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**Administrative Bulletin 18-06**  
**101 CMR 314.00: Dental Services**  
**Effective January 1, 2018 – Updated August 24, 2018**  
**Updated CDT Dental Codes**

Under the authority of 101 CMR 314.01(5) and (6), the Executive Office of Health and Human Services (EOHHS) has added 18 codes, deleted three codes, cross-walked three codes, and revised 16 procedure code descriptions, as specified in the Current Dental Terminology (CDT) 2018 set by the American Dental Association for the calendar year 2018.

The 10 new codes in this bulletin that require pricing are reimbursed at individual consideration (I.C.). Rates listed in this administrative bulletin are applicable until EOHHS issues revised rates, provided that the listed rates shall continue in effect following promulgation of 101 CMR 314.00, effective February 15, 2018. The deleted codes are no longer available for use for dates of service after December 31, 2017. There is no change in the rates for the sixteen codes with revised descriptions.

The following procedure codes are additions to the CDT terminology.

<b>Added Code</b>	<b>New Allowed Fee</b>	<b>New Allowed Fee (EPSDT-eligible members)</b>	<b>Description</b>
D0411	I.C.	I.C.	HbA1c in-office of service testing
D5511	\$79	\$109	Repair broken complete denture base, mandibular
D5512	\$79	\$109	Repair broken complete denture base, maxillary
D5611	\$72	\$93	Repair resin partial denture base, mandibular
D5612	\$72	\$93	Repair resin partial denture base, maxillary
D5621	\$97	\$121	Repair cast partial framework, mandibular
D5622	\$97	\$121	Repair cast partial framework, maxillary
D6096	I.C.	I.C.	Remove broken implant retaining screw
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

<b>Added Code</b>	<b>New Allowed Fee</b>	<b>New Allowed Fee (EPSDT-eligible members)</b>	<b>Description</b>
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
D7979	I.C.	I.C.	Non-surgical sialolithotomy
D8695	I.C.	I.C.	Removal of fixed orthodontic appliances for reasons other than completions of treatment
D9222	\$73	\$109	Deep sedation/ general anesthesia – first 15 minutes
D9239	\$84	\$101	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes
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

The following procedure codes are deleted.

<b>Deleted Code</b>	<b>Allowed Fee</b>	<b>Allowed Fee (EPSDT-eligible members)</b>	<b>Description</b>
D5510	\$97	\$109	Repair broken complete denture base
D5610	\$72	\$93	Repair resin denture
D5620	\$97	\$121	Repair cast framework

The following procedure codes are cross-walked to the replacement codes below.

<b>Deleted Code</b>	<b>Replacement Codes</b>
D5510	D5511, D5512
D5610	D5611, D5612
D5620	D5621, D5622

The descriptions for the following procedure codes are revised. There is no change in the rate for these codes.

<b>Code</b>	<b>Description</b>
D1354	Interim caries arresting medicament application – per tooth
D1555	Removal of fixed space maintainer
D2740	Crown – porcelain/ceramic
D3320	Endodontic therapy, premolar tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)

<b>Code</b>	<b>Description</b>
D3347	Retreatment of previous root canal therapy – premolar
D3421	Apicoectomy – premolar (first root)
D3426	Apicoectomy – (each additional root)
D4230	Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant
D4231	Anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D7111	Extraction, coronal remnants – primary tooth
D7980	Surgical sialolithotomy
D9223	Deep sedation/general anesthesia- each additional 15 minute increment
D9243	Intravenous moderate (conscious) sedation analgesia- each additional 15 minute increment