

Guidelines for Selecting CDT Procedure Codes (because **there are no dental insurance codes**)

This document is about CDT procedure coding. **Procedure coding and coverage are NOT the same.** The existence of a procedure code does not mean a patient has coverage under a policy. Yet without a procedure code, no coverage could be offered. This is where confusion lies. Procedure codes and coverage are related but not the same.

From CDT 2024 Current Dental Terminology, page v:

The presence of a CDT Code **does not mean** that the procedure is:

- a. Endorsed by any entity or is considered a standard of care,
- b. Covered or reimbursed by a dental benefits plan,

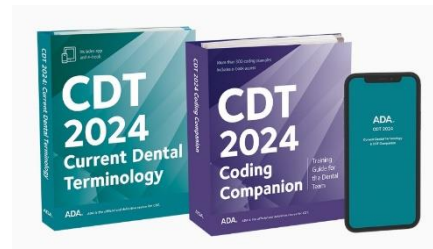
Using the most accurate procedure code and coding for all procedures is required per HIPAA for use in electronic health records, whether the patient has insurance or not. It can also serve as the most accurate documentation and **potential** coverage under a policy. Dental professionals are obligated to use the most accurate procedure code available and within **CDT 2024 Current Dental Terminology** there are now **814 CDT procedure codes** from which to select.

According to the *ADA Principles of Ethics and Code of Conduct*, “A dentist who incorrectly describes on a third-party claim form a dental procedure in order to receive a greater payment or reimbursement. . . is engaged in making an unethical, false or misleading representation to such third party.” In fact, many dental and dental hygiene practice acts have this language included in their statutes and/or rules/regulations and failing to adhere to this principle could be grounds for disciplinary action.

From CDT 2024 Coding Companion, page 15:

The “Golden Rules” of Procedure Coding

- “Code for what you do” is the fundamental rule to apply in all coding situations.
- After reading the full nomenclature **and descriptor**, select the code that matches the procedure delivered to the patient.
- If there is no applicable code, document the service using an unspecified, by report (“999”) code, and include a clear and appropriate narrative.
- The existence of a procedure code does not mean that the procedure is a covered or reimbursed benefit in a dental benefit plan.
- Treatment planning is based on clinical need, not covered services.



Medically Necessary Documentation and Coding

CDT procedure codes are risk and diagnosis based, not product or instrument/technology based. If there is a question about a specific procedure being considered for reimbursement, comments are encouraged to be made to facilitate best coverage under a policy. The necessary dental/medical data must be documented in **Box 35 Remarks** on the dental claim form.

Medical necessity narratives:

This information may affect how a dental claim is paid when specific dental procedures minimize the risk associated with the patient’s oral and systemic health condition. Note that this is a small space, but it can and should be used to convey additional information for a procedure code that requires a report and provides information to enable the payer to appropriately process the claim.

This must be written *Twitter-style*. The online social network platform teaches users to send and read **short 280 characters** (known as a Tweet). The idea is *Twitter* writing squeezes the excess, thus leaving only the most essential information.

NEW CLAIM FORM STARTING JANUARY 1, 2024

RECORD OF SERVICES PROVIDED																					
24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity		26. Tooth System		27. Tooth Number(s) or Letter(s)		28. Tooth Surface		29. Procedure Code		29a. Diag. Pointer		29b. Qty.		30. Description		31. Fee			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
33. Missing Teeth Information (Place an "X" on each missing tooth.)										34. Diagnosis Code List Qualifier (ICD-10 = AB)				31a. Other Fee(s)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A		C	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B		D	
35. Remarks										32. Total Fee											



Here is an example of a Tweet for Kelly. This highly informative narrative is **280 characters** and clearly provides the medical necessity for the treatment and procedure codes selected on the next 2 pages.

Box 35. Remarks

Medical necessity: GERD, possible pregnancy; high risk caries fluorescence; Hyposalivation resting flow: <.1ml, simulated flow: <.7ml; Thermal sensitivity; Gen mod dental biofilm-induced gingivitis w/mod bleed mediated by systemic/local risk factors.

Meet Kelly



26-year-old, full time college student
Works part time at local Sports Bar and Grill

History

- Medical
 - Yaz, multi vitamin
 - Possible pregnancy
 - Drinks ½ Red Bull drink/day
 - Weekends adds vodka, cigarettes & vaping.
 - Occasional acid reflux
- Dental
 - No significant dental history
 - Bleeding gums
 - Some white spots on teeth
 - Cold sensitivity lower molars
- Oral Risk and Diagnosis
 - High risk caries fluorescence and white spot lesions
 - Hyposalivation resting flow <.1ml, stimulated flow <.7ml.
 - Thermal sensitivity, lower molars, bilaterally
 - Incipient lesion #13D
 - Dx: Stage I, Grade C (due to smoking); Gen mod dental biofilm-induced gingivitis with gen mod bleeding mediated by systemic and local risk factors.
- Caries Infection/Desensitizing Treatment Plan
 - Fluoride – in office
 - **Profluorid Varnish**
 - Fluoride – home self-care
 - **ReminPro**
 - Sealants
 - **Grandio Seal**
 - Desensitizing
 - **Profluorid L**
 - **Admira Protect**

Possible Procedure Coding for Kelly

Illustration only, not all care included.

Note: This medically necessary treatment plan is incomplete. Depending on periodontal charting data, Kelly’s overall assessment may indicate the need for non-surgical periodontal treatment in addition to caries management.

Procedure codes are NOT product specific. They are listed here for illustration only. Portions of the new ADA Claim form are included to identify where and how procedures and codes would be listed. Specific VOCO products are identified in **BLUE** for ease of reading.

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
	D0120	Periodic oral evaluation
	D0277	Vertical bitewings – 7-8 radiographic images
	D0603	Caries risk assessment/documentation with finding of high risk
	D1330	Oral hygiene instructions
	D0419	Assessment of salivary flow by measurement
	D1206	Topical application of fluoride varnish Profluorid Varnish
2	D1351	Sealant, per tooth Grandio Seal
15	D1351	Sealant, per tooth Grandio Seal
19	D9911	Application of desensitizing resin for cervical and/or tooth surface, per tooth Admira Protect or Profluorid L
30	D9911	Application of desensitizing resin for cervical and/or tooth surface, per tooth Admira Protect or Profluorid L
	D9630	Drugs or medicaments dispensed in the office for home use ReminPro
Box 35. Remarks Medical necessity: GERD, possible pregnancy; high risk caries fluorescence; Hyposalivation resting flow: <.1ml, simulated flow: <.7ml; Thermal sensitivity; Gen mod dental biofilm-induced gingivitis w/mod bleed mediated by systemic/local risk factors.		

Notes:

Risk Assessment Procedure Codes
(May help support medical necessity for procedures using **VOCO** products)

CAMBRA (**C**aries **M**anagement by **R**isk **M**anagement) has reached the legal age since it was introduced twenty-six years ago in 1997. CAMBRA uses a medical-model approach to disease management. Procedure codes continue to be added to CDT based on this philosophy being taught at a majority of dental and dental hygiene schools. The California Dental Foundation has updated their CAMBRA workbook to include updated risk assessment forms.

https://www.cdafoundation.org/Portals/0/pdfs/cambra_handbook.pdf

Risk factors should be assessed, and treatment planned accordingly. It is important for dental clinicians to include the appropriate risk assessment code for any patient when fluoride is recommended.

Risk Assessment codes are in the D0100-D0999 Diagnostic section of the CDT 2024 Current Dental Terminology on page 10.

They include:

- **D0600 non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in the structure of enamel, dentin, and cementum.**
 - Risk assessment will help determine diagnosis. These can be considered modifier codes that support WHY for other care. There may/may not be coverage for these codes but should be submitted in conjunction with other codes.
- **D0601 caries risk assessment and documentation, with a finding of low risk**
 - Using recognized assessment tools.
- **D0602 caries risk assessment and documentation, with a finding of moderate risk**
 - Using recognized assessment tools
- **D0603 caries risk assessment and documentation, with a finding of high risk**
 - Using recognized assessment tools

Notes:



Tests and Examinations Procedure Codes (May help support medical necessity for procedures using **VOCO products**)

There are a variety of tests and examinations which can be provided to patients to support the medical necessity of dental procedures and therefore, products which will benefit those patients. This is a partial listing:

- **D0411 HbA1c in-office point of service testing**
 - No Descriptor but is meant to include collection and testing of sample. It is indicated to determine the average levels of blood sugar over 2 to 3 months' time.
- **D0412 blood glucose level test – in-office using a glucose meter**
 - CDT Descriptor: This procedure provides an immediate finding of a patient's blood glucose level at the time of sample collection for the point-of-service analysis.
- **D0415 collection of microorganisms for culture and sensitivity**
 - No Descriptor but is used to test for type and concentration of periodontal pathogens.
- **D0416 viral culture**
 - CDT Descriptor: A diagnostic test to identify viral organisms, most often herpes virus
- **D0417 collection and preparation of saliva sample for laboratory diagnostic testing**
 - No Descriptor but may be used to test for hormone levels, cholesterol levels, drug levels, oral cancer, HIV infections and other diseases.
- **D0418 analysis of saliva sample**
 - CDT Descriptor: Chemical or biological analysis of saliva sample for diagnostic purposes.
- **D0419 assessment of salivary flow by measurement**
 - CDT Descriptor: This procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production.
- **D0425 caries susceptibility tests**
 - CDT Descriptor: Not to be used for carious dentin staining.

VOCO Preventive Products and CDT Procedure Codes

CDT procedure codes are risk and diagnosis based, not product or instrument/technology based. If there is a question about a specific procedure being considered for reimbursement, comments are encouraged to be made to facilitate best coverage under a policy. The necessary dental/medical data must be documented in **Box 35 Remarks** on the dental claim form.

These products have similar AND different properties. The selection for use is dependent on the risk assessment and diagnosis and will be the difference when selecting a procedure code.

What if there is no procedure code that accurately describes the service provided?

Every procedure has a code. If no other procedure code fits, CDT has a D_999 code in every category for "Unspecified procedure, by report". "By Report" codes require a narrative which can be included in Box 35.

Profluorid Varnish

D1206 topical application of fluoride varnish

CDT Descriptor: None

Note: All age-based information (child vs adult) was removed in CDT 2013. To optimize coverage, it is important to document medical necessity in Box 35 Remarks.

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
	D0603	Caries risk assessment and documentation, with a finding of high risk
	D1206	Topical application of fluoride varnish
Box 35. Remarks High risk per ADA risk assessment; restoration placed 2/11/2022.		

Note: On most Risk Assessment systems, a single restoration in 3 years = high risk.

Profluorid L

May be used when desensitizing during the bleaching/whitening process without interfering with results:

D9910 application of desensitizing medicament

CDT Descriptor: Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.

25. Areas of Oral Cavity	29. Procedure Code	30. Description
01	D9972	External bleaching – per arch – performed in office
02	D9972	External bleaching – per arch – performed in office
	D9910	Application of desensitizing medicament
Box 35. Remarks Thermal sensitivity during bleaching/whitening process		

May be used for desensitizing of specific teeth:

D9911 application of desensitizing resin for cervical and/or root surface, per tooth

CDT Descriptor: Typically reported on a “per tooth” basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives under restorations.

27. Tooth Number(s) or Letter(s)	29. Procedure Code	30. Description
2	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth
15	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth
Box 35. Remarks Extreme root sensitivity due to root exposure 2, 15		

Remin Pro

May be used in-office after whitening and prophylaxis for the treatment and prevention of hypersensitivity, demineralization, and acid erosion.

D9910 application of desensitizing medicament

CDT Descriptor: Includes in-office treatment for root sensitivity. Typically reported on a “per visit” basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
	D9910	Application of desensitizing medicament
Box 35. Remarks Thermal sensitivity, generalized		

May be used when dispensed for home use to help prevent and/or control hypersensitivity:

D9630 drugs or medicaments dispensed in the office for home use

CDT Descriptor: Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions.

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
	D9630	Drugs or medicaments dispensed in the office for home use
	D9985	Sales tax
Box 35. Remarks Generalized root sensitivity and extreme oral dryness due to medications		

May be used when recommended for patients who are preparing for/during the treatment of cancer by means of radiation therapy of the head and neck region:

D5986 fluoride gel carrier

CDT Descriptor: Synonymous terminology: fluoride applicator. A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride near tooth enamel and dentin for several minutes daily.

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
	D0603	Caries risk assessment and documentation, high risk
	D5986	Fluoride gel carrier
	D9630	Drugs or medicaments dispensed in the office
	D9985	Sales tax
Box 35. Remarks Cancer radiation therapy; generalized hypersensitivity; high caries risk and extreme oral dryness		

Admira Protect

May be used to treat hypersensitive dentin, cervical areas (including crown margins, after prophylaxis/non-surgical periodontal therapy/periodontal maintenance procedures, exposed cervical areas, etc.)

D9911 application of desensitizing resin for cervical and/or root surface, per tooth

CDT Descriptor: Typically reported on a ‘per tooth’ basis for application of adhesive resins. This code is not to be used for bases, liners or adhesives used under restorations.

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
14	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth
15	D9911	Application of desensitizing resin for cervical and/or root surface, per tooth
Box 35. Remarks Extreme hypersensitivity UL quadrant		

Grandio Seal

The most accurate coding is based on risk assessment and diagnosis. Consistently documenting the Caries Risk Assessment Codes and diagnosis which is the medical-dental necessity will help facilitate submission.

D1351 Sealant – per tooth

CDT Descriptor: Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

D1353 Sealant repair – per tooth

CDT Descriptor: None

27. Tooth Number(s) or Letters(s)	29. Procedure Code	30. Description
	D0602	Caries risk assessment and documentation, with a finding of moderate risk
2	D1351	Sealant – per tooth
15	D1351	Sealant – per tooth
19	D1353	Sealant repair – per tooth
30	D1353	Sealant repair – per tooth
Box 35. Remarks Caries risk assessment-moderate risk; 19, 30 previous sealants only partially present		

ART/ITR

Atraumatic/alternative restorative technique (ART) has been endorsed by the World Health Organization as a means of restoring and preventing caries in populations with little access to traditional dental care. Interim therapeutic restorations (ITR) utilize similar techniques for deciduous dentition. ART/ITR involves removal of caries using hand or slow speed rotary instruments with caution not to expose the pulp. Following preparation, the tooth is restored with an adhesive restorative material such as self-setting or resin-modified glass ionomer cement.

Three VOCO products are available for this treatment:

- **IonoStar Plus**
- **IonoStar Molar**
- **Ionolux**

Remember, procedure codes are not product specific. Remember that “by report” codes are always available if the following 2 procedure codes do not accurately describe the procedure. These two codes represent the most accurate at this point in time:

D2940 protective restoration

CDT Descriptor: Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.

D2941 interim therapeutic restoration – primary dentition

CDT Descriptor: Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.

Additional Procedure Codes **FREQUENTLY USED PREVENTIVE SERVICES**

D1330 oral hygiene instructions

CDT Descriptor: This may include instructions for homecare. Examples include tooth brushing technique, flossing, and use of special oral hygiene aids.

D1206 topical application of fluoride varnish

D1208 topical application of fluoride – excluding varnish.

Note: These two procedure codes would typically be used when a prescription strength fluoride product, designed solely for use in the dental office, is delivered to the dentition during an office visit.

D5986 fluoride gel carrier

CDT Descriptor: Synonymous terminology: fluoride applicator. A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily.

D1351 sealant – per tooth

CDT Descriptor: Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

D1353 sealant repair – per tooth

D1352 preventive resin restoration in a moderate to high caries risk patient – permanent tooth

CDT Descriptor: Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

D1354 interim caries arresting medicament application – per tooth

CDT Descriptor: Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

Note: This is typically used for, but not limited to, the application of silver diamine fluoride (SDF).

D1355 caries preventive medicament application – per tooth

CDT Descriptor: For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

Note: This typically can be used for silver diamine fluoride (SDF), silver nitrate (SN), thymol-CHX varnishes, topical povidone iodine (PVP-1) and other non-fluoride caries preventive medicaments.

For those practices who are billing preventive product

Two of the 16 NEW and AMENDED procedure codes in [CDT 2024](#).

NEW

D2991 application of hydroxyapatite regeneration medicament – per tooth

CDT Descriptor: Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration. (Typically, to be used, for products such as Curadont™ Repair Fluoride Plus by vVardis and is available from Young Innovations)

NEW

D1301 immunization counseling

CDT Descriptor: A review of the patient's vaccine and medical history, and discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccination. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine.

ICD-10-CM Diagnostic Codes

There is no immediate or universal mandate to include ICD-10 CM diagnostic codes on dental claims; however, a dental professional may report an appropriate ICD diagnostic code along with the correct CDT procedure codes for the service performed on the dental claim form.

Smart dental practices are already including this information in preparation for submitting medical claims. Medical benefits may be available to the patient beyond the teeth for the underlying etiology/condition if systemic conditions exist and the manifestation is in the maxillofacial area.

Though the ICD reporting is not currently required, it is hoped that there will be a benefit to the provider/patient over time by improving the tracking of treatment and **associated ICD by facilitating payment for services** related to the oral - systemic connection and coverage for additional dental services for certain medical conditions.

Both the ADA Dental Claim Form and the HIPAA standard electronic dental claim transaction are able to report up to four diagnosis codes-See Form Box 34 & 34a.

The CDT 2024 Coding Companion contains a Section of Appendices which include “CDT Code to ICD (Diagnosis) Code Crosswalk” as well as “Introduction to Medical Claim Form Completion” (p. 381) to help practitioners determine the proper diagnostic medical code. This appendix contains **over 817 entries** identified by ADA as pertinent to most encounters and services provided to a patient.



34. Diagnosis Code List Qualifier		(ICD-10 = AB)		31a. Other Fee(s)
34a. Diagnosis Code(s)	A	C		32. Total Fee
(Primary diagnosis in "A")	B	D		

From page 115 in CDT 2024 Current Dental Terminology:

Applicable Codes for Dental Caries Infections

- K02.3 Arrested dental caries (decay and cavities) (includes coronal and root caries)
- K02.51 Dental caries on pit and fissure surface limited to enamel
- K02.52 Dental caries on pit and fissure surface penetrating into dentin
- K02.53 Dental caries on pit and fissure surface penetrating into pulp
- K02.61 Dental caries on smooth surface limited to enamel
- K02.62 Dental caries on smooth surface penetrating into dentin
- K02.63 Dental caries on smooth surface penetrating into pulp
- K02.7 Dental root caries
- K02.9 Dental caries, unspecified