

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Section

- 314.01: General Provisions
- 314.02: Definitions
- 314.03: Rate Provisions
- 314.04: Allowable Fees: Anesthesia Services (Hospital)
- 314.05: Allowable Fees: Non-hospital Services
- 314.06: Allowable Fees: Hospital Services
- 314.07: Filing and Reporting Requirements
- 314.08: Severability

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).

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

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.

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

(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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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 - initial visit
D3356	I.C.	I.C.	Pulpal regeneration - interim medication replacement
D3357	I.C.	I.C.	Pulpal regeneration - completion of treatment

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
D6080	\$96	\$115	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing 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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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- $\frac{3}{4}$ porcelain fused to titanium and titanium alloys

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
D6780	\$517	\$617	Retainer crown - $\frac{3}{4}$ cast high noble metal
D6781	I.C.	I.C.	Retainer crown - $\frac{3}{4}$ cast predominately base metal
D6782	I.C.	I.C.	Retainer crown - $\frac{3}{4}$ cast noble metal
D6783	I.C.	I.C.	Retainer crown - $\frac{3}{4}$ porcelain/ceramic
D6784	I.C.	I.C.	Retainer crown - $\frac{3}{4}$ 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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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)

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

Code	Allowed Fee	Allowed Fee (EPSDT-eligible members)	Description
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 – synchronous; 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).

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 314.00: RATES FOR DENTAL SERVICES

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.