

IMPORTANT INFORMATION- EFFECTIVE DATE CHANGE
UPCOMING MASSHEALTH AND HEALTH SAFETY NET CHANGES FOR CERTAIN
PERIODONTAL CODES
EFFECTIVE APRIL 22, 2019

This notification is being provided to notify your practice of upcoming code / benefit frequency and limitation regulatory changes for certain periodontal codes for the MassHealth and Health Safety Net (HSN) Dental Programs.

Below is an overview of the update that is effective **April 22, 2019**.

RESTORE / ADD COVERAGE EFFECTIVE APRIL 22, 2019.

Codes: D4210	Description: Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant.
Action	<ul style="list-style-type: none"> Restore/Add Coverage Effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4210) per 3 calendar year(s) per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	Documentation Required: <ul style="list-style-type: none"> Diagnostic Quality Radiographs and Medical Necessity Narrative
Fee	\$286
Prior Authorization for Adults	Yes

Subgroups Impacted	Adult 21 and Over

Codes: D4211	Description: Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
Action	<ul style="list-style-type: none"> Restore/Add Coverage Effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4211) per 3 calendar year(s) per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	Documentation Required: <ul style="list-style-type: none"> Diagnostic Quality Radiographs and Medical Necessity Narrative
Fee	\$103
Prior Authorization for Adults	Yes
Subgroups Impacted	Adult 21 and Over

Codes: D4341	Description: Periodontal scaling and root planning – four or more teeth per quadrant.
Action	<ul style="list-style-type: none"> Restore/Add Coverage Effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4341, D4342) per 3 calendar year(s) per patient per quadrant. Two of (D4341, D4342) per 1 day(s) per Provider OR Location in office. Four of (D4341, D4342) per 1 day(s) Per Provider OR Location in hospital. A minimum of four (4) affected teeth in the quadrant. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	<p>Documentation Required:</p> <ul style="list-style-type: none"> Medical necessity narrative, Date of service of periodontal evaluation, Complete periodontal charting, Appropriate diagnostic quality radiographs, History of previous periodontal treatment and a, Statement concerning the member's periodontal condition.
Fee	\$125
Prior Authorization for Adults	Yes
Subgroups Impacted	Adult 21 and Over

Codes: D4342	Description: Periodontal scaling and root planning – one to three teeth per quadrant.
Action	<ul style="list-style-type: none"> Restore/Add Coverage Effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4341, D4342) per 3 calendar year(s) per patient per quadrant. Two of (D4341, D4342) per 1 day(s) per Provider OR Location per tooth in office. Four of (D4341, D4342) per 1 day(s) per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	<p>Documentation Required:</p> <ul style="list-style-type: none"> Medical necessity narrative, Date of service of periodontal evaluation, Complete periodontal charting, Appropriate diagnostic quality radiographs, History of previous periodontal treatment and a, Statement concerning the member's periodontal condition
Fee	\$84
Prior Authorization for Adults	Yes
Subgroups Impacted	Adult 21 and Over

UPDATE OF REQUIRED DOCUMENTATION WHERE CODES ARE ALREADY COVERED.

EFFECTIVE APRIL 22, 2019

Codes: D4210	Description: Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant.
Action	<ul style="list-style-type: none"> Updating required documentation where codes are already covered effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4210) per 3 calendar year(s) per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	<p>Documentation Required:</p> <ul style="list-style-type: none"> Diagnostic Quality Radiographs and Medical Necessity Narrative
Fee	\$286
Prior Authorization for Adults	Yes

Codes: D4211	Description: Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant
Action	<ul style="list-style-type: none"> Updating required documentation where codes are already covered effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4211) per 3 calendar year(s) per patient per quadrant. Limited to two quadrants on the same date of service in an office setting. Not payable in conjunction with D1110 and D1120 or D4341 and D4342 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)

Documentation	Documentation Required: <ul style="list-style-type: none"> • Diagnostic Quality Radiographs and • Medical Necessity Narrative
Fee	\$103
Prior Authorization for Adults	Yes

Codes: D4341	Description: Periodontal scaling and root planning – four or more teeth per quadrant.
Action	<ul style="list-style-type: none"> • Updating required documentation where codes are already covered effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> • One of (D4341, D4342) per 3 calendar year(s) per patient per quadrant. • Two of (D4341, D4342) per 1 day(s) per Provider OR Location in office. • Four of (D4341, D4342) per 1 day(s) Per Provider OR Location in hospital. • A minimum of four (4) affected teeth in the quadrant. • Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. • Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	Documentation Required: <ul style="list-style-type: none"> • Medical necessity narrative, • Date of service of periodontal evaluation, • Complete periodontal charting, • Appropriate diagnostic quality radiographs, • History of previous periodontal treatment and a, • Statement concerning the member's periodontal condition.
Fee	\$125

Prior Authorization for Adults	Yes
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Codes: D4342	Description: Periodontal scaling and root planning – one to three teeth per quadrant.
Action	<ul style="list-style-type: none"> Updating required documentation where codes are already covered effective March 22, 2019.
Limitation	<ul style="list-style-type: none"> One of (D4341, D4342) per 3 calendar year(s) per patient per quadrant. Two of (D4341, D4342) per 1 day(s) per Provider OR Location per tooth in office. Four of (D4341, D4342) per 1 day(s) per Provider OR Location in hospital. Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)
Documentation	<p>Documentation Required:</p> <ul style="list-style-type: none"> Medical necessity narrative, Date of service of periodontal evaluation, Complete periodontal charting, Appropriate diagnostic quality radiographs History of previous periodontal treatment and a Statement concerning the member's periodontal condition
Fee	\$84
Prior Authorization for Adults	Yes



PLEASE NOTE:

- EFFECTIVE APRIL 22, 2019 COVERAGE FOR THE PERIODONTAL SERVICES LISTED ABOVE FOR ADULT HSN WRAP MEMBERS WILL BE ELIMINATED AS MASSHEALTH WILL NOW COVER THESE CODES.
- EXISTING PRIOR AUTHORIZATIONS (PA) WILL NOT BE TRANSFERRED TO MASSHEALTH. PROVIDERS WILL NEED TO RESUBMIT FOR A NEW PRIOR AUTHORIZATION UNDER MASSHEALTH COVERAGE FOR SERVICES ON OR AFTER APRIL 22, 2019.

QUESTIONS:

If you have any questions, please reach out to your provider relations representative at 1-800-207-5019.

Thank you for your participation with the MassHealth Dental Program.