

CDT 2016

Current Dental Terminology © American Dental Association procedure codes (CDT codes) are the recognized dental codes set by the Federal Government. CDT codes are used for dental claim transactions and electronic health records.

Each year, the American Dental Association updates these codes. Our internal committee has reviewed the new, deleted and revised codes and made recommendations regarding the impact to coverage.

The following pages are a brief summary of CDT changes for 2016. There are 19 new codes, 51 revised codes (most are terminology updates) and 8 deleted codes.

These changes take effect January 1, 2016.

If you have questions, please feel free to contact:

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New Codes

Diagnostic

This procedure is used when the patient is unable to open his/her mouth to accept the intra-oral imaging method. This will be a covered procedure.

D0251 – extra-oral posterior dental radiographic image

Current code D0421 genetic test for susceptibility to oral disease was deleted. The deleted code was divided into two new codes for collection and preparation (D0422) and specimen analysis (D0423). This will be a covered procedure on plans currently covering D0421.

D0422 – collection and preparation of genetic sample material for laboratory analysis and report

D0423 – genetic test for susceptibility to diseases – specimen analysis

Preventive

Several different materials could be used when completing this procedure, such as fluoride. The procedures that could be used already have a CDT code, which is why this isn't a covered procedure.

D1354 – interim caries arresting medicament application

Periodontics

The American Academy of Periodontology (AAP) submitted this code to have a code for each additional tooth after performing a D4273 autogenous connective tissue graft procedure first tooth, implant or edentulous tooth position in graft. This will be a covered procedure.

D4283 – autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site

The AAP submitted this code to have a code for each additional tooth after performing a D4275 non-autogenous connective tissue graft procedure first tooth, implant or edentulous tooth position in graft. This will be a covered procedure.

D4285 – non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site

Prosthodontics (Removable)

The last few years, the CDT codes have been indicating maxillary and mandibular arches for prosthodontics. These procedures will be covered.

D5221 – immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)

Includes limited follow-up care only; does not include future rebasing/relining procedure(s).

D5222 – immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)

D5223 – immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

D5224 – immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)

Oral and Maxillofacial Surgery

There wasn't a code for adjusting D7880 occlusal orthotic device, so a code was created. It will be a covered procedure on the TMJ rider since D7880 occlusal orthotic device also is covered on the TMJ Rider.

D7881 – occlusal orthotic device adjustment

Orthodontics

There wasn't a code for adjusting D8680 orthodontic retention, so a code was created. This is a covered procedure under the orthodontic benefits on the plan.

D8681 – removable orthodontic retainer adjustment

Adjunctive General Services

Codes D9220 general anesthesia first 30 minutes and D9221 general anesthesia each additional 15 minutes are being deleted. The reason for this change is to be in alignment with Medical's Current Procedural Terminology (CPT) Codes of 15 minute increments. Procedure code D9223 was created for each 15 minute increment. This will be a covered procedure and processed in the same manner as general anesthesia is handled today. We will continue with a maximum of an hour of general anesthesia allowed, so four D9223 could be submitted and allowed.

D9223 – deep sedation/general anesthesia – each 15 minute increment

Codes D9241 intravenous moderate (conscious) sedation/analgesia first 30 minutes and D9242 moderate sedation/analgesia each additional 15 minutes are being deleted. The reason for this change is to be in alignment with Medical CPT Codes of 15 minute increments. Procedure code D9243 was created for each 15 minute increment. This will be a covered procedure and processed in the same manner as general anesthesia is handled today. We will continue with a maximum of an hour of general anesthesia allowed, so four D9243 could be submitted and allowed.

D9243 – intravenous moderate (conscious) sedation/analgesia – each 15 minute increment

In 2015, procedure code D9931 cleaning and inspection of a removable appliance was added. This code is now being deleted and four new codes were created to split denture/partial and maxillary/mandibular. These will be a covered procedure and will have the same frequency as the cleaning per benefit period. These procedures will not contribute toward the prophylaxis (cleaning) or periodontal maintenance frequency. Benefits for these procedures are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D9932 – cleaning and inspection of removable complete denture, maxillary

D9933 – cleaning and inspection of removable complete denture, mandibular

D9934 – cleaning and inspection of removable partial denture, maxillary

D9935 – cleaning and inspection of removable partial denture, mandibular

There wasn't a code for an occlusal guard adjustment, so one was created. Currently, there is a code for the creation of the occlusal guard D9940 for the repair and/or relines of occlusal guard D9942. This will not be a covered procedure since we currently don't cover D9942 repair and/or relines of occlusal guard.

D9943 – occlusal guard adjustment

Revised Codes

The following codes were revised in nomenclature or description and will not change our current handling of these claims.

Diagnostic

D0250 – extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector

D0340 – 2D cephalometric radiographic image – acquisition, measurement and analysis

Preventive

D1999 – unspecified preventive procedure, by report

Restorative

D2712 – crown – 3/4 resin-based composite (indirect)

D2783 – crown – 3/4 porcelain/ceramic

Periodontics

D4273 – autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft

D4275 – non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft

D4277 – free soft tissue graft procedure (including recipient and donor surgical sites first tooth, implant, or edentulous tooth position in graft

D4278 – free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site

Prosthodontics (Removable)

D5130 – immediate denture – maxillary

D5140 – immediate denture – mandibular

D5630 – repair or replace broken clasp – per tooth

D5660 – add clasp to existing partial denture – per tooth

D5875 – modification of removable prosthesis following implant surgery

Maxillofacial Prosthetics

D5993 – maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report

Implant Services

D6103 – bone graft for repair of peri-implant defect – does not include flap entry and closure

Prosthodontics, Fixed

Each description now begins with the word “retainer” to indicate it's part of a bridge.

D6600 – retainer inlay – porcelain/ceramic, two surfaces

D6601 – retainer inlay – porcelain/ceramic, three or more surfaces

D6602 – retainer inlay – cast high noble metal, two surfaces

D6603 – retainer inlay – cast high noble metal, three or more surfaces

D6604 – retainer inlay – cast predominantly base metal, two surfaces

D6605 – retainer inlay – cast predominantly base metal, three or more surfaces

D6606 – retainer inlay – cast noble metal, two surfaces

D6607 – retainer inlay – cast noble metal, three or more surfaces

D6608 – retainer onlay – porcelain/ceramic, two surfaces

D6609 – retainer onlay – porcelain/ceramic, three or more surfaces

D6610 – retainer onlay – cast high noble metal, two surfaces

D6611 – retainer onlay – cast high noble metal, three or more surfaces

D6612 – retainer onlay – cast predominantly base metal, two surfaces

D6613 – retainer onlay – cast predominantly base metal, three or more surfaces

D6614 – retainer onlay – cast noble metal, two surfaces

D6615 – retainer onlay – cast noble metal, three or more surfaces

D6624 – retainer inlay – titanium

D6634 – retainer onlay – titanium

D6710 – retainer crown – indirect resin based composite

D6720 – retainer crown – resin with high noble metal

D6721 – retainer crown – resin with predominantly base metal

D6722 – retainer crown – resin with noble metal

D6740 – retainer crown – porcelain/ceramic

D6750 – retainer crown – porcelain fused to high noble metal

D6751 – retainer crown – porcelain fused to predominantly base metal

D6752 – retainer crown – porcelain fused to noble metal

D6780 – retainer crown – 3/4 cast high noble metal

D6781 – retainer crown – 3/4 cast predominantly base metal

D6782 – retainer crown – 3/4 cast noble metal

D6783 – retainer crown – 3/4 porcelain/ceramic

D6790 – retainer crown – full cast high noble metal

D6791 – retainer crown – full cast predominantly base metal

D6792 – retainer crown – full cast noble metal

D6794 – retainer crown – titanium

Adjunctive General Services

D9248 – non-intravenous conscious sedation

Deleted Codes

These codes will be deleted.

Diagnostic

It was decided the current code D0250 extra-oral 2D projection radiographic image was sufficient to report all of the extra-oral images taken and there was no need for a separate CDT code to report additional extra-oral images captured.

D0260 – extra-oral – each additional radiographic image

See D0422 and D0423 for explanation.

D0421 – genetic test for susceptibility to oral diseases

Restorative

This procedure was deleted, because it was being submitted when a new crown was being completed. That was an incorrect submission of this code since a temporary crown was part of the new crown procedure. The intent of this code was to be used for emergency situations when a tooth was broken and a new dentist was seen because of travel. The tooth was smoothed, the temporary crown was placed, and the patient was referred back to his/her own dentist for treatment. This circumstance happens rarely but, if it does, procedure code D2999 unspecified restorative procedure by report would be submitted. Typically, the unspecified procedures aren't covered on the plan.

D2970 – temporary crown (fractured tooth)

Adjunctive General Services

See D9223 and D9243 for explanation.

D9220 – deep sedation/general anesthesia – first 30 minutes

D9221 – deep sedation/general anesthesia – each additional 15 minutes

D9241 – intravenous moderate (conscious) sedation/analgesia – first 30 minutes

D9242 – intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes

See D9932-9935 for explanation.

D9931 – cleaning and inspection of a removable appliance

Please note: Not all CDT codes will be covered by Ameritas.



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