

# Key CDT-2007 Code Changes and Delta Dental National Processing Policy Revisions

This abbreviated list includes Delta Dental of New Jersey/Delta Dental National Processing Policies as revised to incorporate CDT-2007 as well as other policy changes. To obtain a CDT-2007 manual, you must contact the American Dental Association catalog sales at (800) 947-4746 or [www.adacatalog.org](http://www.adacatalog.org). The following policies become effective January 1, 2007:

## CDT-2007 Procedure Code Nomenclature

## Delta Dental National Processing Policies

CDT-2007 Procedure Code Nomenclature	Delta Dental National Processing Policies
<b>D0145</b> - oral evaluation for a patient under three years of age and counseling with primary caregiver	<p>(1) Benefits for evaluations are established by the patient's contract.</p> <p>(2) This evaluation is not a comprehensive evaluation. Therefore, a comprehensive oral evaluation (D0150) may be benefited when performed for the same patient and by the same dentist at a date subsequent to the D0145.</p> <p>(3) Oral evaluation (D0145) includes any caries susceptibility tests (D0425) or oral hygiene instructions (D1330) on the same date. When performed on the same date, any fees for D0425 and D1330 are DISALLOWED.</p> <p>(4) Benefits for oral evaluation for patient under 3 years when billed on the same date and by the same dental office as a more comprehensive oral evaluation (e.g. D0150) are considered included in the more inclusive procedure. The fee for the D0145 is DISALLOWED.</p>
<b>D0273</b> - bitewings- three films	Benefits for radiographs are defined by the patient's contract.
<b>D0360</b> - cone beam ct – craniofacial data capture	These services are considered specialized procedures and are not covered benefits.
<b>D0362</b> - cone beam – two dimensional image reconstruction using existing data, includes multiple images	
<b>D0363</b> - cone beam –three dimensional image reconstruction using existing data, includes multiple images	
<b>D0486</b> - accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	<p>(1) This procedure is by report and subject to medical coverage.</p> <p>(2) This procedure must be accompanied by a pathology report. If the procedure is not accompanied by a pathology report the fee for the procedure is DISALLOWED.</p> <p>(3) If the pathology report is submitted by anyone other than a licensed dentist benefits are DENIED.</p>
<b>D1206</b> - topical fluoride varnish; therapeutic application for moderate to high caries risk patients	<p>(1) Benefits for topical fluoride varnish when used for desensitization are DENIED.</p> <p>(2) Benefits for topical fluoride treatments are defined by the patient's contract.</p> <p>(3) Applies to the application of topical fluoride varnish, delivered on a single visit and involving the entire oral cavity.</p>
<b>D1351</b> - sealant-per tooth	(1) Sealants are payable once per tooth on the occlusal surface of permanent first and second molars for patients through age 15. The teeth must be free from overt dental caries (incipient caries sealing is preferred) or restorations on the occlusal surface. Special consideration for late eruption can be given by report.

	<p>(2) A separate fee for sealant done on the same date of service and on the same surface as a restoration by the same dentist/dental office is considered a component of the restoration and is DISALLOWED.</p> <p>(3) The fees for sealants are DENIED and the approved amount is collectable from the patient when submitted documentation or the patient's claim history indicates an existing restoration on the occlusal surface of the same tooth.</p> <p>(4) The fee for repair or replacement of a sealant by the same dentist within two years of initial placement is included in the fee for the initial placement and is DISALLOWED. The fee for repair or replacement of a sealant by a different dentist within two years of initial placement is DENIED and the approved amount is collectable from the patient.</p> <p>(5) Benefits for sealants requested after 24 months have elapsed since initial placement are DENIED and the approved amount is collectable from the patient.</p>
General Policy	Preventive resin restorations are considered sealants for payment purposes. If no decay is present or the decay does not penetrate into the dentin, the procedure should be processed as a sealant. They are subject to all the patient's contractual limitations, exclusions, approved amounts and processing policies applicable to sealants.
D1555 - removal of fixed space maintainer	The fee for removal of a fixed space maintainer by the same dentist/dental office who placed the appliance is DISALLOWED.
D2915 - recement cast or prefabricated post and core	<p>(1) Fees for the recementation by the same dentist/dental office of an indirectly fabricated or prefabricated post and core within six months of initial placement are considered part of the fee for the original procedure and are DISALLOWED.</p> <p>(2) Benefits may be paid for recementation after six months have elapsed since initial placement, but only once, to the same dentist/dental office. Recementation in excess of one recementation by the same dentist/dental office are DENIED.</p> <p>(3) The fees for D2915 (post recementation) and D2920 (crown recementation) are not payable on the same tooth on the same day by the same dentist/dental office. The allowance will be made only for D2920 when D2915 and D2920 are submitted together. The fee for D2915 will be DISALLOWED.</p>
D2970 - temporary crown (fractured tooth)	<p>(1) The fee for a temporary crown by the same dentist/dental office is DISALLOWED as a component of the fee for a permanent crown.</p> <p>(2) When a temporary crown is billed as a therapeutic measure for a fractured tooth, it may be benefited subject to individual consideration.</p>
D3332 - incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	<p>(1) D3332 is subject to individual consideration, by report.</p> <p>(2) When approved, the procedure is subject to the same processing policies as the corresponding root canal therapy for the tooth involved (D3310-D3330).</p>
D3333 - internal root repair of perforation defects	<p>(1) Internal root repair is considered apexification/recalcification – initial visit (D3351) for benefit purposes. It is subject to the same processing policies as apexification/recalcification – initial visit.</p> <p>(2) In the event surgical intervention is performed by the same dentist/dental office the fee for the procedure (D3333) is DISALLOWED in addition to apicoectomy and/or retrograde filling.</p> <p>(3) The fee for D3333 is DENIED if reported on a primary tooth.</p>
D4230 - anatomical crown exposure – four or more contiguous teeth per quadrant	<p>(1) This procedure is considered primarily cosmetic in nature and benefits will be DENIED if the patient's contract excludes cosmetic procedures.</p> <p>(2) If the procedure is being done because of decay or fracture, the proper code to use is D4249 – clinical crown lengthening-hard tissue and it would be subject to all the processing policies associated with D4249.</p>
D4231 - anatomical crown exposure – one to three teeth per quadrant	<p>(3) Procedures D4230 and D4249 include the removal of bone. If only soft tissue is being removed refer to code D4210.</p>

<p><b>D4381</b> - localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report</p>	<p>(1) Localized delivery of chemotherapeutic agents is DENIED and the approved amount is collectable from the patient. A D4381 may be benefited by the patient's contract for refractory cases subject to professional review.</p> <p>(2) When covered, D4381 is subject to the following processing policies:</p> <ol style="list-style-type: none"> <li>a) A D4381 may be benefited, subject to dental consultant review if the following conditions exist: <ol style="list-style-type: none"> <li>1. It is being performed six weeks to six months following initial therapy (scaling and root planning or periodontal surgery).</li> <li>2. It is being performed for a patient of record on periodontal maintenance following initial therapy (scaling and root planning or periodontal surgery).</li> <li>3. If either 1 or 2 are met, it involves no more than two refractory sites (teeth) per quadrant with pocket depths of at least 5mm and less than 10mm.</li> </ol> </li> <li>b) If different teeth are treated in the quadrant, within 12 months, benefits are DENIED and the approved amount is collectable from the patient.</li> <li>c) If the same teeth are re-treated within 24 months, benefits are DENIED and the approved amount is collectable from the patient.</li> <li>d) Teeth must have 5mm – 10mm pocketing to be eligible for benefits. If less than 5mm or greater than 10mm pocketing, benefits are DENIED and the approved amount is collectable from the patient.</li> <li>e) Benefits are provided for up to two teeth per quadrant. If three or more teeth are submitted, the entire case is DENIED and the approved amount is collectable from the patient.</li> <li>f) When submissions are requested outside time parameters, benefits are DENIED and the approved amount is collectable from the patient.</li> </ol>
<p><b>General Policy</b> – Implant-tooth supported fixed prosthesis</p>	<p>Where benefited by the patient's contract, fees for the placement of an implant to natural tooth fixed prosthesis are DISALLOWED. Special consideration may be given by report particularly where there is documentation of semi-rigid fixation between the tooth and implant and where other risk factors are not present.</p>
<p><b>General Policy</b> - Implant Services – 5 Year Limit</p>	<p>When benefited by the patient's contract, fees for the replacement of implants and their restorations within five years are DISALLOWED if done by the same dentist/dental office. Benefits may be allowed on a case by case basis if done by a different dentist/dental office.</p>
<p><b>D6012</b> - surgical placement of interim implant body for transitional prosthesis: endosteal implant</p>	<p>Benefits are DENIED and the approved amount is collectable from the patient. This procedure is considered part of the transitional prosthesis, which is not a covered benefit.</p>
<p><b>D6091</b> - replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment.</p>	<p>Benefits are DENIED as a specialized procedure unless the patient's contract specifies that implant procedures are covered benefits.</p>
<p><b>D6092</b> - recement implant/abutment supported crown <b>D6093</b> - recement implant/abutment supported fixed partial denture</p>	<p>(1) Fee for the recementation of crowns and implant/abutment supported fixed partial dentures are DISALLOWED if done within six months of the initial seating date by the same dentist/dental office.</p> <p>(2) Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist are DENIED. Benefits may be paid when billed by a dentist other than the one who seated the crown or performed the previous recementation.</p>

<p><b>D7292</b> - surgical placement; temporary anchorage device [screw retained plate] requiring surgical flap</p> <p><b>D7293</b> - surgical placement: temporary anchorage device requiring surgical flap</p> <p><b>D7294</b> - surgical placement: temporary anchorage device without surgical flap</p>	<p>These services are considered specialized procedures and are not covered benefits. If the patient's contract benefits orthognatic surgery , the fee for these procedures are <b>DISALLOWED</b> as included in the fee for orthognatic surgery.</p>
<p><b>D7951</b> - sinus augmentation with bone or bone substitutes</p>	<p>This procedure is by report and subject to coverage available under the medical plan. Benefits for this procedure when billed in conjunction with implants are <b>DENIED</b> as a specialized procedure. If the patient's contract covers implants, this procedure may be a benefit.</p>
<p><b>D7997</b> - appliance removal (not by the dentist who placed the appliance), includes removal of archbar</p>	<p>The fee for appliance removal is <b>DENIED</b> and the approved amount is collectable from the patient unless the patient's contract specifies that the related oral surgery procedures are a benefit.</p>
<p><b>D7998</b> - intraoral placement of a fixation device not in conjunction with fracture</p>	<p>Medical group coverage may include these procedures. The fee for this procedure is <b>DISALLOWED</b> by the same dentist/dental office when billed in conjunction with any surgical procedure which is not in conjunction with fractures for which splinting, wiring or banding is considered part of the complete procedure (e.g. D7270, D7272).</p>
<p><b>D8693</b> - rebonding or recementing: and/or repair, as required of fixed retainers</p>	<p>A separate fee for rebonding or recementing: and/or repair, as required of fixed retainers is <b>DISALLOWED</b> when performed by the same dentist.</p>
<p><b>D9120</b> - fixed partial denture sectioning</p>	<p>(1) This procedure is only a benefit if a portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment.</p> <p>(2) If this code is part of the process of removing and replacing a fixed prosthesis, it is considered integral to the fabrication of the fixed prosthesis and a separate fee for this code is <b>DISALLOWED</b>.</p> <p>(3) Polishing and recontouring are considered to be an integral part of the fixed partial denture sectioning. Additional fees for polishing and recontouring are <b>DISALLOWED</b>.</p>
<p><b>D9610</b> – therapeutic parenteral drug, single administration</p> <p><b>D9612</b> – therapeutic parenteral drugs, two or more administrations, different medications</p>	<p>The fees for these procedures are <b>DENIED</b> and the approved amount is collectable from the patient.</p>
<p><b>D9930</b> - treatment of complications (post-surgical) unusual circumstances by report</p>	<p>Additional fees for treatment of dry socket following extraction by the same dentist/dental office that performed the extraction are <b>DISALLOWED</b> and included in the fee for the extraction. When benefiting, treatment of dry sockets are payable on a per visit (not per tooth) basis.</p>

\* As a reminder, the term “**DISALLOWED**” indicates that there is no Delta Dental or patient payment for this service. **Benefit coverage for these procedures may vary by the patient's contract.**