

CDT 2021 New and Deleted Codes

The 2020 Code Maintenance Committee (CMC) has finalized the Current Dental Terminology (CDT) for 2021. The action of the CMC includes 39 substantive changes and 22 editorial changes. All dental claims for services performed between January 1 and December 31, 2021 must utilize the appropriate code from CDT 2021 to meet HIPAA requirements. The CMC is a committee charged with evaluating and voting on CDT changes while maintaining the best interests of the dental profession, patients, and third party payers and administrators. The CMC consists of 24 voting members and is chaired by one of the five American Dental Association (ADA) committee members. The committee members also include one voting representative from each of the 12 dental specialty organizations, the Academy of General Dentistry, the American Dental Education Association, Centers for Medicare and Medicaid, the National Association of Dental Plans, America's Health Insurance Plans, Blue Cross and Blue Shield Association, and Delta Dental Plans Association.

The CMC met at the ADA's Chicago headquarters in March of 2020 to consider submitted requests for changes to CDT. CDT codes provide a standardized language for dental teams to clearly communicate with patients about proposed dental procedures, accurately document the dental services performed, appropriately bill patients for services rendered, and accurately communicate with third party payers about the dental treatment submitted for reimbursement. However, the existence of a code (new or established) does not imply that it will be considered for reimbursement by dental plans. While dental plans are required under HIPAA to recognize current CDT codes when submitted on claims, they are not required to pay them. Employers have a wide variety of options when establishing the dental benefits they choose to offer their employees. Remember, the dental services covered by one patient's dental plan may not be covered by another.

Coding guidelines state that the most specific current CDT code be used to document and report the procedure performed. Dentists need CDT codes to document and report accurately what they do.

Pediatric Dentistry Codes Added to CDT – Effective January 1, 2021

Diagnostic

D0604 Antigen testing for a public health related pathogen, including coronavirus

D0605 Antibody testing for a public health related pathogen, including coronavirus

Rationale for adding D0604 and D0605: In response to COVID-19, CMC met for a special session during the pandemic for discussion of potential future CDT codes needed to describe antigen and antibody testing in the dental setting. Testing includes, but is not limited to, coronavirus. CMC voted to include D0604 to document and report antigen testing and D0605 to

document and report antibody testing in CDT 2021. The need to distinguish between the two types of tests is relevant.

Antigen testing determines if a patient is actively infected with a virus. Antibody testing documents past exposure to a virus. Many Point-of-Care tests for coronavirus are continuing to be developed and may be more readily available to dental settings, in the near future. Antigen testing is more likely to be performed in a dental care setting. However, that is always subject to change as more FDA approved tests become available. The nomenclature for these codes is broad and will allow for future implementation of tests performed by dentists.

D0701 Panoramic radiographic image – image capture only

D0702 2-D cephalometric radiographic image – image capture only

D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only

D0704 3-D photographic image – image capture only

D0705 Extra-oral posterior dental radiographic image – image capture only

Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image

D0706 Intraoral – occlusal radiographic image – image capture only

D0707 Intraoral – periapical radiographic image – image capture only

D0708 Intraoral – bitewing radiographic image – image capture only

Image axis may be horizontal or vertical.

D0709 Intraoral – complete series of radiographic images – image capture only

A radiographic survey of the whole mouth, usually consisting of 14-22 images (periapical and posterior bitewing as indicated) intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.

Rationale for adding D0701-D0709: The ADA Council on Dental Benefits requested that radiographic codes be added that are applicable to capture only. CDT currently does not include the use of modifiers as with Current Procedural Terminology (CPT®) to report when only the technical component of the image was performed (i.e., image capture with no interpretation). Considering the rising use of Teledentistry, the need to add codes to CDT for image capture only was deemed necessary.

Preventive

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

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, injecting, 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.

Rationale for adding D1321: The Code Maintenance Committee approved the Dental Codeology Consortium's request to add D1321 to CDT. The addition of D1321 adds to the CDT available codes to report counseling. With the ever increasing use of vaping, e-cigarette and other devices, opioid, and high levels of alcohol consumption the dental provider plays an important role in educating the user regarding the effects of continued use as it relates to oral diseases. This is especially crucial considering teen usage of these chemicals continues to rise.

D1355 Caries preventive medicament application – per tooth

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

Rationale for adding D1355: The Code Maintenance Committee approved this code request from an individual submitter. Current CDT includes codes for preventive fluoride application, which is full mouth and a code for arresting caries, thus a gap in CDT. Adding D1355 closes this gap allowing for application of a medicament for caries prevention.

Restorative

D2928 Prefabricated porcelain/ceramic crown – permanent tooth

Rationale for adding D2928: The Code Maintenance Committee approved the request from an individual submission to add this code to CDT. This closes a gap in CDT as there were currently only codes to report a prefabricated porcelain/ceramic crown for primary teeth and prefabricated stainless steel crowns. It is becoming increasingly more common for a prefabricated crown to be milled from porcelain/ ceramic, then fitted and cemented as a restoration for a permanent tooth.

Endodontics

D3471 Surgical repair of root resorption – anterior

For surgery on root of anterior tooth. Does not include placement of restoration.

D3472 Surgical repair of root resorption – premolar

For surgery on root of premolar tooth. Does not include placement of restoration.

D3473 Surgical repair of root resorption – molar

For surgery on root of molar tooth. Does not include placement of restoration.

Rationale for adding D3471, D3472, and D3473: The Code Maintenance Committee approved the American Association of Endodontics' request to add these codes to CDT. The code used previously was D3427; however, this code described two distinct procedures, root resorption repair and exploratory surgery. The addition of these codes will be more specific and are consistent with language of other endodontic codes indicating the tooth treated. As a result of the acceptance of these new codes into CDT 2021, D3427 was deleted.

**D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption
– anterior**

Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.

**D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption
– premolar**

Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.

**D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption
– molar**

Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.

Rationale for adding D3501, D3502, D3503: With the deletion of D3427 and acceptance of D3471, D3472, and D3473, the need for a code to describe surgical exposure of root surface without apicoectomy or repair of root resorption was deemed a necessary addition to CDT. The addition of these codes will be more specific and are consistent with language of other endodontic codes indicating the tooth treated.

Oral Surgery

D7961 Buccal / labial frenectomy (frenulectomy)

D7962 Lingual frenectomy (frenulectomy)

Rationale for adding D7961 and D7962: Deleted for 2021, current code D7960 reports buccal/labial or lingual frenulectomy. This causes confusion as many patients require this procedure to be performed in more than one area of the mouth. When the claim for D7960 is reported twice for different areas of the mouth, the second procedure is denied as a duplicate claim. The Code Maintenance Committee accepted these two new codes into CDT to more

accurately document and report a frenulectomy in more than one area of the mouth. This will eliminate confusion and decrease the need for further follow up for denied claims.

Pediatric Dentistry Code Revisions to CDT – Effective January 1, 2021

D1110 prophylaxis – adult

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

D1120 prophylaxis – child

Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.

D1557 removal of fixed bilateral space maintainer – maxillary

Previous descriptor removed (Procedure performed by dentist or practice that did not originally place the appliance)

D1558 removal of fixed bilateral space maintainer – mandibular

Previous descriptor removed (Procedure performed by dentist or practice that did not originally place the appliance)

Pediatric Dentistry Code Deleted to CDT – Effective January 1, 2021

D7960 Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure

Removal or release of mucosal and muscle elements of a buccal, labial or lingual frenum that is associated with a pathological condition, or interferes with proper oral development or treatment.

Rationale: The Code Maintenance Committee voted to delete D7960. Two new codes, D7961 and D7962 were added to replace it and to distinguish between buccal and labial frenulectomy, respectively. This change in CDT will allow for proper reporting at times when a buccal and labial frenectomy on separate arches may be performed on the same visit date. Plans may have limitations affecting this reimbursement but accurate documentation and reporting of procedures are improved.

Link to the latest AAPD revised and new oral health policies

<https://www.aapd.org/research/oral-health-policies--recommendations/>