

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

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14.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 14.00 governs the rates of payments to be used by all governmental units in making payments to eligible dental providers for dental services rendered to publicly-aided individuals on or after January 22, 2011. The rates set forth in 114.3 CMR 14.00 do not apply to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act), as most recently amended by St. 1991, c. 398. Rates for service rendered to such individuals are set forth at 114.3 CMR 40.00. The codes used in 114.3 CMR 14.00 are the Health Care Financing Administration's Common Procedure Coding System (HCPCS).

(2) Coverage. The rates of payment contained herein, or rates of payment determined in accordance with the provisions of 114.3 CMR 14.00, are full compensation for dental services rendered to publicly-aided individuals as well as for any related administrative or supervisory duties in connection with the provision of services, without regard to where these services are rendered.

(3) Authority. 114.3 CMR 14.00 is adopted pursuant to M.G.L. c. 118G.

(4) Disclaimer of Authorization of Services. 114.3 CMR 14.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 14.00. Governmental units that purchase services from eligible providers are responsible for the definition, authorization, and approval of services extended to publicly-aided patients.

(5) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

14.02: General Definitions

Confirmatory (Additional Opinion) Consultation. When the consulting physician or dentist is aware of the confirmatory nature of the opinion that is sought (*e.g.*, when a patient requests a

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second/third opinion on the necessity or appropriateness of a recommended medical treatment or surgical procedure).

Consultation. A type of service provided by a physician or dentist whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or dentist or other appropriate source. A physician consultant may initiate diagnostic and/or therapeutic services.

The request for a consultation from the attending physician or dentist or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.

Any specifically identifiable procedure (*i.e.*, identified with a specific HCPCS code) performed on or subsequent to the date of the initial consultation should be reported separately.

If a consultant subsequently assumes responsibility for management of a portion or all of the patient's condition(s), the consultation codes should not be used.

Dental Enhancement Fee. D9450 or case presentation; detailed and extensive treatment planning is a dental enhancement fee for Community Health Centers and Hospital Licensed Health Centers who have signed an agreement with MassHealth. This code is used as a Dental Enhancement Fee per Dental User. This code may be billed when other dental procedures are performed on the same day and can only be billed once per dental user per day.

Division: The Division of Health Care Finance and Policy, established under M.G.L. c. 118G.

Eligible Provider. A provider of dental services who meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing such services and:

- (a) Dentists registered by the Massachusetts Board of Registration in Dentistry in accordance with the provisions of M.G.L. c. 112; or
- (b) Authorized governmental, nonprofit or charitably incorporated dental clinics not involved with teaching dental students; or
- (c) Authorized dental clinics that wholly or partially derive support from Title V funds under the Social Security Act; or
- (d) Teaching dental clinics operated by dental education institutions; or
- (e) Qualified physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses who provide D1206 therapeutic application Fluoride Varnish for moderate to high caries risk patients in accordance with the applicable MassHealth program regulations; or
- (f) Public health dental hygienists who are certified by the Massachusetts Board of Registration in Dentistry and provide services in public health settings that include schools, long-term nursing facilities, medical facilities and shelters.

Established Patient. A patient who has received professional services from the physician or dentist within the past three years.

Evaluation and Management (E/M) Services. . The E/M section is divided into broad categories such as office visits, hospital visits and consultations. Most of the categories are further divided

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into two or more subcategories of E/M services. For a full discussion of these services, refer to the most current *Physician's Current Procedural Terminology (CPT) Handbook*.

Governmental Unit. The Commonwealth, any department, division, agency board, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Levels of E/M Services. Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are not interchangeable among the different categories or subcategories of service.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision and similar medical services. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians or dentists. Coordination of care with other providers or agencies without a patient encounter on that day is reported using the case management codes. For a full discussion of the levels of E/M services, please refer to the most current CPT handbook.

New Patient. A patient who has not received any professional services from the physician or dentist within the past three years.

Publicly Aided Individual. A person who receives medical or dental care and services for which a governmental unit is liable, in whole or in part, under a statutory program of public assistance.

14.03: General Rate Provisions and Maximum Fees

(1) Rate Determination. Rates of payment for authorized dental services to which 114.3 CMR 14.00 applies will be the lower of:

- (a) The eligible dentist provider's usual fee to patients other than publicly-aided individuals or industrial accident patients; or
- (b) The fees listed in 114.3 CMR 14.04, 14.05, 14.06.

(2) Early Periodic Screening, Diagnosis and Treatment (EPSDT). Division of Medical Assistance regulation 130 CMR 420.421 states that dental services provided to members under age 21 must comply with all applicable requirements for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services set forth in Division of Medical Assistance regulation 130 CMR 450. 140-149.

(3) Individual Consideration (I.C.). Non-listed procedures and dental procedures designated I.C. are individually considered items. Determination of appropriate payment for procedures designated I.C. will be in accordance with the following standards and criteria:

- (a) Time required to perform the procedure;
- (b) Degree of skill required in the procedure performed;
- (c) Severity and/or complexity of the patient's dental disease or condition;
- (d) Policies, procedures and practices of other third-party purchasers of dental services, both governmental and private;
- (e) Should an eligible provider believe that any such procedure merits a higher fee than recommended, the provider may submit the prescribed claim form with supporting documentation. Such claims will be individually processed.

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- (4) Prior Approval. A number of procedures require authorization of the appropriate purchasing agency prior to the rendering of service and before payment will be made. Providers should refer to the appropriate purchasing agency manual before providing services.

14.04: Allowable Fees: Anesthesia Services (Hospital)

Reimbursement of anesthesia services is set forth in 114.3 CMR 16.00: *Surgery and Related Anesthesia Services*.

14.05: Allowable Fees: Non-Hospital Services

Code	Allowed Fee	EPSDT Rate	Description
I. Diagnostic			
D0120	\$20	\$29	Periodic oral evaluation - established patient
D0140	\$39	\$49	Limited oral evaluation - problem focused
D0145	I.C.	I.C.	Oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	\$37	\$58	Comprehensive oral evaluation - new or established patient
D0160	\$60	\$77	Detailed and extensive oral evaluation - problem focused, by report
D0170	\$36	\$45	Re-evaluation - limited, problem focused (established patient; not postoperative visit)
D0180	I.C.	I.C.	Comprehensive periodontal evaluation - new or established patient
D0210	\$69	\$88	Intraoral - complete series (including bitewings)
D0220	\$14	\$20	Intraoral - periapical, first film
D0230	\$12	\$16	Intraoral - periapical, each additional film
D0240	\$20	\$26	Intraoral - occlusal film
D0250	\$21	\$28	Extraoral - first film
D0260	\$21	\$26	Extraoral - each additional film
D0270	\$13	\$17	Bitewing - single film
D0272	\$22	\$30	Bitewings - two films
D0273	I.C.	I.C.	Bitewings - three films
D0274	\$33	\$43	Bitewings - four films
D0277	\$44	\$55	Vertical bitewings - 7 to 8 films
D0290	\$41	\$53	Posterior-anterior or lateral skull and facial bone survey film
D0310	\$42	\$48	Sialography
D0320	\$214	\$321	Temporomandibular joint arthrogram, including injection
D0321	\$89	\$114	Other temporomandibular joint films, by report
D0322	I.C.	I.C.	Tomographic survey

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Code	Allowed Fee	EPSDT Rate	Description
D0330	\$62	\$88	Panoramic film
D0340	\$69	\$85	Cephalometric film
D0350	\$36	\$47	Oral/facial photographic images
D0360	I.C.	I.C.	Cone beam CT - craniofacial data capture
D0362	I.C.	I.C.	Cone beam - two-dimensional image reconstruction using existing data, includes multiple images
D0363	I.C.	I.C.	Cone beam - three-dimensional image reconstruction using existing data, includes multiple images
D0415	I.C.	I.C.	Collection of microorganisms for culture and sensitivity
D0416	I.C.	I.C.	Viral culture
D0421	I.C.	I.C.	Genetic test for susceptibility to oral diseases
D0425	I.C.	I.C.	Caries susceptibility tests
D0431	I.C.	I.C.	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
D0460	\$29	\$37	Pulp vitality tests
D0470	\$58	\$72	Diagnostic casts
D0472	\$67	\$87	Accession of tissue, gross examination, preparation, and transmission of written report
D0473	I.C.	I.C.	Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474	I.C.	I.C.	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0475	I.C.	I.C.	Decalcification procedure
D0476	I.C.	I.C.	Special stains for microorganisms
D0477	I.C.	I.C.	Special stains, not for microorganisms
D0478	I.C.	I.C.	Immunohistochemical stains
D0479	I.C.	I.C.	Tissue in-situ hybridization, including interpretation
D0480	\$50	\$65	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
D0481	I.C.	I.C.	Electron microscopy - diagnostic
D0482	I.C.	I.C.	Direct immunofluorescence
D0483	I.C.	I.C.	Indirect immunofluorescence
D0484	I.C.	I.C.	Consultation on slides prepared elsewhere
D0485	I.C.	I.C.	Consultation, including preparation of slides from biopsy material supplied by referring

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Code	Allowed Fee	EPSDT Rate	Description
			source
D0486	I.C.	I.C.	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
D0502	I.C.	I.C.	Other oral pathology procedures, by report
D0999	I.C.	I.C.	Unspecified diagnostic procedure, by report
			II. Preventative
D1110	\$49	\$70	Prophylaxis - adult
D1120	\$36	\$51	Prophylaxis - child
D1203	n/a	\$26	Topical application of fluoride (prophylaxis not included) - child
D1204	\$29	n/a	Topical application of fluoride (prophylaxis not included) - adult
D1206	\$26	\$26	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1310	I.C.	I.C.	Nutritional counseling for the control of dental disease
D1320	I.C.	I.C.	Tobacco counseling for the control and prevention of oral disease
D1330	\$14	\$21	Oral hygiene instruction
D1351	\$28	\$41	Sealant - per tooth
D1510	\$178	\$229	Space maintainer - fixed-unilateral
D1515	\$285	\$345	Space maintainer - fixed-bilateral
D1520	\$214	\$244	Space maintainer - removable-unilateral
D1525	\$321	\$368	Space maintainer - removable-bilateral
D1550	\$33	\$40	Recementation of space maintainer
D1555	I.C.	I.C.	Removal of fixed space maintainer
			III. Restorative
D2140	\$58	\$77	Amalgam-one surface, primary or permanent
D2150	\$72	\$95	Amalgam-two surfaces, primary or permanent
D2160	\$86	\$110	Amalgam-three surfaces, primary or permanent
D2161	\$108	\$137	Amalgam-four or more surfaces, primary or permanent
D2330	\$67	\$91	Resin - one surface, anterior
D2331	\$86	\$110	Resin - two surfaces, anterior
D2332	\$108	\$137	Resin - three surfaces, anterior
D2335	\$136	\$175	Resin - four or more surfaces or involving incisal angle (anterior)
D2390	\$99	\$124	Resin-based composite crown, anterior
D2391	\$51	\$92	Resin-based composite - one surface, posterior
D2392	\$65	\$115	Resin-based composite - two surfaces, posterior

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Code	Allowed Fee	EPSDT Rate	Description
D2393	\$77	\$124	Resin-based composite - three surfaces, posterior
D2394	\$106	\$170	Resin-based composite - four or more surfaces, posterior
D2410	I.C.	I.C.	Gold foil - one surface
D2420	I.C.	I.C.	Gold foil - two surfaces
D2430	I.C.	I.C.	Gold foil - three surfaces
D2510	I.C.	I.C.	Inlay - metallic - one surface
D2520	I.C.	I.C.	Inlay - metallic - two surfaces
D2530	\$286	\$367	Inlay - metallic - three or more surfaces
D2542	\$465	\$596	Onlay - metallic - two surfaces
D2543	\$643	\$788	Onlay - metallic - three surfaces
D2544	\$666	\$800	Onlay - metallic - four or more surfaces
D2610	I.C.	I.C.	Inlay - porcelain/ceramic - one surface
D2620	\$393	\$504	Inlay - porcelain/ceramic - two surfaces
D2630	\$596	\$744	Inlay - porcelain/ceramic - three or more surfaces
D2642	\$629	\$722	Onlay - porcelain/ceramic - two surfaces
D2643	\$607	\$768	Onlay - porcelain/ceramic - three surfaces
D2644	\$615	\$788	Onlay - porcelain/ceramic - four or more surfaces
D2650	I.C.	I.C.	Inlay - resin-based composite - one surface
D2651	I.C.	I.C.	Inlay - resin-based composite - two surfaces
D2652	I.C.	I.C.	Inlay - resin-based composite - three or more surfaces
D2662	\$571	\$656	Onlay - resin-based composite - two surfaces
D2663	\$570	\$727	Onlay - resin-based composite - three surfaces
D2664	\$570	\$731	Onlay - resin-based composite - four or more surfaces
D2710	\$214	\$244	Crown - resin-based composite (indirect)
D2712	I.C.	I.C.	Crown - 3/4 resin-based composite (indirect)
D2720	\$590	\$757	Crown - resin with high noble metal
D2721	\$429	\$550	Crown - resin with predominantly base metal
D2722	\$485	\$558	Crown - resin with noble metal
D2740	\$679	\$853	Crown - porcelain/ceramic substrate
D2750	\$639	\$800	Crown - porcelain fused to high noble metal
D2751	\$571	\$727	Crown - porcelain fused to predominantly base metal
D2752	\$590	\$735	Crown - porcelain fused to noble metal
D2780	\$657	\$841	Crown - 3/4 cast high noble metal
D2781	I.C.	I.C.	Crown - 3/4 cast predominately base metal
D2782	I.C.	I.C.	Crown - 3/4 cast noble metal
D2783	\$635	\$812	Crown - 3/4 porcelain/ceramic
D2790	\$643	\$808	Crown - full cast high noble metal
D2791	\$501	\$641	Crown - full cast predominantly base metal

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Code	Allowed Fee	EPSDT Rate	Description
D2792	\$607	\$748	Crown - full cast noble metal
D2794	I.C.	I.C.	Crown - titanium
D2799	\$178	\$228	Provisional crown
D2910	\$53	\$69	Recement inlay, onlay or partial coverage restoration
D2915	I.C.	I.C.	Recement cast or prefabricated post and core
D2920	\$53	\$68	Recement crown
D2930	\$143	\$205	Prefabricated stainless steel crown - primary tooth
D2931	\$159	\$199	Prefabricated stainless steel crown - permanent tooth
D2932	\$197	\$224	Prefabricated resin crown
D2933	\$143	\$184	Prefabricated stainless steel crown with resin window
D2934	\$143	\$184	Prefabricated esthetic coated stainless steel crown - primary tooth
D2940	\$57	\$72	Sedative filling
D2950	\$153	\$197	Core buildup, including any pins
D2951	\$25	\$31	Pin retention - per tooth, in addition to restoration
D2952	\$217	\$276	Post and core in addition to crown, indirectly fabricated
D2953	I.C.	I.C.	Each additional indirectly fabricated post - same tooth
D2954	\$178	\$229	Prefabricated post and core in addition to crown
D2955	I.C.	I.C.	Post removal (not in conjunction with endodontic therapy)
D2957	I.C.	I.C.	Each additional prefabricated post - same tooth
D2960	\$286	\$420	Labial veneer (resin laminate) - chair side
D2961	\$393	\$504	Labial veneer (resin laminate) - laboratory
D2962	\$535	\$688	Labial veneer (porcelain laminate) - laboratory
D2970	I.C.	I.C.	Temporary crown (fractured tooth)
D2971	I.C.	I.C.	Additional procedures to construct new crown under existing partial denture framework
D2975	I.C.	I.C.	Coping
D2980	\$107	\$137	Crown repair, by report
D2999	I.C.	I.C.	Unspecified restorative procedure, by report
			IV. Endodontics
D3110	\$32	\$40	Pulp cap - direct (excluding final restoration)
D3120	\$32	\$40	Pulp cap - indirect (excluding final restoration)
D3220	\$82	\$106	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament

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Code	Allowed Fee	EPSDT Rate	Description
D3221	\$107	\$123	Pulpal debridement, primary and permanent teeth
D3230	I.C.	I.C.	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240	I.C.	I.C.	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
D3310	\$375	\$480	Anterior (excluding final restoration)
D3320	\$440	\$564	Bicuspid (excluding final restoration)
D3330	\$569	\$731	Molar (excluding final restoration)
D3331	I.C.	I.C.	Treatment of root canal obstruction; nonsurgical access
D3332	\$178	\$205	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3333	\$214	\$274	Internal root repair of perforation defects
D3346	\$425	\$545	Retreatment of previous root canal therapy – anterior
D3347	\$501	\$641	Retreatment of previous root canal therapy – bicuspid
D3348	\$571	\$789	Retreatment of previous root canal therapy – molar
D3351	\$114	\$146	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352	I.C.	I.C.	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353	I.C.	I.C.	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
D3410	\$379	\$471	Apicoectomy/periradicular surgery - anterior
D3421	\$429	\$550	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	\$557	\$639	Apicoectomy/periradicular surgery - molar (first root)
D3426	\$214	\$264	Apicoectomy/periradicular surgery (each additional root)
D3430	\$72	\$91	Retrograde filling - per root
D3450	\$268	\$343	Root amputation - per root
D3460	\$430	\$744	Endodontic endosseous implant
D3470	I.C.	I.C.	Intentional replantation (including necessary splinting)
D3910	I.C.	I.C.	Surgical procedure for isolation of tooth with rubber dam
D3920	\$197	\$243	Hemisection (including any root removal), not including root canal therapy

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Code	Allowed Fee	EPSDT Rate	Description
D3950	\$64	\$111	Canal preparation and fitting of preformed dowel or post
D3999	I.C.	I.C.	Unspecified endodontic procedure, by report
			V. Periodontics
D4210	\$286	\$343	Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant
D4211	\$103	\$133	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant
D4230	I.C.	I.C.	Anatomical crown exposure - Four or more contiguous teeth per quadrant
D4231	I.C.	I.C.	Anatomical crown exposure - one to three teeth per quadrant
D4240	\$418	\$606	Gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant
D4241	I.C.	I.C.	Gingival flap procedure, including root planning - one to three contiguous teeth or bounded teeth spaces per quadrant
D4245	I.C.	I.C.	Apically positioned flap
D4249	\$429	\$550	Clinical crown lengthening - hard tissue
D4260	\$741	\$1,101	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant
D4261	\$660	\$759	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant
D4263	\$236	\$351	Bone replacement graft - first site in quadrant
D4264	\$175	\$202	Bone replacement graft - each additional site in quadrant
D4265	I.C.	I.C.	Biologic materials to aid in soft and osseous tissue regeneration
D4266	\$286	\$359	Guided tissue regeneration - resorbable barrier, per site
D4267	\$286	\$328	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
D4268	I.C.	I.C.	Surgical revision procedure, per tooth
D4270	\$563	\$800	Pedicle soft tissue graft procedure
D4271	\$518	\$704	Free soft tissue graft procedure (including donor site surgery)
D4273	\$607	\$779	Subepithelial connective tissue graft procedures, per tooth
D4274	\$304	\$384	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

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Code	Allowed Fee	EPSDT Rate	Description
D4275	I.C.	I.C.	Soft tissue allograft
D4276	I.C.	I.C.	Combined connective tissue and double pedicle graft, per tooth
D4320	\$124	\$215	Provisional splinting – intracoronal
D4321	\$106	\$182	Provisional splinting - extracoronal
D4341	\$125	\$160	Periodontal scaling and root planning - four or more teeth per quadrant
D4342	\$84	\$107	Periodontal scaling and root planning - one to three teeth, per quadrant
D4355	\$72	\$93	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381	\$82	\$121	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
D4910	\$75	\$111	Periodontal maintenance
D4920	\$62	\$76	Unscheduled dressing change (by someone other than treating dentist)
D4999	I.C.	I.C.	Unspecified periodontal procedure, by report
			VI. Prosthodontics (Removable)
D5110	\$680	\$858	Complete denture – maxillary
D5120	\$680	\$852	Complete denture – mandibular
D5130	\$715	\$935	Immediate denture – maxillary
D5140	\$714	\$934	Immediate denture - mandibular
D5211	\$518	\$650	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
D5212	\$554	\$691	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
D5213	\$1,022	\$974	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	\$1,057	\$986	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	I.C.	I.C.	Maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5226	I.C.	I.C.	Mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5281	\$393	\$467	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)
D5410	\$39	\$49	Adjust complete denture - maxillary
D5411	\$39	\$49	Adjust complete denture - mandibular
D5421	\$49	\$56	Adjust partial denture - maxillary
D5422	\$36	\$45	Adjust partial denture - mandibular
D5510	\$79	\$109	Repair broken complete denture base

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Code	Allowed Fee	EPSDT Rate	Description
D5520	\$72	\$89	Replace missing or broken teeth - complete denture (each tooth)
D5610	\$72	\$93	Repair resin denture base
D5620	\$97	\$121	Repair cast framework
D5630	\$92	\$107	Repair or replace broken clasp
D5640	\$72	\$91	Replace broken teeth - per tooth
D5650	\$86	\$110	Add tooth to existing partial denture
D5660	\$91	\$125	Add clasp to existing partial denture
D5670	I.C.	I.C.	Replace all teeth and acrylic on cast metal framework (maxillary)
D5671	I.C.	I.C.	Replace all teeth and acrylic on cast metal framework (mandibular)
D5710	\$236	\$301	Rebase complete maxillary denture
D5711	\$187	\$257	Rebase complete mandibular denture
D5720	\$214	\$274	Rebase maxillary partial denture
D5721	\$265	\$323	Rebase mandibular partial denture
D5730	\$147	\$188	Reline complete maxillary denture (chair side)
D5731	\$161	\$184	Reline lower complete mandibular denture (chair side)
D5740	\$132	\$169	Reline maxillary partial denture (chair side)
D5741	\$125	\$160	Reline mandibular partial denture (chair side)
D5750	\$199	\$255	Reline complete maxillary denture (laboratory)
D5751	\$200	\$256	Reline complete mandibular denture (laboratory)
D5760	\$197	\$252	Reline maxillary partial denture (laboratory)
D5761	\$197	\$252	Reline mandibular partial denture (laboratory)
D5810	\$135	\$193	Interim complete denture (maxillary)
D5811	\$135	\$193	Interim complete denture (mandibular)
D5820	\$250	\$321	Interim partial denture (maxillary)
D5821	\$275	\$316	Interim partial denture (mandibular)
D5850	\$67	\$86	Tissue conditioning, maxillary
D5851	\$61	\$77	Tissue conditioning, mandibular
D5860	\$765	\$1,094	Overdenture - complete, by report
D5861	\$825	\$1,180	Overdenture - partial, by report
D5862	\$214	\$254	Precision attachment, by report
D5867	I.C.	I.C.	Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875	I.C.	I.C.	Modification of removable prosthesis following implant surgery
D5899	I.C.	I.C.	Unspecified removable prosthodontic procedure, by report
D5911	I.C.	I.C.	Facial moulage (sectional)
D5912	I.C.	I.C.	Facial moulage (complete)
D5913	I.C.	I.C.	Nasal prosthesis
D5914	I.C.	I.C.	Auricular prosthesis

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D5915	I.C.	I.C.	Orbital prosthesis
D5916	I.C.	I.C.	Ocular prosthesis
D5919	I.C.	I.C.	Facial prosthesis
D5922	I.C.	I.C.	Nasal septal prosthesis
D5923	I.C.	I.C.	Ocular prosthesis, interim
D5924	I.C.	I.C.	Cranial prosthesis
D5925	I.C.	I.C.	Facial augmentation implant prosthesis
D5926	I.C.	I.C.	Nasal prosthesis, replacement
D5927	I.C.	I.C.	Auricular prosthesis, replacement
D5928	I.C.	I.C.	Orbital prosthesis, replacement
D5929	I.C.	I.C.	Facial prosthesis, replacement
D5931	I.C.	I.C.	Obturator prosthesis, surgical
D5932	I.C.	I.C.	Obturator prosthesis, definitive
D5933	I.C.	I.C.	Obturator prosthesis, modification
D5934	I.C.	I.C.	Mandibular resection prosthesis with guide flange
D5935	I.C.	I.C.	Mandibular resection prosthesis without guide flange
D5936	I.C.	I.C.	Obturator/prosthesis, interim
D5937	I.C.	I.C.	Trismus appliance (not for TM treatment)
D5951	I.C.	I.C.	Feeding aid
D5952	I.C.	I.C.	Speech aid prosthesis, pediatric
D5953	I.C.	I.C.	Speech aid prosthesis, adult
D5954	I.C.	I.C.	Palatal augmentation prosthesis
D5955	I.C.	I.C.	Palatal lift prosthesis, definitive
D5958	I.C.	I.C.	Palatal lift prosthesis, interim
D5959	I.C.	I.C.	Palatal lift prosthesis, modification
D5960	I.C.	I.C.	Speech aid prosthesis, modification
D5982	I.C.	I.C.	Surgical stent
D5983	I.C.	I.C.	Radiation carrier
D5984	I.C.	I.C.	Radiation shield
D5985	I.C.	I.C.	Radiation cone locator
D5986	I.C.	I.C.	Fluoride gel carrier
D5987	I.C.	I.C.	Commissure splint
D5988	I.C.	I.C.	Surgical splint
D5999	I.C.	I.C.	Unspecified maxillofacial prosthesis, by report
			VII. Implant Services
D6010	\$1,072	\$1,374	Surgical placement of implant body: endosteal implant
D6012	I.C.	I.C.	Surgical placement of interim implant body for transitional prosthesis: endosteal implant
D6040	\$1,429	\$1,632	Surgical placement: eposteal implant
D6050	\$125	\$162	Surgical placement: transosteal implant
D6053	I.C.	I.C.	Implant/abutment supported removable denture for completely edentulous arch

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D6054	I.C.	I.C.	Implant/abutment supported removable denture for partially edentulous arch
D6055	\$214	\$274	Dental implant supported connecting bar
D6056	\$259	\$331	Prefabricated abutment - includes placement
D6057	\$375	\$480	Custom abutment - includes placement
D6058	\$857	\$982	Abutment supported porcelain/ceramic crown
D6059	\$704	\$894	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	\$679	\$778	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	\$706	\$812	Abutment supported porcelain fused to metal crown (noble metal)
D6062	\$715	\$894	Abutment supported cast metal crown (high noble metal)
D6063	I.C.	I.C.	Abutment supported cast metal crown (predominantly base metal)
D6064	\$857	\$1,091	Abutment supported cast metal crown (noble metal)
D6065	\$857	\$1,015	Implant supported porcelain/ceramic crown
D6066	\$818	\$1,049	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	\$928	\$1,067	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	I.C.	I.C.	Abutment supported retainer for porcelain/ceramic FPD
D6069	I.C.	I.C.	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	I.C.	I.C.	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	I.C.	I.C.	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	I.C.	I.C.	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	I.C.	I.C.	Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074	I.C.	I.C.	Abutment supported retainer for cast metal FPD (noble metal)
D6075	I.C.	I.C.	Implant supported retainer for ceramic FPD
D6076	I.C.	I.C.	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	I.C.	I.C.	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	I.C.	I.C.	Implant/abutment supported fixed denture for completely edentulous arch

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D6079	I.C.	I.C.	Implant/abutment supported fixed denture for partially edentulous arch
D6080	\$89	\$115	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis
D6090	I.C.	I.C.	Repair implant supported prosthesis, by report
D6091	I.C.	I.C.	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6092	I.C.	I.C.	Recement implant/abutment supported crown
D6093	I.C.	I.C.	Recement implant/abutment supported fixed partial denture
D6094	I.C.	I.C.	Abutment supported crown - (titanium)
D6095	I.C.	I.C.	Repair implant abutment, by report
D6100	I.C.	I.C.	Implant removal, by report
D6190	I.C.	I.C.	Radiographic/surgical implant index, by report
D6194	I.C.	I.C.	Abutment supported retainer crown for FPD - (titanium)
D6199	I.C.	I.C.	Unspecified implant procedure, by report
D6205	I.C.	I.C.	Pontic - indirect resin based composite
D6210	\$607	\$748	Pontic - cast high noble metal
D6211	\$544	\$667	Pontic - cast predominantly base metal
D6212	\$589	\$676	Pontic - cast noble metal
D6214	I.C.	I.C.	Pontic – titanium
D6240	\$625	\$792	Pontic - porcelain fused to high noble metal
D6241	\$565	\$691	Pontic - porcelain fused to predominantly base metal
D6242	\$571	\$731	Pontic - porcelain fused to noble metal
D6245	I.C.	I.C.	Pontic - porcelain/ceramic
D6250	\$655	\$807	Pontic - resin with high noble metal
D6251	\$482	\$575	Pontic - resin with predominantly base metal
D6252	\$517	\$691	Pontic - resin with noble metal
D6253	I.C.	I.C.	Provisional pontic
D6545	\$250	\$320	Retainer - cast metal for resin bonded fixed prosthesis
D6548	I.C.	I.C.	Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6600	I.C.	I.C.	Inlay - porcelain/ceramic, two surfaces
D6601	I.C.	I.C.	Inlay - porcelain/ceramic, three or more surfaces
D6602	I.C.	I.C.	Inlay - cast high noble metal, two surfaces
D6603	I.C.	I.C.	Inlay - cast high noble metal, three or more surfaces
D6604	I.C.	I.C.	Inlay - cast predominantly base metal, two surfaces

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D6605	I.C.	I.C.	Inlay - cast predominantly base metal, three or more surfaces
D6606	I.C.	I.C.	Inlay - cast noble metal, two surfaces
D6607	I.C.	I.C.	Inlay - cast noble metal, three or more surfaces
D6608	I.C.	I.C.	Onlay - porcelain/ceramic, two surfaces
D6609	I.C.	I.C.	Onlay - porcelain/ceramic, three or more surfaces
D6610	I.C.	I.C.	Onlay - cast high noble metal, two surfaces
D6611	I.C.	I.C.	Onlay - cast high noble metal, three or more surfaces
D6612	I.C.	I.C.	Onlay - cast predominantly base metal, two surfaces
D6613	I.C.	I.C.	Onlay - cast predominantly base metal, three or more surfaces
D6614	I.C.	I.C.	Onlay - cast noble metal, two surfaces
D6615	I.C.	I.C.	Onlay - cast noble metal, three or more surfaces
D6624	I.C.	I.C.	Inlay – titanium
D6634	I.C.	I.C.	Onlay – titanium
D6710	I.C.	I.C.	Crown – indirect resin based composite
D6720	\$491	\$671	Crown - resin with high noble metal
D6721	\$499	\$610	Crown - resin with predominantly base metal
D6722	\$193	\$246	Crown - resin with noble metal
D6740	I.C.	I.C.	Crown - porcelain/ceramic
D6750	\$632	\$779	Crown - porcelain fused to high noble metal
D6751	\$568	\$691	Crown - porcelain fused to predominantly base metal
D6752	\$571	\$731	Crown - porcelain fused to noble metal
D6780	\$482	\$617	Crown - 3/4 cast high noble metal
D6781	I.C.	I.C.	Crown - 3/4 cast predominately base metal
D6782	I.C.	I.C.	Crown - 3/4 cast noble metal
D6783	I.C.	I.C.	Crown - 3/4 porcelain/ceramic
D6790	\$655	\$897	Crown - full cast high noble metal
D6791	\$518	\$661	Crown - full cast predominantly base metal
D6792	\$549	\$701	Crown - full cast noble metal
D6793	I.C.	I.C.	Provisional retainer crown
D6794	I.C.	I.C.	Crown – titanium
D6920	I.C.	I.C.	Connector bar
D6930	\$67	\$87	Recement bridge
D6940	\$143	\$204	Stress breaker
D6950	\$155	\$220	Precision attachment
D6970	\$357	\$408	Post and core in addition to fixed partial denture retainer, indirectly fabricated
D6972	\$143	\$184	Prefabricated post and core in addition to bridge retainer
D6973	\$125	\$160	Core build up for retainer, including any pins

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D6975	I.C.	I.C.	Coping - metal
D6976	I.C.	I.C.	Each additional indirectly fabricated post - same tooth
D6977	I.C.	I.C.	Each additional prefabricated post - same tooth
D6980	\$125	\$155	Bridge repair, by report
D6985	I.C.	I.C.	Pediatric partial denture, fixed
D6999	I.C.	I.C.	Unspecified fixed prosthodontic procedure, by report
			X. Exodontic
D7111	\$70	\$80	Extraction, coronal remnants - deciduous tooth
D7140	\$70	\$100	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	\$139	\$179	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	\$178	\$223	Removal of impacted tooth - soft tissue
D7230	\$232	\$286	Removal of impacted tooth - partially bony
D7240	\$275	\$378	Removal of impacted tooth - completely bony
D7241	\$304	\$427	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	\$134	\$173	Surgical removal of residual tooth roots (cutting procedure)
D7260	\$316	\$398	Oral antral fistula closure
D7261	I.C.	I.C.	Primary closure of a sinus perforation
D7270	\$99	\$145	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7272	\$150	\$218	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7280	\$354	\$452	Surgical access of an unerupted tooth
D7282	I.C.	I.C.	Mobilization of erupted or malpositioned tooth to aid eruption
D7283	\$68	\$84	Placement of device to facilitate eruption of impacted tooth
D7285	\$114	\$146	Biopsy of oral tissue - hard (bone, tooth)
D7286	\$153	\$197	Biopsy of oral tissue - soft
D7287	I.C.	I.C.	Exfoliative cytological sample collection
D7288	I.C.	I.C.	Brush biopsy - transepithelial sample collection
D7290	\$74	\$109	Surgical repositioning of teeth
D7291	\$128	\$165	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7292	I.C.	I.C.	Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D7293	I.C.	I.C.	Surgical placement: temporary anchorage device requiring surgical flap
D7294	I.C.	I.C.	Surgical placement: temporary anchorage device without surgical flap
D7310	\$132	\$163	Alveoloplasty in conjunction with extractions- four or more teeth or tooth spaces, per quadrant
D7311	\$119	\$146	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	\$174	\$202	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant
D7321	\$139	\$162	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7340	\$696	\$796	Vestibuloplasty - ridge extension (second epithelialization)
D7350	\$879	\$1,236	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410	\$107	\$124	Excision of benign lesion up to 1.25 cm
D7411	\$194	\$254	Excision of benign lesion greater than 1.25 cm
D7412	I.C.	I.C.	Excision of benign lesion, complicated
D7413	I.C.	I.C.	Excision of malignant lesion up to 1.25 cm
D7414	I.C.	I.C.	Excision of malignant lesion greater than 1.25 cm
D7415	I.C.	I.C.	Excision of malignant lesion, complicated
D7440	\$175	\$256	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	\$232	\$339	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	\$231	\$252	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	\$268	\$343	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	\$113	\$142	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	\$133	\$194	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	\$107	\$122	Destruction of lesion(s) by physical or chemical method, by report
D7471	\$133	\$194	Removal of lateral exostosis (maxilla or mandible)
D7472	I.C.	I.C.	Removal of torus palatinus

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D7473	I.C.	I.C.	Removal of torus mandibularis
D7485	I.C.	I.C.	Surgical reduction of osseous tuberosity
D7490	I.C.	I.C.	Radical resection of maxilla or mandible
D7510	\$89	\$115	Incision and drainage of abscess - intraoral soft tissue
D7511	I.C.	I.C.	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7520	\$75	\$86	Incision and drainage of abscess - extraoral soft tissue
D7521	I.C.	I.C.	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
D7530	\$196	\$224	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	\$432	\$544	Removal of reaction-producing foreign bodies, musculoskeletal system
D7550	I.C.	I.C.	Partial ostectomy/sequestrectomy for removal of nonvital bone
D7560	\$249	\$364	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	\$1,165	\$1,704	Maxilla - open reduction (teeth immobilized, if present)
D7620	\$390	\$569	Maxilla - closed reduction (teeth immobilized, if present)
D7630	\$974	\$1,425	Mandible - open reduction (teeth immobilized, if present)
D7640	\$581	\$850	Mandible - closed reduction (teeth immobilized, if present)
D7650	\$776	\$1,135	Malar and/or zygomatic arch - open reduction
D7660	\$193	\$282	Malar and/or zygomatic arch - closed reduction
D7670	\$276	\$387	Alveolus - closed reduction, may include stabilization of teeth
D7671	I.C.	I.C.	Alveolus - open reduction, may include stabilization of teeth
D7680	I.C.	I.C.	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7710	\$1,165	\$1,704	Maxilla – open reduction
D7720	I.C.	I.C.	Maxilla - closed reduction
D7730	\$974	\$1,425	Mandible - open reduction
D7740	\$581	\$846	Mandible - closed reduction
D7750	\$776	\$1,135	Malar and/or zygomatic arch - open reduction
D7760	\$193	\$282	Malar and/or zygomatic arch - closed reduction
D7770	\$291	\$380	Alveolus - open reduction stabilization of teeth
D7771	I.C.	I.C.	Alveolus, closed reduction stabilization of teeth

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D7780	\$107	\$137	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7810	\$485	\$711	Open reduction of dislocation
D7820	\$75	\$109	Closed reduction of dislocation
D7830	I.C.	I.C.	Manipulation under anesthesia
D7840	\$776	\$1,135	Condylectomy
D7850	I.C.	I.C.	Surgical discectomy; with/without implant
D7852	I.C.	I.C.	Disc repair
D7854	I.C.	I.C.	Synovectomy
D7856	I.C.	I.C.	Myotomy
D7858	I.C.	I.C.	Joint reconstruction
D7860	I.C.	I.C.	Arthrotomy
D7865	I.C.	I.C.	Arthroplasty
D7870	\$99	\$145	Arthrocentesis
D7871	I.C.	I.C.	Nonarthroscopic lysis and lavage
D7872	I.C.	I.C.	Arthroscopy - diagnosis, with or without biopsy
D7873	I.C.	I.C.	Arthroscopy - surgical: lavage and lysis of adhesions
D7874	I.C.	I.C.	Arthroscopy - surgical: disc repositioning and stabilization
D7875	I.C.	I.C.	Arthroscopy - surgical: synovectomy
D7876	I.C.	I.C.	Arthroscopy - surgical: discectomy
D7877	I.C.	I.C.	Arthroscopy - surgical: debridement
D7880	\$321	\$367	Occlusal orthotic appliance
D7899	I.C.	I.C.	Unspecified TMD therapy, by report
D7910	\$29	\$42	Suture of recent small wounds up to 5 cm
D7911	\$99	\$129	Complicated suture - up to 5 cm
D7912	\$99	\$145	Complicated suture - greater than 5 cm
D7920	I.C.	I.C.	Skin graft (identify defect covered, location and type of graft)
D7940	I.C.	I.C.	Osteoplasty - for orthognathic deformities
D7941	I.C.	I.C.	Osteotomy - mandibular rami
D7943	\$2,330	\$3,409	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	\$946	\$1,384	Osteotomy-segmented or subapical
D7945	\$1,942	\$2,843	Osteotomy - body of mandible
D7946	I.C.	I.C.	LeFort I (maxilla - total)
D7947	I.C.	I.C.	LeFort I (maxilla - segmented)
D7948	I.C.	I.C.	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949	I.C.	I.C.	LeFort II or LeFort III - with bone graft
D7950	\$776	\$1,135	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-autogenous or nonautogenous, by report

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D7951	I.C.	I.C.	Sinus augmentation with bone or bone substitutes
D7953	I.C.	I.C.	Bone replacement graft for ridge preservation - per site
D7955	I.C.	I.C.	Repair of maxillofacial soft and/or hard tissue defect
D7960	\$100	\$353	Frenulectomy (frenectomy or frenotomy) - separate procedure
D7963	\$388	\$480	Frenuloplasty
D7970	\$229	\$334	Excision of hyperplastic tissue - per arch
D7971	\$74	\$109	Excision of pericoronal gingival
D7972	I.C.	I.C.	Surgical reduction of fibrous tuberosity
D7980	\$99	\$145	Sialolithotomy
D7981	\$605	\$850	Excision of salivary gland, by report
D7982	\$263	\$387	Sialodochoplasty
D7983	\$482	\$705	Closure of salivary fistula
D7990	I.C.	I.C.	Emergency tracheotomy
D7991	I.C.	I.C.	Coronoidectomy
D7995	I.C.	I.C.	Synthetic graft - mandible or facial bones, by report
D7996	I.C.	I.C.	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report
D7997	I.C.	I.C.	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7998	I.C.	I.C.	Intraoral placement of a fixation device not in conjunction with a fracture
D7999	I.C.	I.C.	Unspecified oral surgery procedure, by report
			XI. Orthodontic
D8010	I.C.	I.C.	Limited orthodontic treatment of the primary dentition
D8020	I.C.	I.C.	Limited orthodontic treatment of the transitional dentition
D8030	I.C.	I.C.	Limited orthodontic treatment of the adolescent dentition
D8040	I.C.	I.C.	Limited orthodontic treatment of the adult dentition
D8050	I.C.	I.C.	Interceptive orthodontic treatment of the primary dentition
D8060	I.C.	I.C.	Interceptive orthodontic treatment of the transitional dentition
D8070	I.C.	I.C.	Comprehensive orthodontic treatment of the transitional dentition
D8080	\$1,143	\$1,213	Comprehensive orthodontic treatment of the adolescent dentition
D8090	I.C.	I.C.	Comprehensive orthodontic treatment of the adult dentition

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D8210	\$79	\$95	Removable appliance therapy
D8220	I.C.	I.C.	Fixed appliance therapy
D8660	\$22	\$31	Preorthodontic treatment visit
D8670	\$200	\$268	Periodic orthodontic treatment visit (as part of contract)
D8680	\$79	\$95	Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8690	\$114	\$136	Orthodontic treatment (alternative billing to a contract fee)
D8691	I.C.	I.C.	Repair of orthodontic appliance
D8692	\$79	\$95	Replacement of lost or broken retainer
D8693	I.C.	I.C.	Rebonding or recementing; and/or repair, as required, of fixed retainers
D8999	I.C.	I.C.	Unspecified orthodontic procedure, by report
			XII. Adjunctive General Services
D9110	\$33	\$75	Palliative (emergency) treatment of dental pain - minor procedure
D9120	I.C.	I.C.	Fixed partial denture sectioning
D9210	\$10	\$15	Local anesthesia not in conjunction with operative or surgical procedures
D9211	I.C.	I.C.	Regional block anesthesia
D9212	I.C.	I.C.	Trigeminal division block anesthesia
D9215	I.C.	I.C.	Local anesthesia
D9220	\$114	\$208	Deep sedation/general anesthesia - first 30 minutes
D9221	\$89	\$114	Deep sedation/general anesthesia - each additional 15 minutes
D9230	\$14	\$21	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	\$178	\$221	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	\$73	\$82	Intravenous conscious sedation/analgesia - each additional 15 minutes
D9248	I.C.	I.C.	Nonintravenous conscious sedation
D9310	\$50	\$63	Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician
D9410	\$36	\$36	House/extended care facility call, once per facility per day
D9420	\$32	\$48	Hospital call
D9430	\$17	\$26	Office visit for observation (during regularly scheduled hours) - no other services performed
D9440	\$21	\$30	Office visit - after regularly scheduled hours
D9450	\$19	\$19	Case presentation, detailed and extensive treatment planning

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 14.00: Dental Services

Code	Allowed Fee	EPSDT Rate	Description
D9610	\$27	\$40	Therapeutic parenteral drug, single administration
D9612	I.C.	I.C.	Therapeutic parenteral drugs, two or more administrations, different medications
D9630	\$7	\$10	Other drugs and/or medicaments, by report
D9910	\$20	\$22	Application of desensitizing medicament
D9911	I.C.	I.C.	Application of desensitizing resin for cervical and/or root surface, per tooth
D9920	\$43	\$43	Behavior management, by report
D9930	I.C.	I.C.	Treatment of complications (postsurgical) - unusual circumstances, by report
D9940	\$239	\$308	Occlusal guards, by report
D9941	\$57	\$85	Fabrication of athletic mouthguard
D9942	I.C.	I.C.	Repair and/or reline of occlusal guard
D9950	\$30	\$45	Occlusion analysis - mounted case
D9951	\$30	\$45	Occlusal adjustment - limited
D9952	\$139	\$179	Occlusal adjustment - complete
D9970	I.C.	I.C.	Enamel microabrasion
D9971	I.C.	I.C.	Odontoplasty 1-2 teeth; includes removal of enamel projections
D9972	I.C.	I.C.	External bleaching - per arch
D9973	I.C.	I.C.	External bleaching - per tooth
D9974	I.C.	I.C.	Internal bleaching - per tooth
D9999	I.C.	I.C.	Unspecified adjunctive procedure, by report

14.06: Allowable Fees: Hospital Services

Maximum allowable fees for professional services rendered in a hospital setting are governed under 114.3 CMR 16.00: *Surgery and Related Anesthesia Care*, 114.3 CMR 18.00: *Radiology*, and 114.3 CMR 17.00: *Medical and Related Anesthesia Care*.

14.07: Severability of the Provisions of 114.3 CMR 14.00

The provisions of 114.3 CMR 14.00 are severable and if any provisions of 114.3 CMR 14.00 or application of such provision to any eligible dental service provider or any such circumstances are held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to any eligible dental service providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 14.00: M.G.L. c. 118G