

News Bulletin from Delta Dental of Idaho

For Dentists & Dental Office Staff

December 2010



CDT 2011/2012 Code Changes and Processing Policy Revisions

Effective January 1, 2011 Delta Dental of Idaho will begin accepting the new ADA CDT 2011/2012 procedure codes. For your convenience, we've listed the new codes and how Delta Dental will process the procedures. The manual contains amendments to an additional 16 ADA code descriptors and nomenclature that will NOT impact Idaho processing policies. In addition to the new codes, we have included new and/or revised processing policies for employers and members insured by Delta Dental of Idaho. To better illustrate these changes, they are identified by the following symbols:

- = Identifies a new ADA procedure code
- ▲ = Identifies a revision to the ADA nomenclature or a descriptor
- = Identifies a revision or addition to Delta Dental of Idaho's processing policy

If your office does not have a current CDT 2011/2012 manual, please contact the American Dental Association at (800) 621-8099 or www.ada.org to request a copy.

ADA CODE/ CATEGORY

NOMENCLATURE (and Descriptor)

DELTA DENTAL PROCESSING POLICIES

■ **D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver**

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

1. The time limitation for evaluations is established by contract and D0145 will count toward evaluation time limitation.
2. Caries susceptibility testing (D0425) or oral hygiene instructions (D1330) on the same service date are considered included in the D0145 fee, and will be a contractual adjustment.
3. D0145 is not a covered benefit if the patient is over three years of age and will be benefited as D0120 periodic evaluation.
4. For patients under age of three, any comprehensive exam code submitted (D0150, D0160, D0180) will be payable as D0145 oral evaluation for a patient under three years of age. Subsequent D0145 oral evaluation for a patient under three years of age will be benefited as D0120 periodic evaluation.
5. When D0145 oral evaluation for a patient under three years of age is billed on the same date and by the same dental office as a comprehensive oral evaluation (D0150), the fee for the D0150 comprehensive oral evaluation is included in the D0145.

■ **D0460 Pulp vitality tests — Includes multiple teeth and contra lateral comparison(s), as indicated**

Pulp tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions. Fees for pulp vitality tests are considered included in the fees of other definitive service(s) performed on the same date of service by the same dental office, EXCEPT x-rays (D210 - D0340), limited oral evaluation (D0140), protective restoration (D2940), palliative treatment (D9110) and consultation (D9310).

[More codes included inside and back ...](#)

CDT-2011/2012 Code Changes and Processing Policy Revisions

ADA CODE/
CATEGORY

NOMENCLATURE (and Descriptor)

DELTA DENTAL PROCESSING POLICIES

■ RESTORATIVE

Restorative general policy regarding fillings followed by indirect (cast) restorations

General Policy: If an indirectly fabricated (cast) restoration is performed, by the same dentist/dental office within 6 months of the placement of an amalgam or composite restoration, the benefit payment and patient co-payment allowance for the amalgam or composite restorations will be deducted from the indirectly fabricated restoration benefit, and the amount of the deduction is a contractual adjustment.

● D1352

Preventive resin restoration in a moderate to high caries risk patient – permanent tooth

Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

1. Preventive resin restoration code is benefited as a 'basic' service.
2. Preventive resin restorations are payable per tooth on the occlusal surface of permanent molars, bicuspid and the lingual pit areas on anterior teeth.
3. A preventive resin restoration completed on the same date of service and on the same tooth surface as a restoration by the same dentist/dental office is considered a component of the restoration, and the preventive resin fee is included in the restoration fee.
4. Preventive restorations are a benefit once every two years.
5. Benefits for preventive resin restorations include repair or replacement within two years by the same participating dentist. Fees for replacement of a preventive resin restoration are contractually adjusted if performed within two years of initial placement by the same dentist/dental office. If performed by a different dental office within two years of initial placement, the preventive resin restoration is not covered with the patient responsible for the cost.
6. When submitted documentation or the patient's claim history indicates a restoration on the occlusal surface of the same tooth, benefits for a preventive resin restoration are contractually adjusted if performed within two years of the existing restoration by the same dentist/dental office. If performed by a different dental office within two years of the existing restoration, the preventive resin restoration is not a covered benefit. If performed by any dentist two years after the existing restoration, the preventive resin restoration is not covered with the patient responsible for the cost.

▲ D2940

Protective restoration (formerly sedative filling)

Direct placement of a temporary restorative material to protect the tooth and/ or tissue form. This procedure may also be used to relieve pain, promote healing or prevent further deterioration. Not to be used for endodontic access closure or as a base or liner under restoration.

Protective restorations are covered benefits. Protective restorations performed on the same day as permanent restoration, or on the same day as endodontic therapy are considered to be included in the fee for such service.

● D3354

Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration

Includes removal of intra-canal medication and procedures necessary to regenerate continued root development and necessary radiographs. This procedure includes placement of a seal at the coronal portion of the root canal system. Conventional root canal treatment is not performed.

Based on lack of longitudinal studies, unknown clinical significance of increased dentinal wall thickness, and unknown combined effects of medicaments used, this procedure is considered experimental and benefits are not covered with patient responsible for the cost.

■ PERIODONTAL

Periodontal General Policy regarding laser disinfection

General Policy - laser disinfection is a technique, not a procedure. Fees for laser disinfection are included in the fee for the definitive service performed on the same date of service. Laser disinfection as a stand-alone procedure is not covered, as it is investigational, with the patient responsible for the cost.

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DELTA DENTAL PROCESSING POLICIES

■ D4910

Periodontal maintenance

This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

1. Periodontal maintenance is applied towards the prophylaxis benefit, unless otherwise established by contract.
2. The time limitation for prophylaxis is established by contract. Additional prophylaxes are optional and may be charged to the patient.
3. Beginning 3 months after completion of initial (surgical or non surgical) periodontal therapy, benefits for periodontal maintenance cleaning will be allowed. ~~for a 12-month period. Then, require perio charting and it must meet the criteria of 4 or more teeth with 4mm pockets or greater within any quadrant, to allow benefit of 4910. If the requirement is not met, benefit for a prophyl will be made if the time limitation has been met.~~
4. Benefits for D4910 include prophylaxis and scaling and root planing procedures. Separate fees for these procedures by the same dentist/dental office are considered included in the D4910 fee when billed in conjunction with periodontal maintenance (D4910).
5. The fee for a separate evaluation is eligible for benefit consideration based on group contract. A D0180 comprehensive periodontal evaluation submitted with a D4910 is benefited as a D0120 periodic evaluation and the difference between the approved amount of the D0120 and the D0180 is a contractual adjustment, unless the D0180 is the initial evaluation by the dentist rendering the D4910.

● D5992

Adjust maxillofacial prosthetic appliance, by report

General Policy – Benefits are not covered with the patient responsible for the cost, unless the group contract specifies that maxillofacial prosthetics are a benefit.

● D5993

Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report

Maintenance and cleaning of a maxillofacial prosthesis.

General Policy – Benefits are not covered with the patient responsible for the cost, unless the group contract specifies that maxillofacial prosthetics are a benefit.

● D6254

Interim pontic

Pontic used as an interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary pontic for routine prosthetic fixed partial denture restoration.

1. Interim/temporary procedures for duration of less than 6 months are not a separate benefit and are included in the fee for the permanent prostheses.
2. When warranted the procedure will be processed as not covered with the patient responsible for the cost.

● D6795

Interim retainer crown

Retainer crown used as an interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary retainer crown for routine prosthetic fixed partial denture restoration.

1. Interim/temporary procedures for duration of less than 6 months are not a separate benefit and are included in the fee for the permanent prostheses.
2. When warranted the procedure will be processed as not covered with the patient responsible for the cost.

● D7251

Coronectomy – intentional partial tooth removal

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.

A benefit under individual consideration and only for documented probable neurovascular complications as proximity to mental foramen, inferior alveolar nerve, sinus, etc. A benefit only under group contracts that cover removal of impacted teeth.

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CDT-2011/2012 Code Changes and Processing Policy Revisions

Continued from Inside Pages ...

| ADA CODE | NOMENCLATURE (and Descriptor) | DELTA DENTAL PROCESSING POLICIES |
|----------------|---|---|
| ● D7295 | Harvest of bone for use in autogenous grafting procedure <i>Reported in addition to those autogenous graft placement procedures that do not include harvesting of bone.</i> | <ol style="list-style-type: none"> D7295 harvest of bone is a benefit only when implant placement is planned and only in conjunction with D7953 bone replacement graft on the same date of service. NOTE: ADA code D7953 bone replacement graft for ridge preservation, is a benefit only when implant placement is planned. D7295 harvest of bone submitted in conjunction with D7955 repair of maxillofacial soft and/or hard tissue defect will be processed as not covered with the patient responsible for the cost. |
| ■ D9210 | Local anesthesia not in conjunction with operative or surgical procedures | Local anesthesia submitted as 'stand alone' is processed as not covered with the patient responsible for the cost. |
| ▲ D9215 | Local anesthesia in conjunction with operative or surgical procedures | <ol style="list-style-type: none"> The fee for local anesthesia performed in conjunction with any other procedure, is included in the fee for that procedure, unless the group contract specifies that it is a benefit. D9215 submitted as stand alone is processed as not covered with the patient responsible for the cost. |

NOTE: In addition to the CDT 2011/2012 ADA Code Additions and Changes included above, CDT 2011/2012 contains amendments to 16 ADA code descriptors or nomenclature that will not impact Idaho processing policies.

Standard benefit changed from Major Benefit Category to Basic Benefit Category:

| RESTORATIVE, PROSTHETIC, & IMPLANT | RECEMENT AND REPAIR ADA CODES | RESTORATIVE, PROSTHETIC, & IMPLANT | RECEMENT AND REPAIR ADA CODES |
|------------------------------------|---|------------------------------------|---|
| 02910 | Recent inlay, onlay, or partial coverage restoration | 05620 | Repair cast framework |
| 02915 | Recent cast or prefabricated post and core | 05630 | Repair or replace broken clasp |
| 02920 | Recent crown | 05640 | Replace broken teeth - per tooth |
| 02980 | Crown repair, by report | 05650 | Add tooth to existing partial denture |
| 05410 | Adjust complete denture - maxillary | 05660 | Add clasp to existing partial denture |
| 05411 | Adjust complete denture - mandibular | 06090 | Repair implant supported prosthesis, by report |
| 05421 | Adjust partial denture - maxillary | 06092 | Recent implant/abutment supported crown |
| 05422 | Adjust partial denture - mandibular | 06093 | Recent implant/abutment supported fixed partial denture |
| 05510 | Repair broken complete denture base | 06095 | Repair implant abutment, by report |
| 05520 | Replace missing or broken teeth - complete denture (each tooth) | 06930 | Recent fixed partial denture |
| 05610 | Repair resin denture base | 06980 | Fixed partial denture repair, by report |