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**COMMONWEALTH OF MASSACHUSETTS**  
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**Administrative Bulletin 23-04**  
**101 CMR 314.00: Rates for Dental Services**  
**Effective January 1, 2023**  
**Updated CDT Dental Codes**

Pursuant to 101 CMR 314.01(5) and (6), the Executive Office of Health and Human Services (EOHHS) is adding twenty-two (22) codes, deleting two (2) codes, and revising definitions for ten (10) codes as specified in the Current Dental Terminology (CDT) 2023 set by the American Dental Association for the calendar year 2023.

All codes in this administrative bulletin that require pricing are reimbursed at individual consideration (I.C.). Rates listed in this administrative bulletin are applicable until EOHHS issues revised rates. The deleted codes are no longer available for use for dates of service after December 31, 2022.

The following procedure codes are being added.

| <b>Added Code</b> | <b>New Allowed Fee</b> | <b>New EPSDT Fee</b> | <b>Description</b>  |
|-------------------|------------------------|----------------------|---|
| 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                                   |
| 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   |
| D0387             | I.C.                   | I.C.                 | intraoral tomosynthesis – comprehensive series of radiographic image – image capture only |

| <b>Added Code</b> | <b>New Allowed Fee</b> | <b>New EPSDT Fee</b> | <b>Description</b>  |
|-------------------|------------------------|----------------------|---|
| 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  |
| 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  |
| D4286             | I.C.                   | I.C.                 | removal of non-resorbable barrier   |
| 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  |
| D6197             | I.C.                   | I.C.                 | replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant |
| D7509             | I.C.                   | I.C.                 | marsupialization of odontogenic cyst  |
| 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  |
| D9953             | I.C.                   | I.C.                 | reline custom sleep apnea appliance (indirect)  |

The following procedure codes are being deleted.

| <b>Deleted Code</b> | <b>Description</b>                         |
|---------------------|--|
| D0351               | 3D photographic image                      |
| D0704               | 3D photographic image – image capture only |

The following procedure codes have revisions to their existing definitions.

| <b>Code</b> | <b>Description</b>   |
|-------------|--|
| D0120       | intraoral – comprehensive series of radiographic images            |
| D0393       | virtual treatment simulation using 3D image volume or surface scan |

| <b>Code</b> | <b>Description</b>  |
|-------------|---|
| D0709       | intraoral – comprehensive series of radiographic images – image capture only                                |
| D4266       | guided tissue regeneration, natural teeth – resorbable barrier, per site                                    |
| D4267       | guided tissue regeneration, natural teeth – nonresorbable barrier, per site                                 |
| D4355       | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit |
| D4921       | Gingival irrigation with a medicinal agent – per quadrant   |
| D7251       | Coronectomy – intentional partial tooth removal, impacted teeth only  |
| D9110       | Palliative treatment of dental pain – per visit   |
| D9450       | Case presentation, subsequent to detailed and extensive treatment planning                                  |