



Please refer to the MassHealth Office Reference Manual (ORM) to determine prior authorization requirements and benefit coverage.

		Children Under 21	Adults 21 and Older	Adults (DDS) 21 and Older	CMSP
Code	Service Code Description	Fee	Fee	Fee	Fee
DIAGNOSTIC SERVICES					
D0120	Periodic oral examination, established patient	\$29	\$20	\$20	\$29
D0140	Limited oral evaluation - problem focused	\$49	\$39	\$39	\$49
D0145	Oral evaluation for patient under 3 yrs of age & counseling w primary caregiver	I.C.	N/A	N/A	I.C.
D0150	Comprehensive oral evaluation new or established patient	\$58	\$37	\$37	\$58
D0180	Comprehensive Periodontal Evaluation	\$58	\$37	\$37	\$58
RADIOGRAPHS					
D0210	Intraoral complete series (including bitewings)	\$88	\$69	\$69	\$88
D0220	Intraoral periapical, first film	\$20	\$14	\$14	\$20
D0230	Intraoral periapical, each additional film	\$16	\$12	\$12	\$16
D0240	Occlusal Radiograph	\$26	N/A	N/A	\$26
D0270	Bitewing - single film	\$17	\$13	\$13	\$17
D0272	Bitewings - two films	\$30	\$22	\$22	\$30
D0273	Bitewings - three films	I.C.	I.C.	I.C.	I.C.
D0274	Bitewings - four films	\$43	\$33	\$33	\$43
D0330	Panoramic film	\$88	\$62	\$62	\$88
D0340	Cephalometric film	\$85	\$69	\$69	\$85
PREVENTIVE SERVICES					
D1110	Prophylaxis - adult	\$70	\$49	\$49	\$70
D1120	Prophylaxis - child	\$51	N/A	N/A	\$51
D1208	Topical application of fluoride (prophylaxis not included)	\$29	\$29	\$29	\$29
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.	\$26	\$26	\$26	\$26
Other Preventative Services					
D1351	Sealant - per tooth	\$41	N/A	N/A	\$41
D1510	Space maintainer - fixed-unilateral	\$229	N/A	N/A	\$229
D1515	Space maintainer - fixed-bilateral	\$345	N/A	N/A	\$345
D1520	Space maintainer - removable-unilateral	\$244	N/A	N/A	\$244
D1525	Space maintainer - removable-bilateral	\$368	N/A	N/A	\$368
RESTORATIVE SERVICES					
D2140	Amalgam - one surface, primary or permanent	\$77	\$58	\$58	\$77
D2150	Amalgam - two surfaces, primary or permanent	\$95	\$72	\$72	\$95
D2160	Amalgam - three surfaces, primary or permanent	\$110	\$86	\$86	\$110
D2161	Amalgam - four or more surfaces, primary or permanent	\$137	\$108	\$108	\$137
Resin Based Composite Restorations					
D2330	Resin-based composite - one surface, anterior	\$91	\$67	\$67	\$91
D2331	Resin-based composite - two surfaces, anterior	\$110	\$86	\$86	\$110
D2332	Resin-based composite - three surfaces, anterior	\$137	\$108	\$108	\$137
D2335	Resin-based composite - 4 + srf/ involve incisal angle (anterior)	\$175	\$136	\$136	\$175

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D2390	Resin-based composite crown, anterior	\$124	N/A	N/A	\$124
D2391	Resin-based composite one surface, posterior	\$92	\$51	\$51	\$92
D2392	Resin-based composite two surfaces, posterior	\$115	\$65	\$65	\$115
D2393	Resin-based composite three surfaces, posterior	\$124	\$77	\$77	\$124
D2394	Resin-based composite 4+ surfaces, posterior	\$170	\$106	\$106	\$170
Crowns - Single Restoration Only					
D2710	Crown resin- based composite (indirect)	\$244	N/A	N/A	\$244
D2740	Crown-porcelain / Ceramic Substrate	\$727	N/A	N/A	\$727
D2750	Crown-Porcelain fused to high noble metal	\$727	N/A	N/A	\$727
D2751	Crown - porcelain fused to predominantly base metal (P.A.) - Include periapical film of the tooth. See 601(A) above	\$727	N/A	\$571	\$727
D2752	Crown-Porcelain fused to noble metal	\$727	N/A	N/A	\$727
D2790	Crown-Full Cast High Noble Metal	\$727	N/A	N/A	\$727
Other Restorative Services					
D2910	Recement inlay, onlay, or partial coverage restoration	\$69	N/A	\$53	\$69
D2920	Recement crown	\$68	N/A	\$53	\$68
D2930	Prefabricated stainless steel crown - primary tooth	\$205	N/A	N/A	\$205
D2931	Prefabricated stainless steel crown - permanent tooth	\$199	N/A	\$159	\$199
D2932	Prefabricated resin crown	\$224	N/A	N/A	\$224
D2934	Prefabricated esthetic coated stainless steel crown primary tooth	\$184	N/A	N/A	\$184
D2951	Pin retention - per tooth, in addition to restoration	\$31	N/A	\$25	\$31
D2954	Prefabricated post and core in addition to crown	\$229	N/A	\$178	\$229
D2980	Crown repair (by report) (chair-side)	\$137	N/A	\$107	\$137
D2999	Unspecified restorative procedure, by report	I.C.	N/A	I.C.	I.C.
ENDODONTIC SERVICES					
Pulpotomy					
D3220	Therapeutic pulpotomy (excl final restoration) - remove pulp coronal to the dentinocemental jxn & application of medicament	\$106	N/A	N/A	\$106
Root Canal Therapy (Including Pre and Post Treatment Radiographs and Follow-up Care)					
D3310	Anterior (excluding final restoration)	\$480	N/A	\$375	\$480
D3320	Bicuspid (excluding final restoration)	\$564	N/A	\$440	\$564
D3330	Molar (excluding final restoration)	\$731	N/A	\$569	\$731
Endodontic Treatment					
D3346	Retreatment of previous root canal therapy - anterior	\$545	N/A	\$425	\$545
D3347	Retreatment of previous root canal therapy - bicuspid	\$641	N/A	\$501	\$641
D3348	Retreatment of previous root canal therapy - molar	\$789	N/A	\$571	\$789
Apicoectomy/Periradicular Services					
D3410	Apicoectomy/periradicular surgery - anterior (per tooth) (includes retrograde filling)	\$471	N/A	\$379	\$471
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$550	N/A	\$429	\$550
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$636	N/A	\$557	\$636
D3426	Apicoectomy/periradicular surgery (each additional root)	\$264	N/A	\$214	\$264
PERIODONTIC SERVICES					
Surgical Services (Including usual Postoperative Services)					

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Code	Service Code Description	Fee	Fee	Fee	Fee
D4210	Gingivectomy or gingivoplasty 4+ contiguous teeth or bounded teeth spaces, per quadrant	\$343	N/A	\$286	\$343
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces, per quadrant	\$133	N/A	\$103	\$133
D4341	Periodontal scaling and root planing, 4+ teeth, per quadrant	\$160	N/A	\$125	\$160
D4342	Periodontal scaling and root planning 1-3 teeth, per quadrant	\$107	N/A	\$84	\$107
PROSTHODONTIC (REMOVABLE) SERVICES					
Complete Dentures (Including Routine Post-Delivery Care)					
D5110	Complete denture - maxillary	\$858	\$680	\$680	\$858
D5120	Complete denture - mandibular	\$852	\$680	\$680	\$852
D5130	Immediate denture - maxillary	\$935	N/A	N/A	\$935
D5140	Immediate denture - mandibular	\$934	N/A	N/A	\$934
Partial Dentures (Including Routine Post-Delivery Care)					
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$650	\$518	\$518	\$650
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$691	\$554	\$554	\$691
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests & teeth)	\$974	N/A	N/A	\$974
D5214	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests & teeth)	\$986	N/A	N/A	\$986
D5225	Maxillary Partial Denture- Flexible Base (including any clasps, rests, and teeth)	I.C.	I.C.	I.C.	I.C.
D5226	Mandibular partial denture- flexible base (including any clasps, rest, and teeth)	I.C.	I.C.	I.C.	I.C.
Repairs to Complete Dentures					
D5510	Repair broken complete denture base	\$109	\$79	\$79	\$109
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$89	\$72	\$72	\$89
Repairs to Partial Dentures					
D5610	Repair resin denture base	\$93	\$72	\$72	\$93
D5620	Repair cast framework	\$121	\$97	\$97	\$121
D5630	Repair or replace broken clasp	\$107	\$92	\$92	\$107
D5640	Replace broken teeth - per tooth	\$91	\$72	\$72	\$91
D5650	Add tooth to existing partial denture	\$110	\$86	\$86	\$110
D5660	Add clasp to existing partial denture	\$125	\$91	\$91	\$125
Denture Rebase Procedures					
D5730	Reline complete maxillary denture	\$188	\$161	\$161	\$188
D5731	Reline-complete mandibular denture	\$184	\$161	\$161	\$184
D5740	Reline-Maxillary partial denture (chairside)	\$169	N/A	N/A	\$169
D5741	Reline- Mandibular partial denture (chairside)	\$160	N/A	N/A	\$160
Denture Reline Procedures					
D5750	Reline complete maxillary denture (laboratory)	\$255	\$199	\$199	\$255
D5751	Reline complete mandibular denture (laboratory)	\$256	\$200	\$200	\$256
D5760	Reline maxillary partial denture (laboratory)	\$252	N/A	N/A	\$252
D5761	Reline mandibular partial denture (laboratory)	\$252	N/A	N/A	\$252
PROSTHODONTIC (FIXED) SERVICES					
Fixed Partial Denture Pontics					

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		Children Under 21	Adults 21 and Older	Adults (DDS) 21 and Older	CMSP
Code	Service Code Description	Fee	Fee	Fee	Fee
D6241	Pontic - porcelain fused to predominantly base metal	\$691	N/A	N/A	\$691
D6751	Crown - porcelain fused to predominantly base metal	\$691	N/A	N/A	\$691
Other Fixed Partial Denture Services					
D6930	Recement fixed partial denture	\$87	N/A	N/A	\$87
D6980	Fixed partial denture repair, by report	\$155	N/A	N/A	\$155
D6999	Unspecified, fixed prosthodontic procedure, by report	I.C.	N/A	I.C.	I.C.
EXODONTIC SERVICES					
Extractions (Includes Local Anesthesia and Routine Postoperative Care)					
D7111	Extraction, coronal remnants deciduous tooth	\$80	\$70	\$70	\$80
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$100	\$70	\$70	\$100
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap & removal of bone and/or section of tooth	\$179	\$139	\$139	\$179
D7220	Removal of impacted tooth - soft tissue	\$223	\$178	\$178	\$223
D7230	Removal of impacted tooth - partially bony	\$286	\$232	\$232	\$286
D7240	Removal of impacted tooth - completely bony	\$378	\$275	\$275	\$378
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$173	\$134	\$134	\$173
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$145	\$99	\$99	\$145
D7280	Surgical access of an unerupted tooth	\$452	N/A	N/A	\$452
D7283	Placement of device to facilitate eruption of impacted tooth	\$84	N/A	N/A	\$84
Surgical Procedures					
D7310	Alveoplasty in conjunction with extractions 4 or more teeth or tooth spaces, per quadrant	\$163	\$132	\$132	\$163
D7311	Alveoplasty in conjunction with extractions one to three teeth or tooth spaces, per quadrant	\$146	\$119	\$119	\$146
D7320	Alveoplasty not in conjunction with extractions - per quadrant	\$202	\$174	\$174	\$202
D7321	Alveoplasty not in conjunction with extractions 1-3 teeth or tooth spaces, per quadrant	\$162	\$139	\$139	\$162
D7340	Vestibuloplasty - ridge extension (second epithelialization)	\$796	N/A	\$696	\$796
D7350	Vestibuloplasty - ridge extension (incl soft tissue grafts, muscle reattachments, revision of soft tissue attachment & management of hypertrophied & hyperplastic tissue)	\$1,236	N/A	\$879	\$1,236
D7410	Excision of benign lesion up to 1.25 cm	\$124	N/A	\$107	\$124
D7411	Excision of benign lesion, greater than 1.25cm	\$254	N/A	\$194	\$254
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$252	N/A	\$231	\$252
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$343	N/A	\$268	\$343
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$142	N/A	\$113	\$142
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$194	N/A	\$133	\$194
D7471	Removal of lateral exostosis (maxilla or mandible)	\$194	\$133	\$133	\$194
D7472	Removal of torus palatinus	\$194	\$133	\$133	\$194
D7473	Removal of torus mandibularis	\$194	\$133	\$133	\$194
D7960	Frenulectomy (frenectomy or frenotomy)	\$353	N/A	\$100	\$353
D7963	Frenuloplasty	\$480	N/A	\$388	\$480
D7970	Excision of hyperplastic tissue - per arch	\$334	N/A	\$229	\$334
D7999	Unspecified oral surgery procedure, by report	I.C.	N/A	I.C.	I.C.
ORTHODONTIC SERVICES					
Orthodontic Diagnosis and Full Orthodontic Treatment					

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		Children Under 21	Adults 21 and Older	Adults (DDS) 21 and Older	CMSP
Code	Service Code Description	Fee	Fee	Fee	Fee
D8050	Interceptive orthodontic treatment of the primary dentition	I.C.	N/A	N/A	N/A
D8060	Interceptive orthodontic treatment of the transitional dentition	I.C.	N/A	N/A	N/A
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,213	I.C.	I.C.	N/A
D8080	Comprehensive orthodontic treatment of the adolescent dentition (includes pre-orthodontic visit, records, photographic prints, models, radiographs, and initial banding. Service code used upon completion of banding)	\$1,213	N/A	N/A	N/A
D8660	Pre-orthodontic treatment visit (consultation)	\$31	N/A	N/A	N/A
D8670	Periodic orthodontic treatment visit (as part of contract).	\$90	\$67	\$67	N/A
D8690	Orthodontic treatment (alternative billing to a contract fee)	\$136	N/A	N/A	N/A
Other Orthodontic Services					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$95	\$79	\$79	N/A
D8692	Replacement of lost or broken retainer	\$95	\$79	\$79	N/A
D8999	Unspecified orthodontic procedure, by report	I.C.	I.C.	I.C.	N/A
GENERAL ANESTHESIA AND IV SEDATION SERVICES					
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$109	\$73	\$73	\$109
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$21	\$14	\$14	\$21
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$101	\$84	\$84	\$101
D9248	Nonintravenous conscious sedation	I.C.	I.C.	I.C.	I.C.
D9410	House/extended care facility call (Submit claim with appropriate place of service.	\$36	\$36	\$36	\$36
OTHER SERVICES					
Treatment of Physically or Developmentally Disabled Members					
D9920	Behavior management, by report	\$43	\$43	\$43	\$43
Unclassified Treatment					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$75	\$33	\$33	\$75
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	I.C.	I.C.	I.C.	I.C.
D9940	Occlusal guard	\$308	N/A	N/A	\$308
D9941	Fabrication of athletic mouthguard	\$85	N/A	N/A	\$85
D9999	Unspecified adjunctive procedure	I.C.	N/A	I.C.	I.C.

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