



MassHealth
Transmittal Letter DEN-98
October 2017

TO: Dental Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: Dental Manual (Orthodontic Treatment Visits)

This letter transmits an update to Subchapter 6 of the *Dental Manual* regarding coverage of orthodontic treatment visits for MassHealth members. This update is effective for dates of service on or after November 1, 2017.

Orthodontic Services: Orthodontic Treatment Visits

Notwithstanding the descriptions and limitations in 130 CMR 420.431(C)(4) and effective for dates of service on or after November 1, 2017, MassHealth pays for orthodontic treatment visits on a quarterly (90-day) basis. Providers may submit a claim for the first unit of service (service code D8670) beginning with the first actual orthodontic treatment visit provided to a member after the end of the calendar month in which the provider completes the initial placement of the appliance(s) for that member. Payment of that claim includes that first orthodontic treatment visit for the member and all subsequent treatment visits provided to the member over the next 90 days. Providers may submit a claim for the second unit of service on or after the first actual orthodontic treatment visit provided to the member after the 90th day of the initial billing period. Providers are expected to see members every four to eight weeks, depending on the particular circumstances of the member and the provider's treatment plan.

Example: If the provider placed the appliance(s) for a member on November 15, 2017 and provided the first orthodontic treatment visit to that member on December 20, 2017, then the provider would submit a claim for one unit of D8670 using December 20, 2017 as the date of service. This date of service would begin the start of the first quarterly (90-day) billing period, and therefore any additional treatment visits provided to the member between December 20, 2017 and March 20, 2018 are included in the payment of that claim. The second 90-day billing and payment cycle would then begin with the first actual orthodontic treatment visit provided to the member on or after March 21, 2018. Thus, if the member's first treatment visit after March 20, 2018 actually occurred on April 4, 2018, the provider would submit a claim for the second unit of D8670 using April 4, 2018 as the date of service, and the payment of that claim would cover any orthodontic treatment visits provided to the member during the second 90-day period (April 4, 2018 through July 3, 2018).

To ensure claims are processed correctly, all providers are encouraged to submit claims for orthodontic treatment visits provided between July 1, 2017 and October 31, 2017 as soon as possible. Payment for these claims will be made based on a monthly unit of service.

(Continued on next page)

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Dental Manual

Pages 6-17 and 18

OBSOLETE MATERIAL

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

Dental Manual

Pages 6-17 and 18 — transmitted by Transmittal Letter DEN-97

Commonwealth of Massachusetts MassHealth Provider Manual Series Dental Manual	Subchapter Number and Title 6. Service Codes	Page 6-17
	Transmittal Letter DEN-98	Date 11/01/2017

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
D8670†	As part of contract; billed once per quarter (90 days) on the first date of service beginning with the calendar month following the calendar month during which appliance(s) were placed	Yes (PA)	No*	No*	Submit authorization request for the first two years of treatment, include photographic prints, radiographs (lateral & occlusal views) & HLD Index Form. * <i>Exception for members whose comprehensive orthodontic treatment began by age 21. 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)

Commonwealth of Massachusetts MassHealth Provider Manual Series Dental Manual	Subchapter Number and Title 6. Service Codes	Page 6-18
	Transmittal Letter DEN-98	Date 11/01/2017

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.</i> See 130 CMR 420.431(A)(1). † 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.
D8690†		Yes (PA)	No	No	† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6) See 602(A) above.