Comaprison of MassHealth Dental Coverage, 2010 and 2023, by Service Code

Code	Code Description	Children Under 21 January 2010	Children Under 21 January 2023	All Adults 21 and Older January 1, 2010	Adults (DDS) 21 and Older January 1, 2023	Adults 21 and Older January 1, 2023
		Covered Service				
DIAGNOSTIC SERVICES See 130 CMR 420.422 for service description and limitations.						
D0120	Periodic oral evaluation- established patient	Yes	Yes	Yes	Yes	Yes
D0140	Limited oral evaluation- problem focused	Yes	Yes	Yes	Yes	Yes
D0145	oral evaluation for a patient under 3 years of age and counseling with primary caregiver	Yes	Yes	No	No	No
D0150	Comprehensive oral evaluation - new or established patient	Yes	Yes	Yes	Yes	Yes
D0160	Detailed and extensive oral evaluation	Yes	No	Yes	No	No
D0180	Comprehensive periodontal evaluation - new or established patient	No	Yes	No	Yes	Yes
D0190	Screening of a patient	N/A	Yes	N/A	Yes	Yes
D0191	Assessment of patient	N/A	Yes	N/A	Yes	Yes
RADIOGRAPHS See 130 CMR 420.423 for service description and limitations.						
D0210	Intraoral - complete series (including bitewings)	Yes	Yes	Yes	Yes	Yes
D0220	Intraoral - periapical, first film	Yes	Yes	Yes	Yes	Yes
D0230	Intraoral - periapical, each additional film	Yes	Yes	Yes	Yes	Yes
D0240	Intraoral - occlusal film	No	Yes	No	No	No
D0270	Bitewing - single film	Yes	Yes	Yes	Yes	Yes
D0272	Bitewings - two films	Yes	Yes	Yes	Yes	Yes
D0273	Bitewings - three films	Yes	Yes	Yes	Yes	Yes
D0274	Bitewings - four films	Yes	Yes	Yes	Yes	Yes
D0330	Panoramic film (non-surgical)	yes	Yes	No*	Yes	Yes
D0330	Panoramic film (surgical)	yes	Yes	Yes	yes	Yes
D0340	Cephalometric radiographic image	Yes	Yes	Yes	Yes*	Yes*
D0350	2D Oral/facial photographic image	Yes	No	Yes	No	No
D0470	Diagnostic cast	Yes	No	Yes	No	No
PREVENTIVE SERVICES See 130 CMR 420.424 for service description and limitations.						
D1110	Prophylaxis - adult	Yes (ages 14-21)	Yes (age 14 to 21)	Yes	Yes	Yes
D1120	Prophylaxis - child	Yes (ages 0 - 14)	Yes (ages up to 14)	No	No	No
D1203	Topical application of fluoride- child	Yes	CDT Code Deleted	No	CDT Code Deleted	CDT Code Deleted
D1204	Topical application of fluoride- adult	N/A	CDT Code Deleted	No*	CDT Code Deleted	CDT Code Deleted
D1206	Topical fluoride varnish; therapeutic application	Yes	Yes	Yes*	Yes*	Yes*
D1208	Topical application of fluoride- excluding varnish	N/A	Yes	N/A	Yes*	Yes*
D1351	Sealant - per tooth	Yes	Yes	No	No	No
D1354	interim caries arresting medicament application- per tooth	N/A	Yes	N/A	Yes	Yes
D1510	Space maintainer - fixed-unilateral	Yes	Yes	No	No	No
D1515	Space maintainer - fixed-bilateral	Yes	CDT Code Deleted	No	CDT Code Deleted	CDT Code Deleted
D1516	Space maintainer- fixed-unilateral	N/A	Yes	N/A	No	No
D1517	Space maintainer- fixed-bilateral, mandibular	N/A	Yes	N/A	No	No
D1520	Space maintainer - removable-unilateral	Yes	Yes	No	No	No
D1525	Space maintainer - removable-bilateral	Yes	CDT Code Deleted	No	CDT Code Deleted	CDT Code Deleted
D1526	Space maintainer- removable-bilateral, maxillary	N/A	Yes	N/A	No	No
D1527	Space maintainer-removable-bilateral, mandibular	N/A	Yes	N/A	No	No
D1575	Distal shoe space maintainer- fixed- unilateral - per quadrant					
D1550	Re-cement or re-bond space maintainer	Yes	CDT Code Deleted	No	CDT Code Deleted	CDT Code Deleted
D1701	Pfizer COVID-19 vaccine- first dose	N/A	Yes	N/A	Yes	Yes
D1702	Pfizer COVID-19 vaccine- second dose	N/A	Yes	N/A	Yes	Yes
D1703	Moderna Covid-19 vaccine- first dose	N/A	Yes	N/A	Yes	Yes
D1704	Moderna Covid-19 vaccine- second dose	N/A	Yes	N/A	Yes	Yes
D1707	Janssen COVID-19 vaccine- Single dose	N/A	Yes	N/A	Yes	Yes
D1708	Pfizer-BioNTech Covid-19 - third dose	N/A	Yes	N/A	Yes	Yes
D1709	Pfizer-BioNTech Covid-19 - booster dose	N/A	Yes	N/A	Yes	Yes
D1710	Moderna Covid-19 vaccine - third dose	N/A	Yes	N/A	Yes	Yes
D1711	Moderna Covid-19 vaccine - booster dose	N/A	Yes	N/A	Yes	Yes

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D1712	Janssen Covid-19 vaccine	N/A	Yes	N/A	No	No
D1713	Pfizer-BioNTech Covid-19 - pediatric first dose	N/A	Yes	N/A	No	No
D1714	Pfizer-BioNTech Covid-19 - pediatric second dose					
RESTORATIVE SERVICES See 130 CMR 420.425 for service description and limitations.						
D2140	Amalgam-one surface, primary or permanent	Yes	Yes	Yes	Yes	Yes
D2150	Amalgam-two surfaces, primary or permanent	Yes	Yes	Yes	Yes	Yes
D2160	Amalgam-three surfaces, primary or permanent	Yes	Yes	Yes	Yes	Yes
D2161	Amalgam-four or more surfaces, primary or permanent	Yes	Yes	Yes	Yes	Yes
D2330	Resin - one surface, anterior	Yes	Yes	Yes	Yes	Yes
D2331	Resin - two surfaces, anterior	Yes	Yes	Yes	Yes	Yes
D2332	Resin - three surfaces, anterior	Yes	Yes	Yes	Yes	Yes
D2335	Resin - four or more surfaces or involving incisal angle (anterior)	Yes	Yes	Yes	Yes	Yes
D2390	Resin-based composite crown, anterior	Yes	Yes	No	No	No
D2391	Resin-based composite - one surface, posterior	Yes	Yes	Yes	Yes	Yes
D2392	Resin-based composite - two surfaces, posterior	Yes	Yes	Yes	Yes	Yes
D2393	Resin-based comp	Yes	Yes	Yes	Yes	Yes
D2394	Resin-based composite - four or more surfaces, posterior	Yes	Yes	Yes	Yes	Yes
D2710	Crown - resin-based composite (indirect)	Yes	Yes	No	No	No
D2740	Crown - porcelain/ceramic substrate	No	Yes	No	Yes	Yes
D2750	Crown - porcelain fused to high noble metal	No	Yes	No	No	No
D2751	Crown - porcelain fused to predominantly base metal	Yes	Yes	Yes	Yes	Yes
D2752	Crown - porcelain fused to noble metal	No	Yes	No	No	No
D2790	Crown - full cast high noble metal	No	Yes	No	No	No
D2910	Recement inlay, onlay or partial coverage restoration	Yes	Yes	Yes	Yes	Yes
D2920	Recement crown	Yes	Yes	Yes	Yes	Yes
D2930	Prefabricated stainless steel crown - primary tooth	Yes	Yes	No	No	No
D2931	Prefabricated stainless steel crown - permanent tooth	Yes	Yes	No*	Yes*	No
D2932	Prefabricated resin crown	Yes	Yes	No	No	No
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	Yes	Yes	No	No	No
D2950	Core buildup, including any pins when required	No	Yes	Yes	Yes	Yes
D2951	Pin retention - per tooth, in addition to restoration	Yes	Yes	Yes	Yes	Yes
D2954	Post and core in addition to crown, indirectly fabricated	Yes	Yes	Yes	Yes	Yes
D2980	Crown repair, by report	Yes	Yes	Yes	Yes	Yes
D2999	Unspecified restorative procedure, by report	Yes	Yes	Yes*	Yes*	Yes*
ENDODONTIC SERVICES See 130 CMR 420.426 for service description and limitations.						
D3210	pulp cap - indirect (excluding final restoration)	No	Yes	No	Yes	Yes
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Yes	Yes	No	No	No
D3310	Anterior (excluding final restoration)	Yes	Yes	Yes	Yes	Yes
D3320	Bicuspid (excluding final restoration)	Yes	Yes	No	Yes	Yes
D3330	Molar (excluding final restoration)	Yes	Yes	No*	Yes	Yes
D3346	Retreatment of previous root canal therapy – anterior	Yes	Yes	Yes	Yes	Yes
D3347	Retreatment of previous root canal therapy – bicuspid	Yes	Yes	No*	Yes	Yes
D3348	Retreatment of previous root canal therapy – molar	Yes	Yes	No*	Yes	Yes
D3410	Apicoectomy/periradicular surgery - anterior	Yes	Yes	Yes	Yes	Yes
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	Yes	Yes	Yes	Yes	Yes
D3425	Apicoectomy/periradicular surgery - molar (first root)	N/A	Yes	N/A	Yes	Yes
D3426	Apicoectomy/periradicular surgery (each additional root)	Yes	Yes	Yes	Yes	Yes

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		Covered Service				
PERIODONTIC SERVICES See 130 CMR 420.427 for service description and limitations.						
D4210	Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant	Yes	Yes	Yes	Yes	Yes
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	Yes	Yes	Yes	Yes	Yes
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	Yes	Yes	Yes	Yes	Yes
D4342	Periodontal scaling and root planning - one to three teeth, per quadrant	Yes	Yes	Yes	Yes	Yes
D4346	scaling in presence of generalized moderate or severe gingival inflammation	NA	Yes	NA	Yes	Yes
PROSTHODONTIC (REMOVABLE) SERVICES See 130 CMR 420.428 for service description and imitations.						
D5110	Complete denture – maxillary	Yes	Yes	Yes	Yes	Yes
D5120	Complete denture – mandibular	Yes	Yes	Yes	Yes	Yes
D5130	Immediate denture – maxillary	Yes	Yes	No	No	No
D5140	Immediate denture - mandibular	Yes	Yes	No	No	No
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	Yes	Yes
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Yes	Yes	Yes	Yes	Yes
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes	Yes	No	No	No
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Yes	Yes	No	No	No
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	N/A	Yes	N/A	No	No
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	N/A	Yes	N/A	No	No
D5510	repair broken complete denture base	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D5511	Repair brokem complete denture base, mandibular	N/A	Yes	N/A	Yes	Yes
D5512	Repair broken complete denture base, maxillary	N/A	Yes	N/A	Yes	Yes
D5520	Replace missing or broken teeth - complete denture (each tooth)	Yes	Yes	Yes	Yes	Yes
D5610	Repair resin denture base	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D5611	Repair resin partial denture base, mandibular	N/A	Yes	N/A	Yes	Yes
D5612	Repair resin partial denture base, maxillary	N/A	Yes	N/A	Yes	Yes
D5620	Repair cast framework	Yes	CDT Code Deleted	No	CDT Code Deleted	CDT Code Deleted
D5621	Repair cast partial framework, mandibular	N/A	Yes	N/A	Yes	Yes
D5622	Repair cast partial framework, maxillary	N/A	Yes	N/A	Yes	Yes
D5630	Repair or replace broken clasp per tooth	Yes	Yes	Yes	Yes	Yes
D5640	Replace broken teeth - per tooth	Yes	Yes	Yes	Yes	Yes
D5650	Add tooth to existing partial denture	Yes	Yes	Yes	Yes	Yes
D5660	Add clasp to existing partial denture per tooth	Yes	Yes	Yes	Yes	Yes
D5710	Reline complete maxillary denture (chair side)	Yes	No	No	No	No
D5711	Reline lower complete mandibular denture (chair side)	Yes	No	No	No	No
D5720	Rebase maxillary partial denture	Yes	No	No	No	No
D5721	Rebase mandibular partial denture	Yes	No	No	No	No
D5730	Reline complete maxillary denture (chair side)	No	Yes	No	Yes	Yes
D5731	Reline lower complete mandibular denture (chair side)	No	Yes	No	Yes	Yes
D5740	Reline maxillary partial denture (chair side)	No	Yes	No	No	No
D5741	Reline mandibular partial denture (chair side)	No	Yes	No	No	No
D5750	Reline complete maxillary denture (laboratory)	Yes	Yes	No	Yes	Yes
D5751	Reline complete mandibular denture (laboratory)	Yes	Yes	No	Yes	Yes
D5760	Reline maxillary partial denture (laboratory)	Yes	Yes	No	No	No
D5761	Reline mandibular partial denture (laboratory)	Yes	Yes	No	No	No
PROSTHODONTIC (FIXED) SERVICES See 130 CMR 420.429 for service description and limitations.						

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D6241	Pontic - porcelain fused to predominantly base metal	Yes	Yes	No	No	No
D6751	Crown - porcelain fused to predominantly base metal	Yes	Yes	No	No	No
D6930	Recement bridge	Yes	Yes	No	No	No
D6980	Bridge repair, by report	Yes	Yes	No	No	No
D6999	Unspecified fixed prosthodontic procedure, by report	Yes	Yes	Yes	Yes*	Yes*
EXODONTIC SERVICES See 130 CMR 420.430 for service description and limitations.						
D7111	Extraction, coronal remnants - deciduous tooth	Yes	Yes	Yes	Yes	Yes
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Yes	Yes	Yes	Yes	Yes
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Yes	Yes	Yes	Yes	Yes
D7220	Removal of impacted tooth - soft tissue	Yes	Yes	Yes	Yes	Yes
D7230	Removal of impacted tooth - partially bony	Yes	Yes	Yes	Yes	Yes
D7240	Removal of impacted tooth - completely bony	Yes	Yes	Yes	Yes	Yes
D7250	Surgical removal of residual tooth roots (cutting procedure)	No	Yes	No	Yes	Yes
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	NA	Yes+	NA	Yes+	Yes+
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Yes	Yes	Yes	Yes	Yes
D7280	Surgical access of an unerupted tooth	Yes	Yes	No	No	No
D7283	Placement of device to facilitate eruption of impacted tooth	Yes	Yes	No	No	No
D7310	Alveoloplasty in conjunction with extractions- four or more teeth or tooth spaces, per quadrant	Yes	Yes	Yes	Yes	Yes
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Yes	Yes	Yes	Yes	Yes
D7320	Alveoloplasty not in conjunction with extractions- four or more teeth or tooth spaces, per quadrant	Yes	Yes	Yes	Yes	Yes
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Yes	Yes	Yes	Yes	Yes
D7340	Vestibuloplasty - ridge extension (second epithelialization)	Yes	Yes	Yes	Yes	Yes
D7350	Vestibuloplasty - ridge extension	Yes	Yes	Yes	Yes	Yes
D7410	Excision of benign lesion up to 1.25 cm	Yes	Yes	Yes	Yes	Yes
D7411	Excision of benign lesion greater than 1.25 cm	Yes	Yes	Yes	Yes	Yes
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Yes	Yes	Yes	Yes	Yes
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Yes	Yes	Yes	Yes	Yes
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Yes	Yes	Yes	Yes	Yes
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Yes	Yes	Yes	Yes	Yes
D7471	Removal of lateral exostosis (maxilla or mandible)	Yes	Yes	Yes	Yes	Yes
D7472	Removal of torus palatinus	No	Yes	No	Yes	Yes
D7473	Removal of torus mandibularis	No	Yes	No	Yes	Yes
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D7961	Buccal/labial frenectomy (frenulectomy)	N/A	Yes	N/A	Yes	Yes
D7962	Lingual frenectomy (frenulectomy)	N/A	Yes	N/A	Yes	Yes
D7963	Frenuloplasty	Yes	Yes	Yes	Yes	Yes
D7970	Excision of hyperplastic tissue - per arch	Yes	Yes	Yes	Yes	Yes
D7999	Unspecified oral surgery procedure, by report	Yes*	Yes	Yes*	Yes	Yes*
ORTHODONTIC SERVICES See 130 CMR 420.431 for service description and limitations.						
D8010	Limited orthodontic treatment - primary dentition	NA	Yes+	NA	No	No
D8020	Limited orthodontic treatment - transitional dentition	NA	Yes+	NA	No	No
D8030	Limited orthodontic treatment - adolescent dentition	NA	Yes+	NA	No	No
D8040	Limited orthodontic treatment - adult dentition	NA	Yes+	NA	No	No

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D8050	Interceptive orthodontic treatment of the primary dentition	Yes*	CDT Code Deleted	No	CDT Code deleted	CDT Code deleted
D8060	Interceptive orthodontic treatment of the transitional dentition	Yes*	CDT Code Deleted	No	CDT Code deleted	CDT Code deleted
D8070	Comprehensive orthodontic treatment of the transitional dentition	No	Yes+	No	No	No
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Yes*	Yes	No	No	No
D8090	Comprehensive orthodontic treatment of the adult dentition	No	Yes	No	No	No
D8660	Preorthodontic treatment visit	Yes	Yes	No	No	No
D8670	Periodic orthodontic treatment visit (as part of contract)	Yes	Yes	No	No#	No#
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Yes	Yes	No#	No#	No#
D8690	Orthodontic treatment (alternative billing to a contract fee)	Yes	Yes	No	No	No
D8692	Replacement of lost or broken retainer	Yes*	CDT Code Deleted	No#	CDT Code Deleted	CDT Code Deleted
D8703	Replacement of lost or broken retainer, maxillary	N/A	Yes	N/A	No#	No#
D8704	Replacement of lost or broken retainer, mandibular	N/A	Yes	N/A	No#	No#
D8999	Unspecified orthodontic procedure, by report	Yes	Yes	No#	No	No
GENERAL ANESTHESIA AND IV SEDATION SERVICES See 130 CMR 420.452 for service description and limitations.						
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Yes	Yes	Yes	Yes	Yes
D9220	Deep sedation/ general anesthesia- first 15 minutes	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D9221	Deep sedation/general anesthesia – each 15-minute increment	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D9222	Deep sedation/ general anesthesia- first 15 minutes	N/A	Yes	N/A	Yes	Yes
D9223	Deep sedation/general anesthesia – each 15-minute increment	N/A	Yes	N/A	Yes	Yes
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Yes	Yes	Yes	Yes	Yes
D9239	Intravenous moderate (conscious) sedation/anesthesia- first 15 minutes	N/A	Yes	N/A	Yes	Yes
D9241	Intravenous moderate (conscious) sedation/anesthesia- first 15 minutes	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D9242	intravenous moderate (conscious) sedation/analgesia - each 15 minutes increment	Yes	CDT Code Deleted	Yes	CDT Code Deleted	CDT Code Deleted
D9243	intravenous moderate (conscious) sedation/analgesia - each 15 minutes increment	N/A	Yes	N/A	Yes	Yes
D9248	non-intravenous moderate (conscious) sedation	Yes	Yes	Yes	Yes	Yes
D9310	consultation - diagnostic service	NA	Yes	NA	No	No
D9410	house/extended care facility call	Yes	Yes	Yes	Yes	Yes
OTHER SERVICES See 130 CMR 420.456 for service description and limitations.						
D9920	behavior management, by report	Yes	Yes	Yes	Yes	Yes
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	Yes	Yes	Yes	Yes	Yes
D9940	Occlusal guards, by report	Yes	CDT Code Deleted	No	CDT Code Deleted	CDT Code Deleted
D9941	Fabrication of athletic mouthguard	Yes	Yes	No	No	No
D9945	Occlual guard-soft appliance full arch	N/A	Yes	N/A	No	No
D9999	Unspecified adjunctive procedure, by report	Yes	Yes*	Yes	Yes*	Yes*

Note: - refers to the removal of a covered service

Note: * refers to Exception for member with undue medical risk or one or more medical conditions

Note: # refers to treatment must begin before the age of 21

Note: + refers to new covered service

Note: ++ refers to a replacement code