2016 CDA Presents in Anaheim

Recent CDT Code Changes: What Every Dentist Should Know About Dental Coding

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Recent CDT Code Changes
What Every Office Should Know About Dental Coding (2014-2016)

Gary L. Dougan, DDS, MPH
Presents
CDA Presents
Anaheim, California
Saturday, May 14, 2016

General Information

- CDT is federally mandated for “reporting”,
- Not necessarily for payment
- Each carrier may have own processing guidelines
- Attachments may vary by carrier
- Criteria for benefit may vary by carrier

Changes to the CDT in 2013

91 changes total from CDT 2011-2012

This is new language
This language is being removed
Unchanged text
[My recommendations and items of interest]

DISCLAIMERS

ADA CDT CODES

Codes are owned and operated by the ADA, not the Insurance Companies

Codes are for REPORTING, not necessarily for payment

Having a code MAY be the first step toward getting a new procedure covered or eventually paid

Highlights of 2013 CDT Code Changes
“It was a very good year...”

Changes to the CDT in 2013

D0100-D0999 l. Diagnostic

Pre-Diagnostic Services

D0190 screening of a patient
A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

D0191 assessment of a patient
A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.
D0100-D0999 I. Diagnostic (2013)

[Diagnostic Sub-category Changes]

Image Capture With Interpretation

Image Capture Only – Interpretation and Report Performed by a Practitioner Not Associated With the Capture

Interpretation and Report Only – Image Capture Performed by a Practitioner Not Associated With Interpretation and Report

D1000-D1999 II. Preventive (2013)

D1202 topical application of fluoride—child
D1204 topical application of fluoride—adult
D1206 topical application of fluoride varnish; therapeutic application for moderate to high risk caries risk patients

Application of topical fluoride varnish, delivered in a single visit and involving the entire oral cavity. Not to be used for desensitization.

D1208 topical application of fluoride

D2000-D2999 III. Restorative (2013)

D2799 provisional crown – further treatment or completion of diagnosis necessary prior to final impression

Crown utilized as an interim restoration of at least six months duration during restorative treatment to allow adequate time for dealing or completion of other procedures. This includes, but is not limited to changing vertical dimension, completing periodontal therapy or racketed tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration.

D2990 resin infiltration of incipient smooth surface lesions

Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.

D2929 prefabricated porcelain/ceramic crown – primary tooth

D2955 post removal (not in conjunction with endodontic therapy)

For removal of posts (e.g., fractured posts); not to be used in conjunction with endodontic treatment (D3346, D3347, D3348)

D2980 crown repair necessitated by restorative material failure, by report

Includes removal of crown, if necessary. Describe procedure.

D2981 inlay repair necessitated by restorative material failure

D2982 onlay repair necessitated by restorative material failure

D2983 veneer repair necessitated by restorative material failure

D2990 resin infiltration of incipient smooth surface lesions

Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.

D2929 prefabricated porcelain/ceramic crown – primary tooth

D3000-D3999 IV. Endodontics (2013)

Endodontic Retreatment

This procedure may include the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canal and place the canal filling. This includes complete root canal therapy.
**D4000-D4999 V. Periodontics (2013)**

D4210 gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant

Involves the excision of the soft tissue wall of the periodontal pocket by either an external or internal bevel. It is performed to eliminate suprabony pockets after adequate initial preparations, to allow access for restorative dentistry in the presence of suprabony pockets, or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

D4211 gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant

(Same descriptor as revised at D4210)

D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

**D5000-D5999 VIII. Implant Services (2013)**

D5101 debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure

D5102 debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure

D5103 bone graft for repair of peri-implant defect – not including flap entry and closure or when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration

D5104 bone graft at time of implant placement

Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.

**D6000-D6199 VIII. Implant Services (2013)**

D6001 debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure

D6002 debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure

D6003 bone graft for repair of peri-implant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration

D6004 bone graft at time of implant placement

Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately.

**D6200-D6999 IX. Prosthodontics, fixed (2013)**

D6206 each additional indirectly fabricated post – same tooth

To be used with D6970.

D6207 each additional prefabricated post – same tooth

To be used with D6972.

(Note: Use D2953 and D2957 instead)

**D7000-D7999 XI. Adjunctive General Services (2013)**

D7000 post and core in addition to partial denture retainer, directly fabricated

Post and core are custom fabricated as a single unit.

D7002 prefabricated post and core in addition to partial denture retainer

D7003 core build-up for retainer, including any pins

(Note: Use D2952, D2954 and D2950 instead)

**D9000-D9999 XII. Adjunctive General Services (2013)**

D9007 external bleaching for home application, per arch; includes materials and fabrication of custom trays

(Note: Use D2953 and D2957 instead)

D9008 each additional externally fabricated post – same tooth

To be used with D9007.

D9009 each additional prefabricated post – same tooth

To be used with D9007.

(Note: Use D2953 and D2957 instead)
Changes to the CDT in 2014

29 new codes (6 diagnostic, 1 preventive, 5 restorative, 6 endo, 2 peri, 1 maxillofacial, 2 implant, 1 ortho, 1 adjacent)
18 revised codes (6 diagnostic, 2 preventive, 5 restorative, 3 endo, 1 peri, 1 maxillofacial, 2 implant, 2 O/S, 1 ortho)
4 deleted codes (2 diagnostic, 1 endo, 1 removable)
7 actions affecting subcategories or their descriptors (2 diagnostic, 2 endo, 1 maxillofacial, 3 ortho)

58 total changes since the previous year

This is new language
This language is being removed
Unchanged text
[My recommendations and items of interest]

DISCLAIMERS

D0100-D0999 I. Diagnostic (2014)

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.

D2000-D2999 III. Restorative (2014)

D2941 interim therapeutic restoration – primary dentition.
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.

D2949 restorative foundation for an indirect restoration.
Placement of restorative material to yield a more ideal form, including elimination of undercuts.

D2950 core buildup, including any pins when required.
Refers to building up of coronal structure anatomical crown when restorative crown will be placed, whether or not pins are used. A material is placed in the tooth preparation for a crown when there is insufficient tooth strength and retention for the crown, a separate extracoronial restorative procedure. A core buildup is not this should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation.

D3000-D3999 IV. Endodontics (2014)

D3355 pulpal regeneration - initial visit.
Includes opening tooth, preparation of canal spaces, placement of medication.

D3356 pulpal regeneration - interim medication replacement.

D3357 pulpal regeneration - completion of treatment.
Does not include final restoration.

[Note: No change to descriptors]
D3000-D3999 IV. Endodontics (2014)

D3410 apicoectomy/periradicular surgery - anterior
D3421 apicoectomy/periradicular surgery - bicuspid (first root)
D3425 apicoectomy/periradicular surgery - molar (first root)
D3426 apicoectomy/periradicular surgery (each additional root)
(No change to descriptors above)
D3427 periradicular surgery without apicoectomy

D4000-D4999 V. Periodontics (2014)

D4920 unscheduled dressing change (by someone other than treating dentist or their staff)
D4921 gingival irrigation - per quadrant
Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.

D6000-D6199 VIII. Implant Services (2014)

D6080 implant maintenance procedures, when prostheses are removed and reinserted, including cleansing removal of prostheses, cleansing of prostheses and abutments and reinsertion of prosthesis
This procedure includes a prophylaxis to provide active debridng of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code, and is indicated for implant supported fixed prostheses.

D8000-D8999 XI. Orthodontics (2014)

D8693 rebonding or recementing, and/or repair, as required, of fixed retainers
D8694 repair of fixed retainers, includes reattachment
Changes to the CDT in 2015

D0100-D0999  l. Diagnostic

D0171 re-evaluation – post-operative office visit

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

D0351 3D photographic image
This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.

D1000-D1999  II. Preventive

D1208 topical application of fluoride – excluding varnish

D1353 sealant repair – per tooth

D1550 re-cementation of or re-bond space maintainer

D4000-D4999  V. Periodontics

D4249 clinical crown lengthening – hard tissue
This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. Where there are adjacent teeth, the flap design may involve a larger surgical area.
D4000-D4999  V. Periodontics

D4260 osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form during the surgical procedure. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

D6000-D6199  VIII. Implant Services

D6110 implant /abutment supported removable denture for edentulous arch – maxillary
D6111 implant /abutment supported removable denture for edentulous arch – mandibular
D6112 implant /abutment supported removable denture for partially edentulous arch – maxillary
D6113 implant /abutment supported removable denture for partially edentulous arch – mandibular

D6114 implant /abutment supported fixed denture for edentulous arch – Maxillary
D6115 implant /abutment supported fixed denture for edentulous arch – Mandibular
D6116 implant /abutment supported fixed denture for partially edentulous arch – maxillary
D6117 implant /abutment supported fixed denture for partially edentulous arch – mandibular

D8000-D8999  XI. Orthodontics

D8660 pre-orthodontic treatment visit
Examination to monitor growth and development
Periodic observation of patient dentition at intervals established by the dentist, to determine when orthodontic treatment should begin.
Diagnostic procedures are documented separately.

D8670 periodic orthodontic treatment visit
(as part of a contract)

D8693 re-cement or re-bonding or re-cementing fixed retainers

D9000-D9999  XII. Adjunctive General Services

D9219 evaluation for deep sedation or general anesthesia

D9221 deep sedation/general anesthesia – each additional 15 minutes
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthetic and non-invasive monitoring protocol, and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.
The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effect upon the central nervous system, and not dependent upon the route of administration.

D9931 cleaning and inspection of a removable appliance
This procedure does not include any required adjustments.

D9986 missed appointment

D9987 cancelled appointment
Changes to the CDT in 2016

19 new codes (3 diagnostic, 1 preventive, 8 perio, 4 removable, 1 O/S, 1 ortho, 7 adjunctive)
12 revised codes (1 diagnostic, 4 perio, 1 adjunctive)
8 deleted codes (2 diagnostic, 1 restorative, 5 adjunctive)
41 editorial actions to clarify meaning (1 materials definition, 1 preventive, 2 restorative, 1 max/facial prosth, 1 oral surgery, 35 fixed prosth)
80 total changes since previous year

This is new language
This language is being removed
Unchanged text
[My recommendations and items of interest]

DISCLAIMERS

Use the Correct Codes for 2016

D0100-D0999  l. Diagnostic

D0260  extraoral - each additional radiographic image
D0340  2D cephalometric radiographic image – acquisition, measurement and analysis
   Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.
D0421  genetic test for susceptibility to oral diseases
   Sample collection for the purpose of certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for oral diseases such as severe periodontal disease.

D0100-D0999  l. Diagnostic

D0422  collection and preparation of genetic sample material for laboratory analysis and report

D0423  genetic test for susceptibility to disease – specimen analysis
   Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for disease.

D2000-D2999  lII. Restorative

D2712  crown – ¾ resin-based composite (indirect)
   This code procedure does not include facial veneers.
D2783  crown – ¾ porcelain/ceramic
   This code procedure does not include facial veneers.
D2970  temporary crown (fractured tooth)
   Usually a performed artificial crown, which is fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization, during crown fabrication.
D4283  autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site  
Used in conjunction with D4273.

D4285  non-autogenous connective tissue graft (including recipient surgical site and donor material) – each additional contiguous tooth, implant, or edentulous tooth position in same graft site  
Used in conjunction with D4275.

D5221  immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)  
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

D5222  immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)  
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

D5223  immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

D5224  immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

D8681  removable orthodontic retainer adjustment

D9223  deep sedation/general anesthesia – each 15-minute increment  
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

D9221  deep sedation/general anesthesia – each additional 15 minutes  
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.
D9241 intravenous moderate (conscious) sedation/analgesia—first 30 minutes
Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthetic provider’s documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.

D9242 intravenous moderate (conscious) sedation/analgesia—each additional 15 minutes

Common Coding Errors
- D4341 vs. D4342 (SRP)
- D4260 vs. D261 (Osseous Surgery)
- Core build-up vs. post & core
- D2950 vs. D2952 or D2954
- Bridge retainer crown vs. single crown
- D67XX vs. D27xx
- Occlusal guards, by report (D9940)
- TMD splint, by report (D7880)
- Perio bone grafting (D4263/4) vs bone grafting for ridge preservation (D7953) or implants
- Now grafts have own codes based on their purpose

Common Code Errors
- Full quadrants and partial quadrants
  - Scaling & Root Planing
    - Full quadrant (D4341) vs. 1-3 teeth (D4342)
  - Alveoplasty (D7310/11; D7320/21) (first tooth, each add’l tooth)
  - Periodontal Surgeries
    - D4260/61; D4240/41 (full and partial quadrants)
  - Grafts—lots of changes
    - First tooth and each add’l tooth, peri-implant grafts, endo surgery grafts, edentulous space grafts,

Common Coding Errors
- Single extraction of tooth or root (D7140)
  - Elevation, smoothing, forceps, closure
- Surgical Extraction (D7210)
  - Flap; must cut bone & gum and/or section tooth
- Extract residual roots (D7140 vs. D7250)
  - D7250 must cut bone & gum, closure
- Documentation is important on the claim
  *Some payers may request actual chart notes*

Common Coding Errors
- Impactions D7220, 7230, 7240, 7241
  - Avoid “with complications” D7241
  - Consider “ratios” you are expected to provide a mix of codes
- Data Mining—it’s happening now
  - Highly unlikely that you ONLY do “surgical” extractions

Some payers look at chart notes (or may request them)
Codes Under Scrutiny

- X-rays – (pedo, periodic exam); why? frequency
- Prophy – why? frequency
- Gross Debridement – why? cost
- Crown Lengthening D4249 – why?
  - Did you do it like a periodontist?
  - Now there’s D4212 – gingivectomy to allow access
    For restorative procedure, per tooth
- Chemotherapeutics D4381 – why? free; site vs. tooth
- Filling surfaces – why? commonly abused, upcoded
  D2850 Core Build up – why? effect on premium
- Image and/or Narrative must make sense

Some payers look at chart notes (or may request them)

Summary of Coding “Wins” of Recent Years

- D0486 transepithelial cytologic sample...
- “brush biopsy” (CDT 2011-12)
- D1352 preventive resin restoration (‘11-12)
- D2940 protective restoration (‘11-12)
- Former “sedative temporary”
- Image Capture (2013)
- Flouride simplification – one code for all (2013)
- D2990 incipient smooth surface lesions (2013)
- Post Removals – fewer restrictions (2013)

Summary of Coding “Wins” of Recent Years

- Fewer “recipes” or “Dental School 101” in the descriptors (2013)
- Endo Retreatment no longer inclusive of post removals (2013)
- D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth (2013)
- Free gingival grafts expanded (2013)
- New implant codes (2013)
- Implant grafts more well-defined (2013)

Summary of Coding “Wins” of Recent Years

- Post and core simplified (2013)
- Sinus Lifts expanded (2013)
- External bleaching – home use (2013)
- Caries Risk Assessments – CAMBRA (2014)
- Interim Therapeutic Restorations – ITRs (2014)
- Restorative Foundation / Core Build-ups (2014)
- Apico’s separated from Peri-radicular surgery (2014)
- Gingival Irrigation (2014)

Summary of Coding “Wins” (from 2015)

- Carriers
- Implant second stage surgeries
- Implant maintenance procedures
- Implant perio surgeries
- Mini-implants
- Ortho definitions
- Repairs and rebonds of ortho appliances
- Sales Tax (NM, HI, MN)

- Re-evaluation (D0171)
- Sealant Repair (D1353)
- Definition of filling surfaces (“without interruption”)
- Implant deletions and expansions
- Pre-orthodontic treatment exam (D8660)
- Evaluation for Sedation (D9229)
- Clean & inspect removable appliance (D9931)
- Missed appt (D9986)
- Cancelled appt (D9987)
Summary of Coding “Wins” (from 2016)

• Caries arresting medicament (D1354)
• Connective tissue grafts expanded
• Denture codes more descriptive of arch & type
• D6600-D6794: bridge “retainer” crowns, onlays, etc.
• Occlusal orthotic device adjustment (D7881)
• Removable orthodontic retainer adjustment (D8681)
• Clean & inspect removable appliances (D9932-5)
• Deep sedation – all 15 minute increments
• IV sedation – all 15 minute increments

Future of Coding

• Diagnostic Codes
  • Reason or clinical entity requiring the procedure
  • Teledentistry
  • Sales Tax? (first administrative code; others are coming)
  • Endo Access opening
  • Laser decontamination
  • Possibly LANAP; not “troughing”

Common Coding Issues

• “Home Grown” codes – usually not acceptable
• Upcoding, Unbundling, Abuse of codes
• Code for the procedure (“what”), NOT the technology (“how”)
  • Lasers, Local Anesth, Cerec, materials choices
• Code for what was ACTUALLY done
• Do NOT overstate procedure performed

Future of Coding

• Diagnostic Codes
  • Reason or clinical entity requiring the procedure
  • Code Modifiers
  • Teledentistry
  • Endo Access opening
  • Laser decontamination
  • Possibly LANAP; not “troughing”

THANK YOU!

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