



MassHealth
Transmittal Letter DEN-95
January 2016

TO: Dental Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: Orthodontic Prior Authorization Clarification, Revised Appendix D, and *Dental Manual* (Revised Service Codes)

This transmittal letter clarifies several current MassHealth policies and includes a revised Appendix D to the *Dental Manual*. The revised Appendix D provides information and forms for dentists who are specialists in orthodontics regarding prior authorization requests for comprehensive orthodontic treatment.

In addition, this letter transmits a revised Subchapter 6 of the *Dental Manual*, which

- adds coverage for the Current Dental Terminology (CDT) and Current Procedural Terminology (CPT) service codes listed below and effective for dates of services on or after January 1, 2016; and
- outlines the prior-authorization (PA) requirements for certain service codes listed below.

The following are highlights of the changes and policy clarification. For further details please see the MassHealth dental regulations at 130 CMR 420.000 and the *MassHealth Dental Program Office Reference Manual* (available at www.masshealth-dental.net).

Updates to MassHealth *Dental Manual* Appendix D

Consistent with 130 CMR 420.431(E), eligible MassHealth members younger than age 21 may qualify for comprehensive orthodontic treatment for treatment of handicapping malocclusions, as described in Appendix D of the MassHealth *Dental Manual*. MassHealth has clarified Appendix D of the MassHealth *Dental Manual* to include additional information regarding the standards and submission requirements for prior authorization requests for comprehensive orthodontic treatment.

The updated Appendix D clarifies that MassHealth approves prior authorization requests for comprehensive orthodontic treatment when: 1) the member has one of the “autoqualifying” conditions described by MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form; 2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form; or 3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical necessity narrative and supporting documentation submitted by the requesting provider.

Instructions for Submission of Medical Necessity Narrative

Appendix D of the MassHealth *Dental Manual* now includes detailed instructions for the submission of a medical necessity narrative. Dentists who are specialists in orthodontics may submit a medical necessity narrative in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the member does not have an autoqualifying condition or meet the threshold score on the HLD Form, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. The instructions included in the updated Appendix D includes examples of conditions that may meet this standard, and content and submission requirements for submission of a medical necessity narrative for comprehensive orthodontic treatment.

Updated Handicapping Labio-Lingual Deviations Form

Appendix D of the MassHealth *Dental Manual* also includes an updated version of the HLD Form. Specifically, the HLD Form has been updated to include questions regarding the submission of a medical necessity narrative for comprehensive orthodontic treatment. Specifically, the HLD Form now asks providers whether they are submitting a medical necessity narrative with the prior authorization request, and if they have included the required supporting documentation. As discussed above, providers must submit this narrative in cases where the member does not have an autoqualifying condition or meet the threshold score on the HLD Form, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers may optionally submit this narrative in other cases. Regardless of whether a medical necessity narrative is included, providers must submit a completed HLD Form with all prior authorization requests for comprehensive orthodontic treatment.

Updates to Subchapter 6 of the MassHealth Dental Manual

Subchapter 6 of the MassHealth *Dental Manual* has been updated to reflect certain additions of and changes to covered service codes. Dental providers who bill using Current Dental Terminology (CDT) service codes must refer to the American Dental Association's (ADA) 2016 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) Current Procedural Terminology (CPT) 2016 code book for descriptions for service codes listed in Subchapter 6. Specific updates to Subchapter 6 are described below.

Comprehensive Orthodontic Treatment of the Transitional Dentition (Service Code D8070)

Subchapter 6 has been updated to reflect that, effective for dates of service on or after January 1, 2016, MassHealth will cover comprehensive orthodontic treatment of the transitional dentition (service code D8070) for eligible MassHealth members younger than age 21 with prior authorization. The prior authorization requirements for service code 8070 will be identical to those for service code 8080 (comprehensive orthodontic treatment of the adolescent dentition), and like service code 8080, service code D8070 will be payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). MassHealth will cover either service code D8070 or D8080 once per member per lifetime.

Alveoloplasty (Service Codes D7310, D7311, D7320, D7321)

Subchapter 6 has been updated to reflect that, effective for dates of service on or after January 1, 2016, MassHealth will cover the following service codes for all eligible MassHealth members age 21 and older:

- D7310 Alveoloplasty with extractions – Four or more teeth or tooth spaces
- D7311 Alveoloplasty with extractions – One to three teeth or tooth spaces
- D7320 Alveoloplasty without extractions – Four or more teeth or tooth spaces
- D7321 Alveoloplasty without extractions – One to three teeth or tooth spaces

MassHealth will continue to cover these service codes for members younger than age 21.

Fluoride Varnish (Service Code D1206)

Subchapter 6 has been clarified to reflect that, in accordance with 130 CMR 420.424(B)(1)(b), MassHealth covers fluoride varnish (service code D1206) with prior authorization for members age 21 and older who have a medical or dental condition that significantly interrupts the flow of saliva. MassHealth will continue to cover this service code for members younger than age 21 without prior authorization.

New Current Procedure Terminology (CPT) Codes

Subchapter 6 has been updated to reflect that, effective for dates of service on or after January 1, 2016, MassHealth will cover the following services codes for dentists who are specialists in oral surgery in accordance with 130 CMR 420.405(A)(7):

| | | | |
|-------|-------|-------|-------|
| 11620 | 15040 | 20100 | 61585 |
| 11621 | 15100 | 21179 | 61590 |
| 11622 | 15110 | 21180 | 61591 |
| 11623 | 15111 | 21685 | 61592 |
| 11624 | 15115 | 30462 | 61595 |
| 11626 | 15116 | 30465 | 61596 |
| 12001 | 15150 | 30630 | 61597 |
| 12002 | 15151 | 30920 | 61598 |
| 12004 | 15152 | 31040 | 61605 |
| 12005 | 15155 | 31230 | 61606 |
| 12006 | 15156 | 31237 | 61607 |
| 12007 | 15157 | 31238 | 61608 |
| 12031 | 15574 | 31239 | 61610 |
| 12032 | 15576 | 31240 | 62147 |
| 12034 | 15610 | 31505 | 62148 |
| 12035 | 15731 | 31510 | 64605 |
| 12036 | 17107 | 31511 | 64612 |
| 12037 | 17108 | 31525 | 64615 |
| 12041 | 17110 | 31526 | 64616 |
| 12042 | 17111 | 31530 | 64865 |
| 12044 | 17260 | 31531 | 64886 |
| 12045 | 17266 | 31535 | 64910 |
| 12046 | 17270 | 31536 | 64911 |
| 12047 | 17271 | 42426 | 67715 |
| 13120 | 17272 | 42890 | 67840 |
| 13121 | 17273 | 42894 | 67916 |
| 13122 | 17274 | 42955 | 67917 |
| 15572 | 17276 | 61583 | |

Replacement of Current Dental Terminology (CDT) Codes

Subchapter 6 has been updated to reflect the deletion and replacement of four CDT codes as indicated in the following chart:

| Deleted Code | New Code |
|--------------|----------|
| D9220 | D9223 |
| D9221 | D9223 |
| D9241 | D9243 |
| D9242 | D9243 |

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 6-1 through 6-24

Appendix D

OBSOLETE MATERIAL

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

Dental Manual

Pages 6-1 through 6-6 — transmitted by Transmittal Letter DEN-92

Pages 6-7 through 6-24 — transmitted by Transmittal Letter DEN-90

Appendix D — Transmitted by Transmittal Letter DEN-87

| | | |
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| Commonwealth of Massachusetts MassHealth Provider Manual Series Dental Manual | Subchapter Number and Title 6. Service Codes | Page 6-1 |
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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, 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 1.

Modifiers

The following modifiers are for Provider Preventable Conditions (PPCs) 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, D1206, D1208, D1351, D4341, D4342, D9110, and D9410.

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| Dental Manual | | |

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.

(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.

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 | |

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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 | |

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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 |
|---|---|-----------------------|--|----------------------------|---|
| D1206 | | Yes | No* | No* | * Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva <input type="checkbox"/> (PA). See 602(A) above and 130 CMR 420.424(B)(1)(b). |
| D1208 | | Yes | No* | No* | * Exception for members who have a medical or dental condition that significantly interrupts the flow of saliva <input type="checkbox"/> (PA). See 602(A) above and 130 CMR 420.424(B)(1)(b). |
| Other Preventive Services | | | | | |
| D1351 | Permanent first, second, and third noncarious, nonrestored molars | Yes | No | No | |
| Space Maintenance (Passive Appliances) | | | | | |
| D1510 | | Yes | No | No | |
| D1515 | | Yes | No | No | |
| D1520 | | Yes | No | No | |
| D1525 | | Yes | No | No | |
| D1550 | | Yes | No | No | |

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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 |
|---|-----------------------------|-----------------------|--|----------------------------|---|
| Amalgam Restorations (Including Polishing) | | | | | |
| D2140 | | Yes | Yes | Yes | |
| D2150 | | Yes | Yes | Yes | |
| D2160 | | Yes | Yes | Yes | |
| D2161 | | Yes | Yes | Yes | |
| Resin-Based Composite Restorations | | | | | |
| D2330 | | Yes | Yes | Yes | |
| D2331 | | Yes | Yes | Yes | |
| D2332 | | Yes | Yes | Yes | |
| D2335 | | Yes | Yes | Yes | |
| D2390 | | Yes | No | No | |
| D2391 | | Yes | Yes | Yes | |
| D2392 | | Yes | Yes | Yes | |
| D2393 | | Yes | Yes | Yes | |
| D2394 | | Yes | Yes | Yes | |
| Crowns – Single Restoration Only | | | | | |
| 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 | |
| Other Restorative Services | | | | | |
| D2910 | | Yes | Yes | No | |
| D2920 | | Yes | Yes | No | |
| D2930 | | Yes | No | No | |
| D2931 | | Yes | No* | No | * Exception for members with undue medical risk. See 130 CMR 420.425(C)(2). |
| D2932 | Primary anterior teeth only | Yes | No | No | |
| D2934 | | Yes | No | No | |
| D2951 | | Yes | Yes | No | |

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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 |
|------------------------------|--------------------|-----------------------|--|----------------------------|--|
| D2954 | | Yes | Yes (PA) | No | Include periapical film of the tooth. See 602(A) above and 130 CMR 420.425(C)(I)(c). |
| D2980 | Chairside | Yes | Yes | No | |
| 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). |

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 |
|--|-----------------------------|-----------------------|--|----------------------------|---|
| Pulpotomy | | | | | |
| D3220 | | Yes | No | No | |
| Root Canal Therapy (Including Pre- and Post-Treatment Radiographs and Follow-up Care) | | | | | |
| D3310 | Excluding final restoration | Yes | Yes | No | |
| D3320 | Excluding final restoration | Yes | No* | No | * <i>Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). 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, Report Requirements, and Notations |
|---|---|-----------------------|--|----------------------------|---|
| D3330 | Excluding final restoration | Yes | No* | No | * Exception for members with undue medical risk. See 130 CMR 420.426(B)(3). PA required. |
| D3346 | | Yes | Yes | No | |
| D3347 | | Yes | No* | No | * 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. |
| Endodontic Retreatment | | | | | |
| D3348 | | Yes | No* | No | * 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. |
| Apicoectomy/Periradicular Services | | | | | |
| 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). |

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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, Report Requirements, and Notations |
|------------------------------|----------------------|-----------------------|--|----------------------------|--|
| D3425 | 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). |

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, Report Requirements, and Notations |
|---|---|-----------------------|--|----------------------------|---|
| Surgical Services (Including Usual Postoperative Services) | | | | | |
| 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). |

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608 Service Codes: Periodontic 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 |
|------------------------------|---|-----------------------|--|----------------------------|---|
| 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). |
| 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). |

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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 |
|---|-----------------------|--|----------------------------|--|
| Complete Dentures (Including Routine Post-Delivery Care) | | | | |
| D5110 | Yes | Yes | Yes | |
| D5120 | Yes | Yes | Yes | |
| D5130 | Yes | No | No | |
| D5140 | Yes | No | No | |
| Partial Dentures (Including Routine Post-Delivery Care) | | | | |
| D5211 | Yes | Yes | Yes | |
| D5212 | Yes | Yes | Yes | |
| D5213 | Yes | No | No | |
| D5214 | Yes | No | No | |
| D5225 | Yes | No | No | |
| D5226 | Yes | No | No | |
| Repairs to Complete Dentures | | | | |
| D5510 | Yes | Yes | Yes | |
| D5520 | Yes | Yes | Yes | |
| Repairs to Partial Dentures | | | | |
| D5610 | Yes | Yes | Yes | |
| D5620 | Yes | Yes | Yes | |
| D5630 | Yes | Yes | Yes | |
| D5640 | Yes | Yes | Yes | |
| D5650 | Yes | Yes | Yes | |
| D5660 | Yes | Yes | Yes | |
| Denture Rebase Procedures | | | | |
| D5710 | Yes | Yes | Yes | |
| D5711 | Yes | Yes | Yes | |
| D5720 | Yes | No | No | |
| D5721 | Yes | No | No | |
| Denture Reline Procedures | | | | |
| D5730 | Yes | Yes | Yes | |
| D5731 | Yes | Yes | Yes | |
| D5740 | Yes | No | No | |
| D5741 | Yes | No | No | |
| D5750 | Yes | Yes | Yes | |
| D5751 | Yes | Yes | Yes | |

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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 |
|------------------------------|--|-----------------------|--|----------------------------|--|
| D5760 | | Yes | No | No | |
| D5761 | | 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 |
|---|--|-----------------------|--|----------------------------|--|
| Fixed Partial Denture Pontics | | | | | |
| D6241 | | Yes | No | No | |
| D6751 | | Yes | No | No | |
| Other Fixed Partial Denture Services | | | | | |
| D6930 | | Yes | No | No | |
| D6980 | | 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 | | 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). |
| Extractions (Includes Local Anesthesia and Routine Postoperative Care) | | | | | |
| D7111 | | Yes | Yes | Yes | |
| D7140 | | Yes | Yes | Yes | |
| D7210 | | Yes | Yes | Yes | |

| | | |
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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 |
|------------------------------|-----------------------------------|-----------------------|--|----------------------------|--|
| 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 | | Yes | Yes | Yes | |
| D7270 | | Yes | Yes | Yes | |
| D7280 | Including orthodontic attachments | Yes | No | No | |
| D7283 | | Yes | No | No | |
| Surgical Procedures | | | | | |
| D7310 | | Yes | Yes | Yes | |
| D7311 | | Yes | Yes | Yes | |
| D7320 | | Yes | Yes | Yes | |
| D7321 | | Yes | Yes | Yes | |
| D7340 | | 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† | | Yes (PA) | Yes (PA) | No | † 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 | |

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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† | | Yes (PA) | Yes (PA) | No | † 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 | | Yes | Yes | No | See 602(C) above. |
| 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 (D) 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 |
|---|--|-----------------------|--|----------------------------|--|
| Orthodontic Diagnosis and Full Orthodontic Treatment | | | | | |
| 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. |
| D8070† | Once per lifetime for either D8070 or D8080. | Yes (PA) | No | No | Include the x-ray, photographic prints, completed copy of the Handicapping Labio-Lingual Deviations Form (HLD), and medical necessity narrative, if applicable. See 602(A) and (B) above, 130 CMR 420.431, and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |

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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 |
|------------------------------|--|-----------------------|--|----------------------------|--|
| D8080† | Once per lifetime for either D8080 or D8070. | Yes (PA) | No | No | Include the x-ray, photographic prints, a completed copy of the Handicapping Labio-Lingual Deviations Form (HLD) and a medical necessity narrative, if applicable. See 602(A) above and 130 CMR 420.431 and Dental Manual Appendix D. † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |
| D8660† | Consultation - once per six months | Yes | No | No | † Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6). |

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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 |
|------------------------------|---------------------------------------|-----------------------|--|----------------------------|---|
| D8670† | 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 began by age 21. See 130 CMR 420.431(A)(1).</i></p> <p>† Payable only to a dental provider who is a specialist in orthodontics in accordance with 130 CMR 420.405(A)(6).</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 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. |

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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 Requirements, and Notations |
|------------------------------|--|-----------------------|--|----------------------------|---|
| D8692† | | Yes (PA) | No* | No* | Include a statement regarding the date of the onset of retention. See 602(A) above. * <i>Exception for members whose comprehensive orthodontic treatment began by age 21. PA required. See 130 CMR 420.431(A)(1).</i> † 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)(1).</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), (B), and (D) above. |

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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 Requirements, and Notations |
|------------------------------|--|-----------------------|--|----------------------------|--|
| D9223 | | Yes | Yes | Yes | |
| D9230 | | Yes | Yes | Yes | |
| D9243 | | 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 Requirements, and Notations |
|-------------------------------|---|-----------------------|--|----------------------------|---|
| Unclassified Treatment | | | | | |
| 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 | |
| Professional Visits | | | | | |
| 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(G). |

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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 |
|--|-------------------------|-----------------------|--|----------------------------|--|
| Treatment of Physically or Developmentally Disabled Members | | | | | |
| 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). |
| Miscellaneous Services | | | | | |
| D9930 | | Yes (IC) | 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. |

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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

| | | | | |
|-------|-------|-------|------------|------------|
| 10060 | 11971 | 13150 | 15570 | 17272 |
| 10061 | 12001 | 13151 | 15572 | 17273 |
| 10120 | 12002 | 13152 | 15574 | 17274 |
| 10121 | 12004 | 13153 | 15576 | 17276 |
| 10140 | 12005 | 13160 | 15610 | 17280 |
| 10160 | 12006 | 14000 | 15620 | 17281 |
| 10180 | 12007 | 14001 | 15630 | 17282 |
| 11010 | 12011 | 14020 | 15731 | 17283 |
| 11011 | 12013 | 14021 | 15732 | 17284 |
| 11012 | 12014 | 14040 | 15734 | 17286 |
| 11042 | 12015 | 14041 | 15740 | 17999 (IC) |
| 11043 | 12016 | 14060 | 15750 | 20005 |
| 11044 | 12017 | 14061 | 15756 | 20100 |
| 11045 | 12018 | 14301 | 15757 | 20200 |
| 11046 | 12020 | 14302 | 15758 | 20205 |
| 11100 | 12021 | 15040 | 15760 | 20206 |
| 11101 | 12031 | 15100 | 15770 | 20220 |
| 11310 | 12032 | 15110 | 15819 | 20225 |
| 11311 | 12034 | 15111 | 15820 (PA) | 20240 |
| 11312 | 12035 | 15115 | 15821 (PA) | 20245 |
| 11313 | 12036 | 15116 | 15822 (PA) | 20520 |
| 11440 | 12037 | 15120 | 15823 (PA) | 20525 |
| 11441 | 12041 | 15121 | 15840 | 20526 |
| 11442 | 12042 | 15150 | 15841 | 20605 |
| 11443 | 12044 | 15151 | 15842 | 20615 |
| 11444 | 12045 | 15152 | 15845 | 20670 |
| 11446 | 12046 | 15155 | 15852 | 20680 |
| 11620 | 12047 | 15156 | 15860 | 20690 |
| 11621 | 12051 | 15157 | 16000 | 20692 |
| 11622 | 12052 | 15240 | 17000 | 20693 |
| 11623 | 12053 | 15241 | 17003 | 20694 |
| 11624 | 12054 | 15260 | 17004 | 20900 |
| 11626 | 12055 | 15261 | 17106 | 20902 |
| 11640 | 12056 | 15271 | 17107 | 20910 |
| 11641 | 12057 | 15272 | 17108 | 20912 |
| 11642 | 13120 | 15273 | 17110 | 20920 |
| 11643 | 13121 | 15274 | 17111 | 20922 |
| 11644 | 13122 | 15275 | 17260 | 20924 |
| 11646 | 13131 | 15276 | 17266 | 20926 |
| 11960 | 13132 | 15277 | 17270 | 20955 |
| 11970 | 13133 | 15278 | 17271 | 20956 |

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

| | | | | |
|------------|------------------|-------|------------|------------|
| 20962 | 21147 (PA) | 21320 | 21470 | 31267 |
| 20969 | 21150 (PA) | 21325 | 21480 | 31290 |
| 20970 | 21151 (PA) | 21330 | 21485 | 31292 |
| 20999 (IC) | 21154 (PA) | 21335 | 21490 | 31293 |
| 21010 | 21155 (PA) | 21336 | 21495 | 31294 |
| 21015 | 21159 (PA) | 21337 | 21497 | 31299 (IC) |
| 21025 | 21160 (PA) | 21338 | 21499 (IC) | 31420 |
| 21026 | 21172 (PA) | 21339 | 21685 | 31500 |
| 21029 | 21175 (PA) | 21340 | 29800 (PA) | 31502 |
| 21030 | 21179 | 21343 | 29804 (PA) | 31505 |
| 21031 | 21180 | 21344 | 29999 (IC) | 31510 |
| 21032 | 21181 | 21345 | 30000 | 31511 |
| 21034 | 21182 | 21346 | 30020 | 31515 |
| 21040 | 21183 | 21347 | 30124 | 31525 |
| 21044 | 21184 | 21348 | 30125 | 31526 |
| 21045 | 21188 (PA) | 21355 | 30130 | 31530 |
| 21046 | 21193 (PA) | 21356 | 30140 | 31531 |
| 21047 | 21194 (PA) | 21360 | 30150 | 31535 |
| 21048 | 21195 (PA) | 21365 | 30160 | 31536 |
| 21049 | 21196 (PA) | 21366 | 30462 | 31575 |
| 21050 | 21198 (PA) | 21385 | 30465 | 31600 |
| 21060 | 21206 (PA) | 21386 | 30520 | 31603 |
| 21070 | 21208 (PA) | 21387 | 30580 | 31605 |
| 21076 | 21209 (PA) | 21390 | 30600 | 31610 |
| 21077 | 21210 (PA) | 21395 | 30630 | 31615 |
| 21079 | 21215 (PA) | 21400 | 30901 | 31622 |
| 21080 | 21230 (PA) | 21401 | 30903 | 35500 |
| 21081 | 21235 (PA) | 21406 | 30905 | 35572 |
| 21082 | 21240 (PA) | 21407 | 30906 | 35681 |
| 21083 | 21242 (PA) | 21408 | 30920 | 35682 |
| 21084 | 21243 (PA) | 21421 | 30999 (IC) | 35701 |
| 21085 | 21244 (PA) | 21422 | 31000 | 35800 |
| 21086 | 21247 (PA) | 21423 | 31020 | 35875 |
| 21087 | 21255 (PA) | 21431 | 31030 | 35876 |
| 21088 (IC) | 21260 | 21432 | 31032 | 37609 |
| 21089 (IC) | 21261 | 21433 | 31040 | 38500 |
| 21100 | 21263 | 21435 | 31200 | 38505 |
| 21110 | 21267 | 21436 | 31201 | 38510 |
| 21116 | 21268 | 21440 | 31205 | 38542 |
| 21120 | 21270 | 21445 | 31225 | 38550 |
| 21137 (PA) | 21275 | 21450 | 31230 | 38555 |
| 21138 (PA) | 21280 | 21451 | 31231 | 38700 |
| 21139 (PA) | 21282 | 21452 | 31233 | 38720 |
| 21141 | 21295 | 21453 | 31237 | 38724 |
| 21142 | 21296 | 21454 | 31238 | 38790 |
| 21143 | 21299 (PA), (IC) | 21461 | 31239 | 38792 |
| 21145 | 21310 | 21462 | 31240 | 40490 |
| 21146 (PA) | 21315 | 21465 | 31256 | 40500 |

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

| | | | | |
|------------|------------------|------------|------------|------------|
| 40510 | 41108 | 42200 | 42804 | 62146 |
| 40520 | 41110 | 42205 | 42806 | 62147 |
| 40525 | 41112 | 42210 | 42808 | 62148 |
| 40527 | 41113 | 42215 | 42809 | 64400 |
| 40530 | 41114 | 42220 | 42810 | 64600 |
| 40650 | 41115 | 42225 | 42815 | 64605 |
| 40652 | 41116 | 42226 | 42820 | 64612 |
| 40654 | 41120 | 42227 | 42842 | 64613 |
| 40700 | 41130 | 42235 | 42844 | 64615 |
| 40701 | 41135 | 42260 | 42845 | 64616 |
| 40702 | 41140 | 42280 (PA) | 42860 | 64722 |
| 40720 | 41145 | 42281 (PA) | 42870 | 64727 |
| 40761 | 41150 | 42299 (IC) | 42890 | 64732 |
| 40799 (IC) | 41153 | 42300 | 42894 | 64734 |
| 40800 | 41155 | 42305 | 42900 | 64736 |
| 40801 | 41250 | 42310 | 42950 | 64738 |
| 40804 | 41251 | 42320 | 42953 | 64740 |
| 40805 | 41252 | 42330 | 42955 | 64864 |
| 40806 | 41500 | 42335 | 42960 | 64865 |
| 40808 | 41510 | 42340 | 42961 | 64868 |
| 40810 | 41520 | 42400 | 42962 | 64872 |
| 40812 | 41599 (IC) | 42405 | 42970 | 64874 |
| 40814 | 41800 | 42408 | 42971 | 64885 |
| 40816 | 41805 | 42409 | 42972 | 64886 |
| 40818 | 41806 | 42410 | 42999 (IC) | 64910 |
| 40819 | 41820 (IC), (PA) | 42415 | 61580 | 64911 |
| 40820 | 41821 (IC) | 42420 | 61581 | 64999 (IC) |
| 40830 | 41822 | 42425 | 61582 | 67715 |
| 40831 | 41823 | 42426 | 61583 | 67840 |
| 40840 (PA) | 41825 | 42440 | 61584 | 67916 |
| 40842 (PA) | 41826 | 42450 | 61585 | 67917 |
| 40843 (PA) | 41827 | 42500 | 61586 | 68801 |
| 40844 (PA) | 41828 | 42505 | 61590 | 68810 |
| 40845 (PA) | 41830 | 42507 | 61591 | 68811 |
| 40899 (IC) | 41850 (IC) | 42508 | 61592 | 69990 |
| 41000 | 41874 | 42509 | 61595 | 70100 |
| 41005 | 41899 (IC) | 42510 | 61596 | 70110 |
| 41006 | 42000 | 42550 | 61597 | 70140 |
| 41007 | 42100 | 42600 | 61598 | 70150 |
| 41008 | 42104 | 42650 | 61600 | 70160 |
| 41009 | 42106 | 42660 | 61605 | 70210 |
| 41010 | 42107 | 42665 | 61606 | 70220 |
| 41015 | 42120 | 42699 (IC) | 61607 | 70240 |
| 41016 | 42140 | 42700 | 61608 | 70328 |
| 41017 | 42145 | 42720 | 61610 | 70330 |
| 41018 | 42160 | 42725 | 62142 | 70360 |
| 41100 | 42180 | 42800 | 62143 | 70380 |
| 41105 | 42182 | 42802 | 62145 | 99201 |

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

| | | | | |
|-------|-------|-------|-------|-------|
| 99202 | 99211 | 99215 | 99231 | 99282 |
| 99203 | 99212 | 99221 | 99232 | 99283 |
| 99204 | 99213 | 99222 | 99233 | 99284 |
| 99205 | 99214 | 99223 | 99281 | 99285 |

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AUTHORIZATION FORM FOR COMPREHENSIVE ORTHODONTIC TREATMENT

MassHealth Handicapping Labio-Lingual Deviations Index

FOR OFFICE USE ONLY First Reviewer: _____ Second Reviewer: _____ Third Reviewer: _____

The Handicapping Labio-Lingual Deviations Index (HLD) is a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. The HLD **must** be submitted with all prior authorization requests for comprehensive orthodontic treatment.

The following documents **must** also be submitted with this form. X-rays photos

Procedure:

1. Occlude patient or models in occlusion position.
2. Record all measurements in the order given, and rounded off to the nearest millimeter.
3. **Enter score "0" if condition is absent.**
4. Start by measuring **overjet** of the most protruding incisor.
5. Measure **overbite** from the labio-incisal edge of overlapped front tooth (or teeth) to point of maximum coverage.
6. Score all other conditions listed.
7. **Ectopic eruption** and **anterior crowding: Do not double score.** Record the more serious condition.
8. Deciduous teeth and teeth not fully erupted should not be scored.

Patient's Name (please print): _____ Member ID: _____

Address: _____
Street
City/County
State
Zip Code

| AUTOQUALIFIERS | Condition Observed | |
|--|---|-----------------------------|
| Cleft Palate or Cranio-Facial Anomaly | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Deep impinging overbite *with severe soft tissue damage (e.g., ulcerations or tissue tears – more than indentations)* | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Anterior Impactions where extraction is not indicated | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Severe Traumatic Deviations – refers to facial accidents rather than congenital deformity. Do not include traumatic occlusions or crossbites. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Overjet (greater than 9mm) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reverse overjet (greater than 3.5mm) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Severe Maxillary Anterior Crowding (greater than 8mm) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| HLD SCORING | Measurement | Score |
| Overjet (in mm) | # mm X 1 | |
| Overbite (in mm) | # mm X 1 | |
| Mandibular Protrusion (in mm) – see scoring instructions | # mm X 5 | |
| Anterior Open Bite - Do not count ectopic eruptions, measure the opening between maxillary and mandibular incisors in mm. | # mm X 4 | |
| Ectopic Eruption (Number of teeth, excluding third molars) – This refers to an unusual pattern of eruption such as high labial cuspids. Do not score teeth in this category if they are scored under maxillary or mandibular crowding. | # of teeth X 3 | |
| Anterior Crowding – If crowding exceeds 3.5mm in an arch, score each arch. | Maxilla: 5 points Mandible: 5 points | |

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| | | |
|--|-----------------|--|
| | Both: 10 points | |
| Labio-Lingual Spread (anterior spacing in mm) – see scoring instructions. | # mm X 1 | |
| Posterior Unilateral Crossbite – Must involve 2 or more teeth, one of which must be a molar. | 4 points | |
| Posterior impactions or congenitally missing posterior teeth (excluding 3 rd molars). | # teeth X 3 | |
| | TOTAL | |
| Treatment will be authorized for cases with verified autoqualifiers or verified scores of 28 and above. | | |

Medical Necessity Narrative

| MEDICAL NECESSITY NARRATIVE | |
|--|---|
| Are you submitting a Medical Necessity Narrative? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, are you submitting additional supporting documentation? | Yes <input type="checkbox"/> No <input type="checkbox"/> the medical necessity determination does not involve any mental, emotional, behavioral or other condition outside the professional expertise of the requesting provider and, therefore, the submitted narrative does not incorporate or rely on the opinion or expertise of anyone other than the requesting provider. |
| <p>Instructions for Medical Necessity Narrative and Supporting Documentation (if applicable)</p> <p>Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate:</p> <ul style="list-style-type: none"> i. a severe deviation affecting the patient’s mouth and/or underlying dentofacial structures; ii. a diagnosed mental, emotional, or behavioral condition caused by the patient’s malocclusion; iii. a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient’s malocclusion; iv. a diagnosed speech or language pathology caused by the patient’s malocclusion; or v. a condition in which the overall severity or impact of the patient’s malocclusion is not otherwise apparent. <p>Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion.</p> <p>The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider’s justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must:</p> <ul style="list-style-type: none"> i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist); | |

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- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
 - iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
 - iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
 - v. discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
 - vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.
- The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

Attestation

I certify under the pains and penalties of perjury that I am the prescribing provider identified on this form. Any attached statement on my letterhead has been reviewed and signed by me. I certify that the medical necessity information (per 130 CMR 450.204) on this form is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Prescribing provider's signature:

_____ (signature and date stamps, or the signature of anyone other than the provider, are not acceptable):

Printed name of prescribing provider: _____ Date _____

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Handicapping Labio-Lingual Deviation Index Scoring Instructions

All measurements are made with a measurement tool scaled in millimeters. Absence of any conditions must be recorded by entering "0" (See attached form).

The following information should help clarify the categories on the HLD Index.

1. **Cleft Palate Deformities:** Indicate an "X" on the form. *(This is considered an autoqualifying condition.)*
2. **Deep Impinging Overbite:** Indicate an "X" on the form when lower incisors are destroying the soft tissue of the palate (e.g., ulcerations or tissue tears – more than indentations). *(This is considered an autoqualifying condition.)*
3. **Anterior Impactions:** Indicate an "X" on the form. Anterior impactions include central incisors, lateral incisors, and canines in the maxillary and mandibular arches. *(This is considered an autoqualifying condition.)*
4. **Severe Traumatic Deviations:** Indicate an "X" on the form. Traumatic deviations refers to facial accidents rather than congenital deformity. For example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Do not include traumatic occlusions or crossbites. *(This is considered an autoqualifying condition.)*
5. **Overjet greater than 9mm:** Indicate an "X" on the form. This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form. *(This is considered an autoqualifying condition.)*
6. **Reverse overjet greater than 3.5mm:** Indicate an "X" on the form. This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. *(This is considered an autoqualifying condition.)*
7. **Severe Maxillary Anterior Crowding, greater than 8mm:** Indicate an "X" on the form. *(This is considered an autoqualifying condition.)*
8. **Overjet in Millimeters:** This is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor. The measurement could apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the form.
9. **Overbite in Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the form. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
10. **Mandibular Protrusion in Millimeters:** Score exactly as measured from the buccal groove of the first mandibular molar to the MB cusp of the first maxillary molar. The measurement in millimeters is entered on the form and multiplied by 5.
11. **Open Bite in Millimeters:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge in millimeters. This measurement is entered on the form and multiplied by 4. In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
12. **Ectopic Eruption:** Count each tooth, excluding third molars. Enter the number of teeth on the form and multiply by 3. If Condition No. 13, Anterior Crowding, is also present, with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.
13. **Anterior Crowding:** Arch length insufficiency must exceed 3.5 mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for maxillary and mandibular anterior crowding. If Condition No. 12, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. Do not score both conditions.
14. **Labio-Lingual Spread:** The measurement tool is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.

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B. Additionally, anterior spacing may be measured as the total score in mm from the mesial of cuspid to the mesial of cuspid, totaling both arches.

Only score the greater score attained by either of these two methods.

15. **Posterior Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of 4 on the form.
16. **Posterior impactions or congenitally missing posterior teeth:** Total the number of posterior teeth, excluding third molars that meet this criterion and multiply by 3.

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