Section

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314.01: General Provisions

(1) Scope. 101 CMR 314.00 governs the rates of payments used by all governmental units in making payments to eligible dental providers for dental services rendered to publicly aided individuals.

(2) Applicable Dates of Service. Rates contained in 101 CMR 314.00 apply for dates of service provided on or after June 1, 2024.

(3) Coverage. The rates of payment contained in 101 CMR 314.00 or determined in accordance with the provisions of 101 CMR 314.00, 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.

(4) Disclaimer of Authorization of Services. 101 CMR 314.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 101 CMR 314.00. 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. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including, but not limited to, the American Dental Association’s *Current Dental Terminology* (CDT). The publication of such updates and corrections will list

(a) codes for which the code numbers change, with the corresponding cross-reference between new codes and codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;

(b) codes for which the code number remains the same, but the description has changed;

(c) deleted codes for which there are no corresponding new codes; and

(d) codes for entirely new services that require pricing. EOHHS may list these codes and apply individual consideration (I.C.) payment for these codes until appropriate rates can be developed.

(6) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 314.00 and to issue coding updates and corrections in accordance with 101 CMR 314.01(5).

314.02: Definitions

As used in 101 CMR 314.00, unless the context requires otherwise, terms have the meanings ascribed in 101 CMR 314.02.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Early Periodic Screening, Diagnostic and Treatment (EPSDT)-eligible MassHealth Members. Publicly aided individuals who are eligible to receive EPSDT services under 130 CMR 420.000: *Dental Services* and 130 CMR 450.000: *Administrative and Billing Regulations*.

Eligible Dental Provider.

(a) A provider of dental services who meets the conditions of participation of a governmental unit purchasing such services. Eligible dental providers may include the following:

1. dentists registered by the Massachusetts Board of Registration in Dentistry in accordance with the provisions of M.G.L. c. 112;

2. authorized governmental, nonprofit, or charitably incorporated dental clinics not involved with teaching dental students;

3. authorized dental clinics that wholly or partially derive support from Title V funds under the Social Security Act;

4. teaching dental clinics operated by dental education institutions; and

5. public health dental hygienists who are certified by the Massachusetts Board of Registration in Dentistry and who provide services in public health settings that include schools, long-term nursing facilities, medical facilities, and shelters.

(b) MassHealth providers of dental services must satisfy the provider eligibility requirements set forth in 130 CMR 420.000: *Dental Services* and 130 CMR 450.000: *Administrative and Billing Regulations*.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

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

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.

314.03: Rate Provisions

(1) Rate Determination. Subject to 101 CMR 314.03(2) and (3), rates of payment for authorized dental services to which 101 CMR 314.00 applies will be the lower of

(a) the eligible dentist provider's usual and customary fee to patients other than publicly aided individuals; or

(b) the allowable fee listed in 101 CMR 314.04, 314.05, or 314.06, as applicable.

(2) Rates Determination for EPSDT-eligible MassHealth Members. Rates of payment for authorized dental services to which 101 CMR 314.05 applies provided by eligible dental providers to EPSDT-eligible MassHealth members will be the allowable fee (EPSDT-eligible members) listed in 101 CMR 314.05.

(3) Individual Consideration (I.C.).

(a) Unlisted 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:

1. time required to perform the procedure;

2. degree of skill required in the procedure performed;

3. severity and/or complexity of the patient's dental disease or condition; and

4. policies, procedures and practices of other third-party purchasers of dental services, both governmental and private.

(b) If 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.

(4) Reimbursement as Full Payment. Each eligible dental provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rates as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit’s obligation for services rendered to the publicly aided individual.

(5) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.

(6) Prior Authorization. A number of procedures require authorization from the appropriate purchasing agency before providing the service and before payment will be made. Eligible dental providers should refer to the appropriate purchasing agency manual before providing services.

314.04: Allowable Fees: Anesthesia Services (Hospital)

Reimbursement for anesthesia services is set forth in 101 CMR 316.00: *Rates for* *Surgery and Anesthesia Services*.

314.05: Allowable Fees: Non-hospital Services

| **Code** | **Allowed Fee** | **Allowed Fee (EPSDT-eligible members)** | **Description** |
| --- | --- | --- | --- |
| **I. Diagnostic** | | | |
| D0120 | $24 | $31 | Periodic oral evaluation - established patient |
| D0140 | $43 | $49 | Limited oral evaluation - problem focused |
| D0145 | I.C. | $27 | Oral evaluation for a patient under three years of age and counseling with primary caregiver |
| D0150 | $41 | $62 | Comprehensive oral evaluation - new or established patient |
| D0160 | $64 | $77 | Detailed and extensive oral evaluation - problem focused, by report |
| D0170 | $39 | $45 | Re-evaluation - limited, problem focused (established patient; not postoperative visit) |
| D0171 | I.C. | I.C. | Re-evaluation - post-operative office visit |
| D0180 | $37 | $58 | Comprehensive periodontal evaluation - new or established patient |
| D0190 | $20 | $29 | Screening of patient |
| D0191 | $20 | $29 | Assessment of patient |
| D0210 | $76 | $94 | Intraoral - complete series of radiographic images |
| D0220 | $15 | $21 | Intraoral - periapical, first radiographic image |
| D0230 | $13 | $17 | Intraoral - periapical, each additional radiographic image |
| D0240 | $21 | $26 | Intraoral - occlusal radiographic image |
| D0250 | $23 | $28 | Extra oral 2D projection radiographic image created using a stationary radiation source, and detector |
| D0251 | I.C. | I.C. | Extra-oral posterior dental radiographic image |
| D0270 | $14 | $17 | Bitewing - single radiographic image |
| D0272 | $25 | $32 | Bitewings - two radiographic images |
| D0273 | $27 | $35 | Bitewings - three radiographic images |
| D0274 | $36 | $46 | Bitewings - four radiographic images |
| D0277 | $47 | $55 | Vertical bitewings - 7 to 8 radiographic images |
| D0310 | $45 | $48 | Sialography |
| D0320 | $230 | $321 | Temporomandibular joint arthrogram, including injection |
| D0321 | $96 | $114 | Other temporomandibular joint radiographic image , by report |
| D0322 | I.C. | I.C. | Tomographic survey |
| D0330 | $69 | $94 | Panoramic radiographic image |
| D0340 | $74 | $85 | 2D cephalometric radiographic image acquisition, measurement and analysis |
| D0350 | $39 | $47 | 2D oral/facial photographic image obtained intra-orally or extra-orally |
| D0364 | I.C. | I.C. | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw |
| D0365 | I.C. | I.C. | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible |
| D0366 | I.C. | I.C. | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium |
| D0367 | I.C. | I.C. | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium |
| D0368 | I.C. | I.C. | Cone beam CT capture and interpretation for TMJ series including two or more exposures |
| D0369 | I.C. | I.C. | Maxillofacial MRI capture and interpretation |
| D0370 | I.C. | I.C. | Maxillofacial ultrasound capture and interpretation |
| D0371 | I.C. | I.C. | Sialoendoscopy capture and interpretation |
| D0372 | I.C. | I.C. | Intraoral tomosynthesis – comprehensive series of radiographic images |
| D0373 | I.C. | I.C. | Intraoral tomosynthesis – bitewing radiographic image |
| D0374 | I.C. | I.C. | Intraoral tomosynthesis – periapical radiographic image |
| D0380 | I.C. | I.C. | Cone beam CT image capture with limited field of view – less than one whole jaw |
| D0381 | I.C. | I.C. | Cone beam CT image capture with field of view of one full dental arch – mandible |
| D0382 | I.C. | I.C. | Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium |
| D0383 | I.C. | I.C. | Cone beam CT image capture with field of view of both jaws, with or without cranium |
| D0384 | I.C. | I.C. | Cone beam CT image capture for TMJ series including two or more exposures |
| D0385 | I.C. | I.C. | Maxillofacial MRI image capture |
| D0386 | I.C. | I.C. | Maxillofacial ultrasound image capture |
| D0387 | I.C. | I.C. | Intraoral tomosynthesis – comprehensive series of radiographic image – image capture only |
| D0388 | I.C. | I.C. | Intraoral tomosynthesis – bitewing radiographic image – image capture only |
| D0389 | I.C. | I.C. | Intraoral tomosynthesis – periapical radiographic image – image capture only |
| D0391 | I.C. | I.C. | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report |
| D0393 | I.C. | I.C. | Virtual treatment simulation using 3D image volume or surface scan |
| D0394 | I.C. | I.C. | Digital subtraction of two or more images or image volumes of the same modality |
| D0395 | I.C. | I.C. | Fusion of two or more 3D image volumes of one or more modalities |
| D0411 | I.C. | I.C. | HbA1c in-office of service testing |
| D0412 | I.C. | I.C. | Blood glucose level test- in-office using a glucose meter |
| D0414 | I.C. | I.C. | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report |
| D0415 | I.C. | I.C. | Collection of microorganisms for culture and sensitivity |
| D0416 | I.C. | I.C. | Viral culture |
| D0417 | I.C. | I.C. | Collection and preparation of saliva sample for laboratory diagnostic testing |
| D0418 | I.C. | I.C. | Analysis of saliva sample |
| D0419 | I.C. | I.C. | Assessment of salivary flow by measurement |
| D0422 | I.C. | I.C. | Collection and preparation of genetic sample material for laboratory analysis and report |
| D0423 | I.C. | I.C. | Genetic test for susceptibility to diseases – specimen analysis |
| 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 | $31 | $37 | Pulp vitality tests |
| D0470 | $62 | $72 | Diagnostic casts |
| D0472 | $72 | $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 | $54 | $65 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report |
| D0481 | I.C. | I.C. | Electron microscopy |
| 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 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 |
| D0600 | I.C. | I.C. | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum |
| D0601 | I.C. | I.C. | caries risk assessment and documentation, with a finding of low risk |
| D0602 | I.C. | I.C. | caries risk assessment and documentation, with a finding of moderate risk |
| D0603 | I.C. | I.C. | caries risk assessment and documentation, with a finding of high risk |
| D0604 | I.C. | I.C. | Antigen testing for a public health related pathogen, including coronavirus |
| D0605 | I.C. | I.C. | Antibody testing for a public health related pathogen, including coronavirus |
| D0701 | I.C. | I.C. | Panoramic radiographic image- image capture only |
| D0702 | I.C. | I.C. | 2-D Cephalometric radiographic image- image capture only |
| D0703 | I.C. | I.C. | 2-D oral/facial photographic image obtained intra-orally or extra-orally image capture only |
| D0705 | I.C. | I.C. | Extra-oral posterior dental radiographic image- image capture only |
| D0706 | I.C. | I.C. | Intraoral- occlusal radiographic image- image capture only |
| D0707 | I.C. | I.C. | Intraoral- periapical radiographic image- image capture |
| D0708 | I.C. | I.C. | Intraoral – bitewing radiographic image – image capture only |
| D0709 | I.C. | I.C. | Intraoral – comprehensive series of radiographic images - image capture only |
| D0801 | I.C. | I.C. | 3D dental surface scan – direct |
| D0802 | I.C. | I.C. | 3D dental surface scan – indirect |
| D0803 | I.C. | I.C. | 3D facial surface scan – direct |
| D0804 | I.C. | I.C. | 3D facial surface scan – indirect |
| D0999 | I.C. | I.C. | Unspecified diagnostic procedure, by report |
| **II. Preventive** | | | |
| D1110 | $60 | $75 | Prophylaxis – adult |
| D1120 | $39 | $55 | Prophylaxis – child |
| D1206 | $26 | $28 | Topical application of fluoride varnish |
| D1208 | $29 | $31 | Topical application of fluoride – excluding varnish |
| 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 |
| D1321 | I.C. | I.C. | Counseling for the control & prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use |
| D1330 | $15 | $21 | Oral hygiene instructions |
| D1351 | $30 | $44 | Sealant – per tooth |
| D1352 | I.C. | I.C. | Preventive resin restoration in a moderate to high caries risk patient- permanent tooth |
| D1353 | I.C. | I.C. | Sealant repair – per tooth |
| D1354 | $15 | $15 | Application of caries arresting medicament - per tooth |
| D1355 | I.C. | I.C. | Caries preventive medicament application- per tooth |
| D1510 | $191 | $229 | Space maintainer – fixed,unilateral – per quadrant |
| D1516 | $306 | $345 | Space maintainer- fixed- bilateral, maxillary |
| D1517 | $306 | $345 | Space maintainer- fixed- bilateral, mandibular |
| D1520 | $230 | $244 | Space maintainer – removable-unilateral- per quadrant |
| D1526 | $345 | $368 | Space maintainer- removable- bilateral, maxillary |
| D1527 | $345 | $368 | Space maintainer- removable- bilateral, mandibular |
| D1551 | I.C. | I.C. | Re-cement or re-bond bilateral space maintainer- maxillary |
| D1552 | I.C. | I.C. | Re-cement or re-bond bilateral space maintainer- mandibular |
| D1553 | I.C. | I.C. | Re-cement or re-bond unilateral space maintainer- per quadrant |
| D1556 | I.C. | I.C. | Removal of fixed unilateral space maintainer- per quadrant |
| D1557 | I.C. | I.C. | Removal of fixed bilateral space maintainer- maxillary |
| D1558 | I.C. | I.C. | Removal of fixed bilateral space maintainer- mandibular |
| D1575 | I.C. | I.C. | Distal shoe space maintainer – fixed, unilateral- per quadrant |
| D1781 | I.C. | I.C. | Vaccine administration – human papillomavirus – Dose 1 |
| D1782 | I.C. | I.C. | Vaccine administration – human papillomavirus – Dose 2 |
| D1783 | I.C. | I.C. | Vaccine administration – human papillomavirus – Dose 3 |
| D1999 | I.C. | I.C. | Unspecified preventive procedure, by report |
| **III. Restorative** | | | |
| D2140 | $62 | $77 | Amalgam-one surface, primary or permanent |
| D2150 | $77 | $95 | Amalgam-two surfaces, primary or permanent |
| D2160 | $92 | $110 | Amalgam-three surfaces, primary or permanent |
| D2161 | $116 | $137 | Amalgam-four or more surfaces, primary or permanent |
| D2330 | $72 | $98 | Resin-based composite – one surface, anterior |
| D2331 | $92 | $118 | Resin-based composite – two surfaces, anterior |
| D2332 | $116 | $147 | Resin-based composite – three surfaces, anterior |
| D2335 | $146 | $188 | Resin-based composite – four or more surfaces or involving incisal angle (anterior) |
| D2390 | $106 | $133 | Resin-based composite crown, anterior |
| D2391 | $62 | $99 | Resin-based composite – one surface, posterior |
| D2392 | $77 | $123 | Resin-based composite – two surfaces, posterior |
| D2393 | $92 | $133 | Resin-based composite – three surfaces, posterior |
| D2394 | $116 | $182 | 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 | $307 | $367 | Inlay – metallic – three or more surfaces |
| D2542 | $499 | $596 | Onlay – metallic – two surfaces |
| D2543 | $690 | $788 | Onlay – metallic – three surfaces |
| D2544 | $715 | $800 | Onlay – metallic – four or more surfaces |
| D2610 | I.C. | I.C. | Inlay – porcelain/ceramic – one surface |
| D2620 | $422 | $504 | Inlay – porcelain/ceramic – two surfaces |
| D2630 | $640 | $744 | Inlay - porcelain/ceramic - three or more surfaces |
| D2642 | $675 | $722 | Onlay – porcelain/ceramic – two surfaces |
| D2643 | $651 | $768 | Onlay – porcelain/ceramic – three surfaces |
| D2644 | $660 | $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 | $613 | $656 | Onlay – resin-based composite – two surfaces |
| D2663 | $612 | $727 | Onlay – resin-based composite – three surfaces |
| D2664 | $612 | $731 | Onlay – resin-based composite – four or more surfaces |
| D2710 | $230 | $244 | Crown – resin-based composite (indirect) |
| D2712 | I.C. | I.C. | Crown – 3/4 resin-based composite (indirect) |
| D2720 | $633 | $757 | Crown – resin with high noble metal |
| D2721 | $460 | $550 | Crown – resin with predominantly base metal |
| D2722 | $521 | $558 | Crown – resin with noble metal |
| D2740 | $729 | $853 | Crown – porcelain/ceramic |
| D2750 | $686 | $800 | Crown – porcelain fused to high noble metal |
| D2751 | $613 | $727 | Crown – porcelain fused to predominantly base metal |
| D2752 | $633 | $735 | Crown – porcelain fused to noble metal |
| D2753 | I.C. | I.C. | Crown- porcelain fused to titanium and titanium alloys |
| D2780 | $705 | $841 | Crown – ¾ cast high noble metal |
| D2781 | I.C. | I.C. | Crown – ¾ cast predominately base metal |
| D2782 | I.C. | I.C. | Crown – ¾ cast noble metal |
| D2783 | $682 | $812 | Crown – ¾ porcelain/ceramic |
| D2790 | $690 | $808 | Crown – full cast high noble metal |
| D2791 | $538 | $641 | Crown – full cast predominantly base metal |
| D2792 | $651 | $748 | Crown – full cast noble metal |
| D2794 | I.C. | I.C. | Crown – titanium and titanium alloys |
| D2799 | $191 | $228 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression |
| D2910 | $57 | $69 | Re-cement or re-bond inlay, onlay or partial coverage restoration |
| D2915 | I.C. | I.C. | Re-cement or re-bond indirectly fabricated or prefabricated post and core |
| D2920 | $57 | $68 | Re-cement or re-bond crown |
| D2921 | I.C. | I.C. | Reattachment of tooth fragment, incisal edge or cusp |
| D2928 | I.C. | I.C. | Prefabricated porcelain/ceramic crown- permanent tooth |
| D2929 | I.C. | I.C. | Prefabricated porcelain/ceramic crown – primary tooth |
| D2930 | $153 | $205 | Prefabricated stainless steel crown – primary tooth |
| D2931 | $171 | $199 | Prefabricated stainless steel crown – permanent tooth |
| D2932 | $211 | $224 | Prefabricated resin crown |
| D2933 | $153 | $184 | Prefabricated stainless steel crown with resin window |
| D2934 | $153 | $184 | Prefabricated esthetic coated stainless steel crown – primary tooth |
| D2940 | $61 | $72 | Protective restoration |
| D2941 | I.C. | I.C. | Interim therapeutic restoration- primary dentition |
| D2949 | I.C. | I.C. | Restorative foundation for an indirect restoration |
| D2950 | $164 | $197 | Core buildup, including any pins when required |
| D2951 | $27 | $31 | Pin retention – per tooth, in addition to restoration |
| D2952 | $233 | $276 | Post and core in addition to crown, indirectly fabricated |
| D2953 | I.C. | I.C. | Each additional indirectly fabricated post – same tooth |
| D2954 | $191 | $229 | Prefabricated post and core in addition to crown |
| D2955 | I.C. | I.C. | Post removal |
| D2957 | I.C. | I.C. | Each additional prefabricated post – same tooth |
| D2960 | $307 | $420 | Labial veneer (resin laminate) – direct |
| D2961 | $422 | $504 | Labial veneer (resin laminate) – indirect |
| D2962 | $574 | $688 | Labial veneer (porcelain laminate) – laboratory |
| D2971 | I.C. | I.C. | Additional procedures to customize a crown to fit under an existing partial denture framework |
| D2975 | I.C. | I.C. | Coping |
| D2980 | $115 | $137 | Crown repair necessitated by restorative material failure |
| D2981 | I.C. | I.C. | Inlay repair necessitated by restorative material failure |
| D2982 | I.C. | I.C. | Onlay repair necessitated by restorative material failure |
| D2983 | I.C. | I.C. | Veneer repair necessitated by restorative material failure |
| D2999 | I.C. | I.C. | Unspecified restorative procedure, by report |
| **IV. Endodontics** | | | |
| D3110 | $34 | $40 | Pulp cap – direct (excluding final restoration) |
| D3120 | $34 | $40 | Pulp cap – indirect (excluding final restoration) |
| D3220 | $88 | $106 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament |
| D3221 | $115 | $123 | Pulpal debridement, primary and permanent teeth |
| D3222 | I.C. | I.C. | Partial pulpotomy for apexogenesis- permanent tooth with incomplete root development |
| 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 | $544 | $544 | Endodontic therapy, anterior (excluding final restoration) |
| D3320 | $639 | $639 | Endodontic therapy, premolar tooth (excluding final restoration) |
| D3330 | $829 | $829 | Endodontic therapy, molar tooth (excluding final restoration) |
| D3331 | I.C. | I.C. | Treatment of root canal obstruction; nonsurgical access |
| D3332 | $191 | $205 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth |
| D3333 | $230 | $274 | Internal root repair of perforation defects |
| D3346 | $456 | $545 | Retreatment of previous root canal therapy – anterior |
| D3347 | $538 | $641 | Retreatment of previous root canal therapy – premolar |
| D3348 | $613 | $789 | Retreatment of previous root canal therapy – molar |
| D3351 | $122 | $146 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) |
| D3352 | I.C. | I.C. | Apexification/recalcification – interim medication replacement |
| D3353 | I.C. | I.C. | Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) |
| D3355 | I.C. | I.C. | Pulpal regeneration - intial visit |
| D3356 | I.C. | I.C. | Pulpal regeneration - interim medication replacement |
| D3357 | I.C. | I.C. | Pulpal regeneration - completion of treatment |
| D3410 | $407 | $471 | Apicoectomy – anterior |
| D3421 | $460 | $550 | Apicoectomy – premolar (first root) |
| D3425 | $598 | $639 | Apicoectomy – molar (first root) |
| D3426 | $230 | $264 | Apicoectomy (each additional root) |
| D3428 | I.C. | I.C. | Bone graft in conjunction with periradicular surgery - per tooth, single site |
| D3429 | I.C. | I.C. | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site |
| D3430 | $77 | $91 | Retrograde filling – per root |
| D3431 | I.C. | I.C. | Biological materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery |
| D3432 | I.C. | I.C. | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery |
| D3450 | $288 | $343 | Root amputation – per root |
| D3460 | $462 | $744 | Endodontic endosseous implant |
| D3470 | I.C. | I.C. | Intentional re-implantation (including necessary splinting) |
| D3471 | I.C. | I.C. | Surgical repair of root resorption- anterior |
| D3472 | I.C. | I.C. | Surgical repair of root resorption- premolar |
| D3473 | I.C. | I.C. | Surgical repair of root resorption- molar |
| D3501 | I.C. | I.C. | Surgical repair of root surface without apicoectomy or repair or repair of root resorption- anterior |
| D3502 | I.C. | I.C. | Surgical repair of root surface without apicectomy or repair of root resorption- premolar |
| D3503 | I.C. | I.C. | Surgical repair of root surface without apicectomy or repair of root resorption- molar |
| D3910 | I.C. | I.C. | Surgical procedure for isolation of tooth with rubber dam |
| D3911 | I.C. | I.C. | Intraorifice barrier |
| D3920 | $211 | $243 | Hemisection (including any root removal), not including root canal therapy |
| D3921 | I.C. | I.C. | Decoronation or submergence of an erupted tooth |
| D3950 | $69 | $111 | Canal preparation and fitting of preformed dowel or post |
| D3999 | I.C. | I.C. | Unspecified endodontic procedure, by report |
| **V. Periodontics** | | | |
| D4210 | $307 | $343 | Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant |
| D4211 | $111 | $133 | Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant |
| D4212 | I.C. | I.C. | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth |
| D4230 | I.C. | I.C. | Anatomical crown exposure - Four or more contiguous teeth or bounded tooth spaces per quadrant |
| D4231 | I.C. | I.C. | Anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant |
| D4240 | $449 | $606 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant |
| D4241 | I.C. | I.C. | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4245 | I.C. | I.C. | Apically positioned flap |
| D4249 | $460 | $550 | Clinical crown lengthening - hard tissue |
| D4260 | $795 | $1,101 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant |
| D4261 | $708 | $759 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant |
| D4263 | $253 | $351 | Bone replacement graft – retained natural tooth - first site in quadrant |
| D4264 | $188 | $202 | Bone replacement graft – retained natural tooth - each additional site in quadrant |
| D4265 | I.C. | I.C. | Biologic materials to aid in soft and osseous tissue regeneration, per site |
| D4266 | $307 | $359 | Guided tissue regeneration, natural teeth – resorbable barrier, per site |
| D4267 | $307 | $328 | Guided tissue regeneration, natural teeth – non-resorbable barrier, per site |
| D4268 | I.C. | I.C. | Surgical revision procedure, per tooth |
| D4270 | $604 | $800 | Pedicle soft tissue graft procedure |
| D4273 | $651 | $779 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft |
| D4274 | $326 | $384 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) |
| D4275 | I.C. | I.C. | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft |
| D4276 | I.C. | I.C. | Combined connective tissue and pedicle graft, per tooth |
| D4277 | I.C. | I.C. | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft |
| D4278 | I.C. | I.C. | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site |
| D4283 | I.C. | I.C. | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site |
| D4285 | I.C. | I.C. | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) |
| D4286 | I.C. | I.C. | Removal of non-resorbable barrier |
| D4322 | I.C. | I.C. | Splint – intra-coronal; natural teeth or prosthetic crowns |
| D4323 | I.C. | I.C. | Splint – extra-coronal; natural teeth or prosthetic crowns |
| D4341 | $134 | $160 | Periodontal scaling and root planing - four or more teeth per quadrant |
| D4342 | $90 | $107 | Periodontal scaling and root planing - one to three teeth, per quadrant |
| D4346 | $60 | $75 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation |
| D4355 | $77 | $93 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit |
| D4381 | $88 | $121 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth |
| D4910 | $80 | $111 | Periodontal maintenance |
| D4920 | $67 | $76 | Unscheduled dressing change (by someone other than treating dentist) |
| D4921 | I.C. | I.C. | Gingival irrigation with a medicinal agent – per quadrant |
| D4999 | I.C. | I.C. | Unspecified periodontal procedure, by report |
| **VI. Prosthodontics (Removable)** | | | |
| D5110 | $730 | $858 | Complete denture – maxillary |
| D5120 | $730 | $852 | Complete denture – mandibular |
| D5130 | $767 | $935 | Immediate denture – maxillary |
| D5140 | $766 | $934 | Immediate denture - mandibular |
| D5211 | $556 | $650 | Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) |
| D5212 | $595 | $691 | Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) |
| D5213 | $1,097 | $974 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5214 | $1,134 | $986 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5221 | I.C. | I.C. | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5222 | I.C. | I.C. | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) |
| D5223 | I.C. | I.C. | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5224 | I.C. | I.C. | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5225 | I.C. | $974 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) |
| D5226 | I.C. | $986 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) |
| D5227 | I.C. | I.C. | Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth) |
| D5228 | I.C. | I.C. | Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth) |
| D5282 | I.C. | I.C. | Removable unilateral partial denture- one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary |
| D5283 | I.C. | I.C. | Removable unilateral partial denture- one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular |
| D5284 | I.C. | I.C. | Removable unilateral partial denture- one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant |
| D5286 | I.C. | I.C. | Removable unilateral partial denture- one piece resin (including clasps and teeth) – per quadrant |
| D5410 | $42 | $49 | Adjust complete denture - maxillary |
| D5411 | $42 | $49 | Adjust complete denture - mandibular |
| D5421 | $53 | $56 | Adjust partial denture - maxillary |
| D5422 | $39 | $45 | Adjust partial denture - mandibular |
| D5511 | $85 | $109 | Repair broken complete denture base, mandibular |
| D5512 | $85 | $109 | Repair broken complete denture base, maxillary |
| D5520 | $77 | $89 | Replace missing or broken teeth - complete denture (each tooth) |
| D5611 | $77 | $93 | Repair broken resin partial denture base, mandibular |
| D5612 | $77 | $93 | Repair broken resin partial denture base, maxillary |
| D5621 | $104 | $121 | Repair broken cast partial denture base, mandibular |
| D5622 | $104 | $121 | Repair broken cast partial denture base, maxillary |
| D5630 | $99 | $107 | Repair or replace broken retentive/clasping materials – per tooth |
| D5640 | $77 | $91 | Replace broken teeth - per tooth |
| D5650 | $92 | $110 | Add tooth to existing partial denture |
| D5660 | $98 | $125 | Add clasp to existing partial denture per tooth |
| 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 | $253 | $301 | Rebase complete maxillary denture |
| D5711 | $201 | $257 | Rebase complete mandibular denture |
| D5720 | $230 | $274 | Rebase maxillary partial denture |
| D5721 | $284 | $323 | Rebase mandibular partial denture |
| D5725 | I.C. | I.C. | Rebase hybrid prosthesis |
| D5765 | I.C. | I.C. | Soft liner for complete or partial removable denture - indirect |
| D5730 | $158 | $188 | Reline complete maxillary denture (direct) |
| D5731 | $173 | $184 | Reline lower complete mandibular denture (direct) |
| D5740 | $142 | $169 | Reline maxillary partial denture (direct) |
| D5741 | $134 | $160 | Reline mandibular partial denture (direct) |
| D5750 | $214 | $255 | Reline complete maxillary denture (indirect) |
| D5751 | $215 | $256 | Reline complete mandibular denture (indirect) |
| D5760 | $211 | $252 | Reline maxillary partial denture (indirect) |
| D5761 | $211 | $252 | Reline mandibular partial denture (indirect) |
| D5810 | $145 | $193 | Interim complete denture (maxillary) |
| D5811 | $145 | $193 | Interim complete denture (mandibular) |
| D5820 | $268 | $321 | Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary |
| D5821 | $295 | $316 | Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular |
| D5850 | $72 | $86 | Tissue conditioning, maxillary |
| D5851 | $65 | $77 | Tissue conditioning, mandibular |
| D5862 | $230 | $254 | Precision attachment, by report |
| D5863 | I.C. | I.C. | Overdenture- complete maxillary |
| D5864 | I.C. | I.C. | Overdenture- partial maxillary |
| D5865 | I.C. | I.C. | Overdenture- complete mandibular |
| D5866 | I.C. | I.C. | Overdenture- partial mandibular |
| D5867 | I.C. | I.C. | Replacement of replaceable part of semi-precision or precision attachment, per attachment |
| D5875 | I.C. | I.C. | Modification of removable prosthesis following implant surgery |
| D5876 | I.C. | I.C. | Add metal substructure to acrylic full denture (per arch) |
| 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 |
| 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 |
| D5991 | I.C. | I.C. | Vesiculobullous disease medicament carrier |
| D5992 | I.C. | I.C. | Adjust maxillofacial prosthetic appliance, by report |
| D5993 | I.C. | I.C. | Maintenance and cleaning of a maxillofacial prosthesis (extra or intra-oral) other than required adjustments, by report |
| D5995 | I.C. | I.C. | Periodontal medicament carrier with peripheral seal – laboratory processed- maxillary |
| D5996 | I.C. | I.C. | Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular |
| D5999 | I.C. | I.C. | Unspecified maxillofacial prosthesis, by report |
| **VII. Implant Services** | | | |
| D6010 | $1,151 | $1,374 | Surgical placement of implant body: endosteal implant |
| D6011 | I.C. | I.C. | Surgical access to an implant body (second stage implant surgery) |
| D6012 | I.C. | I.C. | Surgical placement of interim implant body for transitional prosthesis: endosteal implant |
| D6013 | I.C. | I.C. | Surgical placement of mini implant |
| D6040 | $1,534 | $1,632 | Surgical placement: eposteal implant |
| D6050 | $134 | $162 | Surgical placement: transosteal implant |
| D6051 | I.C. | I.C. | Interim implant abutment placement |
| D6055 | $230 | $274 | Connecting bar – implant supported or abutment supported |
| D6056 | $278 | $331 | Prefabricated abutment - includes modification and placement |
| D6057 | $402 | $480 | Custom fabricated abutment - includes placement |
| D6058 | $920 | $982 | Abutment supported porcelain/ceramic crown |
| D6059 | $756 | $894 | Abutment supported porcelain fused to metal crown (high noble metal) |
| D6060 | $729 | $778 | Abutment supported porcelain fused to metal crown (predominantly base metal) |
| D6061 | $758 | $812 | Abutment supported porcelain fused to metal crown (noble metal) |
| D6062 | $767 | $894 | Abutment supported cast metal crown (high noble metal) |
| D6063 | I.C. | I.C. | Abutment supported cast metal crown (predominantly base metal) |
| D6064 | $920 | $1,091 | Abutment supported cast metal crown (noble metal) |
| D6065 | $920 | $1,015 | Implant supported porcelain/ceramic crown |
| D6066 | $878 | $1,049 | Implant supported crown- porcelain fused to high noble alloys |
| D6067 | $996 | $1,067 | Implant supported crown - high noble alloys |
| 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 FPD - porcelain fused to high noble alloys |
| D6077 | I.C. | I.C. | Implant supported retainer for metal FPD - high noble alloys |
| D6080 | $96 | $115 | Implant maintenance procedures when prostheses are removed and reinserted, includingcleansing of prostheses and abutments |
| D6081 | I.C. | I.C. | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of implant surfaces, without flap entry and closure. |
| D6082 | I.C. | I.C. | Implant supported crown- porcelain fused to predominantly base alloys |
| D6083 | I.C. | I.C. | Implant supported crown- porcelain fused to noble alloys |
| D6084 | I.C. | I.C. | Implant supported crown- porcelain fused to titanium or titanium alloys |
| D6085 | I.C. | I.C. | Interim implant crown |
| D6086 | I.C. | I.C. | Implant supported crown- predominantly base alloys |
| D6087 | I.C. | I.C. | Implant supported crown- noble alloys |
| D6088 | I.C. | I.C. | Implant supported crown- titanium and titanium alloys |
| D6090 | I.C. | I.C. | Repair implant supported prosthesis, by report |
| D6091 | I.C. | I.C. | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment |
| D6092 | I.C. | I.C. | Re-cement or re-bond implant/abutment supported crown |
| D6093 | I.C. | I.C. | Re-cement or re-bond implant/abutment supported fixed partial denture |
| D6094 | I.C. | I.C. | Abutment supported crown - titanium and titanium alloys |
| D6095 | I.C. | I.C. | Repair implant abutment, by report |
| D6096 | I.C. | I.C. | Remove broken implant retaining screw |
| D6097 | I.C. | I.C. | Abutment supported crown – porcelain fused to titanium or titanium alloys |
| D6098 | I.C. | I.C. | Implant supported retainer - porcelain fused to predominantly base alloys |
| D6099 | I.C. | I.C. | Implant supported retainer for FPD- porcelain fused to noble alloys |
| D6100 | I.C. | I.C. | Surgical removal of implant body |
| D6101 | I.C. | I.C. | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of exposed implant surfaces, including flap entry and closure |
| D6102 | I.C. | I.C. | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure |
| D6103 | I.C. | I.C. | Bone graft for repair of peri-implant defect – does not include flap entry and closure |
| D6104 | I.C. | I.C. | Bone graft at time of implant placement |
| D6105 | I.C. | I.C. | Removal of implant body not requiring bone removal or flap elevation |
| D6106 | I.C. | I.C. | Guided tissue regeneration – resorbable barrier, per implant |
| D6107 | I.C. | I.C. | Guided tissue regeneration – non-resorbable barrier, per implant |
| D6110 | I.C. | I.C. | Implant/abutment supported removable denture for edentulous arch – maxillary |
| D6111 | I.C. | I.C. | Implant/abutment supported removable denture for edentulous arch – mandibular |
| D6112 | I.C. | I.C. | Implant/abutment supported removable denture for partially edentulous arch – maxillary |
| D6113 | I.C. | I.C. | Implant/abutment supported removable denture for partially edentulous arch – mandibular |
| D6114 | I.C. | I.C. | Implant/abutment supported fixed denture for edentulous arch – maxillary |
| D6115 | I.C. | I.C. | Implant/abutment supported fixed denture for edentulous arch – mandibular |
| D6116 | I.C. | I.C. | Implant/abutment supported fixed denture for partially edentulous arch – maxillary |
| D6117 | I.C. | I.C. | Implant/abutment supported fixed denture for partially edentulous arch- mandibular |
| D6118 | I.C. | I.C. | Implant/abutment supported interim fixed denture for edentulous arch – mandibular |
| D6119 | I.C. | I.C. | Implant/abutment supported interim fixed denture for edentulous arch – maxillary |
| D6120 | I.C. | I.C. | Implant supported retainer- porcelain fused to titanium and titanium alloys |
| D6121 | I.C. | I.C. | Implant supported retainer for metal FPD- predominantly base alloys |
| D6122 | I.C. | I.C. | Implant supported retainer for metal FPD- noble alloys |
| D6123 | I.C. | I.C. | Implant supported retainer for metal FPD- titanium and titanium alloys |
| D6190 | I.C. | I.C. | Radiographic/surgical implant index, by report |
| D6191 | I.C. | I.C. | Semi-precision abutment- placement |
| D6192 | I.C. | I.C. | Semi-precision attachment - placement |
| D6194 | I.C. | I.C. | Abutment supported retainer crown for FPD - titanium and titanium alloys |
| D6195 | I.C. | I.C. | Abutment supported retainer- porcelain fused to titanium and titanium alloys |
| D6197 | I.C. | I.C. | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant |
| D6198 | I.C. | I.C. | Remove interim implant component |
| D6199 | I.C. | I.C. | Unspecified implant procedure, by report |
| D6205 | I.C. | I.C. | Pontic - indirect resin based composite |
| D6210 | $651 | $748 | Pontic - cast high noble metal |
| D6211 | $584 | $667 | Pontic - cast predominantly base metal |
| D6212 | $632 | $676 | Pontic - cast noble metal |
| D6214 | I.C. | I.C. | Pontic – titanium and titanium alloys |
| D6240 | $671 | $792 | Pontic - porcelain fused to high noble metal |
| D6241 | $606 | $691 | Pontic - porcelain fused to predominantly base metal |
| D6242 | $613 | $731 | Pontic - porcelain fused to noble metal |
| D6243 | I.C. | I.C. | Pontic- porcelain fused to titanium and titanium alloys |
| D6245 | I.C. | I.C. | Pontic - porcelain/ceramic |
| D6250 | $703 | $807 | Pontic - resin with high noble metal |
| D6251 | $517 | $575 | Pontic - resin with predominantly base metal |
| D6252 | $555 | $691 | Pontic - resin with noble metal |
| D6253 | I.C. | I.C. | Interim pontic – further treatment or completion of diagnosis necessary prior to final impression |
| D6545 | $268 | $320 | Retainer - cast metal for resin bonded fixed prosthesis |
| D6548 | I.C. | I.C. | Retainer - porcelain/ceramic for resin bonded fixed prosthesis |
| D6549 | I.C. | I.C. | Resin retainer - for resin bonded fixed prosthesis |
| D6600 | I.C. | I.C. | Retainer inlay - porcelain/ceramic, two surfaces |
| D6601 | I.C. | I.C. | Retainer inlay – porcelain/ceramic, three or more surfaces |
| D6602 | I.C. | I.C. | Retainer inlay - cast high noble metal, two surfaces |
| D6603 | I.C. | I.C. | Retainer inlay - cast high noble metal, three or more surfaces |
| D6604 | I.C. | I.C. | Retainer inlay - cast predominantly base metal, two surfaces |
| D6605 | I.C. | I.C. | Retainer inlay - cast predominantly base metal, three or more surfaces |
| D6606 | I.C. | I.C. | Retainer inlay - cast noble metal, two surfaces |
| D6607 | I.C. | I.C. | Retainer inlay - cast noble metal, three or more surfaces |
| D6608 | I.C. | I.C. | Retainer onlay - porcelain/ceramic, two surfaces |
| D6609 | I.C. | I.C. | Retainer onlay - porcelain/ceramic, three or more surfaces |
| D6610 | I.C. | I.C. | Retainer onlay - cast high noble metal, two surfaces |
| D6611 | I.C. | I.C. | Retainer onlay - cast high noble metal, three or more surfaces |
| D6612 | I.C. | I.C. | Retainer onlay - cast predominantly base metal, two surfaces |
| D6613 | I.C. | I.C. | Retainer onlay - cast predominantly base metal, three or more surfaces |
| D6614 | I.C. | I.C. | Retainer onlay - cast noble metal, two surfaces |
| D6615 | I.C. | I.C. | Retainer onlay - cast noble metal, three or more surfaces |
| D6624 | I.C. | I.C. | Retainer inlay – titanium |
| D6634 | I.C. | I.C. | Retainer onlay – titanium |
| D6710 | I.C. | I.C. | Retainer crown – indirect resin based composite |
| D6720 | $527 | $671 | Retainer crown - resin with high noble metal |
| D6721 | $536 | $610 | Retainer crown - resin with predominantly base metal |
| D6722 | $207 | $246 | Retainer crown - resin with noble metal |
| D6740 | I.C. | I.C. | Retainer crown - porcelain/ceramic |
| D6750 | $678 | $779 | Retainer crown - porcelain fused to high noble metal |
| D6751 | $610 | $691 | Retainer crown - porcelain fused to predominantly base metal |
| D6752 | $613 | $731 | Retainer crown - porcelain fused to noble metal |
| D6753 | I.C. | I.C. | Retainer crown- ¾ porcelain fused to titanium and titanium alloys |
| D6780 | $517 | $617 | Retainer crown - ¾ cast high noble metal |
| D6781 | I.C. | I.C. | Retainer crown - ¾ cast predominately base metal |
| D6782 | I.C. | I.C. | Retainer crown - ¾ cast noble metal |
| D6783 | I.C. | I.C. | Retainer crown - ¾ porcelain/ceramic |
| D6784 | I.C. | I.C. | Retainer crown - ¾ titanium and titanium alloys |
| D6790 | $703 | $897 | Retainer crown - full cast high noble metal |
| D6791 | $556 | $661 | Retainer crown - full cast predominantly base metal |
| D6792 | $589 | $701 | Retainer crown - full cast noble metal |
| D6793 | I.C. | I.C. | Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression |
| D6794 | I.C. | I.C. | Crown – titanium and titanium alloys |
| D6920 | I.C. | I.C. | Connector bar |
| D6930 | $72 | $87 | Recement bridge |
| D6940 | $153 | $204 | Stress breaker |
| D6950 | $166 | $220 | Precision attachment |
| D6980 | $134 | $155 | Fixed partial denture repair necessitated by restorative material failure |
| D6985 | I.C. | I.C. | Pediatric partial denture, fixed |
| D6999 | I.C. | I.C. | Unspecified fixed prosthodontic procedure, by report |
| **X. Exodontic** | | | |
| D7111 | $75 | $80 | Extraction, coronal remnants - primary tooth |
| D7140 | $77 | $107 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) |
| D7210 | $149 | $179 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated |
| D7220 | $191 | $223 | Removal of impacted tooth - soft tissue |
| D7230 | $249 | $286 | Removal of impacted tooth - partially bony |
| D7240 | $295 | $378 | Removal of impacted tooth - completely bony |
| D7241 | $326 | $427 | Removal of impacted tooth - completely bony, with unusual surgical complications |
| D7250 | $144 | $173 | Surgical removal of residual tooth roots (cutting procedure) |
| D7251 | I.C. | I.C. | Coronectomy – intentional partial tooth removal, impacted teeth only |
| D7260 | $339 | $398 | Oroantral fistula closure |
| D7261 | I.C. | I.C. | Primary closure of a sinus perforation |
| D7270 | $106 | $145 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth |
| D7272 | $161 | $218 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) |
| D7280 | $380 | $452 | Exposure of an unerupted tooth |
| D7282 | I.C. | I.C. | Mobilization of erupted or malpositioned tooth to aid eruption |
| D7283 | $73 | $84 | Placement of device to facilitate eruption of impacted tooth |
| D7285 | $122 | $146 | Incisional biopsy of oral tissue – hard (bone, tooth) |
| D7286 | $164 | $197 | Incisional 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 | $79 | $109 | Surgical repositioning of teeth |
| D7291 | $137 | $165 | Transseptal fiberotomy/supra crestal fiberotomy, by report |
| D7292 | I.C. | I.C. | Placement of temporary anchorage device (screw retained plate) requiring flap |
| D7293 | I.C. | I.C. | Placement of temporary anchorage device requiring flap |
| D7294 | I.C. | I.C. | Placement of temporary anchorage device without flap |
| D7295 | I.C. | I.C. | Harvest of bone for use in autogenous grafting procedure |
| D7296 | I.C. | I.C. | Corticotomy – one to three teeth or tooth spaces, per quadrant |
| D7297 | I.C. | I.C. | Corticotomy – four or more teeth or tooth spaces, per quadrant |
| D7298 | I.C. | I.C. | Removal of temporary anchorage device (screw retained plate), requiring flap |
| D7299 | I.C. | I.C. | Removal of temporary anchorage device, requiring flap |
| D7300 | I.C. | I.C. | Removal of temporary anchorage device without flap |
| D7310 | $142 | $163 | Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant |
| D7311 | $128 | $146 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant |
| D7320 | $187 | $202 | Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant |
| D7321 | $149 | $162 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant |
| D7340 | $747 | $796 | Vestibuloplasty - ridge extension (second epithelialization) |
| D7350 | $943 | $1,236 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) |
| D7410 | $115 | $124 | Excision of benign lesion up to 1.25 cm |
| D7411 | $208 | $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 | $188 | $256 | Excision of malignant tumor - lesion diameter up to 1.25 cm |
| D7441 | $249 | $339 | Excision of malignant tumor - lesion diameter greater than 1.25 cm |
| D7450 | $248 | $252 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm |
| D7451 | $288 | $343 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm |
| D7460 | $121 | $142 | Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm |
| D7461 | $143 | $194 | Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm |
| D7465 | I.C | I.C | Destruction of lesion(s) by physical or chemical method, by report |
| D7471 | $143 | $194 | Removal of lateral exostosis (maxilla or mandible) |
| D7472 | I.C. | I.C. | Removal of torus palatinus |
| 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 |
| D7509 | I.C. | I.C. | Marsupialization of odontogenic cyst |
| D7510 | $96 | $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 | $80 | $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 | $210 | $224 | Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue |
| D7540 | $464 | $544 | Removal of reaction-producing foreign bodies, musculoskeletal system |
| D7550 | I.C. | I.C. | Partial ostectomy/sequestrectomy for removal of nonvital bone |
| D7560 | $267 | $364 | Maxillary sinusotomy for removal of tooth fragment or foreign body |
| D7610 | $1,250 | $1,704 | Maxilla - open reduction (teeth immobilized, if present) |
| D7620 | $419 | $569 | Maxilla - closed reduction (teeth immobilized, if present) |
| D7630 | $1,045 | $1,425 | Mandible - open reduction (teeth immobilized, if present) |
| D7640 | $624 | $850 | Mandible - closed reduction (teeth immobilized, if present) |
| D7650 | $833 | $1,135 | Malar and/or zygomatic arch - open reduction |
| D7660 | $207 | $282 | Malar and/or zygomatic arch - closed reduction |
| D7670 | $296 | $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 | $1,250 | $1,704 | Maxilla – open reduction |
| D7720 | I.C. | I.C. | Maxilla - closed reduction |
| D7730 | $1,045 | $1,425 | Mandible - open reduction |
| D7740 | $624 | $846 | Mandible - closed reduction |
| D7750 | $833 | $1,135 | Malar and/or zygomatic arch - open reduction |
| D7760 | $207 | $282 | Malar and/or zygomatic arch - closed reduction |
| D7770 | $312 | $380 | Alveolus - open reduction stabilization of teeth |
| D7771 | I.C. | I.C. | Alveolus, closed reduction stabilization of teeth |
| D7780 | $115 | $137 | Facial bones - complicated reduction with fixation and multiple surgical approaches |
| D7810 | $521 | $711 | Open reduction of dislocation |
| D7820 | $80 | $109 | Closed reduction of dislocation |
| D7830 | I.C. | I.C. | Manipulation under anesthesia |
| D7840 | $833 | $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 | $106 | $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: lavage and lysis of adhesions |
| D7874 | I.C. | I.C. | Arthroscopy: disc repositioning and stabilization |
| D7875 | I.C. | I.C. | Arthroscopy: synovectomy |
| D7876 | I.C. | I.C. | Arthroscopy: discectomy |
| D7877 | I.C. | I.C. | Arthroscopy: debridement |
| D7880 | $345 | $367 | Occlusal orthotic device, by report |
| D7881 | I.C. | I.C. | Occlusal orthotic device adjustment |
| D7899 | I.C. | I.C. | Unspecified TMD therapy, by report |
| D7910 | $31 | $42 | Suture of recent small wounds up to 5 cm |
| D7911 | $106 | $129 | Complicated suture - up to 5 cm |
| D7912 | $106 | $145 | Complicated suture - greater than 5 cm |
| D7920 | I.C. | I.C. | Skin graft (identify defect covered, location and type of graft) |
| D7921 | I.C. | I.C. | Collection and application of autologous blood concentrate product |
| D7922 | I.C. | I.C. | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site |
| D7940 | I.C. | I.C. | Osteoplasty - for orthognathic deformities |
| D7941 | I.C. | I.C. | Osteotomy - mandibular rami |
| D7943 | $2,501 | $3,409 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft |
| D7944 | $1,015 | $1,384 | Osteotomy-segmented or subapical |
| D7945 | $2,084 | $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 | $833 | $1,135 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla-autogenous or nonautogenous, by report |
| D7951 | I.C. | I.C. | Sinus augmentation with bone or bone substitutes |
| D7952 | I.C. | I.C. | Sinus augmentation via a vertical approach |
| 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 |
| D7956 | I.C. | I.C. | Guided tissue regeneration, edentulous area – resorbable barrier, per site |
| D7957 | I.C. | I.C. | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site |
| D7961 | $107 | $353 | Buccal/labial frenectomy (frenulectomy) |
| D7962 | $107 | $353 | Lingual frenectomy (frenulectomy) |
| D7963 | $416 | $480 | Frenuloplasty |
| D7970 | $246 | $334 | Excision of hyperplastic tissue - per arch |
| D7971 | $79 | $109 | Excision of pericoronal gingival |
| D7972 | I.C. | I.C. | Surgical reduction of fibrous tuberosity |
| D7979 | I.C. | I.C. | Non- surgical sialolithotomy |
| D7980 | $106 | $145 | Surgical sialolithotomy |
| D7981 | $649 | $850 | Excision of salivary gland, by report |
| D7982 | $282 | $387 | Sialodochoplasty |
| D7983 | $517 | $705 | Closure of salivary fistula |
| D7990 | I.C. | I.C. | Emergency tracheotomy |
| D7991 | I.C. | I.C. | Coronoidectomy |
| D7993 | I.C. | I.C. | Surgical placement of craniofacial implant – extra oral |
| D7994 | I.C. | I.C. | Surgical placement: zygomatic implant |
| 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. | $250 | Limited orthodontic treatment of the primary dentition |
| D8020 | I.C. | $250 | Limited orthodontic treatment of the transitional dentition |
| D8030 | I.C. | $250 | Limited orthodontic treatment of the adolescent dentition |
| D8040 | I.C. | $250 | Limited orthodontic treatment of the adult dentition |
| D8070 | I.C. | I.C. | Comprehensive orthodontic treatment of the transitional dentition |
| D8080 | $1,227 | $1,302 | Comprehensive orthodontic treatment of the adolescent dentition |
| D8090 | I.C. | I.C. | Comprehensive orthodontic treatment of the adult dentition |
| D8210 | $85 | $95 | Removable appliance therapy |
| D8220 | I.C. | I.C. | Fixed appliance therapy |
| D8660 | $24 | $31 | Pre-orthodontic treatment examination to monitor growth and development |
| D8670 | $215 | $288 | Periodic orthodontic treatment visit (as part of contract) |
| D8680 | $85 | $102 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) |
| D8681 | I.C. | I.C. | Removable orthodontic retainer adjustment |
| D8690 | $122 | $136 | Orthodontic treatment (alternative billing to a contract fee) |
| D8695 | I.C. | I.C. | Removal of fixed orthodontic appliances for reasons other than completion of treatment |
| D8696 | I.C. | I.C. | Repair of orthodontic appliance- maxillary |
| D8697 | I.C. | I.C. | Repair of orthodontic appliance- mandibular |
| D8698 | I.C. | I.C. | Re-cement or re-bond fixed retainer- maxillary |
| D8699 | I.C. | I.C. | Re-cement or re-bond fixed retainer- mandibular |
| D8701 | I.C. | I.C. | Repair of fixed retainer, includes reattachment- maxillary |
| D8702 | I.C. | I.C. | Repair of fixed retainer, includes reattachment- mandibular |
| D8703 | $85 | $95 | Replacement of lost or broken retainer- maxillary |
| D8704 | $85 | $95 | Replacement of lost or broken retainer- mandibular |
| D8999 | I.C. | I.C. | Unspecified orthodontic procedure, by report |
| **XII. Adjunctive General Services** | | | |
| D9110 | $36 | $75 | Palliative treatment of dental pain – per visit |
| D9120 | I.C. | I.C. | Fixed partial denture sectioning |
| D9130 | I.C. | I.C. | Temporomandibular joint dysfunction- non-invasive physical therapies |
| D9210 | $11 | $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 in conjunction with operative or surgical procedures |
| D9219 | I.C. | I.C. | Evaluation for moderate sedation, deep sedation or general anesthesia |
| D9222 | $90 | $109 | Deep sedation/general anesthesia – first 15 minutes |
| D9223 | $90 | $109 | Deep sedation/general anesthesia – each additional 15-minute increment |
| D9230 | $15 | $22 | Analgesia, anxiolysis, inhalation of nitrous oxide |
| D9239 | $78 | $101 | Intravenous moderate (conscious) sedation analgesia – first 15 minutes |
| D9243 | $78 | $101 | Intravenous moderate (conscious) sedation analgesia – each additional 15 minute increment |
| D9248 | $45 | $45 | Nonintravenous conscious sedation |
| D9310 | $54 | $63 | Consultation-diagnostic service provided by dentist or physician other than requesting dentist or physician |
| D9311 | I.C. | I.C. | Consultation with medical health care professional |
| D9410 | $39 | $36 | House/extended care facility call, once per facility per day |
| D9420 | $34 | $48 | Hospital or ambulatory surgical center call |
| D9430 | $18 | $26 | Office visit for observation (during regularly scheduled hours) - no other services performed |
| D9440 | $23 | $30 | Office visit - after regularly scheduled hours |
| D9450 | $31 | $31 | Case presentation, subsequent to detailed and extensive treatment planing |
| D9610 | $29 | $40 | Therapeutic parenteral drug, single administration |
| D9612 | I.C. | I.C. | Therapeutic parenteral drugs, two or more administrations, different medications |
| D9613 | I.C. | I.C. | Infiltration of sustained release therapeutic drug, per quadrant |
| D9630 | $8 | $10 | Drugs or medicaments dispensed in the office for home use |
| D9910 | $21 | $22 | Application of desensitizing medicament |
| D9911 | I.C. | I.C. | Application of desensitizing resin for cervical and/or root surface, per tooth |
| D9912 | I.C. | I.C. | Pre-visit patient screening |
| D9920 | $86 | $86 | Behavior management, by report |
| D9930 | $30 | $66 | Treatment of complications (postsurgical) - unusual circumstances, by report |
| D9932 | I.C. | I.C. | Cleaning and inspection of removable complete denture, maxillary |
| D9933 | I.C. | I.C. | Cleaning and inspection of removable complete denture, mandibular |
| D9934 | I.C. | I.C. | Cleaning and inspection of removable partial denture, maxillary |
| D9935 | I.C. | I.C. | Cleaning and inspection of removable partial denture, mandibular |
| D9941 | $61 | $85 | Fabrication of athletic mouthguard |
| D9942 | I.C. | I.C. | Repair and/or reline of occlusal guard |
| D9943 | I.C. | I.C. | Occlusal guard adjustment |
| D9944 | I.C. | $308 | Occlusal guard - hard appliance, full arch |
| D9945 | I.C. | $308 | Occlusal guard - soft appliance, full arch |
| D9946 | I.C. | $308 | Occlusal guard - hard appliance, partial arch |
| D9947 | I.C. | I.C. | Custom sleep apnea appliance fabrication and placement |
| D9948 | I.C. | I.C. | Adjustment of custom sleep apnea appliance |
| D9949 | I.C. | I.C. | Repair of custom sleep apnea appliance |
| D9950 | $32 | $45 | Occlusion analysis - mounted case |
| D9951 | $32 | $45 | Occlusal adjustment - limited |
| D9952 | $149 | $179 | Occlusal adjustment - complete |
| D9953 | I.C. | I.C. | Reline custom sleep apnea appliance (indirect) |
| D9961 | I.C. | I.C. | Duplicate/copy patient’s records |
| D9970 | I.C. | I.C. | Enamel microabrasion |
| D9971 | I.C. | I.C. | Odontoplasty – per tooth |
| D9972 | I.C. | I.C. | External bleaching – per arch – performed in office |
| D9973 | I.C. | I.C. | External bleaching – per tooth |
| D9974 | I.C. | I.C. | Internal bleaching – per tooth |
| D9975 | I.C. | I.C. | External bleaching for home application per arch; includes materials and fabrication of custom trays |
| D9985 | I.C. | I.C. | Sales tax |
| D9986 | I.C. | I.C. | Missed appointment |
| D9987 | I.C. | I.C. | Cancelled appointment |
| D9990 | I.C. | I.C. | Certified translation or sign-language services- per visit |
| D9991 | I.C. | I.C. | Dental case management – addressing appointment compliance barriers |
| D9992 | I.C. | I.C. | Dental case management – care coordination |
| D9993 | I.C. | I.C. | Dental case management – motivational interviewing |
| D9994 | I.C. | I.C. | Dental case management – patient education to improve oral health literacy |
| D9995 | I.C. | I.C. | Teledentistry – synchronuous; real-time encounter |
| D9996 | I.C. | I.C. | Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review |
| D9997 | I.C. | I.C. | Dental case management- patients with special health care needs |
| D9999 | I.C. | I.C. | Unspecified adjunctive procedure, by report |

314.06: Allowable Fees: Hospital Services

Maximum allowable fees for professional services rendered in a hospital setting are governed under 101 CMR 316.00: *Rates for* *Surgery and Anesthesia Services*, 101 CMR 318.00: *Rates for* *Radiology Services*, and 101 CMR 317.00: *Rates for* *Medicine Services*.

314.07: Filing and Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 314.07(2).

314.08: Severability

The provisions of 101 CMR 314.00 are severable. If any provision of 101 CMR 314.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 314.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 314.00: M.G.L. c. 118E.