Changes to the CDT Code
Changes to the CDT Code

This version of the CDT Code is effective January 1, 2016 through December 31, 2016. All changes are illustrated in this section, with added text underlined in blue ink and deleted text stricken through in red ink. There are:

- 19 Additions
- 12 Revisions
- 8 Deletions
- 41 editorial (e.g., syntax; spelling) actions that clarify without changing the CDT Code entry’s purpose or scope

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.

Classification of Materials

Additions
None

Revisions
None

Deletions
None

Editorial

Resin
Refers to any resin-based composite, including fiber or ceramic reinforced polymer compounds, and glass ionomers.
D0100-D0999  I. Diagnostic

Additions
Three (3) CDT Codes

D0251 extra-oral posterior dental radiographic image
Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.

D0422 collection and preparation of genetic sample material for laboratory analysis and report

D0423 genetic test for susceptibility to diseases – specimen analysis
Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.

Revisions
Two (2) CDT Codes

D0250 extra-oral – first 2D projection radiographic images created using a stationary radiation source, and detector
These images include, but are not limited to: Lateral Skull; Posterior–Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.

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.
Changes – Diagnostic

Deletions
Two (2) CDT Codes

D0260 extraoral—each additional radiographic image

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.

Editorial
None
D1000-D1999  II. Preventive

Additions
One (1) CDT Code

D1354  interim caries arresting medicament application

Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

Revisions
None

Deletions
None

Editorial

D1999  unspecified preventive procedure, by report

Used for procedure that is not adequately described by another CDT Code. Describe procedure.
D2000-D2999  III. Restorative

Additions
None

Revisions
None

Deletions
One (1) CDT Code

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 temporization during crown fabrication

Editorial

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.
D3000-D3999  IV. Endodontics

Additions
None

Revisions
None

Deletions
None

Editorial
None
D4000-D4999  V. Periodontics

Additions
Two (2) CDT Codes

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 procedure (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.

Revisions
Four (4) CDT Codes

D4273  autogenous subepithelial connective tissue graft procedures (including donor and recipient surgical sites) per first tooth, implant, or edentulous tooth position in graft
This procedure is performed to create or augment gingiva, to obtain root coverage to eliminate sensitivity and to prevent root-caries, to eliminate frenum pull, to extend the vestibular fornix, to augment collapsed ridges, to provide an adequate gingival interface with a restoration or to cover bone or ridge regeneration sites when adequate gingival tissues are not available for effective closure. There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlying overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate the donor site leaving an epithelialized flap for closure. After the graft is placed on the recipient site, it is covered with the retained overlying flap.
Changes – Periodontics

D4275  non-autogenous connective soft tissue allograft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
Procedure is performed to create or augment the gingiva, with or without root coverage. This may be used to eliminate the pull of the frenum and muscle attachments, to extend the vestibular fornix, and correct localized gingival recession. There is no donor site; only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.

D4277  free soft tissue graft procedure (including recipient and donor surgical sites surgery) first tooth, implant, or edentulous tooth position in graft

D4278  free soft tissue graft procedure (including recipient and donor surgery surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site
Used in conjunction with D4277.

Deletions
None

Editorial
None
Changes – Prosthodontics (removable)

**D5000-D5899** VI. Prosthodontics (removable)

**Additions**

Four (4) CDT Codes

- **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).

- **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).

**Revisions**

Five (5) CDT Codes

- **D5130** immediate denture – maxillary
  Includes limited follow-up care only; does not include future rebasing / relining procedure(s) or a complete new denture.

- **D5140** immediate denture – mandibular
  Includes limited follow-up care only; does not include future rebasing / relining procedure(s) or a complete new denture.
D5630  repair or replace broken clasp  – per tooth

D5660  add clasp to existing partial denture  – per tooth

D5875  modification of removable prosthesis following implant surgery

Attachment assemblies are reported using separate codes. The modification of existing removable prosthesis is sometimes necessary at the time of implant placement and bone graft surgery and is always necessary at the time of the placement of the healing caps. This code could also be used for the modification of an existing prosthesis when the abutments are placed and retentive elements are placed into the removable prosthesis, thereby reducing the need for a new prosthesis.

Deletions
None

Editorial
None
D5900-D5999  VII. Maxillofacial Prosthetics

**Additions**
None

**Revisions**
None

**Deletions**
None

**Editorial**

D5993  maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report

Maintenance and cleaning of a maxillofacial prosthesis.
D6000-D6199  VIII. Implant Services

Additions
None

Revisions
None

Deletions
None

Editorial

D6103  bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately. Placement of a barrier membrane or biologic materials to aid in osseous regeneration, are reported separately.
D6200-D6999  IX. Prosthodontics, fixed

Additions
None

Revisions
None

Deletions
None

Editorial

Subcategory Descriptor
The term “fixed partial denture” or FPD is synonymous with fixed bridge or
bridgework, replaces the words “bridge” and “bridgework” throughout this-
section.

CDT Code Entries

D6600  retainer inlay - porcelain/ceramic, two surfaces
D6601  retainer inlay - porcelain/ceramic, three or more surfaces
D6602  retainer inlay - cast high noble metal, two surfaces
D6603  retainer inlay - cast high noble metal, three or more surfaces
D6604  retainer inlay - cast predominantly base metal, two surfaces
D6605  retainer inlay - cast predominantly base metal, three or more surfaces
D6606  retainer inlay - cast noble metal, two surfaces
D6607  retainer inlay - cast noble metal, three or more surfaces
Changes – Prosthodontics, fixed

D6608  **retainer** onlay - porcelain/ceramic, two surfaces
D6609  **retainer** onlay - porcelain/ceramic, three or more surfaces
D6610  **retainer** onlay - cast high noble metal, two surfaces
D6611  **retainer** onlay - cast high noble metal, three or more surfaces
D6612  **retainer** onlay - cast predominantly base metal, two surfaces
D6613  **retainer** onlay - cast predominantly base metal, three or more surfaces
D6614  **retainer** onlay - cast noble metal, two surfaces
D6615  **retainer** onlay - cast noble metal, three or more surfaces
D6624  **retainer** inlay - titanium
D6634  **retainer** onlay - titanium
D6710  **retainer** crown - indirect resin based composite
       Not to be used as a temporary or provisional prosthesis.
D6720  **retainer** crown - resin with high noble metal
D6721  **retainer** crown - resin with predominantly base metal
D6722  **retainer** crown - resin with noble metal
D6740  **retainer** crown - porcelain/ceramic
D6750  **retainer** crown - porcelain fused to high noble metal
D6751  **retainer** crown - porcelain fused to predominantly base metal
D6752  **retainer** crown - porcelain fused to noble metal
D6780  **retainer** crown - 3/4 cast high noble metal
D6781  **retainer** crown - 3/4 cast predominantly base metal
D6782  **retainer** crown - 3/4 cast noble metal
D6783  **retainer** crown - 3/4 porcelain/ceramic
D6790  retainer crown - full cast high noble metal
D6791  retainer crown - full cast predominantly base metal
D6792  retainer crown - full cast noble metal
D6794  retainer crown - titanium
D7000-D7999  X. Oral and Maxillofacial Surgery

Additions
One (1) CDT Code

D7881  occlusal orthotic device adjustment

Revisions
None

Deletions
None

Editorial
None
D8000-D8999  XI. Orthodontics

**Additions**
One (1) CDT Code

**D8681  removable orthodontic retainer adjustment**

**Revisions**
None

**Deletions**
None

**Editorial**
None
D9000-D9999  XII. Adjunctive General Services

Additions
Seven (7) CDT Codes

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

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

D9932  **cleaning and inspection of removable complete denture, maxillary**
This procedure does not include any adjustments.

D9933  **cleaning and inspection of removable complete denture, mandibular**
This procedure does not include any adjustments.
**Changes – Adjunctive General Services**

**D9934** cleaning and inspection of removable partial denture, **maxillary**  
This procedure does not include any adjustments.

**D9935** cleaning and inspection of removable partial denture, **mandibular**  
This procedure does not include any adjustments.

**D9943** occlusal guard adjustment

**Revisions**  
One (1) CDT Code

**D9248** non-intravenous moderate (conscious) sedation  
This includes non-IV minimal and moderate 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 on the route of administration.

**Deletions**  
Five (5) CDT Codes

**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 anesthetics effects upon the central nervous system and not dependent upon the route of administration.
**Changes – Adjunctive General Services**

**D9221**  deep-sedation/general anesthesia — each additional 15 minutes

**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 anesthetics effects upon the central nervous system and not dependent upon the route of administration.

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

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

**Editorial**
None