Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
# Dental Care

**Applies to:**

**Commercial Products**

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

**Public Plans Products**

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

**Senior Products**

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

## Policy

Harvard Pilgrim reimburses dental services to contracted providers when the service is a covered benefit and according to applicable state mandates. Dental benefits may vary greatly among employer groups. For benefit determination, call the Provider Service Center at 800-708-4414.

The services must be furnished within the scope of practice in the state in which the physician or non-physician practitioner is licensed to practice.

## Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

## General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

## Point32Health Reimburses

- Two preventive in-office dental examinations per calendar year for children up to the age limit determined by the member's benefit coverage and for adults with an employer-purchased dental rider inclusive of cleaning, fluoride treatment, scaling and instruction on plaque control once per calendar year.
- Bilateral bitewing x-rays once per calendar year.
- Orthodontic treatment of cleft palate.
- Up to five periapical x-rays *or* one intra-oral occlusal x-ray per calendar year for children only (up to the age limit determined by the member's benefit coverage).
- Treatment of cleft palate and cleft lip in compliance with the MA state mandate.
- Urgent or emergent care after accidental injury to sound, natural teeth including the following services, when provided within three days (72 hours) of the initial injury or within timeframe determined by state mandate:

- Initial diagnostic exam and x-rays if necessary.
- Suturing and suture removal (suture removal exempt from three-day limit).
- Re-implantation and/or stabilization of dislodged natural teeth at the time of the injury.
- Repositioning and/or stabilization of partially dislodged natural teeth at the time of the injury.
- Extractions that are medically necessary to prevent infection of sound, natural teeth loosened or fractured in the injury.
- Medication received from the provider.
- Prescription medication ordered by the provider is covered only for members with prescription drug coverage.

## Point32Health Does *Not* Reimburse

- Dental care for broken or missing fillings
- Dental prostheses designed to replace teeth lost through infection, disease, decay, or the treatment of these conditions (including dentures, crowns, bridges, onlays, inlays and implants)
- Endodontic care (root canals)
- Nitrous oxygen
- Oral brush biopsy
- Orthodontic services (braces, retainers, Hawley appliance)
- Periapical x-rays or intraoral occlusal X-rays for adults
- Periodontal services
- Restorative services (fillings, composites, amalgams, bonding, acid etch, crowns)
- Sales tax
- TMJ/TMD consults or treatment performed by dentists

## Provider Billing Guidelines and Documentation

**Coding**

| Code | Description | Comments |
|---|---|---|
| 41899 | Unlisted dentoalveolar structures | Requires prior authorization |
| D0220, D0230 | Periapical film- first radiographic; each additional radiographic image | Reimbursed for children only; up to five per calendar year |
| D7230 | Removal of impacted tooth, partially bony | Bill total number of teeth removed on one line with a count |
| D7240 | Removal of impacted tooth, completely bony | Bill total number of teeth removed on one line with a count |
| D7288, D0486 | Brush biopsy- transepithelial sample collection. Accession of brush biopsy sample, microscopic exam, prep and transmission of written report | Not reimbursed |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Reimbursed only with one of the following diagnosis codes in the primary position:<br>**ICD-10 Covered Indications** |
| D9222, D9223 | Deep sedation/ general anesthesia | Bill each on one line with a count for the total amount of time |
| D9239, D9243 | Intravenous moderate sedation/ analgesia | Bill each on one line with a count for the total amount of time |

**Cleft Palate Treatment**

- Harvard Pilgrim reimburses cleft palate procedures in compliance with the MA state mandates up to the age of 18 when one of the following diagnoses are submitted in the primary position:

  **ICD-10 Covered Indications**

**Other Information**

- Bill medically necessary emergency care (accidental injury only) using appropriate CDT4 codes.
- Bill the same procedure performed multiple times at the same session on one line with a count.

- Bill medically necessary dental exams for members undergoing head and neck radiation or transplant services using the appropriate code (CDT codes D0120-D0180).
- Dental paper claims may be submitted on either the American Dental Association (ADA-J400) or CMS-1500 form.
- Electronic claims must be submitted in the 837 Professional format.
- Members of the Harvard Pilgrim Essential Health Benefits (EHB) Pediatric Dental Plan must receive care through UnitedHealthcare's Dental Benefit Providers, Inc., a nationwide network of dentists, to get coverage for services

## Related Policies and Resources

**Payment Policies**

- General Coding and Claims Editing
- Non-covered Services
- Oral Surgery

**Clinical Policies**

- Clinical Review of Dental Services in Medical Benefit

## Publication History

11/01/2026: Annual policy review; administrative edits
11/01/2025: Policy moved to new template, annual review; added language to clarify coverage according to state mandates, administrative updates

## Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.