

PRACTICAL
GUIDE
SERIES

2

Changes to the CDT Code

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Changes to the CDT Code

This version of the CDT Code is effective January 1, 2015 through December 31, 2015. All changes are illustrated in this section, with text additions underlined in blue ink and deleted text ~~stricken through in red ink~~. There are:

- 16 new code entries
- 52 revised code entries
- 5 deleted code entries, and
- 10+ 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

Two (2) procedure codes

D0171 re-evaluation – post-operative office visit

D0351 3D photographic image

This procedure is for dental or maxillofacial diagnostic purposes.
Not applicable for a CAD–CAM procedure.

Revisions

Two (2) procedure codes

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

D0481 electron microscopy ~~—diagnostic~~

~~An extreme high magnification diagnostic procedure that enables identification of cell components and microorganisms that are otherwise not identifiable under light microscopy.~~

Three (3) subcategory names or descriptors

Image Capture Only

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

Interpretation and Report Only

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

Oral Pathology Laboratory ~~(Use Codes D0472–D0502)~~

These ~~are~~ procedures ~~generally performed in a pathology laboratory and do not include the removal~~ [collection](#) of the tissue sample, ~~from the patient.~~ ~~For removal of tissue sample, see codes D7285 and D7286~~ [which is documented separately.](#)

Deletions

None

Location Changes

To “Tests and Examinations”

- D0601** caries risk assessment and documentation, with a finding of low risk
- D0602** caries risk assessment and documentation, with a finding of moderate risk
- D0603** caries risk assessment and documentation, with a finding of high risk

D1000-D1999 II. Preventive

Additions

One (1) procedure code

D1353 sealant repair – per tooth

Revisions

Two (2) procedure codes

D1208 topical application of fluoride – excluding varnish

D1550 re-cementation of or re-bond space maintainer

Deletions

None

D2000-D2999 III. Restorative

Additions

One (1) Subcategory Descriptor

Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.

Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.

Revisions

Four (4) procedure codes

D2910 re-cement or re-bond inlay, onlay, veneer or partial coverage restoration

D2915 re-cement or re-bond ~~cast~~ indirectly fabricated or prefabricated post and core

D2920 re-cement or re-bond crown

D2975 coping

A thin covering of the remaining coronal portion of a tooth, usually ~~fabricated of metal and~~ devoid of anatomic contour, ~~—This is to~~ that can be used as a definitive restoration.

Deletions

None

Format Change

The definitions of single and multi-surface restorations, before any CDT Code entries in this Category of Service, has been changed from narrative format to table format as follows:

Explanation of Restorations

Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Labial.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisal-Lingual-Labial.
Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal.
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal.
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal.
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.

D3000–D3999 IV. Endodontics

Additions

None

Revisions

One (1) procedure code

D3351 apexification/recalcification – 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.)

Deletions

None

D4000-D4999 V. Periodontics

Additions

None

Revisions

Three (3) procedure codes

D4249 clinical crown lengthening – hard tissue

This procedure is employed to allow [a restorative procedure](#) ~~or 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.~~

D4260 osseous surgery (including [elevation of a full thickness 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 [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.

D4261 osseous surgery (including [elevation of a full thickness 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 [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.

Deletions

None

D5000-D5899 VI. Prosthodontics (removable)

Additions

None

Revisions

None

Deletions

None

D5900–D5999 VII. Maxillofacial Prosthetics

Additions

None

Revisions

None

Deletions

None

Location Changes

Reorder entries alphabetically so related prostheses are adjacent to each other, as in the following highlighted examples:

D5914 auricular prosthesis

D5927 auricular prosthesis, replacement

D5913 nasal prosthesis

D5926 nasal prosthesis, replacement

D5915 orbital prosthesis

D5928 orbital prosthesis, replacement

D6000–D6199 VIII. Implant Services

Additions

Eight (8) procedure codes

- 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

Revisions

Ten-plus (10+) procedure codes

- D6101** debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure
- D6102** debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, and including flap entry and closure

D6103 bone graft for repair of peri-implant defect – does not include flap entry and closure. ~~or, when indicated,~~ **pPlacement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately**

D6058 abutment supported porcelain/ceramic crown

A single crown restoration that is retained, supported and stabilized by an abutment on an implant; ~~may be screw retained or cemented.~~

D6059 abutment supported porcelain fused to metal crown (high noble metal)

A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; ~~may be screw retained or cemented.~~

D6060 abutment supported porcelain fused to metal crown (predominantly base metal)

A single metal-ceramic crown restoration that is retained, supported and stabilized by an abutment on an implant; ~~may be screw retained or cemented.~~

Note: The D6058-D6060 descriptor changes noted above also apply to other CDT Codes for implant or abutment supported crowns or retainers whose descriptors include "...may be screw retained or cemented." These codes are: D6061 through D6067; D6094; D6194. All are identified in Chapter 1 by a "Revision..." symbol.

D6092 re-cement or re-bond implant/abutment supported crown

D6093 re-cement or re-bond implant/abutment supported fixed partial denture

Deletions

Four (4) procedure codes

D6053 implant/abutment supported removable denture for completely edentulous arch

D6054 implant/abutment supported removable denture for partially edentulous arch

D6078 implant/abutment supported fixed denture for completely edentulous arch

A prosthesis that is retained, supported and stabilized by implants or abutments placed on implants but does not have specific relationships between implant positions and replacement teeth; may be screw retained or cemented; commonly referred to as a “hybrid prosthesis.”

D6079 implant/abutment supported fixed denture for partially edentulous arch

A prosthesis that is retained, supported and stabilized by implants or abutments placed on implants but does not have specific relationship between implant positions and replacement teeth; may be screw retained or cemented; commonly referred to as a “hybrid prosthesis.”

D6200–D6999 IX. Prosthodontics, fixed

Additions

One (1) procedure code

D6549 resin retainer – for resin bonded fixed prosthesis

Revisions

One (1) procedure code

D6930 re-cement or re-bond fixed partial denture

Deletions

One (1) procedure code

D6975 coping

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

D7000–D7999 X. Oral and Maxillofacial Surgery

Additions

None

Revisions

Five (5) procedure codes

D7285 **incisional biopsy of oral tissue-hard (bone, tooth)**

For [partial](#) removal of specimen only. This [procedure code](#) involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery. [This procedure does not entail an excision.](#)

D7286 **incisional biopsy of oral tissue-soft**

For [partial surgical](#) removal of an architecturally intact specimen only. This [procedure code](#) is not used at the same time as codes for apicoectomy/periradicular curettage. [This procedure does not entail an excision.](#)

D7292 **surgical placement: [of](#) temporary anchorage device [screw retained plate] requiring **surgical flap**; [includes device removal](#)**

~~Insertion of a temporary skeletal anchorage device that is attached to the bone by screws and requires a surgical flap. Includes device removal.~~

D7293 **surgical placement: [of](#) temporary anchorage device requiring **surgical flap**; [includes device removal](#)**

~~Insertion of a device for temporary skeletal anchorage when a surgical flap is required. Includes device removal.~~

D7294 **surgical placement: [of](#) temporary anchorage device without **surgical flap**; [includes device removal](#)**

~~Insertion of a device for temporary skeletal anchorage when a surgical flap is not required. Includes device removal.~~

Deletions

None

D8000–D8999 XI. Orthodontics

Additions

None

Revisions

Three (3) procedure codes

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 contract)~~

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

Deletions

None

D9000–D9999 XII. Adjunctive General Services

Additions

Four (4) procedure codes

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

D9986 **missed appointment**

D9987 **cancelled appointment**

D9219 **evaluation for deep sedation or general anesthesia**

One (1) subcategory of service

Non-clinical procedures

Revisions

Four (4) procedure codes

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.

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's effects upon the central nervous system and not dependent upon the route of administration.

D9242 intravenous moderate (conscious) sedation/analgesia – 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.~~

D9248 non-intravenous moderate (conscious) sedation

A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.

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.

Deletions

None