

CDT 2020 updates

(Revised November 1, 2019)

CDT 2020 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Federal HIPAA law requires that CDT codes be used in electronic health care transactions. When the ADA changes the codes, carriers must adopt the changes. Please use CDT 2020 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2020.

The CDT updates for 2020 include 37 new codes, six code deletions and several nomenclature and description revisions. Following is a summary of the changes; please note that coverage for new codes is dependent on the patient's particular benefit plan. The Delta Dental Dentist Handbook will be updated to reflect CDT 2020 by January 1, 2020 and will be available by logging in to Provider Tools at deltadentalins.com/dentists.

Important Notes:

- CDT coding and nomenclature are the copyright of the American Dental Association and a trademark of the ADA, all rights reserved. There are important differences between Delta Dental's plan benefits and processing policies and the descriptors found in the CDT code.
- Fees for services not billable to the patient are not chargeable to the patient or Delta Dental.
- Fees for denied services are the responsibility of the patient.
- Text that appears in italics is specifically intended to clarify the delivery of benefits and is not to be interpreted as CDT 2020 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

New CDT Codes

D0419 - assessment of salivary flow by measurement

Procedure D0419 is limited to one assessment every three years. The fee for subsequent submissions within 12 months is included in the fee for the original assessment.

D1551 - re-cement or re-bond bilateral space maintainer - maxillary

When performed on the maxillary arch, this procedure is subject to the same policy and limitations as D1550.

D1552 - re-cement or re-bond bilateral space maintainer - mandibular

When performed on the mandibular arch, this procedure is subject to the same policy and limitations as D1550.

D1553 - re-cement or re-bond unilateral space maintainer - per quadrant

This procedure is subject to the same policy and limitations as D1550. One recementation or re-bonding is allowed per quadrant.

D1556 - removal of fixed unilateral space maintainer - per quadrant

This procedure is subject to the same policy and limitations as D1555. The fees for removal of a fixed space maintainer by the same dentist/dental office who placed the appliance are included in the fee for the placement of the space maintainer. The removal of a space maintainer is not billable to the patient when submitted with a recementation of a space maintainer performed on the same date of service.

D1557 - removal of fixed bilateral space maintainer - maxillary

When performed on the maxillary arch, this procedure is subject to the same policy and limitations as D1555. The fees for removal of a fixed space maintainer by the same dentist/dental office who placed the appliance are included in the fee for the placement of the space maintainer. The removal of a space maintainer is not billable to the patient when submitted with a recementation of a space maintainer performed on the same date of service.

D1558 - removal of fixed bilateral space maintainer - mandibular

When performed on the mandibular arch, this procedure is subject to the same policy and limitations as D1555. The fees for removal of a fixed space maintainer by the same dentist/dental office who placed the appliance are included in the fee for the placement of the space maintainer. The removal of a space maintainer is not billable to the patient when submitted with a recementation of a space maintainer performed on the same date of service.

D2753 - crown - porcelain fused to titanium and titanium alloys

This procedure is subject to the same policy and limitations as crowns - single restorations.

New CDT Codes (continued)

D5284 - removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant

D5286 - removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant

These procedures are subject to the same policy and limitations as procedure D5281. For most Delta Dental plans the frequency for these procedures is one in a five-year period.

D6082 - implant supported crown - porcelain fused to predominantly base alloys

D6083 - implant supported crown - porcelain fused to noble alloys

D6084 - implant supported crown - porcelain fused to titanium and titanium alloys

D6086 - implant supported crown - predominantly base alloys

D6087 - implant supported crown - noble alloys

D6088 - implant supported crown - titanium and titanium alloys

These procedures are subject to the same policy and limitations as single crowns, implant supported. When covered, they are generally a benefit once in a five-year period. If implants are not covered, an alternate allowance equivalent to procedure D6240 may be provided.

D6097 - abutment supported crown - porcelain fused to titanium and titanium alloys

This procedure is subject to the same policy and limitations as single crowns, abutment supported. When covered, it is generally a benefit once in a five-year period. If implants are not covered, an alternate allowance equivalent to procedure D6240 may be provided.

D6098 - implant supported retainer - porcelain fused to predominantly base alloys

D6099 - implant supported retainer for FPD - porcelain fused to noble alloys

D6120 - implant supported retainer - porcelain fused to titanium and titanium alloys

D6121 - implant supported retainer for metal FPD - predominantly base alloys

D6122 - implant supported retainer for metal FPD - noble alloys

D6123 - implant supported retainer for metal FPD - titanium and titanium alloys

These procedures are subject to the same policy and limitations as fixed partial denture retainers,

implant supported. When covered, they are generally a benefit once in a five-year period. If implants are not covered, an alternate allowance equivalent to procedure D6240 may be provided.

D6195 - abutment supported retainer - porcelain fused to titanium and titanium alloys

This procedure is subject to the same policy and limitations as fixed partial denture retainers, abutment supported. When covered, it is a benefit once in a five-year period. If implants are not covered, an alternate allowance equivalent to procedure D6240 may be provided.

D6243 - pontic - porcelain fused to titanium and titanium alloys

This procedure is subject to the same policy and limitations as fixed partial denture pontics.

D6753 - retainer crown - porcelain fused to titanium and titanium alloys

This procedure is subject to the same policy and limitations as fixed partial denture retainers.

D6784 - retainer crown $\frac{3}{4}$ - titanium and titanium alloys

This procedure is subject to the same policy and limitations as fixed partial denture retainers.

D7922 - placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site

The placement of an intra-socket biological dressing to aid in hemostasis or clot stabilization is considered part of the extraction and/or post-operative procedure. A separate fee may not be submitted and is not billable to the patient.

D8696 - repair of orthodontic appliance - maxillary

When performed on the maxillary arch, this procedure is subject to the same policy and limitations as D8691. This service is not a benefit of most Delta Dental plans.

D8697 - repair of orthodontic appliance - mandibular

When performed on the mandibular arch, this procedure is subject to the same policy and limitations as D8691. This service is not a benefit of most Delta Dental plans.

D8698 - re-cement or re-bond fixed retainer - maxillary

When performed on the maxillary arch, this procedure is subject to the same policy and limitations as D8693. The fee for this procedure is included in the orthodontic case fee. A separate fee is not billable to the patient any time following placement of the fixed retainer by the same dentist/dental office.

New CDT Codes (continued)

D8699 - re-cement or re-bond fixed retainer - mandibular

When performed on the mandibular arch, this procedure is subject to the same policy and limitations as D8693. The fee for this procedure is included in the orthodontic case fee. A separate fee is not billable to the patient any time following placement of the fixed retainer by the same dentist/dental office.

D8701 - repair of fixed retainer, includes reattachment - maxillary

When performed on the maxillary arch, this procedure is subject to the same policy and limitations as D8694. The fee for this procedure is included in the orthodontic case fee for 24 months following placement of the fixed retainer by the same dentist/dental office.

D8702 - repair of fixed retainer, includes reattachment - mandibular

When performed on the mandibular arch, this procedure is subject to the same policy and limitations as D8694. The fee for this procedure is included in the orthodontic case fee for 24 months following placement of the fixed retainer by the same dentist/dental office.

D8703 - replacement of lost or broken retainer - maxillary

When performed on the maxillary arch, this procedure is subject to the same policy and limitations as D8692.

D8704 - replacement of lost or broken retainer - mandibular

When performed on the mandibular arch, this procedure is subject to the same policy and limitations as D8692.

D9997 - dental case management - with special health care needs

The fees for patients with special health care needs are included in overall patient management. A separate fee may not be charged to the patient.

Deleted CDT Codes

D1550 - re-cementation of space maintainer

D1555 - removal of fixed space maintainer

D8691 - repair of orthodontic appliance

D8692 - replacement of lost or broken retainer

D8693 - re-cement or re-bond fixed retainer

D8694 - repair of fixed retainers, includes reattachment

Processing Policy and Procedure Updates (Effective January 1, 2020)

D0160 - detailed and extensive oral evaluation - problem focused, by report

Procedure D0160 is a benefit once in a lifetime per patient per dentist/dental office. Subsequent submissions of procedure D0160 will be considered the equivalent of periodic oral evaluations (procedure D0120). Procedure D0160 counts towards the contractual limitations for evaluation procedures.

D0180 - comprehensive periodontal evaluation - new or established patient

Procedure D0180 is a benefit once in a lifetime per patient per dentist/dental office. Subsequent submissions of procedure D0180 will be considered the equivalent of periodic oral evaluations (procedure D0120). Procedure D0180 counts towards the contractual limitations for evaluation procedures.

D1351 - sealant - per tooth

Sealants are payable once per tooth on the occlusal surface of permanent molars. Age limitations for sealants may be subject to group/individual contract.

D3333 - internal root repair of perforation defects

The fee for procedure D3333 is included in the fee for apicoectomy and/or retrograde filling performed by the same dentist/dental office. When benefited, internal root repair is only allowed on permanent teeth with incomplete root development or for repair of a perforation.

D4341/D4342 - scaling and root planing

Diagnostic x-rays are required when scaling and root planing is performed on patients under 30 years of age.

D6094 - abutment supported crown - titanium and titanium alloys

Diagnostic x-rays are required for procedure D6094.

D6194 - abutment supported retainer crown for FPD - titanium and titanium alloys

Diagnostic x-rays are required for procedure D6194.

D7210 - extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated

Diagnostic x-rays are required for surgical extractions performed on primary teeth.

D7240 - removal of impacted tooth - completely bony

Diagnostic x-rays are required for extraction code D7240 when four or more are performed on the same date of service or submitted on the same pre-treatment estimate. If level of impaction cannot be determined from submitted radiographs, then the claims submitted with non-diagnostic x-rays may be benefited at less than the requested level.

D9941 - fabrication of athletic mouthguard

Revised November 1, 2019: *For groups that cover the fabrication of an athletic mouthguard, the service is a benefit once in 24 months for patients age 18 and under. Age and frequency limitations for mouthguards may be subject to group/individual contract.*

Comprehensive orthodontic treatment

For non-traditional methods such as Invisalign or Incognito, the benefit is based on the approved fee for conventional orthodontics. Any additional fee for the non-traditional method is not billable to the patient.