2 Changes to the CDT Code
Changes to the CDT Code

All changes are illustrated in this section, with text additions underlined in blue ink and deleted text stricken through in red ink. There are:

- 35 new codes
- 37 revised codes
- 12 deleted codes
- 7 changes to subcategories

One change has also been made to the Classification of Materials, which is now at the beginning of the CDT Code –

**Porcelain/ceramic**

Refers to those pressed, fired, polished or milled materials containing predominantly non-metal, non-resin inorganic refractory compounds processed at high temperatures (600°C/1112°F and above) and pressed, polished or milled – including porcelains, glasses, ceramics and glass-ceramics

As noted in the preface, the CDT Code is divided into twelve Categories of Service and each category begins at the top of a right-hand page in this section of the manual.
Changes to the CDT Code

D0100–D0999 I. Diagnostic

This Category of Service has undergone two sets of changes.

The first set of changes is addition of one new subcategory with two new procedure codes, as illustrated below –

One (1) subcategory of service

**Pre-diagnostic Services**

Two (2) procedure codes

**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.

The second set of changes are extensive (37) and are all within the “...Diagnostic Imaging...” subcategory, These changes illustrated in their entirety below. Additions are in blue underline, deletions in red strike-through, and unchanged text in black.

**Radiographs/Diagnostic Imaging (Including Interpretation)**

Should be taken only for clinical reasons as determined by the patient’s dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient’s clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

**Image Capture with Interpretation**

**D0210 intraoral – complete series of radiographic images (including bitewings)**
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.
Changes to the CDT Code

D0220 intraoral – periapical first radiographic image film
D0230 intraoral – periapical each additional radiographic image film
D0240 intraoral – occlusal radiographic image film
D0250 extraoral – first radiographic image
D0260 extraoral – each additional radiographic image film
D0270 bitewing – single radiographic image film
D0272 bitewings – two radiographic images films
D0273 bitewings – three radiographic images films
D0274 bitewings – four radiographic images films
D0277 vertical bitewings – 7 to 8 radiographic images films
This does not constitute a full mouth intraoral radiographic series.
D0290 posterior-anterior or lateral skull and facial bone survey radiographic image film
D0321 other temporomandibular joint radiographic images films, by report
D0330 panoramic radiographic image film
D0340 cephalometric radiographic image film
D0364 cone beam CT capture and interpretation with limited field of view – less than one whole jaw
D0365 cone beam CT capture and interpretation with field of view of one full dental arch – mandible
D0366 cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367 cone beam CT capture and interpretation with field of view of both jaws with or without cranium
Changes to the CDT Code

D0368  cone beam CT capture and interpretation for TMJ series including two or more exposures

D0369  maxillofacial MRI capture and interpretation

D0370  maxillofacial ultrasound capture and interpretation

D0371  sialoendoscopy capture and interpretation

Image Capture Only

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

D0380  cone beam CT image capture with limited field of view – less than one whole jaw

D0381  cone beam CT image capture with field of view of one full dental arch – mandible

D0382  cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium

D0383  cone beam CT image capture with field of view of both jaws, with or without cranium

D0384  cone beam CT image capture for TMJ series including two or more exposures

D0385  maxillofacial MRI image capture

D0386  maxillofacial ultrasound image capture

Interpretation and Report Only

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

D0391  interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
Changes to the CDT Code

Deletions
Two (2) procedure codes

D0360  cone-beam ct — craniofacial data capture
       Includes axial, coronal and sagittal data.

D0362  cone-beam — two-dimensional image reconstruction using existing data; includes multiple images
D1000-D1999  II. Preventive

Additions
One (1) procedure code

D1208  topical application of fluoride

Revisions
One (1) procedure code

D1206  topical application of fluoride varnish; therapeutic application for moderate to high 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.

Deletions
Two (2) procedure codes

D1203  topical application of fluoride—child
D1204  topical application of fluoride—adult
D2000-D2999  III. Restorative

Additions
Five (5) procedure codes

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

D2981  inlay repair necessitated by restorative material failure
D2982  onlay repair necessitated by restorative material failure
D2983  veneer repair necessitated by restorative material failure

Revisions
Five (5) procedure codes

D2710  crown – resin-based composite (indirect)
Unfilled or non-reinforced resin crowns should be reported using D2999.

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 healing 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.

D2940  protective restoration
Direct placement of a temporary restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under restoration.
Changes to the CDT Code

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 retreatment (D3346, D3347, D3348)

D2980 crown repair, by report necessitated by restorative material failure
Includes removal of crown, if necessary. Describe procedure.

Deletions
None
D3000-D3999  IV. Endodontics

Additions
None

Revisions
Subcategory of Service

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 canals and place the canal filling. This includes complete root canal therapy.

One (1) procedure code

D3352  apexification/recalcification/pulpal regeneration – interim medication replacement
For visits in which the intra-canal medication is replaced with new medication and, Includes any necessary radiographs.

Deletions
None
D4000-D4999  V. Periodontics

Additions
Three (3) procedure codes

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

D4277 free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft

D4278 free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site

Revisions
Seven (7) procedure codes

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 an internal bevel. It is performed to eliminate suprabony pockets after adequate initial preparation, 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 – 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 an internal bevel. It is performed to eliminate suprabony pockets after adequate initial preparation, 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.
D4260  osseous surgery (including flap entry 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. 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.

D4261  osseous surgery (including flap entry and closure) – one to three 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. This must include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique codes.

D4266  guided tissue regeneration – resorbable barrier, per site
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.
A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure may require subsequent surgical procedures to correct the gingival contours. Guided tissue regeneration may also be carried out in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific tooth should be reported separately. Other separate procedures may be required concurrent to D4266 and should be reported using their own unique codes.

D4267  guided tissue regeneration – non-resorbable barrier, per site (includes membrane removal)
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement...
grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects.

This procedure is used to regenerate lost or injured periodontal tissue by directing differential tissue responses. A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. This procedure does not include flap entry and closure, wound debridement, osseous contouring, bone replacement grafts, or the placement of biologic materials to aid in osseous tissue regeneration. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure requires subsequent surgical procedures to remove the membrane and/or to correct the gingival contours. Guided tissue regeneration may be used in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific tooth should be reported separately with this code. When no tooth is present, each site should be reported separately. Other separate procedures may be reported concurrent to D4267 and should be reported using their own unique codes.

D4381 localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

Deletions
One (1) procedure code

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 of frena and muscle attachments, to extend the vestibular fornix, and to correct localized gingival recession.
D5000-D5899  VI. Prosthodontics (removable)

**Additions**
None

**Revisions**
None

**Deletions**
None
D5900–D5999  VII. Maxillofacial Prosthetics

Additions
None

Revisions
None

Deletions
None
D6000-D6199  VIII. Implant Services

Additions
Five (5) procedure code

D6101  debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure

D6102  debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure

D6103  bone graft for repair of periimplant 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.

D6051  interim abutment
Includes placement and removal. A healing cap is not an interim abutment.

Revisions
Two (2) procedure codes

D6056  prefabricated abutment – includes modification and placement
A connection to an implant body that is a manufactured component, usually made of machined high noble metal, titanium, titanium alloy or ceramic. Modification of a prefabricated abutment may be necessary, and is accomplished by altering its shape using dental burrs/diamonds.
Changes to the CDT Code

D6057  custom fabricated abutment – includes placement
A connection to an implant body that is a fabricated component, usually by a laboratory process, specific for an individual application. A custom abutment is usually fabricated using a casting process and usually is made of noble or high noble metal. A “UCLA” abutment is an example of this type of abutment.

Deletions
None
D6200-D6999  IX. Prosthodontics, fixed

Additions
One (1) category of service descriptor

Fixed partial denture prosthetic procedures include routine temporary prosthetics. When indicated, interim or provisional codes should be reported separately.

Revisions
Four (4) procedure codes

D6253  provisional pontic – further treatment or completion of diagnosis necessary prior to final impression
Pontic utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This is not to be used as a temporary pontic for routine prosthetic fixed partial dentures.

D6793  provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression
Retainer crown utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. This is not to be used as a temporary retainer crown for routine prosthetic fixed partial dentures.

D6975  coping—metal
To be used as a definitive restoration when coping is an integral part of a fixed prosthesis.

D6980  fixed partial denture repair, by report necessitated by restorative material failure
Changes to the CDT Code

Deletions
Seven (7) procedure codes

D6254 interim pontic
Pontic used as an interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary pontic for routine prosthetic fixed partial denture restoration.

D6795 interim retainer crown
Retainer crown used as an interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary retainer crown for routine prosthetic fixed partial denture restoration.

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 buildup for retainer; including any pins

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:
D7000-D7999  X. Oral and Maxillofacial Surgery

**Additions**
Two (2) procedure code

**D7921** collection and application of autologous blood concentrate product

**D7952** sinus augmentation via a vertical approach
The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. This includes obtaining the bone or bone substitutes.

**Revisions**
One (1) procedure code

**D7951** sinus augmentation with bone or bone substitutes via a lateral open approach
The augmentation of the sinus cavity to increase alveolar height for reconstruction of edentulous portions of the maxilla. This procedure is performed via a lateral open approach. This includes obtaining the bone or bone substitutes. Placement of a barrier membrane if used should be reported separately.

**Deletions**
None
D8000–D8999  XI. Orthodontics

**Additions**
None

**Revisions**
None

**Deletions**
None
D9000–D9999  XII. Adjunctive General Services

**Additions**
One (1) procedure code

**D9975** external bleaching for home application, per arch; includes materials and fabrication of custom trays

**Revisions**
One (1) procedure code

**D9972** external bleaching – per arch – performed in office

**Deletions**
None