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Administrative Bulletin 26-06

101 CMR 314.00: *Rates for Dental Services*

Effective January 1, 2025

Code Updates for Certain Dental Services

Summary

The Executive Office of Health and Human Services (EOHHS) is adding ten (10) codes, revising the definition for nine (9) existing codes, and deleting two (2) codes as specified in the Current Dental Terminology (CDT) 2025 set by the American Dental Association for calendar year 2025. The added codes are effective for dates of service on or after January 1, 2025. These updates are pursuant to 101 CMR 314.01(5) and (6).

All codes in this administrative bulletin that require pricing are reimbursed at individual consideration (IC). Rates listed in this administrative bulletin are applicable until EOHHS issues revised rates.

The following new procedure codes are being added.

Code	Allowed Fee	EPSDT Fee	Description
D2956	IC	IC	Removal of an indirect restoration on a natural tooth
D6180	IC	IC	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments
D6193	IC	IC	Replacement of an implant screw
D7252	IC	IC	Partial extraction for immediate implant placement

Code	Allowed Fee	EPSDT Fee	Description
D7259	IC	IC	Nerve dissection
D8091	IC	IC	Comprehensive orthodontic treatment with orthognatic surgery
D8671	IC	IC	Periodic orthodontic treatment visit associated with orthognatic surgery
D9913	IC	IC	Administration of neuromodulators
D9914	IC	IC	Administration of dermal fillers
D9959	IC	IC	Unspecified sleep apnea services procedure, by report

The following existing procedure codes have an updated code description.

Code	Description
D0801	3D intraoral surface scan - direct
D2940	Placement of interim direct restoration
D5520	Replace missing or broken teeth – complete denture – per tooth
D5640	Replace missing or broken teeth – partial denture – per tooth
D5650	Add tooth to existing partial denture – per tooth
D6051	Placement of interim implant abutment
D6080	Implants maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure
D6090	repair of implant/abutment supported prosthesis

The following existing procedure codes have been deleted.

Code	Description
D2941	Interim therapeutic restoration- primary dentition
D6095	Repair implant abutment, by report