Changes to the CDT Code
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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

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Surfaces</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anterior</strong></td>
<td>1</td>
<td>Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Labial.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Lingual.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Mesial-Labial.</td>
</tr>
<tr>
<td></td>
<td>4 or more</td>
<td>Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisal-Lingual-Labial.</td>
</tr>
<tr>
<td><strong>Posterior</strong></td>
<td>1</td>
<td>Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Placed, without interruption, on two of the five surface classifications – e.g., Mesial-Occlusal.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Placed, without interruption, on three of the five surface classifications – e.g., Lingual-Occlusal-Distal.</td>
</tr>
<tr>
<td></td>
<td>4 or more</td>
<td>Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Occlusal-Lingual-Distal.</td>
</tr>
</tbody>
</table>
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, placement 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.
Changes to the CDT Code

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 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 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.
Changes – Adjunctive General Services

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