Changes to the CDT Code
Changes to the CDT Code

This version of the CDT Code is effective January 1, 2014 through December 31, 2014. All changes are illustrated in this section, with text additions underlined in blue ink and deleted text stricken through in red ink. There are:

- 29 new code entries
- 18 revised code entries
- 4 deleted code entries, and
- 7 actions affecting subcategories or their descriptors.

As noted in the preface, the CDT Code is divided into twelve Categories of Service only for the purpose of organization. Each category begins at the top of a right-hand page in this section.
D0100-D0999  I. Diagnostic

Additions

One (1) Sub-subcategory of service

Post Processing of Image or Image Sets

Six (6) procedure codes

- **D0393** treatment simulation using 3D image volume
  The use of 3D image volumes for simulation of treatment including, but not limited to, dental implant placement, orthognathic surgery and orthodontic tooth movement.

- **D0394** digital subtraction of two or more images or image volumes of the same modality
  To demonstrate changes that have occurred over time.

- **D0395** fusion of two or more 3D image volumes of one or more modalities

- **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.
**Revisions**
One (1) procedure code

▲ **D0350** oral/facial photographic image *obtained intraorally or extraorally*
This includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images. These photographic images should be a part of the patient’s clinical record.

**Deletions**
One (1) procedure code

**D0363** cone-beam three-dimensional image reconstruction using existing data, includes multiple images
D1000-D1999 II. Preventive

**Additions**
One (1) procedure code

- **D1999** unspecified preventive procedure, by report

**Revisions**
None

**Deletions**
None
D2000–D2999  III. Restorative

Additions
Three (3) procedure codes

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

Revisions
One (1) procedure code

- **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.

Deletions
None
D3000-D3999  IV. Endodontics

Additions
One (1) Sub-subcategory of service

Pulpal Regeneration

Eight (8) procedure codes

- **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.

- **D3427** periradicular surgery without apicoectomy

- **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
Revisions
One (1) Sub-subcategory of service

Apexification/Recalcification and Pulpal Regeneration Procedures

Six (6) procedure codes

▲ D3351  apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)

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

▲ D3410  apicoectomy/periradicular surgery – anterior
For surgery on root of anterior tooth. Does not include placement of retrograde filling material.

▲ D3421  apicoectomy/periradicular surgery – bicuspid (first root)
For surgery on one root of a bicuspid. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.

▲ D3425  apicoectomy/periradicular surgery – molar (first root)
For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.

▲ D3426  apicoectomy/periradicular surgery – each additional root
Typically used for bicuspsids and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.
Deletions

One (1) procedure code

D3354 pulpal regeneration—(completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration
Includes removal of intra-canal medication and procedures necessary to regenerate continued root development and necessary radiographs. This procedure includes placement of a seal at the coronal portion of the root canal system. Conventional root canal treatment is not performed.
D4000-D4999  V. Periodontics

Additions
One (1) procedure code

- **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.

Revisions
Three (3) procedure codes

- **D4263 bone replacement graft – first site in quadrant**
  This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with may be required concurrent to D4263 and should be reported using their own unique codes.

- **D4264 bone replacement graft – each additional site in quadrant**
  This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure code is used if performed concurrently with one or more bone replacement grafts to document D4263 and allows reporting of the exact number of sites involved.

- **D4920 unscheduled dressing change (by someone other than treating dentist or their staff)**

Deletions
None
D5000–D5899 VI. Prosthodontics (removable)

Additions
Four (4) procedure codes

- **D5863** overdenture – complete maxillary
- **D5864** overdenture – partial maxillary
- **D5865** overdenture – complete mandibular
- **D5866** overdenture – partial mandibular

Revisions
None

Deletions
Two (2) procedure codes

- **D5860** overdenture—complete, by report
  Describe and document procedures as performed. Other separate procedures may be required concurrent to D5860.

- **D5861** overdenture—partial, by report
  Describe and document procedures as performed. Other separate procedures may be required concurrent to D5861.
D5900-D5999  VII. Maxillofacial Prosthetics

Additions
One (1) Subcategory of service

Carriers
One (1) procedure code

- **D5994** *periodontal medicament carrier with peripheral seal — laboratory processed*
  A custom fabricated, laboratory processed carrier that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket.

Revisions
One (1) procedure code

- **D5991** *topical vesiculobullous disease medicament carrier*
  A custom fabricated carrier that covers the teeth and alveolar mucosa, or alveolar mucosa alone, and is used to deliver topical corticosteroids and similar effective prescription medicaments for treatment maximum sustained contact with the alveolar ridge and/or attached gingival tissues for the control and management of immunologically mediated vesiculobullous mucosal, chronic recurrent ulcerative, and other desquamative diseases of the gingiva and oral mucosa.

Deletions
None
D6000-D6199  VIII. Implant Services

Additions
Three (3) procedure codes

- **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.

Revisions
Two (2) procedure codes

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

- **D6080** implant maintenance procedures when prostheses are removed and reinserted, including cleansing removal of prostheses, cleansing of prosthesis and abutments 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.

Deletions
None
D6200-D6999  IX. Prosthodontics, fixed

**Additions**
None

**Revisions**
None

**Deletions**
None
D7000-D7999  X. Oral and Maxillofacial Surgery

Additions
None

Revisions
Three (3) procedure codes

▲ D7950  osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
This procedure may be used for ridge augmentation or reconstruction to increase height, width and/or volume of residual alveolar ridge. It includes obtaining autograft, and/or allograft transplant. Placement of a barrier membrane, if used, should be reported separately.

▲ D7953  bone replacement graft for ridge preservation – per site
Osseous autograft, allografts or non-osseous graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately.

▲ D7955  repair of maxillofacial soft and/or hard tissue defect
Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize autograft, allograft, or alloplastic graft materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches. This procedure does not include edentulous maxilla and mandibular reconstruction for prosthetic considerations. See code D7950.

Deletions
None
D8000-D8999  XI. Orthodontics

**Additions**

One (1) procedure code

- **D8694** repair of fixed retainers, includes reattachment

**Revisions**

One (1) procedure code

- **D8693** rebonding or recementing; and/or repair, as required, of fixed retainers

Three (3) subcategories of service

▲ **Limited Orthodontic Treatment**

Orthodontic treatment with a limited objective, not necessarily involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

Examples of this type of treatment would be treatment in one arch only to correct crowding, partial treatment to open spaces or upright a tooth for a bridge or implant and partial treatment for closure of a space(s):

▲ **Interceptive Orthodontic Treatment**

Treatment using codes for interceptive orthodontic treatment are for procedures to lessen the severity or future effects of a malformation and to eliminate its cause.

Interceptive orthodontics is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of isolated dental crossbite or recovery of recent minor space loss where overall space is inadequate. When initiated during (Continued)
The key to successful interception is intervention in the incipient stages of a developing problem. Interceptive orthodontics may reduce to lessen the severity of the malformation and mitigate eliminate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent future comprehensive therapy.

Early phases of comprehensive therapy may utilize some procedures that might also be used interceptively, but such procedures are not considered interceptive in those applications.

Comprehensive Orthodontic Treatment

These codes should be used when there are multiple phases of treatment provided at different stages of dentofacial development.

For example, the use of an activator is generally stage one of a two-stage treatment. In this situation, placement of fixed appliances will generally be stage two of a two-stage treatment. Both phases should be listed as comprehensive treatment modified by the appropriate stage of dental development.

This is used to report the Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of a patient’s craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional and/or aesthetic relationships. Treatment usually, but not necessarily, may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances in growing and non-growing patients. Adjunctive procedures, such as extractions, maxillofacial surgery, nasopharyngeal surgery, myofunctional or speech therapy and restorative or periodontal care, to facilitate care may be coordinated disciplines required. Optimal care requires long-term consideration of patient’s needs and periodic re-evaluation. Treatment Comprehensive orthodontics may incorporate treatment several phases with focusing on specific objectives at various stages of dental dentofacial development.

Deletions
None
D9000-D9999  XII. Adjunctive General Services

**Additions**
One (1) procedure code

- **D9985** sales tax

**Revisions**
None

**Deletions**
None