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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.

| **Added Code** | **New Allowed Fee** | **New Allowed Fee**  **(EPSDT-eligible members)** | **Description** |
| --- | --- | --- | --- |
| 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 |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Deleted Code** | **Allowed Fee** | **Allowed Fee (EPSDT-eligible members)** | **Description** |
| 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.

|  |  |
| --- | --- |
| **Deleted Code** | **Replacement Codes** |
| 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.

| **Code** | **Description** |
| --- | --- |
| 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) |
| 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 |