



Transmittal Letter DEN-115

DATE: March 2026

TO: Dental Providers Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

RE: *Dental Manual: 2025 Updates to Subchapter 6*

Introduction

This letter transmits revisions to the service codes in Subchapter 6 of the *Dental Manual*. For dates of service on or after January 1, 2025, you must use the new codes to obtain reimbursement.

Dental providers who bill using Current Dental Terminology (CDT) service codes must refer to the American Dental Association's (ADA) 2025 code book for descriptions of service codes listed in Subchapter 6. Dental providers who are specialists in oral surgery under 130 CMR 420.405(A)(7) must refer to the American Medical Association's (AMA) Current Procedural Terminology (CPT) 2024 code book for descriptions of service codes listed in Subchapter 6.

The following changes are effective January 1, 2025.

- Additions to the list of billable CDT codes
- Additions to the list of CDT codes billable by public health dental hygienists (PHDH)
- Addition of two covered codes that were erroneously deleted or left out and other technical corrections
- Additions to the list of CPT codes billable by specialists in oral surgery

Addition of CDT Codes:

Code	Description
D8091	Comprehensive orthodontic treatment with orthognatic surgery
D8671	Periodic orthodontic treatment visit associated with orthognatic surgery

CDT codes added to the list of PHDH billable codes:

Code	Description
D0210	Intraoral- complete series of radiographic images
D0240	Intraoral- occlusal radiograph image

CDT code addition as technical correction:

Code
D8670
D7284

Technical corrections of frequency limitation include the following codes:

Code	Frequency Limitation
D2330	Once every 12 months
D2331	Once every 12 months
D2332	Once every 12 months
D2335	Once every 12 months
D2390	Once every 12 months
D2391	Once every 12 months
D2392	Once every 12 months
D2393	Once every 12 months
D2394	Once every 12 months
D7310	Once per quadrant per lifetime
D7311	Once per quadrant per lifetime
D7320	Once per quadrant per lifetime
D7321	Once per quadrant per lifetime

CPT codes added to the list of oral surgery specialist billable codes:

Code	Description
11420	Excision, benign lesion including margins, except skin tab (unless listed elsewhere), scalp, neck hands, feet, genitalia, excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tab (unless listed elsewhere), scalp, neck hands, feet, genitalia, excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tab (unless listed elsewhere), scalp, neck hands, feet, genitalia, excised diameter 1.1 to 2 cm
11423	Excision, benign lesion including margins, except skin tab (unless listed elsewhere), scalp, neck hands, feet, genitalia, excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tab (unless listed elsewhere), scalp, neck hands, feet, genitalia, excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tab (unless listed elsewhere), scalp, neck hands, feet, genitalia, excised diameter over 4.0 cm

Dental providers must refer to the American Medical Association’s (AMA) CPT 2025 code book for descriptions of CPT codes listed in Subchapter 6 of the *Dental Manual*.

Providers are reminded that a dental provider may request prior authorization for any medically necessary service payable in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions set forth in 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21. This applies even if the service is not listed in Subchapter 6 of the *Dental Manual*.

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Questions?

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- Email us at provider@masshealthquestions.com

New Material

The pages listed here contain new or revised language.

Dental Manual

Pages vi, 6-1 through 6-29

Obsolete Material

The pages listed here are no longer in effect.

Dental Manual

Pages vi, 6-1 through 6-34 — transmitted by Transmittal Letter 114

Please note: Transmittal Letters no longer include pages for updated regulations, Subchapter 6, or appendix pages. These updated documents are on our [MassHealth Provider Manuals](#) page.