

CHANGES IN CDT CODING AND DELTA DENTAL POLICY JANUARY 2007

The newest version of the American Dental Association's Current Dental Terminology (CDT-2007/2008) goes into effect January 1, 2007. This notice is to let dental offices know about the CDT changes and their implementation at Delta Dental, and to provide information about other policy changes that are being made at the same time.

The federal HIPAA legislation identifies the CDT codes as the standard code set for electronic dental claims and other covered transactions. Delta Dental has adopted the codes for paper claims and other transactions not covered by HIPAA. Therefore, please begin to use CDT-2007/2008 codes when submitting claims to Delta Dental for all services you perform on or after January 1, 2007. For the remainder of 2006, you should continue to use CDT-2005 codes. Copies of CDT-2007/2008 can be purchased from the ADA. Information is available at www.adacatalog.org.

CDT contains descriptors for many codes. Please note that there are important differences between Delta Dental's plan benefits and processing policies and the ADA's nomenclature and descriptors. Delta Dental's policies are shown in the processing policies section of the *Dentist's Handbook*, a copy of which will be posted to our web site. The policies in this notice will be added to the *Dentist's Handbook* on the Internet in early January. Please go to www.deltadentalins.com or www.MidAtlanticDeltaDental.com.

CDT-2007/2008 overview

CDT-2007/2008 contains 23 new codes, three deleted codes, and various changes to nomenclature and other text. Two of the deletions will have an impact on many dental offices because the codes were so frequently used. The following code changes are highlighted for your information and to provide you with the Delta Dental processing policy associated with the changes.

A) Deleted codes: prophylaxis and fluoride treatments

CDT-2007/2008 deletes two common codes:

Deleted

code Nomenclature

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| D1201 | <i>Topical application of fluoride (including prophylaxis) — child</i> |
| D1205 | <i>Topical application of fluoride (including prophylaxis) — adult</i> |

Beginning January 1, 2007, please use the separate codes for prophylaxis (D1110 and D1120) and fluoride (D1203, D1204

and D1206) when reporting topical application of fluoride that is provided on the same date of service as the prophylaxis. For example, code D1201 will now need to be reported as two separate codes, using two lines of the claim form: D1120 and D1203. This will ensure your claims are not delayed.

B) Deleted code: prosthetics

Code D6971 (*cast post as part of fixed partial denture retainer*) is also being deleted in CDT-2007/2008.

C) New codes: similar to existing codes

Several new codes in CDT-2007/2008 allow for greater precision in reporting certain treatments. Delta Dental will apply the same guidelines to the new codes as already applied in CDT-2005. For example, oral evaluations are benefits of virtually all plans. The new code D0145 specifies an oral evaluation for children under age 3. D0145 will be covered under the same guidelines Delta Dental applies to the more general code D0120. Code D1206 allows dental offices to report topical fluoride varnish separately from other topical fluoride treatments. Delta Dental will cover D1206 as the equivalent of D1203 and D1204, and will apply the same age limits and other contractual limitations.

Code Nomenclature

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|-------|---|
| D0145 | <i>Oral evaluation for a patient under three years of age and counseling with primary caregiver</i> |
| D0273 | <i>Bitewings — three films</i> |
| D1206 | <i>Topical fluoride varnish; therapeutic application for moderate to high caries risk patients</i> |
| D9612 | <i>Therapeutic parenteral drugs, two or more administrations, different medications</i> |

D) Additional new codes and policies

D1555 *Removal of fixed space maintainer*

The fee for removal of a fixed space maintainer by the same dentist or dental office that placed the appliance is considered to be included in the fee for the appliance and is not chargeable to the patient.

D2970 *Temporary crown (fractured tooth)*

Delta Dental considers temporary crowns to be part of, and included in the fees for, permanent crowns or cast restorations. A separate fee is not chargeable to the patient. When a temporary crown is provided as a therapeutic measure for a fractured tooth, the case may be referred to a consultant for individual consideration.

D7998 *Intraoral placement of a fixation device not in conjunction with a fracture*

The patient's medical carrier is considered to be the primary coverage for this procedure. The fee for the procedure is not chargeable by the same dentist or dental office when the service is provided in conjunction with any surgical procedure associated with a fracture for which splinting, wiring or banding is considered part of the complete procedure (such as D7270 and D7272).

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

Delta Dental considers rebonding, recementing or repair of fixed retainers to be included in the orthodontic case fee, and so is not chargeable when provided by the same dentist or dental office as the orthodontic treatment. When D8693 is performed by a different dentist or dental office, it is an orthodontic benefit once only.

D9120 *Fixed partial denture sectioning*

This code is applicable only when some portion of the fixed prosthesis is to remain intact and serviceable after the sectioning and extraction or other treatment. D9120 is not chargeable when reported as part of the removal and replacement of a fixed prosthesis because removal is considered to be part of, and included in fees for, the replacement appliance. When a portion of the fixed prosthesis will remain intact, D9120 is a by-report benefit. The dental consultant staff will determine the applicable allowance. Polishing and recontouring are considered to be part of D9120.

E) New codes for specialized and other non-covered procedures

Several new codes are for services that are not covered in Delta Dental plans. Please refer to CDT-2007/2008 for the full nomenclature:

Codes	Description
D0360, D0362, D0363 D0486	Cone beam digital images Accession of brush biopsy sample and microscopic exam
D4230, D4231	Anatomical crown exposure, per quadrant
D6012, D6091, D6092, D6093	Codes related to dental implants
D7292, D7293, D7294	Surgical placement, temporary anchoring device
D7951	Sinus augmentation

F) Additional policies and guidelines

Delta Dental is implementing the following policy changes as of January 1, 2007. These also apply to programs offered by other Delta Dental member companies.

a. In pit and fissure areas, if a resin is limited to the enamel it is considered to be a sealant for determining benefits under a patient's plan. If the resin extends into the dentin, the benefit is based on the applicable restorative code.

b. If an indirectly fabricated restoration is performed by the same dentist or dental office within 24 months of the placement of an amalgam or direct resin restoration, the fee for the amalgam or resin restoration will be deducted from the allowance for the indirectly fabricated restoration.

c. Recementation of a cast or prefabricated post and core (procedure D2915) by the same dentist or dental office within six months of initial placement is considered to be part of, and included in fees for, the original placement. After six months, benefits may be paid once only, with additional recementation being the patient's financial responsibility.

d. Procedure D2975 (coping) is considered a specialized technique and is the patient's financial responsibility.

e. Fees for D3333 (internal root repair of perforation defects) are not chargeable when performed in conjunction with an apicoectomy and/or retrograde filling by the same dentist or dental office. D3333 is not a benefit on primary teeth.

f. When dental implants are covered by a patient's plan, fees for the placement of an implant to a natural tooth bridge are not chargeable to the patient. Special consideration may be given by the dental consultant staff where there is documentation of rigid fixation between the tooth and implant, and where other risk factors are not present.

g. When dental implants are covered by a patient's plan, fees for diagnostic and treatment facilitating aids are considered a part of, and included in the fees for, the definitive treatment. Separate fees are not chargeable to the patient.

h. When dental implants and implant supported prosthetics are covered by a patient's plan, fees for replacement of the implant and the prosthesis within five years are not chargeable to the patient. Special consideration may be given by the dental consultant staff by-report.

i. Pontics and abutment crowns of indirect resin based composite (procedures D6205 and D6710) are considered specialized techniques. Delta Dental may make an allowance toward their cost based on procedures D6251 and D6721, respectively. If such an allowance is made, the patient is responsible for the remainder of the fee for the submitted procedure.