

CDT 2022 updates

CDT 2022 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 2022 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2022.

The CDT updates for 2022 include 24 new codes, five code deletions and several (22) 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 2022 and policy revisions by January 1, 2022, and is 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 2022 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

New CDT Codes

D0606

Molecular testing for a public health related pathogen, including coronavirus

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1701

Pfizer-BioNTech Covid-19 vaccine administration - first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

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New CDT Codes (continued)

D1702

Pfizer-BioNTech Covid-19 vaccine administration – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1703

Moderna Covid-19 vaccine administration – first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1704

Moderna Covid-19 vaccine administration – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1705

AstraZeneca Covid-19 vaccine administration – first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1706

AstraZeneca Covid-19 vaccine administration – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1707

Janssen Covid-19 vaccine administration

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D3911

Intraorifice barrier

Delta Dental considers the fee for this procedure to be included in the fee for completed endodontic therapy (D3310-D3348), any restorative

procedure, and the fee is not billable to the patient.

D3921

Decoronation or submergence of an erupted tooth

This procedure requires a periapical radiograph benefited under individual consideration and supporting documentation. D3921 (decoronation or submergence of an erupted tooth) is not covered in conjunction with an extraction procedure on the same tooth, same date of service, same dentist dental office, and is not billable to the patient.

D4322

Splint – intra-coronal; natural teeth or prosthetic crowns

D4323

Splint – extra-coronal; natural teeth or prosthetic crowns

Tooth stabilization is not a benefit of most Delta Dental plans. When covered in a patient's contract, it is limited to appliances placed temporarily on the coronal surface of teeth for the patient with advanced periodontal disease (Case Types III, IV and V), immediately preceding or following active periodontal therapy. If otherwise provided, the fee is the patient's responsibility.

The fees for intra-coronal splints when submitted in conjunction with prosthetic crowns (D2710-D2799), implant prosthetics crowns (D6058-D6067, D6082-D6085, D6086-D6088, D6094, D6097), fixed partial dentures (D6205-D6794) and implant fixed partial denture retainers (D6068-D6077, D6098, D6099, D6120-D6123, D6194, D6195) are not billable to the patient.

New CDT Codes (continued)

D5227

Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)

New benefit follows general guidelines of removable dentures.

D5228

Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)

New benefit follows general guidelines of removable dentures.

D5725

Rebase hybrid prosthesis

Delta Dental considers the fee for any rebase to include the fee for relining and any adjustments for six months following placement of the denture.

Delta Dental allows one rebase per arch in a 24 month period. The patient is responsible for the cost of additional treatments.

D5765

Soft liner for complete or partial removable denture – indirect

A maximum of two relines may be allowed per arch in a 12-month period. The patient is responsible for the cost of additional treatments.

D6198

Remove interim implant component

The fees for removal of an interim implant component by the same dentist/dental office who placed the implant component are considered part of the interim abutment placement procedure and are not billable to the patient.

The removal of an interim implant abutment by a different dentist/office than who placed the abutment are not covered, the fee is the patient's responsibility.

D7298

Removal of temporary anchorage device [screw retained plate], requiring flap

D7299

Removal of temporary anchorage device, requiring flap

D7300

Removal of temporary anchorage device without flap

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

The fee for D7299 is included in the surgery when done by the same dentist/dental office as D7292 and not billable to the patient, and if done by a different dentist/dental office, the fee is the patient's responsibility.

D9912

Pre-visit patient screening

The fee for a pre-visit patient screening is considered part of the oral evaluation and is not billable to the patient.

D9947

Custom sleep apnea appliance fabrication and placement

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9948

Adjustment of custom sleep apnea appliance

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9949

Repair of a custom sleep apnea appliance

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

Deleted codes

D4320

Provisional splinting - intracoronal

D4321

Provisional splinting - extracoronal

D8050

Interceptive orthodontic treatment of the primary dentition

D8060

Interceptive orthodontic treatment of the transitional dentition

D8690

Orthodontic treatment (alternative billing to a contract fee)

Processing Policy Revisions

(Effective January 1, 2022)

Evaluations

Benefits for evaluations (D0120, D0150, D0160, and D0180) performed without an intent to provide dental services to meet the patient's dental needs will be processed as D0190.

D0190/D0191

When covered by group/individual contract and reported individually, benefit once per 12 months. Subsequent submissions within 12 months are denied.

When a benefit, D0190/D0191 do not count towards the evaluation frequency limits. D0190/D0191 only one of the two procedures allowed.

D0330

Panoramic radiographic image

Unless specified by the group, the age limit of 6 years and above has been removed.

D0270

Bitewing - single radiographic image

D0272

Bitewings - two radiographic images

D0273

Bitewings - three radiographic images

D0274

Bitewings - four radiographic images

D0277

Vertical bitewings - 7 to 8 radiographic images

As part of our standard of care claim reviews, Delta Dental continues to review x-ray procedures on claims submitted (examples include periapical and bitewings) and prices these x-ray procedures individually and compares the cost of the x-rays to the cost of a full mouth x-ray procedure (FMX - D0210). If the cost of the procedures individually exceeds the cost of a full mouth series, we will bundle these charges accordingly into an FMX procedure.

Under Delta Dental's national processing policies, bitewing radiographic images within 12 months of an intraoral complete series (D0210) are not chargeable to the patient except under special circumstances, such as active periodontal disease or rampant caries.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.