



2016 CDA *Presents* in Anaheim

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

Gary L. Dougan, DDS, MPH

Saturday, May 14, 2016

7:30–9:30 a.m.

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Gary L. Dougan, DDS, MPH
Presents

Recent CDT Code Changes

What Every Office Should Know About Dental Coding (2014-2016)

CDA Presents
Anaheim, California
Saturday, May 14, 2016

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

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

Highlights of 2013 CDT Code Changes

“It was a very good year...”

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

Changes to the CDT in 2013

D0100-D0999 I. 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)


~~D1203 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 cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration.~~



D2000-D2999 III. Restorative (2013)

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



D2000-D2999 III. Restorative (2013)


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




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) as D4210]

D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth**D4000-D4999 V. Periodontics** (2013)**~~D4271 free soft tissue graft procedure (including donor site surgery)~~**

~~Gingival or masticatory mucosa is grafted to create or augment the gingiva at another site, with or without root coverage. This graft may also be used to eliminate the pull or frena and muscle attachment, to extend the vestibular fornix, and to correct localized gingival recession.~~

D4277 free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft**D4278 free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site****D6000-D6199 VIII. Implant Services** (2013)**D6101 debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure****D6102 debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure****D6103 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****D6104 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)**~~D6970 post and core in addition to fixed partial denture retainer, indirectly fabricated~~**

~~Post and core are custom fabricated as a single unit.~~

~~D6972 prefabricated post and core in addition to fixed partial denture retainer~~**~~D6973 core build-up for retainer, including any pins~~**

[Note: Use D2952, D2954 and D2950 instead]

D6200-D6999 IX. Prosthodontics, fixed (2013)**~~D6976 each additional indirectly fabricated post – same tooth~~**

~~To be used with D6970.~~

~~D6977 each additional prefabricated post – same tooth~~

~~To be used with D6972.~~

[Note: Use D2953 and D2957 instead]

D9000-D9999 XII. Adjunctive General Services (2013)**D9972 external bleaching – per arch – performed in office****D9975 external bleaching for home application, per arch; includes materials and fabrication of custom trays**



Changes to the CDT in 2014

29 new codes (6 diagnostic, 1 preventive, 3 restorative, 8, endo, 1 perio, 4 removable, 1maxillofacial, 3 implant, 1 ortho, 1 adjunctive)

18 revised codes (1 diagnostic, 1 restorative, 6 endo, 3 perio, 1 maxillofacial, 2 implant, 3 O/S, 1 ortho)

4 deleted codes (1 diagnostic, 1 endo, 2 removable)

7 actions affecting subcategories or their descriptors
(1 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)

[D2921 reattachment of tooth fragment, incisal edge or cusp](#)

-

[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.

D2000-D2999 III. Restorative (2014)

[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 extracoronal 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~~ a 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

D3000-D3999 IV. Endodontics (2014)

D3428 bone graft in conjunction with periradicular surgery - per tooth, single site
Includes non-autogenous graft material.

D3429 bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site
Includes non-autogenous graft material.

D3431 biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery

D3432 guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery

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)

D6010 surgical placement of implant body: endosteal implant
Includes second stage surgery and placement of healing cap

D6011 second stage implant surgery

Surgical access to an implant body for placement of a healing cap or to enable placement of an abutment.

D6013 surgical placement of mini implant

D6052 semi-precision attachment abutment

Includes placement of keeper assembly.

D6000-D6199 VIII. Implant Services (2014)

D6080 implant maintenance procedures, when prostheses are removed and reinserted, including cleansing ~~removal of prostheses, cleansing of prosthesis and abutments and reinsertion of prosthesis~~

This procedure includes ~~a prophylaxis to provide~~ active debriding 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

16 new codes (6 diagnostic, 1 preventive, 3 restorative, 6 endo, 1 perio, 4 removable, 1maxillofacial, 3 implant, 1 ortho, 1 adjunctive)
52 revised codes (1 diagnostic, 1 restorative, 6 endo, 3 perio, 1 maxillofacial, 2 implant, 3 O/S, 1 ortho)
5 deleted codes (1 diagnostic, 1 endo, 2 removable)
7 actions affecting subcategories or other aspects of the CDT
 (1 diagnostic, 2 endo, 1 maxillofacial, 3 ortho)
80 total changes since 2014

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Changes to the CDT in 2015

D0100-D0999 I. 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.

D0100-D0999 I. Diagnostic (2015)

(Sub-subcategory “Image Capture Only” descriptor)

Image Capture Only
~~Interpretation and Report Performed by a Practitioner Not Associated With the Capture~~
 Capture by a Practitioner not associated with Interpretation and Report

(Sub-subcategory “Interpretation and Report Only” descriptor)

Interpretation and Report Only /
~~Image Capture Performed by a Practitioner Not Associated With Interpretation and Report~~
 Interpretation and Report by a Practitioner not associated with Image Capture

D1000-D1999 II. Preventive (2015)

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 (2015)

D4249 clinical crown lengthening – hard tissue
 This procedure is employed to allow a restorative procedure ~~of crown~~ 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 (2015)

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 (osteotomy) 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 (2015)

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](#)

D6000-D6199 VIII. Implant Services (2015)

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 (2015)

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 (2015)

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 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.

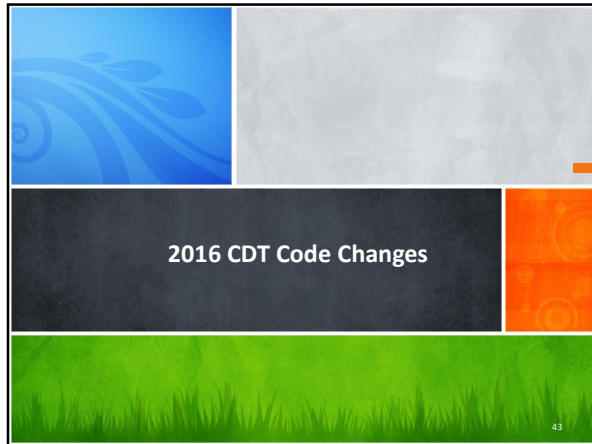
The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.

D9000-D9999 XII. Adjunctive General Services (2015)

D9931 [cleaning and inspection of a removable appliance](#)
This procedure does not include any required adjustments.

D9986 [missed appointment](#)

D9987 [cancelled appointment](#)

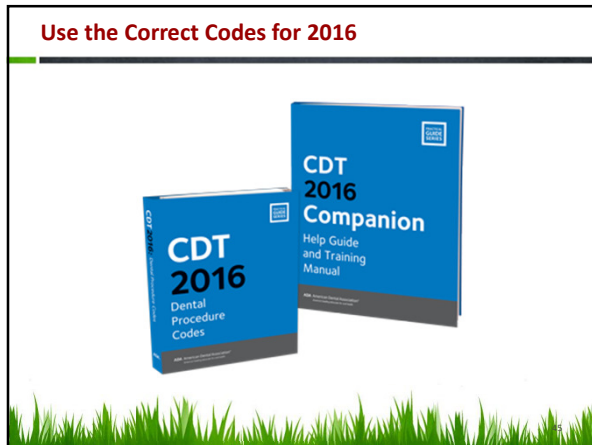


Changes to the CDT in 2016

19 new codes (3 diagnostic, 1 preventive, 2 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



D0100-D0999 I. Diagnostic (2016)

~~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 I. Diagnostic (2016)

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 III. Restorative (2016)

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 preformed 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~~

D4000-D4999 V. Periodontics (2016)

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.



D5000-D5899 VI. Prosthodontics, removable (2016)

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).



D5000-D5899 VI. Prosthodontics, removable (2016)

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).



D8000-D8999 XI. Orthodontics (2016)

D8681 removable orthodontic retainer adjustment



D9000-D9999 XII. Adjunctive General Services (2016)

~~**D9220 – deep sedation/general anesthesia – 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 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**~~



D9000-D9999 XII. Adjunctive General Services (2016)

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.



D9000-D9999 XII. Adjunctive General Services (2016)

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 anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

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

D9000-D9999 XII. Adjunctive General Services (2016)

D9243 intravenous moderate (conscious) sedation/analgesia—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.

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)
- Alveoloplasty (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? freq; site vs. tooth
- Filling surfaces – why? commonly abused, upcoded
- D2950 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)
- Fluoride 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” of Recent Years


- 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)

Summar of Coding “Wins” (from 2015)

- 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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