

NEW, REVISED AND DELETED CDT Codes for 2017

The CDT Code Maintenance Committee approved 11 new codes for 2017. Thirty-seven codes were revised for 2017, though only five code revisions were substantive. One CDT code was deleted.

NEW CODES

New codes are generally added to address emerging technology or procedures that have traditionally fallen into coding gaps.

Code	Description	Commentary
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report	Most often related to the diagnosis of an infection, which may be covered by a patient's medical insurance (the dental office may want to confirm which plan offers the best benefits to the patient).
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	
D1575	Distal shoe space maintainer – fixed – unilateral	
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Current CDT code recognizes procedure codes for either patients with healthy periodontium or patients with periodontal disease that has clinical attachment loss. D4346 is designed to address a current coding gap – patients have moderate to severe gingivitis with no clinical attachment loss. This therapeutic code is intended to generate more accurate tracking of procedures performed to help eliminate “undercoding” (as a prophylaxis D1110), “overcoding” (as scaling and root planing, D4341-D4342) or use of unspecified code D4999 (with narrative). More information on clinical parameters for use of this code is available through the ADA at: ada.org/en/publications/cdt/coding-education
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Designed to more accurately track this procedure (D1110 and D4910 cannot be billed at the same time as D6081).
D6085	Provisional implant crown	Designed to account for situations where a healing period is needed prior to placement of a permanent crown.
D9311	Consultation with medical healthcare professional	Designed to encourage consultation with medical primary care and specialists, especially for patients who have chronic systemic medical conditions with oral effects.
D9991	Dental case management – addressing appointment compliance barriers	AAPD requested the addition of codes D9991 through D9994, as case management is a proven and effective method of achieving early interventions, such as addressing childhood caries. These codes may offer a better way to track and reimburse new and innovative care delivery models. D9991 is designed to address extra time invested to assist an individual patient in maintaining a scheduled appointment by solving transportation challenges or other barriers.
D9992	Dental case management – care coordination	AAPD requested the addition of codes D9991 through D9994, as case management is a proven and effective method of achieving early interventions, such as addressing childhood caries. These codes may offer a better way to track and reimburse new and innovative care delivery models. D9992 is intended to improve care coordination across providers and payers.

Code	Description	Commentary
D9993	Dental case management – motivational interviewing	AAPD requested the addition of codes D9991 through D9994, as case management is a proven and effective method of achieving early interventions, such as addressing childhood caries. These codes may offer a better way to track and reimburse new and innovative care delivery models. D9993 is intended to go beyond traditional nutritional or tobacco counseling and use trained counseling techniques like Motivational Interviewing to identify and modify problematic oral health behaviors toward positive outcomes.
D9994	Dental case management – patient education to improve oral health literacy	AAPD requested the addition of codes D9991 through D9994, as case management is a proven and effective method of achieving early interventions, such as addressing childhood caries. These codes may offer a better way to track and reimburse new and innovative care delivery models. D9994 is designed to improve oral health literacy in a patient-directed manner, overcoming cultural, economic, language and value barriers. It is an individual, customized delivery of information that goes beyond a traditional oral evaluation or case presentation.

REVISED CODES

Code	Description	Commentary
D1510	Space maintainer – fixed, unilateral	Revised to exclude a distal shoe space maintainer, as it is now a separate (new) code.
D2000-D2999	Explanation of restorations	Updated terminology on surfaces. References to “labial” surfaces were updated to “facial (or labial).”
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	Updated to clarify that the code applies to a retained natural tooth, not to an edentulous space or extraction site.
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	Updated to clarify that the code applies to a retained natural tooth, not to an edentulous space or extraction site.
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Updated terminology on tooth surfaces and procedure description.
D7000-D7999	(32 codes)	Technical changes to remove the word “surgical” in most occurrences in this section of the CDT.
D9630	Drugs or medicaments dispensed in the office for home use	Adjusted the code title to reflect home use, as previously reflected in the code descriptor.

DELETED CODE

Codes are generally deleted when they become inapplicable or heavily overlap other codes.

Code	Description
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image

Please make note of these additions and deletions to ensure timely processing of claims.

While 2017 CDT code changes were effective Jan. 1, 2017, dental benefit plans may take months (or longer) to recognize and implement new codes for billing purposes. The existence of a code does not mean that it will be covered under a patient’s policy. But without a code, plans would not have the ability to cover the service. Plans may put additional restrictions and parameters on codes for payment, so be sure to check with specific plans on their billing allowances and guidelines. 

For a copy of the full 2017 CDT Code and reference manual, visit ADAcatalog.org or call 800-947-4746. New for this year is a CDT Code Check App for Apple and Android devices that makes CDT code information easily portable and searchable. All three products are bundled as the CDT 2017 and Companion Kit with Code Check App, sold at \$85 for ADA members or \$127.50 for nonmembers. CDT products are also sold individually as e-Books or in other bundles. CDA members can save 15% until Jan. 20 on all ADA Catalog items with promo code 16217.