DENTAL

^{*} All restrictions in the MassHealth Dental Manual 130 CMR 420.00 should be followed for HSN services.

			AGE	
CODE	DESCRIPTION	PROVIDER TYPE	RESTRICTION	
D0120	Periodic oral examination	Dentist, Hygenist	<u>IXEO II XIO II O X</u>	
D0120	Limited oral evaluation - problem focused (twice per calendar year)	Dentist, Hygenist		
D0145	Oral evaluation for a patient under three years of age and counseling with	Berniet, Hygernet		
D0143	primary caregiver	Dentist, Hygenist	under 3	Added for DOS 11/1/09 and after
D0150	Comprehensive oral evaluation – new or established patient	Dentist, Hygenist	under o	Added for Boo 11/1/00 and after
D0160	Detailed and extensive oral evaluation - problem focused (by report), by	Berniot, Trygoriot		
D0100	report (only for members undergoing radiation treatment, chemotherapy,			
	or organ transplant)	Dentist, Hygenist		
D0210	Intraoral – complete series (including bitewings)	Dentist, Hygenist		
D0210	Intraoral – complete series (including bitewings) Intraoral – periapical, first film	Dentist, Hygenist		
D0220	Intraoral – periapical, each additional film	Dentist, Hygenist		
D0230	Bitewing - single film	Dentist, Hygenist		
D0270	Bitewings - two films	Dentist, Hygenist		
D0272	Bitewings - two mins Bitewings - three films	Dentist, Hygenist		Added for DOS 11/1/09 and after
D0273	Bitewings - four films	Dentist, Hygenist		Added for DOS 11/1/09 and after
D0274	Panoramic film	Dentist, Hygenist		
D0330	Cephalometric film	Dentist, Hygenist		
D0340	Oral/facial images	Dentist, Hygenist		
D0330	5	Dentist, Hygenist		
D0470 D1110	Diagnostic casts	Dentist, Hygenist	14 and older	
D1110	Prophylaxis - adult Prophylaxis - child	Dentist, Hygenist	under 14	
D1120			under 21	
	Topical application of fluoride (prophylaxis not included) - child	Dentist, Hygenist		Added for DOC 11/1/00 and after
D1204	Topical application of fluoride (prophylaxis not included) - adult	Dentist, Hygenist	21 and older	Added for DOS 11/1/09 and after
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries		dan O4	Add d for DOC 10/1/10 and after
D4054	risk patients	Dentist, Hygenist	under 21	Added for DOS 12/1/10 and after
D1351	Sealant - per tooth	Dentist, Hygenist	under 21	
D1510	Space maintainer - fixed-unilateral	Dentist, Hygenist	under 21	
D1515	Space maintainer - fixed-bilateral	Dentist, Hygenist	under 21	
D1520	Space maintainer - removable-unilateral	Dentist, Hygenist	under 21	
D1525	Space maintainer - removable-bilateral	Dentist, Hygenist	under 21	
D1550	Recementation of space maintainer	Dentist, Hygenist	under 21	
	Amalgam - one surface, primary or permanent	Dentist		
	Amalgam - two surfaces, primary or permanent	Dentist		
	Amalgam - three surfaces, primary or permanent	Dentist		
	Amalgam - four or more surfaces, primary or permanent	Dentist		
D2330*		Dentist		
D2331*		Dentist		
D2332*	Resin-based composite - three surfaces, anterior	Dentist		

D2335*	Resin-based composite - 4 + srfs/ involve incisal angle (anterior)	Dentist	
D2390	Resin-based composite crown, anterior	Dentist	under 21
D2391*	Resin-based composite – one surface, posterior	Dentist	
	Resin-based composite – two surfaces, posterior	Dentist	
	Resin-based composite – three surfaces, posterior	Dentist	
	Resin-based composite – 4+ surfaces, posterior	Dentist	
D2710	Crown – resin- based composite (indirect)	Dentist	under 21
D2751*	Crown - porcelain fused to predominantly base metal	Dentist	
D2910*	Recement inlay, onlay, or partial coverage restoration	Dentist	
	Recement crown	Dentist	
D2930	Prefabricated stainless steel crown - primary tooth	Dentist	under 21
D2931	Prefabricated stainless steel crown - permanent tooth	Dentist	under 21
D2932	Prefabricated resin crown	Dentist	under 21
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	Dentist	under 21
D2951*	Pin retention - per tooth, in addition to restoration	Dentist	
	Prefabricated post and core in addition to crown	Dentist	
D2980*	Crown repair, by report	Dentist	
D3220	Therapeutic pulpotomy (excluding final restoration)	Dentist	under 21
D3310*	Anterior (excluding final restoration)	Dentist	
D3320*	Bicuspid (excluding final restoration)	Dentist	under 21
D3330*	Molar (excluding final restoration)	Dentist	under 21
D3346*	Retreatment of previous root canal therapy - anterior	Dentist	
D3347*	Retreatment of previous root canal therapy - bicuspid	Dentist	under 21
D3348*	Retreatment of previous root canal therapy - molar	Dentist	under 21
	Apicoectomy/periradicular surgery - anterior	Dentist	
D3421*	Apicoectomy/periradicular surgery - bicuspid (first root)	Dentist	
D3426*	Apicoectomy/periradicular surgery (each additional root)	Dentist	
D4210*	Gingivectomy or gingivoplasty – 4+ contiguous teeth or bounded teeth		
	spaces, per quadrant	Dentist	
D4211*	Gingivectomy or gingivoplasty – 1-3 contiguous teeth or bounded teeth		
	spaces, per quadrant	Dentist	
D4341*	Periodontal scaling and root planing, 4+ teeth, per quadrant	Dentist	
D4342*	Periodontal scaling and root planing, 1-3 teeth, per quadrant	Dentist	
	Complete denture - maxillary	Dentist	
D5120*	Complete denture - mandibular	Dentist	
D5130	Immediate denture - maxillary	Dentist	under 21
D5140	Immediate denture - mandibular	Dentist	under 21
D5211*	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Dentist	
D5212*	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Dentist	
D5213	Maxillary partial denture - cast metal framework with resin denture bases		
DE04.4	(including any conventional clasps, rests and teeth)	Dentist	under 21
D5214	Mandibular partial denture - cast metal framework with resin denture bases	Dontist	undo- 04
DEE40*	(including any conventional clasps, rests and teeth)		under 21
שט5510*	Repair broken complete denture base	Dentist	

D5520*	Replace missing or broken teeth - complete denture (each tooth)	Dentist		
	Repair resin denture base	Dentist		
	Repair cast framework	Dentist		
	Repair or replace broken clasp	Dentist		
	Replace broken teeth - per tooth	Dentist		
	Add tooth to existing partial denture	Dentist		
	Add clasp to existing partial denture	Dentist		
	Rebase complete maxillary denture	Dentist		
	Rebase complete mandibular denture	Dentist		
	Rebase maxillary partial denture (cast partial denture only)	Dentist	under 21	
	Rebase mandibular partial denture (cast partial denture only)	Dentist	under 21	
	Reline complete maxillary denture (laboratory)	Dentist		
	Reline complete mandibular denture (laboratory)	Dentist		
	Reline maxillary partial denture (laboratory)	Dentist	under 21	
	Reline mandibular partial denture (laboratory)	Dentist	under 21	
	Pontic - porcelain fused to predominantly base metal	Dentist	under 21	
	Crown - porcelain fused to predominantly base metal	Dentist	under 21	
	Recement fixed partial denture	Dentist	16-20	
	Fixed partial denture repair, by report	Dentist	16-20	
	Extraction, coronal remnants – deciduous tooth	Dentist		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps			
-	removal)	Dentist		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal			
	flap& removal of bone and/or section of tooth	Dentist		
D7220	Removal of impacted tooth - soft tissue	Dentist		
	Removal of impacted tooth - partially bony	Dentist		
	Removal of impacted tooth - completely bony	Dentist		
	Tooth reimplantation and/or stabilization of accidentally evulsed or			
	displaced tooth	Dentist		
D7280	Surgical access of an unerupted tooth	Dentist	under 21	
	Placement of device to facilitate eruption of impacted tooth	Dentist	under 21	
	Alveoloplasty in conjunction with extractions - per quadrant	Dentist		
	Alveoloplasty in conjunction with extractions – one to three teeth or tooth			
	spaces, per quadrant	Dentist		
D7320*	Alveoloplasty not in conjunction with extractions - per quadrant	Dentist		
D7321*	Alveoloplasty not in conjunction with extractions – 1-3 teeth or tooth			
	spaces, per quadrant	Dentist		
D7340*	Vestibuloplasty - ridge extension (second epithelialization)	Dentist		
D7350*	Vestibuloplasty - ridge extension (including soft-tissue grafts, muscle			
	reattachments, revision of soft-tissue attachment, and management of			
	hypertrophied and hyperplastic tissue)	Dentist with a specialty in oral surgery		Added for DOS 11/1/09 and after
D7410*	Excision of benign lesion up to 1.25 cm	Dentist		
	Excision of benign lesion, greater than 1.25cm	Dentist		
	Removal of benign odontogenic cyst or tumor - desion diameter up to 1.25			
	cm	Dentist with a specialty in oral surgery		Added for DOS 11/1/09 and after

D7451*	Removal of benign odontogenic cyst or tumor - desion diameter greater than 1.25 cm	Dentist with a specialty in oral surgery		Added for DOS 11/1/09 and after
D7460*	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to	Dentist with a specialty in trai surgery		Added for DOS 11/1/09 and after
D7400	1.25 cm	Dentist with a specialty in oral surgery		Added for DOS 7/1/10 and after
D7461*	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater	. , , , , ,		Added for DOS 1/1/10 and after
D7 401	than 1.25 cm	Dentist with a specialty in oral surgery		Added for DOS 5/1/10 and after
D7471*	Removal of lateral exostosis (maxilla or mandible)	Dentist with a specialty in oral surgery		Added for DOS 5/1/10 and after
D7960*	Frenulectomy (frenectomy or frenotomy) - separate procedure	Dentist with a specialty in oral surgery Dentist		Added for BOO 3/1/10 and after
D7963*	Frenuloplasty	Dentist		
D7970*	Excision of hyperplastic tissue - per arch	Dentist		
D8050	Interceptive orthodontic treatment of the primary dentition	Dominion	Under 21	Added for DOS 11/1/09 and after
D8060	Interceptive orthodontic treatment of the fransitional dentition		Under 21	Added for DOS 11/1/09 and after
D8080	Comprehensive orthodontic treatment of the adolescent dentition		Under 21	Added for DOS 11/1/09 and after
D8660	Pre-orthodontice treatment vixit (consultation) (once per six months)		Under 21	Added for DOS 11/1/09 and after
D8670	Periodic orthodintic treatment visit (as part of contract) (once per six		Olidol 21	Added for Boo 11/1/00 and after
D0070	months)			Added for DOS 11/1/09 and after
D8680	Orthodontic retention (removal of appliances)			Added for DOS 11/1/09 and after
D8690	Orthodontic treatment (alternative billing to a contract fee)		Under 21	Added for DOS 11/1/09 and after
D8692	Replacement of lost or broken retainer		Olidol 21	Added for DOS 11/1/09 and after
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Dentist		Added for Boo 11/1/00 and and
D9220	General anesthesia - first 30 minutes	Dentist		
D9221	General anesthesia - each additional 15 minutes	Dentist		
D9230*	Analgesia, anxiolysis, inhalation of nitrous oxide	Dentist		
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	Dentist		
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes			
D02-12	(from 30-90 minutes)	Dentist		
D9450**	Case presentation, detailed and extensive treatment planning	Dominion		
D9920	Behavior management, by report (once per member per day)			Added for DOS 11/1/09 and after
D9930	Treatment of complications (postsurgical) - unusual circumstances, by			radou for Boo 1 in mos and and
20000	report			Added for DOS 11/1/09 and after
D9940	Occlusal guard, by report	Dentist	under 21	
D9941	Fabrication of athletic mouthguard	Dentist	under 21	
20011	. 45.194.01. 0. 44.194	2 0		

^{*} These codes are also billable for certain patients covered by MassHealth Standard, MassHealth CommonHealth, MassHealth Basic, MassHealth Essential, and Commonwealth Care Plan Type 1

^{**} D9450 is also billable for certain patients covered by MassHealth Standard, MassHealth CommonHealth, MassHealth Basic, MassHealth Essential, and Commonwealth Care Plan Type 1 when no dental codes payable by the primary payer are present on the claim.