CPT Service Codes

35681	40830	41821 (IC)	42415	61582
35682	40831	41822	42420	61584
35701	40840 (PA)	41823	42425	61586
35800	40842 (PA)	41825	42440	61600
35875	40843 (PA)	41826	42450	62142
35876	40844 (PA)	41827	42500	62143
37609	40845 (PA)	41828	42505	62145
38542	40899 (IC)	41830	42507	62146
38550	41000	41850 (IC)	42508	64400
38555	41005	41874	42509	64600
38700	41006	41899 (IC)	42510	64722
38720	41007	42000	42550	64727
38724	41008	42100	42600	64732
38790	41009	42104	42650	64734
38792	41010	42106	42660	64736
38500	41015	42107	42665	64738
38505	41016	42120	42699 (IC)	64740
38510	41017	42140	42700	64864
40490	41018	42145	42720	64868
40500	41100	42160	42725	64872
40510	41105	42180	42800	64874
40520	41108	42182	42802	64885
40525	41110	42200	42804	64999 (IC)
40527	41112	42205	42806	68801
40530	41113	42210	42808	68810
40650	41114	42215	42809	68811
40652	41115	42220	42810	69990
40654	41116	42225	42815	70100
40700	41120	42226	42820	70110
40701	41130	42227	42894	70140
40702	41135	42235	42842	70150
40720	41140	42260	42844	70160
40761	41145	42280 (PA)	42845	70210
40799 (IC)	41150	42281 (PA)	42860	70220
40800	41153	42299 (IC)	42870	70240
40801	41155	42300	42900	70328
40804	41250	42305	42950	70330
40805	41251	42310	42953	70360
40806	41252	42320	42960	70380
40808	41500	42330	42961	
40810	41510	42335	42962	
40812	41520	42340	42970	
40814	41599 (IC)	42400	42971	
40816	41800	42405	42972	
40818	41805	42408	42999 (IC)	
40819	41806	42409	61580	
40820	41820 (IC), (PA)	42410	61581	