

Procedure Codes and Coverage

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. Using the most accurate procedure code and coding for all procedures are required per HIPAA for use in electronic health records. It can also serve today as the most accurate documentation and **possible** coverage under a policy. Dental professionals are obligated to use the most accurate procedure code available.

CDT procedure codes are risk and diagnosis based, not product based. Before specific procedure code suggestions are made to facilitate best coverage under a policy, necessary dental/medical data must be documented in Box 35 Remarks.

Medically Necessary Coding

Whether using dental or medical coding, all care must be medically necessary. **Medical necessity is defined as the current diagnosis, risk and other factors creating the need for treatment.**

*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: This is a small space. This space can and should be used to convey additional information for a procedure code that requires a report and to provide information to enable the payer to appropriately process the claim.

This must be written *Twitter-style*. The online social network *Twitter* taught users to send and read short 280 characters. The idea is

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. Des.		
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)						
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																				

Twitter writing squeezes the excess, thus leaving only the most essential information.

Note on the next Case History and Claim: This highly informative narrative is 259 characters and clearly provides the medical necessity for the treatment and codes selected. (p. 4)

- ReminPro

Case Study Kelly

- History
 - Dental
 - No significant dental history
 - Bleeding gums
 - Some white spots on teeth
 - Cold sensitivity lower molars
 - Medical
 - Yaz, multi-vitamin
 - Possible pregnancy
 - 1-2 Red Bull drinks/day
 - Weekends adds vodka, cigarettes & vaping
- Oral Risk and Diagnosis
 - High risk caries fluorescence and white spot lesions
 - Hyposalivation resting flow <.1 ml. stimulated flow <.7m
 - Thermal sensitivity lower molars, bilateral
 - Incipient lesion #13
 - 45% Type 2-3 gingival inflammation
 - Dx: Gingivitis-dental biofilm induced mediated by systemic or local risk factors
- Caries Infection Treatment Plan
 - Desensitizing
 - **Admira Protect**
 - **Profluorid L**
 - Fluoride
 - **Profluorid Varnish**
 - Sealants-
 - **Grandio Seal**
 - Home self-care



Possible Coding for Kelly

Illustration only, not all care included. Procedure codes are NOT product specific. They are listed here for illustration only. **NOTE:** This medically necessary treatment plan is incomplete. The medical necessity indicates the need for periodontal treatment in addition to caries management.

Sample Submission: (partial ADA 2019 Claim form)

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	
					D0120			periodic oral evaluation		
					D0277			vertical bitewings - 7 to 8 radiographic images		
					D0603			caries risk assessment and documentation, with a finding of high risk		
					D0419			assessment of salivary flow by measurement		
xx/xx/2022					D1206			topical application of fluoride varnish (Profluorid Varnish)		
xx/xx/2022			2		D1351			Sealant, per tooth (Grandio Seal)		
xx/xx/2022			15		D1351			Sealant, per tooth (Grandio Seal)		
xx/xx/2022			30		D9911			application of desensitizing resin for cervical and/or root surface, per tooth (Admira Protect) or (Profluorid L)		
xx/xx/2022			19		D9911			application of desensitizing resin for cervical and/or root surface, per tooth (Admira Protect) or (Profluorid L)		
xx/xx/2022					D9630			drugs or medicaments dispensed in the office for home use (Remin Pro)		
xx/xx/2022					D1330			oral hygiene instructions		
Box 35 Remarks on next page, p. 4										

Box 35. Remarks

Medical necessity*: Sinus issues, GERD, possibly pregnancy; High risk caries fluorescence. Hyposalivation resting flow ,.1ml; stimulated flow <.7ml. Thermal sensitivity. 45% Type 2-3 inflammation; Dx: Gingivitis-dental biofilm induced mediated by systemic

Risk Assessment Codes

CAMBRA (**C**aries **M**anagement by **R**isk **M**anagement) has reached legal age since it was introduced twenty-one 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 treated. Risk assessment should be part of the medical necessity for patient treatment. 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

Tests and Examinations Procedure Codes

- **D0411 HbA1c in-office point of service testing**
- **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**
- **D0417 collection and preparation of saliva sample for laboratory diagnostic testing**
- **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**
 - 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**

CDT procedure codes are risk and diagnosis based, not product based. Before specific procedure code suggestions are made to facilitate best coverage under a policy, necessary dental/medical data must be documented in Box 35 Remarks.

To again emphasize - Procedure codes are NOT product based. 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.

Profluorid Varnish

D1206 topical application of fluoride varnish.

All age-based information was removed from the procedure codes many years ago. Policies may differ. To optimize coverage, it is important to document medical necessity in Box 35 Remarks.

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xx/xx/2022					D0603			caries risk assessment and documentation, with a finding of high risk		
xx/xx/2022	00				D1206			Topical application of fluoride varnish		

Medical Necessity includes risk

<p>35. Remarks</p> <p>High risk per ADA risk assessment; restoration 2/11/2021. (Note: on most Risk Assessment systems, a single restoration in 3 years = high risk)</p>
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Remin Pro

Customized fluoride gel carrier for in-home use may be recommended; especially common during radiation therapy of the head and neck region, so include:

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.

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	
xx/xx/2022					D5986			fluoride gel carrier		
xx/xx/2022					D9630			drugs or medicaments dispensed in the office		
Xx/xx/2022					D0603			caries risk assessment and documentation, with a finding of high risk.		
35. Remarks Cancer radiation therapy, generalized sensitivity, high caries risk and extreme oral dryness										

For most patients-of-record based on diagnosis:

Option 1: D9630 drugs or medicaments dispensed in the office for home use. (This is probably the better option)

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
xx/xx/2022	00				D9630			drugs or medicaments dispensed in the office for home use		
35. Remarks root sensitivity and extreme oral dryness										

Option 2: 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.

Option 3: D1999 unspecified preventive procedure, by report

“By Report” codes require a narrative. May *NOT* be the best option but does qualify under procedure code description. Includes in-office treatment for root sensitivity. Most accurate option may be the patient chief complaint and medical necessity which is sensitivity.

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
xx/xx/2022	00				D1999			unspecified preventive procedure, by report		
35. Remarks Thermal sensitivity, generalized										

By report requires medical necessity

Profluorid L

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.

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
xx/xx/2022			2		D9911			application of desensitizing resin for cervical and/or tooth surface, per tooth	
xx/xx/2022			3		D9911			application of desensitizing resin for cervical and/or root surface, per tooth.	
35. Remarks Cancer radiation therapy, generalized sensitivity and extreme oral dryness									

Grandio Seal

Option1: D1351 sealant – per tooth.

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

Option 2: D1353 sealant repair – per tooth

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

Admira Protect

Option 1: 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.

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
xx/xx/2022			14		D9911			application of desensitizing resin for cervical and/or root surface, per tooth	
35. Remarks Extreme thermal sensitivity									

Option 2: D1999 unspecified preventive procedure, by report.

Every procedure has a code. If no other procedure code fits, CDT has a D_999 code for unspecified procedures.

Note: By Report codes requires a narrative.

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
xx/xx/2022			3		D1999			unspecified preventive procedure, by report	
35. Remarks Extreme thermal sensitivity									

By report requires medical necessity

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.

ICD-10-CM Diagnostic Codes

There is no immediate and universal mandate to include an ICD-10 CM diagnostic codes on dental claims. A dental professional may report an appropriate ICD diagnostic code along with the correct CDT procedure codes for the service performed.

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.

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																					
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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. 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																					



The CDT 2022 Coding Companion manual contains a Section of Appendices which include “CDT Code to ICD (Diagnosis) Code Cross-Walk” 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.

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

It is beyond the scope of this document to provide complete ICD codes. It is highly recommended that every office purchase a current copy of both the CDT 2022 and the CDT 2022 Coding Companion.

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

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.

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.

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 INCLUDED IN CDT 2022

There have been 16 additions, 14 revisions, 6 deletions and 10 editorial changes to CDT 2022. Below are some of the more prominent ones for dental practices to be aware of:

NEW: 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.

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.

AMENDED: 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.

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

NEW: D9947 custom sleep apnea appliance fabrication and placement

NEW: D9948 adjustment of custom sleep apnea appliance

NEW: D9949 repair of custom sleep apnea appliance

The CMC added **new** and/or **deleted** procedure codes to the following specialty sections: (see CDT 2022 manual for specifics)

Endodontics:	2 new
Periodontics:	2 new
Prosthodontics:	4 new
Implants:	1 new
Oral and Maxillofacial surgery:	3 new
Orthodontics:	3 deleted along with Subcategory: Interceptive Orthodontic Treatment