

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 2023, 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

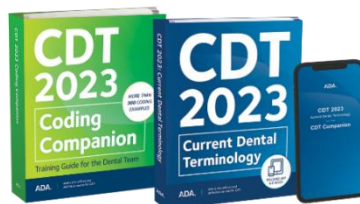
Using the most accurate procedure code and coding for all procedures is required per HIPAA for use in electronic health records. It can also serve today as the most accurate documentation and **potential** coverage under a policy. Dental professionals are obligated to use the most accurate procedure code available and within CDT 2023 there are now **800 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 2023, Coding Companion, page 16:

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 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 provide 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.

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																						
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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. Total Fee		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B	D			
35. Remarks																						



Here is an example of a Tweet for Kelly. This highly informative narrative is 236 characters and clearly provides the medical necessity for the treatment and 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 drinks/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: Gen mod dental biofilm-induced gingivitis with gen mod bleeding medicated by systemic and local risk factors
- Caries Infection/Desensitizing Treatment Plan
 - Fluoride – in office
 - **Profluorid Varnish**
 - Fluoride – home self-care
 - **ReminPro**
 - Sealants
 - **Gradio Seal**
 - Desensitizing
 - **Profluorid L**
 - **Admira Protect**

Possible Procedure Coding for Kelly

Illustration only, not all care included.

This medically necessary treatment plan is incomplete. Kelly’s overall assessment indicates 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 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 legal age since it was introduced twenty-five 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

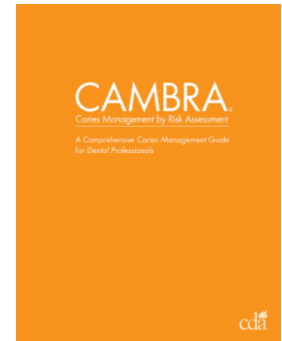
Risk factors should be assessed, and treatment planned accordingly. It is important for dental clinicians to include the appropriate risk assessment code for any patient when fluoride will be recommended.

Risk Assessment codes are in the D0100-D0999 Diagnostic section of the CDT manual.

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 examination 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
- **D0604 antigen testing for a public health related pathogen, include coronavirus**
- **D0605 antibody testing for a public health related pathogen, include coronavirus**
- **D0606 molecular testing for a public health related pathogen, including coronavirus**

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 <div style="border: 1px solid blue; border-radius: 15px; padding: 5px; display: inline-block; margin-left: 20px;"> Medical Necessity includes risk </div>		

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 tooth surface, per tooth
15	D9911	Application of desensitizing resin for cervical and/or tooth 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
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
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 the 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 the 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.

D1321 counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use

CDT Descriptor: Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injection, inhaling, and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals.

D5995 periodontal medicament carrier with peripheral seal – laboratory processed – maxillary

CDT Descriptor: A custom fabricated, laboratory processed carrier for the maxillary arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket. [Typically, to be used for products such as PerioProtect® (1.7% hydrogen peroxide gel).]

D5996 periodontal medicament carrier with peripheral seal – laboratory processed – mandibular

CDT Descriptor: A custom fabricated, laboratory processed carrier for the mandibular arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket. [Typically, to be used for products such as PerioProtect® (1.7% hydrogen peroxide gel).]

Some of the NEW and AMENDED procedure codes

CDT 2022

D9912 pre-visit patient screening

CDT Descriptor: Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.

Note: This was approved as an administrative code, not a treatment code. Providing this service is currently the standard protocol based on CDC guidelines for healthcare facilities. By documenting this procedure with a procedure code, the practice will have the metrics to assure it has followed the current guidelines.

D0120 periodic oral evaluation – established patient

CDT Descriptor: An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation acquired through additional diagnostic procedures. **The findings are discussed with the patient.** Report additional diagnostic procedures separately.

Note: When this was presented to the CMC, the discussion centered around dentists who are NOT discussing the findings (or lack of findings) with patients.

CDT 2023

Amended: D0210 intraoral – comprehensive series of radiographic images

CDT Descriptor: A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

Note: The Code Maintenance Committee was clear when they discussed this last March that edentulous areas must be included to be considered a “comprehensive series.”

New: Entire new section for **intraoral tomosynthesis radiographs** including comprehensive series, bitewing images, etc. See p. 8 of CDT 2023

Note: Deleted 3D photographic images.

Amended: D4355 full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

CDT Descriptor: None

Note: The change included substituting “periodontal” evaluation for the previous “oral” evaluation in the nomenclature. The descriptor was eliminated to allow more flexibility when providing the service.

Amended: D4921 Gingival irrigation with a medicinal agent – per quadrant

CDT Descriptor: None

Note: The descriptor was eliminated since nomenclature was amended to be specific about the product being a “medicinal agent”.

Amended: D9110 palliative treatment of dental pain – per visit

CDT Descriptor: Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.

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 to using medical claims. Medical benefits may be available to the patient beyond the teeth for the underlying etiology/condition if systemic 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 2023 Coding Companion manual contains a Section of Appendices which include “CDT Code to ICD (Diagnosis) Code Crosswalk” as well as “Introduction to Medical Claim Form Completion” to help practitioners determine the proper diagnostic medical code. This appendix contains **over 700 entries** identified by ADA as pertinent to most encounters and services provided to a patient.

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					
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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. Total Fee	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B		D			
35. Remarks																							

Sample 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