You and your dental team are first in line to ensure that patient records and claims are complete and accurate. The CDT 2016 Companion: Help Guide and Training Manual is the go-to resource that gives you the information that helps your records and claims stand up to challenges.

The Companion features:
- Descriptions of what is new and changed in CDT 2016, and the reasons why codes were added or revised
- Guidance on CDT Code selection through coding scenarios and illustrations in a Q&A format
- An in-depth look at narratives for “by report” codes
- Ways to identify and address possible CDT Code misuse when a payer rejects a claim
- Tables that link CDT Codes with applicable ICD-10 Diagnosis Codes, information that will be valuable when requested by third-party payers

Used in tandem with CDT 2016, the Companion is ideal to update current staff on CDT Code changes or use a training resource for new employees. Use it for staff meetings, quick training sessions, or as a reference guide to help your team code with skill and confidence.
Categories of Service

The CDT Code is organized into twelve categories of service, each with its own series of five-digit alphanumeric codes. These categories:

- Exist solely as a means to organize the CDT Code.
- Reflect dental services that are considered similar in purpose.
- Contain CDT Codes that are available to document services delivered by anyone acting within the scope of their state law (e.g., a dentist in General Practice uses D7140 that is found in the Oral and Maxillofacial Surgery category to document an extraction; use of “D4341 periodontal scaling and root planing…” is not limited to Periodontists).

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Code Range</th>
<th>Description in commonly used terms*</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Diagnostic</td>
<td>D0100-D0999</td>
<td>Examinations, X-rays, pathology lab procedures</td>
</tr>
<tr>
<td>II.</td>
<td>Preventive</td>
<td>D1000-D1999</td>
<td>Cleanings (prophy), fluoride, sealants</td>
</tr>
<tr>
<td>III.</td>
<td>Restorative</td>
<td>D2000-D2999</td>
<td>Fillings, crowns and other related procedures</td>
</tr>
<tr>
<td>IV.</td>
<td>Endodontics</td>
<td>D3000-D3999</td>
<td>Root canals</td>
</tr>
<tr>
<td>V.</td>
<td>Periodontics – removable</td>
<td>D4000-D4999</td>
<td>Surgical and non-surgical treatments of the gums and tooth supporting bone</td>
</tr>
<tr>
<td>VI.</td>
<td>Prosthodontics – fixed</td>
<td>D5000-D5999</td>
<td>Dentures – partials and “flippers”</td>
</tr>
<tr>
<td>VII.</td>
<td>Maxillofacial Prosthetics</td>
<td>D5900-D5999</td>
<td>Facial, ocular and various other prostheses.</td>
</tr>
<tr>
<td>VIII.</td>
<td>Implant Services</td>
<td>D6000-D6999</td>
<td>Implants and implant restorations</td>
</tr>
<tr>
<td>IX.</td>
<td>Prosthodontics – fixed</td>
<td>D6200-D6999</td>
<td>Cemented bridges</td>
</tr>
<tr>
<td>X.</td>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>D7000-D7999</td>
<td>Extractions, surgical procedures, biopsies, treatment of fractures and injuries</td>
</tr>
<tr>
<td>XI.</td>
<td>Orthodontics</td>
<td>D8000-D8999</td>
<td>Braces</td>
</tr>
<tr>
<td>XII.</td>
<td>Adjunctive General Services</td>
<td>D9000-D9999</td>
<td>Miscellaneous services including anesthesia, professional visits, therapeutic drugs, bleaching, occlusal adjustment</td>
</tr>
</tbody>
</table>

* The language used in the “Description…” column has been simplified using common non-clinical terms. It is not technical terminology.

Subcategories

All CDT Code categories of service are subdivided into one or more subcategories to aid navigation through the code set. For example, subcategories in the “I. Diagnostic” include:

- Clinical Oral Evaluations
- Diagnostic Imaging
- Tests and Examinations
The number and nature of annual CDT Code changes vary, as does their relevance to an individual dentist varies – primarily based on her or his type of practice. CDT 2016 incorporates a variety of substantive CDT Code entry actions – 19 additions, 12 revisions, and 8 deletions – summarized in the following table.

<table>
<thead>
<tr>
<th>Code</th>
<th>• = Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0250</td>
<td>▲ Revision</td>
</tr>
<tr>
<td>D0251</td>
<td>● Addition</td>
</tr>
<tr>
<td>D0260</td>
<td># Deletion</td>
</tr>
<tr>
<td>D0340</td>
<td>▲ Revision</td>
</tr>
<tr>
<td>D0421</td>
<td># Deletion</td>
</tr>
<tr>
<td>D0422</td>
<td>● Addition</td>
</tr>
<tr>
<td>D0423</td>
<td>● Addition</td>
</tr>
<tr>
<td>D1354</td>
<td>● Addition</td>
</tr>
<tr>
<td>D2970</td>
<td># Deletion</td>
</tr>
</tbody>
</table>

Chapter 2.  
CDT 2016 – Notable Changes/What and Why

I. Diagnostic

II. Preventive

III. Restorative

IV. Endodontics

V. Periodontics

VI. Prosthodontics (removable)
6. Two additions and one deletion were approved to fill a gap and mirror a similar combination. The existing genetic testing code did not clearly parse the separate procedures that are routinely performed by different persons at different times. These changes were made to have separate codes for sample collection and sample analysis – following the same logic applied when the saliva sample collection (D0417) and analysis (D0418) codes were added in CDT 2009.

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

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

D0424 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.

7. Four additions were approved to fill a gap and enable greater specificity when documenting and reporting delivery of immediate partial dentures. These additions supplement the continuing partial denture codes D5211-D5214.

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).
Scenarios – Day-to-Day Use

Coding Scenario #3

Radiographs – What constitutes a full mouth series?

A change published in CDT 2009 added a descriptor to procedure code D0210 that defined a complete mouth series of radiographic images. The descriptor was drawn from The Selection of Patients for X-Ray Examinations: Dental Radiographic Examinations published by the FDA in 2004.

With this in mind, consider how radiographs for patients A, B and C are documented.

ADA Answers

► Patient A is missing all second and third molars. The office takes ten periapical x-rays: three upper anterior, three lower anterior and one posterior in each quadrant.

If the radiographs display the crowns and roots of all teeth, periapical areas and alveolar bone crest, the full mouth series procedure code would be appropriate. D0210 includes bitewings when indicated, but bitewings are not a required component of this procedure.

D0210 intraoral – complete series of radiographic images

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

If the radiographs do not display all these structures, the applicable procedure codes are:

D0220 intraoral – periapical first radiographic image (reported once)

D0230 intraoral – periapical each additional radiographic image (reported nine times)

► Patient B has all her teeth and has impacted partially erupted third molars. The office takes a panoramic x-ray and four posterior bitewings, which are coded as follows.

D0330 panoramic radiographic image

D0274 bitewings – four radiographic images

Since a panoramic radiographic image is not intraoral, this combination could not correctly be reported as a full mouth series (D0210).

The ADA Council on Dental Benefit Programs receives many calls that claims for D0330 and D0274 are downcoded by third-party payers to D0210 for purposes of reimbursement.

From the Glossary published on ADA.org:

downcoding: A practice of third-party payers in which the benefit code has been changed to a less complex and/or lower cost procedure than was reported, except where delineated in contract agreements
Coding Scenario #20

When a “quadrant” procedure involves teeth that cross the midline

The patient practiced good oral hygiene, but struggled with his gums because of an anti-seizure medicine that he took for epilepsy. A hockey accident as a 25-year-old had left him with a fixed bridge from #22–27, replacing #’s 23, 24, 25, & 26. Although he brushed and flossed diligently, he had a hard time with flossing under the bridge because gum tissue had grown up around it. This seemed to make his gum problem even worse.

The doctor recorded 4-5 mm pocket measurements around #22 & #27 because of the heavy fibrotic tissue, but no apparent loss of bone around them. This led to a treatment plan to surgically remove the excess tissue and restoring a more cleansable gingival contour around the bridge.

ADA Answers

Reshaping gingival tissue is coded as:

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

NOTES: The code would be used twice, once for each quadrant. Even though the two teeth being treated are contiguous with the bounded space between them, the teeth are in different quadrants and the space is not bounded in either quadrant.

This procedure would usually be reported by listing the tooth numbers of the teeth treated. When reporting “quadrant” codes listing both tooth numbers and quadrants may facilitate third-party payer claim adjudication.
5. **How do I document cleaning a removable partial prosthesis?**

   Two codes were added in CDT 2016 for cleaning a removable partial prosthesis.

   Available procedure codes:
   - **D9934** *cleaning and inspection of removable partial denture, maxillary*
     This procedure does not include any adjustments.
   - **D9935** *cleaning and inspection of removable partial denture, mandibular*
     This procedure does not include any adjustments.

**Interim Prostheses**

6. **What is a flipper/stayplate and how would it be documented?**

   A flipper/stayplate is a temporary removable partial denture typically fabricated out of hard acrylic, the same material used to make a standard complete denture.

   Available procedure codes:
   - **D5820** *interim partial denture (maxillary)*
     Includes any necessary clasps or rests.
   - **D5821** *interim partial denture (mandibular)*
     Includes any necessary clasps or rests.

7. **What procedure codes would be appropriate to report retrofitting of an existing removable full denture to be supported by implants?**

   Retrofitting the denture is reported with –

   - **D5875** *modification of removable prosthesis following implant surgery,*
     Attachment assemblies are reported using separate codes.

   Addition of the abutments may be reported with “D6056 prefabricated abutment – includes placement” with a Quantity (Qty.) of 2 on the patient’s record and claim submission.

**Maxillofacial Prosthetics (D5900 – D5999)**

1. **Is there a code for devices that stop snoring?**

   The Code on Dental Procedures and Nomenclature does not contain a specific code for devices that stop snoring (e.g., snore guard). An available code is “D5999 unspecified maxillofacial prosthesis, by report.”

2. **I have a patient that will be receiving radiation to the nasopharyngeal area and the radio-oncologist has advised that the gingival mucosa and teeth will be exposed. I have recommended that mandibular and maxillary trays be made for “home fluoride” application. What would be an appropriate procedure code for these trays?**

   For the situation described the dental procedure code that you may wish to consider is “D5986 fluoride gel carrier” whose descriptor reads as follows:

   **Synonymous terminology:** fluoride applicator. A prosthesis, which covers the teeth in either dental arch and is used to apply topical fluoride in close proximity to tooth enamel and dentin for several minutes daily.
Most ICD-9-CM codes applicable to dental procedures are in the section on diseases of the oral cavity, salivary glands and jaws (520–529). There are other sections of ICD-9-CM that have codes that may be applicable to a claim for dental services – Injuries (800 series), Accidents (E series).

**Area of the Oral Cavity**

5. In the past, our office has always used UR, UL, LR, and LL to indicate the area of the oral cavity. I have heard that these symbols are not being used any longer. Is this correct?

Yes, the Area of the Oral Cavity is now designated by a two-digit numeric code, which is a HIPAA standard. This code is placed in Item 25 of the current ADA paper claim form (2012 © American Dental Association) and detailed completion instructions are in Chapter 7 of this manual.

Area of the oral cavity is designated by a two-digit code, selected from the following code list:

<table>
<thead>
<tr>
<th>Code</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>entire oral cavity</td>
</tr>
<tr>
<td>01</td>
<td>maxillary arch</td>
</tr>
<tr>
<td>02</td>
<td>mandibular arch</td>
</tr>
<tr>
<td>10</td>
<td>upper right quadrant</td>
</tr>
<tr>
<td>20</td>
<td>upper left quadrant</td>
</tr>
<tr>
<td>30</td>
<td>lower left quadrant</td>
</tr>
<tr>
<td>40</td>
<td>lower right quadrant</td>
</tr>
</tbody>
</table>

**Supernumerary Teeth**

6. The Universal/National Tooth Numbering System adopted by the ADA has a way to enumerate supernumerary teeth. However, the ANSI/ADA/ISO tooth numbering system does not provide a way to enumerate supernumeraries. Since both systems are recognized by the ADA, why is there an inconsistency?

The Universal/National system, widely used within the United States, does include a schema for supernumerary tooth identification. This schema intentionally uses a two character code, the same maximum number of characters used for identifying primary or permanent teeth (e.g., 1-32). A two character format was selected as it would not require system architecture changes to dentist practice management systems or payer claim adjudication systems. The ADA House of Delegates has authority to amend the Universal/National system.

The ANSI/ADA/ISO tooth enumeration system does not incorporate a means to identify supernumerary teeth. A work request, initiated by the American Dental Association, has been submitted to the International Standards Organization (ISO), the body that maintains that enumeration system. Amending the ISO schema to identify supernumerary teeth identification is being addressed by that standards organization.
Quick Quiz #12

Referred patient consultation

Q: An oral surgery office often gets referrals from other dentists and physicians for patient consultations. Can the surgeon provide other diagnostic services or begin treatment of the patient’s problem, if they use the code for consultations (D9310)?

A: Effective January 1, 2007 the consultation code was revised to make this code easier to understand.

D9310 consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician
A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.

You may use this code for your consultation and use other diagnostic and treatment codes when you provide these services, even on the same day.

Quick Quiz #13

Consultation or problem focused evaluation

Q: When a specialty office receives a referral for consultation should they use the “problem-focused” exam code or the “consultation” code for their first encounter with the patient?

A: Whether to use an evaluation code and which one to use depends on what you do. Many specialty offices use the limited problem-focused exam (D0140) when consulting for a specific problem. Whether to use it instead of the consultation code (D9310), will depend on the nature and scope of the evaluation and consultation.
Connecting Bar

This illustration shows an abutment supported overdenture that utilizes a connecting bar. Connecting bars are retentive in nature, and can be utilized with rigid as well as resilient prosthetics. Hader® and Dolder® bar are two types of connecting bars. Connecting bars can be designed to use other types of retentive mechanisms, such as semi-precision attachments.

Abutment supported connecting bars should be reported as:

D6055  connecting bar – implant supported or abutment supported

Utilized to stabilize and anchor a prosthesis.

The entire connecting bar is reported as a single unit; however, an abutment would be documented for each implant that supports the connecting bar. Although the nomenclature says the connecting bar is "implant supported" the descriptor specifies that this procedure requires the use of abutments.

* "transmucosal" refers to the characteristic that these abutments connect the submucosal implant body to the supramucosal connecting bar. In fact, all abutments in the CDT Code (D6056 & D6057) are transmucosal.

It is also possible to construct a connecting bar that attaches directly to the implant bodies, but there are no specific procedure codes for such a device. In such cases it is necessary to document the bar using the code for unspecified implant procedures, D6199, which requires the inclusion of a narrative description.
Summary – Choosing the Right CDT Code

Abutment supported implant prosthetics are documented with at least three procedure codes.

1. Implant body
2. Abutment

When the prosthesis is a fixed partial denture (FPD) the pontic codes are located in the Prosthodontics, fixed category of service (D6205-D6252). A connector bar, when used, would be documented as D6055.

*NOTE: Several of the fixed and removable partial denture codes (FPD; RPD) have “implant/abutment” in their nomenclatures, which means that they are also listed in the following implant support matrix.
Illustrations of the Oral Cavity

The following pages contain illustrations of the oral cavity that portray primary dentition and permanent dentition. Individual teeth are identified by name and by number, using the Universal/National Tooth Designation System. The perspective is facing the patient, which means that tooth number 1 (upper right primary third molar) is to the upper left side of the illustration.

Permanent Teeth

1. 3rd molar (wisdom tooth)
2. 2nd molar (12-yr. molar)
3. 1st molar (6-yr. molar)
4. 2nd bicuspid (2nd premolar)
5. 1st bicuspid (1st premolar)
6. cuspid (canine/eye tooth)
7. lateral incisor
8. central incisor
9. central incisor
10. lateral incisor
11. cuspid (canine/eye tooth)
12. 1st bicuspid (1st premolar)
13. 2nd bicuspid (2nd premolar)
14. 1st molar (6-yr. molar)
15. 2nd molar (12-yr. molar)
16. 3rd molar (wisdom tooth)
17. 3rd molar (wisdom tooth)
18. 2nd molar (12-yr. molar)
19. 1st molar (6-yr. molar)
20. 2nd bicuspid (2nd premolar)
21. 1st bicuspid (1st premolar)
22. cuspid (canine/eye tooth)
23. lateral incisor
24. central incisor
25. central incisor
26. lateral incisor
27. cuspid (canine/eye tooth)
28. 1st bicuspid (1st premolar)
29. 2nd bicuspid (2nd premolar)
30. 1st molar (6-yr. molar)
31. 2nd molar (12-yr. molar)
32. 3rd molar (wisdom tooth)
<table>
<thead>
<tr>
<th>CDT Code(s)</th>
<th>Suggested ICD-10-CM Diagnosis Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1352 preventive resin restoration</td>
<td></td>
</tr>
<tr>
<td>D2330 resin-based composite - one surface; anterior</td>
<td></td>
</tr>
<tr>
<td>D2331 resin-based composite - two surfaces; anterior</td>
<td></td>
</tr>
<tr>
<td>D2332 resin-based composite - three surfaces; anterior</td>
<td></td>
</tr>
<tr>
<td>D2335 resin-based composite - four or more surfaces or involving incisal angle (anterior)</td>
<td></td>
</tr>
</tbody>
</table>

| K00.2 Abnormalities of size and form of teeth   |                                                                   |
| K02.51 Dental caries on pit and fissure surface limited to enamel |                                                                   |
| K02.52 Dental caries on pit and fissure surface penetrating into dentin |                                                                   |
| K02.61 Dental caries on smooth surface limited to enamel |                                                                   |
| K02.62 Dental caries on smooth surface penetrating into dentin |                                                                   |
| K03.1 Abrasion of teeth                         |                                                                   |
| K03.2 Erosion of teeth                         |                                                                   |
| K03.81 Cracked tooth                           |                                                                   |
| S02.5XXA Fracture of tooth (traumatic); initial encounter for closed fracture |                                                                   |

<table>
<thead>
<tr>
<th>CDT Code(s)</th>
<th>Suggested ICD-10-CM Diagnosis Code(s)</th>
</tr>
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<tbody>
<tr>
<td>D2391 resin-based composite - one surface; posterior</td>
<td></td>
</tr>
<tr>
<td>D2392 resin-based composite - two surfaces; posterior</td>
<td></td>
</tr>
<tr>
<td>D2393 resin-based composite - three surfaces; posterior</td>
<td></td>
</tr>
<tr>
<td>D2394 resin-based composite - four or more surfaces; posterior</td>
<td></td>
</tr>
</tbody>
</table>

| K02.51 Dental caries on pit and fissure surface limited to enamel |                                                                   |
| K02.52 Dental caries on pit and fissure surface penetrating into dentin |                                                                   |
| K02.61 Dental caries on smooth surface limited to enamel |                                                                   |
| K02.62 Dental caries on smooth surface penetrating into dentin |                                                                   |
| K02.7 Dental root caries                          |                                                                   |
| K03.1 Abrasion of teeth                           |                                                                   |
| K03.2 Erosion of teeth                            |                                                                   |
| K03.81 Cracked tooth                              |                                                                   |
| S02.5XXA Fracture of tooth (traumatic); initial encounter for closed fracture |                                                                   |