



**August 14, 2025**

**IMPORTANT INFORMATION:**

**MassHealth Updated Office Reference Manual Now Available**

Dear Provider,

Effective 08/14/2025 an updated MassHealth Dental Program Office Reference Manual (ORM) will be available at [massdhp.com/ORM](https://massdhp.com/ORM)

The ORM includes the following updates:

- Revised Section 6.00 *Documentation Requirements* and Exhibit A *MassHealth Dental Program Covered Benefits, Exclusions, Limitations & Fee Schedule* to reflect the suspension of prepayment claim review requirements for crowns and core buildups until 10/1/25, except for multiple crowns delivered to members who are 21 or older, when more than one crown is delivered to the same member on the same date of service.
  - Claim review documentation requirements remain effective for dates of service 4/1/25 and after for crowns delivered to members who are 21 or older, when more than one crown is delivered to the same member on the same date of service.
  - For members younger than 21 years old and for crowns delivered to members who are 21 or older when only one crown is delivered on a date of service, claim review documentation requirements are effective for dates of service 10/1/25 and after.
- Revised Section 17.00 *Orthodontic Treatment* and Exhibit A *MassHealth Dental Program Covered Benefits, Exclusions, Limitations & Fee Schedule* to reflect **simplified submission guidelines for orthodontic prior authorization (PA) requests**
  - The periodic orthodontic treatment visit codes, D8670 and D8999, no longer need to be included as part of the PA request for comprehensive and limited orthodontic treatment.
  - Do not enter the periodic orthodontic treatment visit codes (8 units of D8670 and 5 units of D8999) when submitting PA requests for comprehensive and limited orthodontic treatment.
  - If the comprehensive (D8080/D8070/D8090) or limited (D8010/D8020/D8030/8040) orthodontic treatment PA request is approved, the periodic orthodontic treatment visits will be automatically approved.
  - Once the approved comprehensive or limited orthodontic treatment has been billed, you can bill the periodic ortho treatment visits (up to 8 units of D8670 every 90 days after banding or up to 5 units of D8999 after appliance delivery).



- Revised Section 17.00 *Orthodontic Treatment* to reflect **simplified claim submission guidelines for periodic orthodontic treatment visits**
  - **When submitting a claim for a quarterly unit of service (D8670),** providers are no longer required to include actual treatment dates in the Remarks section of the ADA claim form. As a reminder, providers can only bill D8670 when at least at least one (1) eligible treatment date occurred during the 90-day period and providers must maintain actual treatment dates in their patient records.
- Updated Section 17.5 *Authorization for Limited\* Orthodontic Treatment* and Exhibit A *MassHealth Dental Program Covered Benefits, Exclusions, Limitations & Fee Schedule*
  - Clarified coverage for adolescent and adult dentition, in addition to primary and transitional
  - Added that **D8660 (records fee) should be included in the limited orthodontic treatment PA request** submission and will be processed with the date of service entered on the PA request if authorization for the D8010/D8020/D8030/D8040 is denied.
  - Clarified reconsideration process if PA request is denied.
- Clarified orthodontic documentation requirements in Section 17.00 *Orthodontic Treatment*
  - For comprehensive orthodontic PA requests, a panoramic radiograph is required.
  - For Continuation of Care PA requests, the HLD form should be included if available but is not required; photos and the treatment plan including the anticipated number of adjustments needed for completion must be included.
- Corrected Exhibit A *MassHealth Dental Program Covered Benefits, Exclusions, Limitations & Fee Schedule* to reflect:
  - **D0190** and **D0191** are covered codes specifically for Public Health Dental Hygienists (PHDH)
  - **D0120** is not covered with D0140, D0145, D0150 or previously listed D9110
  - **D0140** is not covered with D0120, D0145, D0150 or previously listed D0180 or D9110; removed reference to D0160 which is not a covered code
  - **D0145** is not covered with D0120, D0140, D0150, D0180, or D9110; removed other codes from Two of (D0120, D0145) per 1 Calendar year(s) Per Provider OR Location benefit limit.
  - **D0150** cannot be billed with D0180 or previously listed D0145
  - **D9310** frequency limitation is “per provider OR location”
  - Clearly noted below CDT Description which codes are restricted to specific provider types:
    - PHDH only: **D0190, D0191**
    - Oral surgeon only: **D0340, D7350, D7471, D7472, D7473**
    - Orthodontist only: **D8010, D8020, D8030, D8040, D8070, D8080, D8090, D8660, D8670, D8680, D8703, D8704, D8999**
    - Specialist only: **D9310**



- Corrected Exhibit A (continued):
  - Updated extraction code benefit limitations to clarify that supernumerary and primary teeth are covered:
    - **D7111**: Added AS-TS, all primary teeth, including supernumerary, are covered
    - **D7140, D7210, D7220, D7230, D7240, D7250**: Removed reference to specific teeth as all teeth are covered, including permanent, primary and supernumerary teeth
- Formatting updates to add page numbers, align with MassHealth conventions, and correct non-substantive typos.

Coverage information regarding all MassHealth coverage types, frequency limitations, medical necessity criteria and benefit details is also be available in our Office Reference Manual available at [providers.massdhp.com/ORM](https://providers.massdhp.com/ORM)

If you have any questions, please feel free to contact us at [ProviderRelations@massdhp.com](mailto:ProviderRelations@massdhp.com) or call 844-MH-DENTL (844) 643-3685.

Thank you for taking care of MassHealth members.