



# MassHealth Dental Program Town Hall June 17, 2021





# Agenda

## 1. Welcome and Introductions

- **Priscilla Portis, Director, FFS Provider Network, Office of Provider and Pharmacy Programs**
- **Dr. Catherine Hayes, Dental Director**
- **Tuyen Vu, Dental Program Manager**
- **Tomaso Calicchio, Director of Specialty Provider Network**
- **Tracy Chase Gilman, CDA, MSM, Regional Director, MassHealth DentaQuest**

## 2. Adult dental benefits

## 3. New Codes

## 4. SDF

## 5. Discussion





## Restoration of Adult dental Benefits

- **Effective January 1, 2021**
- **Comprehensive Dental Benefits**
- **Transmittal letter – TL-DEN-109**  
**<https://www.mass.gov/files/documents/2021/01/27/tl-den-109.pdf>**
- **To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.**



# New Codes- 1/1/21 (Backdate)

## TL-DEN-110



Code	Descriptor	Limitation	Subgroups Covered	Fee
D2950	Core build-up, including any pins when required	<p>One of either D2950 or D2954 per tooth, per patient, per day.</p> <p>Teeth 2 - 15, 18 - 31</p>	<p>MassHealth- Under 21, 21 and Over, 21 and Over DDS, CMSP, Under 21 DDS</p> <p>HSN- Under 21 HSN Only, Under 21 HSN Limited Wrap, Adult HSN Limited Wrap, Adult HSN Only, CMSP HSN</p>	<p>Adult- \$153.00</p> <p>Child- \$197.00</p>
D1575	Distal shoe space maintainer, Fixed, Unilateral, Per Quadrant	<p>Four of (D1510, D1516, D1517, D1520, D1526, D1527, D1575) Once per 1 Lifetime Per patient.</p> <p>Must maintain radiographs in patient record demonstrating that the tooth has not begun to erupt or that migration of the adjacent tooth has already occurred.</p> <p>Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)</p>	<p>MassHealth- Under 21, CMSP, Under 21 DDS</p> <p>HSN- Under 21 HSN Only, Under 21 HSN Limited Wrap, CMSP HSN</p>	<p>Child- \$229.00</p>



# Services Added- 4/1/21 (Backdate)



Codes	Descriptor	Limitation	Subgroups Covered	Prior Authorization	Fee
D1701 D1702 D1703 D1704 D1707	<p>Pfizer-BioNTech Covid-19 vaccine administration, 1<sup>st</sup> &amp; 2<sup>nd</sup> Dose</p> <p>Moderna Covid-19 vaccine administration, 1<sup>st</sup> &amp; 2<sup>nd</sup> Dose</p> <p>Janssen Covid-19 vaccine administration</p>	<p>Once per lifetime per member.</p> <p>All Ages.</p>	All	No	Adult & Child: \$45.87



# New Codes- 1/1/21 (Backdate)



Code	Descriptor	Limitation	Subgroups Covered	Fee
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Two of (D1110, D1120, D4346) per 1 Calendar year(s), Per patient.	<p>MassHealth- Under 21, 21 and Over, 21 and Over DDS, CMSP, Under 21 DDS</p> <p>HSN- Under 21 HSN Only, Under 21 HSN Limited Wrap, Adult HSN Limited Wrap, Adult HSN Only, CMSP HSN</p>	<p>Adult- \$49.00</p> <p>Child- \$70.00</p>





# Substitutions

- **130 CMR 420.409.B.3 Providers may upgrade medically necessary services at no additional cost to the MassHealth agency or the member.**
- **ORM - P. 13 3.4 Substitutions**
  - **Providers may upgrade medically necessary services at no additional cost to the MassHealth agency or the member.**
  - **MassHealth allows participating dentists to provide a service of greater value and bill for the code covered by the program accepting the allowable rate.**
  - **Your office will need to document the service that was provided in the notes section of the claim form.**





# SILVER DIAMINE FLUORIDE

- **D1354 - New covered code as of June 22, 2020**
- **Affordable, non-invasive, evidence-based option to address untreated decay**
- **<http://www.masshealth-dental.net/Documents?ids=1>**







# SDF- MassHealth Coverage

- **Code: D1354, Interim Caries Arresting Medicament Application:**
  - **ADA CDT 2020\*:** “Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure”
- **Limitations: Twice per tooth, per patient, per lifetime**
- **Fee: \$15**
- **Coverage for adults & children**
- **Public Health Dental Hygienists are also eligible to bill for this code**





# BORID Regulations

## Massachusetts Board of Registration in Dentistry:

- **Dental Hygienist:**
  - **Within scope of practice**
  - **234 CMR 5.00 (5.11, Task #16: anti-cariogenic agents)**
- **Dental assistants:**
  - **Level of supervision dependent on license**
- **Online resource:**
  - **<https://www.mass.gov/regulations/234-CMR-500-requirements-for-the-practice-of-dentistry-dental-hygiene-and-dental#downloads>**





# DISCUSSION

