CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	09/26/2023
Name:	Richard Ricci, DDS, MS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	intraoral – analysis of a first periapical radiographic image aided by artificial intelligence (AI)
2b) Descriptor	A licensed dentist utilizes artificial intelligence (AI) dental radiology algorithms to analyze a first periapical intraoral radiographic image. The AI dental radiology algorithms are programed to identify dental anatomy and pathologies to assist the dentist in diagnosing and educating patients.

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:

- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

ARGUMENT FOR NEW CDT CODE:

Artificial Intelligence (AI) is routinely used in the analysis of medical radiological scans and has been successfully diagnosing pathologies for years (Hosny, 2018). NIH (National Institute of Health) has recognized that new diagnostic devices and techniques are needed in dentistry for caries detection (National Institutes of Health, 2001). In 2020, it was presented at the U.S. Food & Drug Administration (FDA) Public Workshop that dentists under diagnosis tooth decay as much as 20% of the time (U.S. Food & Drug Administration, 2020). Dental x-ray AI can dramatically reduce this under diagnosis with early detection of tooth decay, periapical pathologies and periodontal bone loss. When properly used by a licensed dental professional, AI dental x-ray analysis offers faster identification of dental pathologies and visually educates patients why dental treatment is necessary.

There are currently four FDA dental x-ray AI software platforms available and several more waiting for approvals. The future of dental radiology is clearly moving towards the use of AI and the creation of new CDT codes is essential to properly document patient records in this new era.

In conclusion, the adoption of AI in dental radiology has the potential to greatly improve the accuracy and speed of the diagnostic processes, reduce the rate of underdiagnosis, and improve patient outcomes. The creation of new CDT codes for proper patient record documentation is essential for the field to fully embrace this technology and move into the future.

Thank you for your consideration.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D**	

b) Procedure technical description or clinical condition addressed

1. A first periapical intraoral radiographic image would be uploaded to a secure dental radiology AI algorithm*.
2. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on a first periapical intraoral radiographic image.
3. The processed, matched and identified dental anatomy and pathologies on a first periapical intraoral radiographic image would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

* All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA).

c) Clinical scenario

1. A licensed dentist orders a first periapical intraoral radiographic image taken on a patient.
2. A licensed dentist orders a first periapical intraoral radiographic image to be processed with a dental radiology AI algorithm.
3. A licensed dentist reviews the AI processed a first periapical intraoral radiographic image and makes a clinical diagnostic judgement.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☒		Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BEFORE AND AFTER PROCESSING OF A PERIAPICAL
X-RAY WITH
ARTIFICIAL INTELLIGENCE

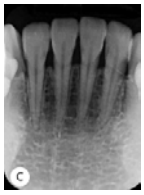


EXHIBIT C

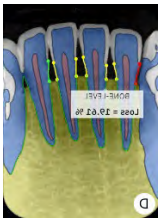


EXHIBIT D

DENTISTS MAY UNDER DIAGNOSIS BONELOSS ON BLACK AND WHITE X-RAY

AI MEASURES THE BONE LOSS AND INFORMS THE DENTIST OF BONE LOSS ON THE AI PROCESSED X-RAY

BROARDER IMPACT OF ARTIFICIAL INTELIGENCE PROCESSING OF A FIRST PERIAPICAL INTRAORAL RADIOGRAPHIC IMAGE:

(A) Clinical Patient Benefits:
1. Early detection of periodontal bone loss can be proactively treated with noninvasive periodontal scaling and root planning (D4341, D4342).

2. Detection of incipient caries can be treated with a caries prevention medicament (D1355) or prescription fluoride toothpaste before they advance into dentin.

3. Early detection of a widening periodontal ligament may only require an occlusal equilibration (D9951, D9952), hence avoiding traumatic occlusion root canal therapy.

(B) Patient Educational (D9994) Benefits:
1. Patients easily understand dental anatomy and dental pathology when they view their dental radiographic images processed with AI.

2. Patients who understand their AI processed dental radiographic images are more like to opt for early treatment intervention.

IN SUMMARY

1. The increased utilization of AI processing of dental radiographic images necessitates the creation of a new CDT code. This code will ensure accurate patient documentation when employing artificial intelligence to process a first periapical intraoral radiograph image.

2. All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA). Further, the FDA limits the use of dental radiology AI algorithms to licensed dentists. It is within the scope of a state's law for a licensed dentist to use dental radiology AI algorithms.

3. The discrete procedure is as follows: As required by the FDA, a patient's first periapical intraoral radiographic image is uploaded to a secure dental AI algorithm. The algorithm may be server based or web based. The algorithm is programed to match and identify dental anatomy and pathologies. The matched and identified dental anatomy and pathologies of a first periapical intraoral image is displayed on a GUI such as a computer monitor to aide a licensed dentist in diagnosing and educating a patient.

4. The outcome of dental radiology AI algorithms, when used by a licensed dental professional, provides faster identification of dental anatomy, dental pathologies and visually educates patients why dental treatment is necessary.

5. A first periapical intraoral radiographic image processed with dental radiology AI algorithms should not be considered a parse procedure. All licensed dentist, regardless of specialty, can independently order and use a first periapical intraoral radiographic image processed with AI algorithms.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	09/27/2023
Name:	Richard Ricci, DDS, MS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	intraoral – analysis of each additional periapical radiographic image aided by artificial intelligence (AI)
2b) Descriptor	A licensed dentist utilizes artificial intelligence (AI) dental radiology algorithms to analyze each additional periapical intraoral radiographic image. The AI dental radiology algorithms are programed to identify dental anatomy and pathologies to assist the dentist in diagnosing and educating patients.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

ARGUMENT FOR NEW CDT CODE:

Artificial Intelligence (AI) is routinely used in the analysis of medical radiological scans and has been successfully diagnosing pathologies for years (Hosny, 2018). NIH (National Institute of Health) has recognized that new diagnostic devices and techniques are needed in dentistry for caries detection (National Institutes of Health, 2001). In 2020, it was presented at the U.S. Food & Drug Administration (FDA) Public Workshop that dentists under diagnosis tooth decay as much as 20% of the time (U.S. Food & Drug Administration, 2020). Dental x-ray AI can dramatically reduce this under diagnosis with early detection of tooth decay, periapical pathologies and periodontal bone loss. When properly used by a licensed dental professional, AI dental x-ray analysis offers faster identification of dental pathologies and visually educates patients why dental treatment is necessary.

There are currently four FDA dental x-ray AI software platforms available and several more waiting for approvals. The future of dental radiology is clearly moving towards the use of AI and the creation of new CDT codes is essential to properly document patient records in this new era.

In conclusion, the adoption of AI in dental radiology has the potential to greatly improve the accuracy and speed of the diagnostic processes, reduce the rate of underdiagnosis, and improve patient outcomes. The creation of new CDT codes for proper patient record documentation is essential for the field to fully embrace this technology and move into the future.

Thank you for your consideration.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D**	

b) Procedure technical description or clinical condition addressed

1. Each additional periapical intraoral radiographic image would be uploaded to a secure dental radiology AI algorithm*.
2. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on each additional periapical intraoral radiographic image.
3. The processed, matched and identified dental anatomy and pathologies on each additional periapical intraoral radiographic image would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

* All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA).

c) Clinical scenario

1. A licensed dentist orders each additional periapical intraoral radiographic image taken on a patient.
2. A licensed dentist orders each additional periapical intraoral radiographic image to be processed with a dental radiology AI algorithm.
3. A licensed dentist reviews the AI processed each additional periapical intraoral radiographic image and makes a clinical diagnostic judgement.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BEFORE AND AFTER PROCESSING OF A PERIAPICAL
X-RAY WITH
ARTIFICIAL INTELLIGENCE

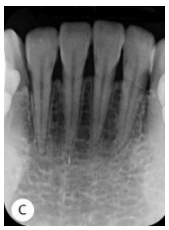


EXHIBIT C
DENTISTS MAY UNDER DIAGNOSIS BONELOSS ON BLACK AND WHITE X-RAY

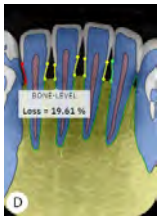


EXHIBIT D
AI MEASURES THE BONE LOSS AND INFORMS THE DENTIST OF BONE LOSS ON THE AI PROCESSED X-RAY

BROARDER IMPACT OF ARTIFICIAL INTELIGENCE PROCESSING OF EACH ADDITIONAL PERIAPICAL INTRAORAL RADIOGRAPHIC IMAGE:

(A) Clinical Patient Benefits:
1. Early detection of periodontal bone loss can be proactively treated with noninvasive periodontal scaling and root planning (D4341, D4342).

2. Detection of incipient caries can be treated with a caries prevention medicament (D1355) or prescription fluoride toothpaste before they advance into dentin.

3. Early detection of a widening periodontal ligament may only require an occlusal equilibration (D9951, D9952), hence avoiding traumatic occlusion root canal therapy.

(B) Patient Educational (D9994) Benefits:
1. Patients easily understand dental anatomy and dental pathology when they view their dental radiographic images processed with AI.

2. Patients who understand their AI processed dental radiographic images are more like to opt for early treatment intervention.

IN SUMMARY

1. The increased utilization of AI processing of dental radiographic images necessitates the creation of a new CDT code. This code will ensure accurate patient documentation when employing artificial intelligence to process each additional periapical intraoral radiograph image.

2. All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA). Further, the FDA limits the use of dental radiology AI algorithms to licensed dentists. It is within the scope of a state's law for a licensed dentist to use dental radiology AI algorithms.

3. The discrete procedure is as follows: As required by the FDA, each additional periapical intraoral radiographic image is uploaded to a secure dental AI algorithm. The algorithm may be server based or web based. The algorithm is programed to match and identify dental anatomy and pathologies. The matched and identified dental anatomy and pathologies of each additional periapical intraoral image is displayed on a GUI such as a computer monitor to aide a licensed dentist in diagnosing and educating a patient.

4. The outcome of dental radiology AI algorithms, when used by a licensed dental professional, provides faster identification of dental anatomy, dental pathologies and visually educates patients why dental treatment is necessary.

5. Each additional periapical intraoral radiographic image processed with dental radiology AI algorithms should not be considered a parse procedure. All licensed dentist, regardless of specialty, can independently order and use each additional periapical intraoral radiographic image processed with AI algorithms.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	02/22/23
Name:	Richard Ricci, DDS, MS, FAGD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	intraoral - artificial intelligence processing of bitewing first radiographic image
2b) Descriptor	Artificial intelligence (AI) processing of dental x-rays used to identify dental anatomy and pathologies.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

ARGUMENT FOR NEW CDT CODE:

Artificial Intelligence (AI) has been widely used in the analysis of radiological scans and has been successfully diagnosing medical pathologies for years (Hosny, 2018). NIH (National Institute of Health) has recognized that new diagnostic devices and techniques are needed in dentistry for caries detection (National Institutes of Health, 2001). In 2020, it was presented at the U.S. Food & Drug Administration Public Workshop that dentists under diagnosis tooth decay as much as 20% of the time (U.S. Food & Drug Administration, 2020). Dental x-ray AI can dramatically reduce this under diagnosis with early detection of tooth decay, periapical pathologies and periodontal bone loss. When properly used by a licensed dental professional, AI dental x-ray analysis offers faster identification of dental pathologies and visually educates patients why dental treatment is necessary.

There are currently three dental x-ray AI software platforms available and several more waiting for FDA approvals. The future of dental radiology is clearly moving towards the use of AI and the creation of new CDT codes is essential to properly document patient records in this new era.

In conclusion, the adoption of AI in dental radiology has the potential to greatly improve the accuracy and speed of diagnostic processes, reduce the rate of underdiagnosis, and improve patient outcomes. The creation of new CDT codes for proper patient record documentation is essential for the field to fully embrace this technology and move into the future.

Thank you for your consideration.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description

1. A digital bitewing dental x-ray would be uploaded to a secure dental radiology AI algorithm*.
2. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on the bitewing dental x-ray.
3. The processed matched and identified dental anatomy and pathologies would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

* All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA).

c) Clinical scenario

1. A licensed dentist orders a bitewing dental x-ray taken on a patient.
2. A licensed dentist orders the bitewing dental x-ray to be processed with a dental radiology AI algorithm.
3. A licensed dentist reviews the AI processed bitewing dental x-ray and makes a clinical diagnostic judgement.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BEFORE AND AFTER PROCESSING OF A BITEWING WITH
DENTAL X-RAY ARTIFICIAL INTELLIGENCE

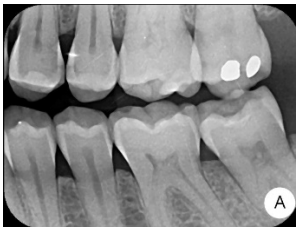


EXHIBIT A
PATIENTS DO NOT
UNDERSTAND BLACK AND WHITE
X-RAYs

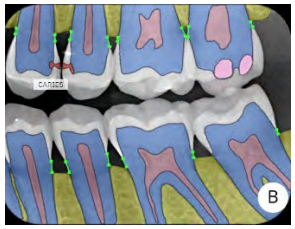


EXHIBIT B
PATIENTS UNDERSTAND
AI PROCESSED
X-RAYs

BROARDER IMPACT OF ARTIFICIAL INTELIGENCE PROCESSING OF DENTAL X-RAYS:

(A) Clinical Patient Benefits:

1. Early detection of periodontal bone loss can be proactively treated with noninvasive periodontal scaling and root planning (D4341, D4342).

2. Detection of incipient caries can be treated with a caries prevention medicament (D1355) or prescription fluoride toothpaste before they advance into dentin.

3. Early detection of a widening periodontal ligament may only require an occlusal equilibration (D9951, D9952), hence avoiding traumatic occlusion root canal therapy.

(B) Patient Educational (D9994) Benefits:

1. Patients easily understand dental anatomy and dental pathology when they view their dental x-rays processed with AI.

2. Patients who understand their AI processed dental x-rays are more like to opt for early treatment intervention.

IN SUMMARY

1. Given the rapid penetration of dental x-ray AI in the dental community, a new CDT code for artificial intelligence processing of a bitewing dental x-ray is required for proper patient documentation.

2. All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA). Further, the FDA limits the use of dental radiology AI algorithms to licensed dentist. It is within the scope of a state's law for a licensed dentist to use dental radiology AI algorithms.

3. The discrete procedure is as follows:

I . A digital bitewing dental x-ray is uploaded to a secure dental radiology AI algorithm.

II. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on the bitewing dental x-ray.

III. The processed matched and identified dental anatomy and pathologies would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

4. The outcome of dental radiology AI algorithms, when used by a licensed dental professional, provides faster identification of dental anatomy, dental pathologies and visually educates patients why dental treatment is necessary.

5. A bitewing dental x-ray processed with dental radiology AI algorithms should not be considered a parse procedure. All licensed dentist, regardless of specialty, can independently use dental bitewing x-rays processed with AI algorithms.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	02/22/23
Name:	Richard Ricci, DDS, MS, FAGD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	intraoral - artificial intelligence processing of two bitewing radiographic images
2b) Descriptor	Artificial intelligence (AI) processing of dental x-rays used to identify dental anatomy and pathologies.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

ARGUMENT FOR NEW CDT CODE:

Artificial Intelligence (AI) has been widely used in the analysis of radiological scans and has been successfully diagnosing medical pathologies for years (Hosny, 2018). NIH (National Institute of Health) has recognized that new diagnostic devices and techniques are needed in dentistry for caries detection (National Institutes of Health, 2001). In 2020, it was presented at the U.S. Food & Drug Administration Public Workshop that dentists under diagnosis tooth decay as much as 20% of the time (U.S. Food & Drug Administration, 2020). Dental x-ray AI can dramatically reduce this under diagnosis with early detection of tooth decay, periapical pathologies and periodontal bone loss. When properly used by a licensed dental professional, AI dental x-ray analysis offers faster identification of dental pathologies and visually educates patients why dental treatment is necessary.

There are currently three dental x-ray AI software platforms available and several more waiting for FDA approvals. The future of dental radiology is clearly moving towards the use of AI and the creation of new CDT codes is essential to properly document patient records in this new era.

In conclusion, the adoption of AI in dental radiology has the potential to greatly improve the accuracy and speed of diagnostic processes, reduce the rate of underdiagnosis, and improve patient outcomes. The creation of a new CDT code for proper patient record documentation of two bitewing dental x-rays processed with AI is essential for the field to fully embrace this technology and move into the future.

Thank you for your consideration.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2022May20)

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description

1. Two digital bitewing dental x-rays would be uploaded to a secure dental radiology AI algorithm*.
2. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on the two bitewing dental x-rays.
3. The processed matched and identified dental anatomy and pathologies would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

* All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA).

c) Clinical scenario

1. A licensed dentist orders two bitewing dental x-rays taken on a patient.
2. A licensed dentist orders the two bitewing dental x-rays to be processed with a dental radiology AI algorithm.
3. A licensed dentist reviews the AI processed two bitewing dental x-rays and makes a clinical diagnostic judgement.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BEFORE AND AFTER PROCESSING OF A BITEWING WITH
DENTAL X-RAY ARTIFICIAL INTELLIGENCE

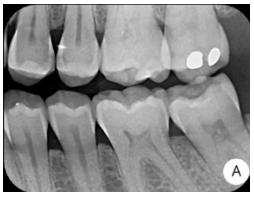


EXHIBIT A
PATIENTS DO NOT
UNDERSTAND BLACK AND WHITE
X-RAYs

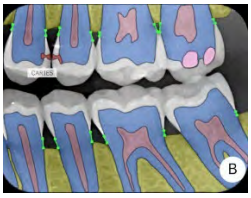


EXHIBIT B
PATIENTS UNDERSTAND
AI PROCESSED
X-RAYs

BROARDER IMPACT OF ARTIFICIAL INTELIGENCE PROCESSING OF DENTAL X-RAYS:
(A) Clinical Patient Benefits:
1. Early detection of periodontal bone loss can be proactively treated with noninvasive periodontal scaling and root planning (D4341, D4342).

2. Detection of incipient caries can be treated with a caries prevention medicament (D1355) or prescription fluoride toothpaste before they advance into dentin.

3. Early detection of a widening periodontal ligament may only require an occlusal equilibration (D9951, D9952), hence avoiding traumatic occlusion root canal therapy.

(B) Patient Educational (D9994) Benefits:
1. Patients easily understand dental anatomy and dental pathology when they view their dental x-rays processed with AI.

2. Patients who understand their AI processed dental x-rays are more like to opt for early treatment intervention.

IN SUMMARY

1. Given the rapid penetration of dental x-ray AI in the dental community, a new CDT code for artificial intelligence processing of two bitewing dental x-rays is required for proper patient documentation.

2. All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA). Further, the FDA limits the use of dental radiology AI algorithms to licensed dentists. It is within the scope of a state's law for a licensed dentist to use a dental radiology AI algorithm.

3. The discrete procedure is as follows:
I . Two digital bitewing dental x-rays are uploaded to a secure dental radiology AI algorithm.
II. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on the two bitewing dental x-rays.
III. The processed matched and identified dental anatomy and pathologies would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

4. The outcome of dental radiology AI algorithms, when used by a licensed dental professional, provides faster identification of dental anatomy, dental pathologies and visually educates patients why dental treatment is necessary.

5. Two bitewing dental x-rays processed with dental radiology AI algorithms should not be considered a parse procedure. All licensed dentist, regardless of specialty, can independently use dental bitewing x-rays processed with AI algorithms.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	02/22/23
Name:	Richard Ricci, DDS, MS, FAGD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	intraoral - artificial intelligence processing of four bitewing radiographic images
2b) Descriptor	Artificial intelligence (AI) processing of dental x-rays used to identify dental anatomy and pathologies.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

ARGUMENT FOR NEW CDT CODE:

Artificial Intelligence (AI) has been widely used in the analysis of radiological scans and has been successfully diagnosing medical pathologies for years[1]. NIH (National Institute of Health) has recognized that new diagnostic devices and techniques are needed in dentistry for caries detection[2]. In 2020, it was presented at the U.S. Food & Drug Administration Public Workshop that dentists under diagnosis tooth decay as much as 20% of the time[3]. Dental x-ray AI can dramatically reduce this under diagnosis with early detection of tooth decay, periapical pathologies and periodontal bone loss. When properly used by a licensed dentist, AI dental x-ray analysis offers faster identification of dental pathologies and visually educates patients why dental treatment is necessary.

There are currently three dental x-ray AI software platforms available and several more waiting for FDA approvals. The future of dental radiology is clearly moving towards the use of AI and the creation of new CDT codes is essential to properly document patient records in this new era.

In conclusion, the adoption of AI in dental radiology has the potential to greatly improve the accuracy and speed of diagnostic processes, reduce the rate of underdiagnosis, and improve patient outcomes. The creation of new CDT codes for proper patient record documentation is essential for the field to fully embrace this technology and move into the future.

Thank you for your consideration.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2022May20)

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description

1. Four digital bitewing dental x-rays would be uploaded to a secure dental radiology AI algorithm*.
2. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on the four bitewing dental x-rays.
3. The processed matched and identified dental anatomy and pathologies would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

* All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA).

c) Clinical scenario

1. A licensed dentist orders four bitewing dental x-rays taken on a patient.
2. A licensed dentist orders the four bitewing dental x-rays to be processed with a dental radiology AI algorithm.
3. A licensed dentist reviews the four AI processed bitewing dental x-ray and makes a clinical diagnostic judgement.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BEFORE AND AFTER PROCESSING OF A BITEWING WITH
DENTAL X-RAY ARTIFICIAL INTELLIGENCE

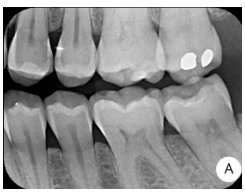


EXHIBIT A
PATIENTS DO NOT
UNDERSTAND BLACK AND WHITE
X-RAYs

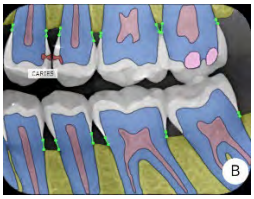


EXHIBIT B
PATIENTS UNDERSTAND
AI PROCESSED
X-RAYs

BROARDER IMPACT OF ARTIFICIAL INTELIGENCE PROCESSING OF DENTAL X-RAYS:
(A) Clinical Patient Benefits:

1. Early detection of periodontal bone loss can be proactively treated with noninvasive periodontal scaling and root planning (D4341, D4342).

2. Detection of incipient caries can be treated with a caries prevention medicament (D1355) or prescription fluoride toothpaste before they advance into dentin.

3. Early detection of a widening periodontal ligament may only require an occlusal equilibration (D9951, D9952), hence avoiding traumatic occlusion root canal therapy.

(B) Patient Educational (D9994) Benefits:
1. Patients easily understand dental anatomy and dental pathology when they view their dental x-rays processed with AI.

2. Patients who understand their AI processed dental x-rays are more like to opt for early treatment intervention.

IN SUMMARY

1. Given the rapid penetration of dental x-ray AI in the dental community, a new CDT code for artificial intelligence processing of a bitewing dental x-ray is required for proper patient documentation.

2. All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA). Further, the FDA limits the use of dental radiology AI algorithms to licensed dentist. It is within the scope of a state's law for a licensed dentist to use dental radiology AI algorithms.

3. The discrete procedure is as follows:
I . Four digital bitewing dental x-rays are uploaded to a secure dental radiology AI algorithm.
II. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on the bitewing dental x-rays.
III. The processed matched and identified dental anatomy and pathologies would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

4. The outcome of dental radiology AI algorithms, when used by a licensed dental professional, provides faster identification of dental anatomy, dental pathologies and visually educates patients why dental treatment is necessary.

5. Bitewing dental x-rays processed with dental radiology AI algorithms should not be considered a parse procedure. All licensed dentist, regardless of specialty, can independently use dental bitewing x-rays processed with AI algorithms.

CITED **PUBLIC** REFERENCES **(No release required to cite.)**

[1] Hosny, A., et al. (2018) Nat. Rev. Cancer, 18(8): 500-510.

[2] NIH Consensus Statement: Diagnosis and Management of Dental Caries Throughout Life, National Institutes of Health Office of the Director, Volume 18, Number 1 March 26–28, 2001.

[3] U.S. Food & Drug Administration. Public Workshop - Evolving Role of Artificial Intelligence in Radiological Imaging. Emre Gültürk Head of Quality & Regulatory Evolving Role of Artificial Intelligence in Radiological Imaging Public Presentation - February 25th, 2020.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	09/19/2023
Name:	Richard Ricci, DDS, MS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	intraoral – analysis of a complete series of radiographic images aided by artificial intelligence (AI)
2b) Descriptor	A licensed dentist utilizes artificial intelligence (AI) dental radiology algorithms to analyze a complete series of intraoral radiographic images. The AI dental radiology algorithms are programed to identify dental anatomy and pathologies to assist the dentist in diagnosing and educating patients.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

ARGUMENT FOR NEW CDT CODE:

Artificial Intelligence (AI) is routinely used in the analysis of medical radiological scans and has been successfully diagnosing pathologies for years (Hosny, 2018). NIH (National Institute of Health) has recognized that new diagnostic devices and techniques are needed in dentistry for caries detection (National Institutes of Health, 2001). In 2020, it was presented at the U.S. Food & Drug Administration (FDA) Public Workshop that dentists under diagnosis tooth decay as much as 20% of the time (U.S. Food & Drug Administration, 2020). Dental x-ray AI can dramatically reduce this under diagnosis with early detection of tooth decay, periapical pathologies and periodontal bone loss. When properly used by a licensed dental professional, AI dental x-ray analysis offers faster identification of dental pathologies and visually educates patients why dental treatment is necessary.

There are currently four FDA dental x-ray AI software platforms available and several more waiting for approvals. The future of dental radiology is clearly moving towards the use of AI and the creation of new CDT codes is essential to properly document patient records in this new era.

In conclusion, the adoption of AI in dental radiology has the potential to greatly improve the accuracy and speed of the diagnostic processes, reduce the rate of underdiagnosis, and improve patient outcomes. The creation of new CDT codes for proper patient record documentation is essential for the field to fully embrace this technology and move into the future.

Thank you for your consideration.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D**	

b) Procedure technical description or clinical condition addressed

1. A complete series of dental radiographic images would be uploaded to a secure dental radiology AI algorithm*.
2. The dental radiology AI algorithm is programed to process, match and identify dental anatomy and pathologies on a complete series of dental radiographic images.
3. The processed, matched and identified dental anatomy and pathologies on a complete series of dental radiographic images would be displayed on a graphic user interphase (GUI) commonly referred to as a computer monitor for a licensed dentist to review.

* All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA).

c) Clinical scenario

1. A licensed dentist orders a complete series of dental radiographic images taken on a patient.
2. A licensed dentist orders a complete series of dental radiographic images to be processed with a dental radiology AI algorithm.
3. A licensed dentist reviews the AI processed a complete series of dental radiographic images and makes a clinical diagnostic judgement.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☒		Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BEFORE AND AFTER PROCESSING OF A PERIAPICAL
X-RAY WITH
ARTIFICIAL INTELLIGENCE

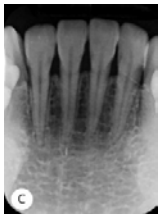


EXHIBIT C

DENTISTS MAY UNDER DIAGNOSIS ON BLACK AND WHITE X-RAY

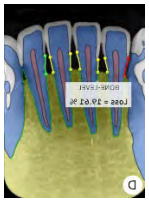


EXHIBIT D

AI MEASURES THE BONE LOSS AND INFORMS THE DENTIST OF BONE LOSS ON THE AI PROCESSED X-RAY

BONELOSS

BROARDER IMPACT OF ARTIFICIAL INTELIGENCE PROCESSING OF A COMPLETE SERIES OF DENTAL RADIOGRAPHIC IMAGES:

(A) Clinical Patient Benefits:

1. Early detection of periodontal bone loss can be proactively treated with noninvasive periodontal scaling and root planning (D4341, D4342).

2. Detection of incipient caries can be treated with a caries prevention medicament (D1355) or prescription fluoride toothpaste before they advance into dentin.

3. Early detection of a widening periodontal ligament may only require an occlusal equilibration (D9951, D9952), hence avoiding traumatic occlusion root canal therapy.

(B) Patient Educational (D9994) Benefits:

1. Patients easily understand dental anatomy and dental pathology when they view their dental radiographic images processed with AI.

2. Patients who understand their AI processed dental radiographic images are more like to opt for early treatment intervention.

IN SUMMARY

1. The increased utilization of AI processing of dental radiographic images necessitates the creation of a new CDT code. This code will ensure accurate patient documentation when employing artificial intelligence to process a complete series of dental radiograph images.

2. All dental radiology AI algorithms, which are considered class II medical devices, are regulated and approved by the Food and Drug Administration (FDA). Further, the FDA limits the use of dental radiology AI algorithms to licensed dentists. It is within the scope of a state's law for a licensed dentist to use dental radiology AI algorithms.

3. The discrete procedure is as follows: As required by the FDA, a patient's complete series of intraoral dental radiographic images is uploaded to a secure dental AI algorithm. The algorithm may be server based or web based. The algorithm is programed to match and identify dental anatomy and pathologies. The matched and identified dental anatomy and pathologies of an intraoral complete series of dental images is displayed on a GUI such as a computer monitor to aide a licensed dentist in diagnosing and educating a patient.

4. The outcome of dental radiology AI algorithms, when used by a licensed dental professional, provides faster identification of dental anatomy, dental pathologies and visually educates patients why dental treatment is necessary.

5. A complete series of dental radiographic images processed with dental radiology AI algorithms should not be considered a parse procedure. All licensed dentist, regardless of specialty, can independently use a complete series of dental radiographic images processed with AI algorithms.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/17/2023
Name:	Charles Kaner, DDS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - o added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**artificial intelligence (AI) assisted dental image analysis**
2b) Descriptor	A dental professional utilizes an AI dental radiology algorithm to process dental images, extracting dental anatomy and pathology detections in a single function. The resulting AI-enhanced image aids the dental professional in diagnosis.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Rational For a Proposed New CDT Code

DESCRIPTION: The proposed CDT code is intended to cover services related to the application of artificial intelligence algorithms for the analysis and processing of dental images. This includes but is not limited to tasks such as image enhancement, anomaly detection, treatment planning assistance, and proper documentation.

RATIONALE: The integration of artificial intelligence (AI) into dental practice has shown immense potential in improving diagnostic accuracy, treatment planning efficiency, and patient outcomes. By creating a dedicated CDT code for AI processing of dental images, dental professionals will be able to accurately document and bill for these innovative and beneficial services.

JUSTIFICATION:

1. Improved Diagnostic Accuracy: AI powered image processing enhances the clinician's ability to identify and diagnose dental conditions, leading to more accurate treatment planning and proper documentation.

2. Efficiency in Treatment Planning: AI algorithms can assist in the creation of comprehensive treatment plans by automating the analysis of dental images, allowing for more precise and efficient workflows.

3. Enhanced Patient Experience: Patients benefit from more precise and efficient treatments, potentially reducing the number of appointments and improving overall satisfaction.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description or clinical condition addressed

Procedure technical description For the Proposed CDT Code
The proposed CDT code encompasses the following key elements:
INPUT: Dental images (e.g., intraoral radiographs, panoramic radiographs, cephalometric images) are fed into the AI system. AI PROCESSING: The images are processed using state-of-the-art artificial intelligence algorithms designed for dental applications. This may include tasks such as image enhancement, tooth segmentation, pathology detection.
OUTPUT: Processed images and accompanying diagnostic information generated by the AI system.

c) Clinical scenario

Clinical Scenario Example For The Proposed CDT Code

Patient presents to the dental office with a complaint of persistent tooth pain in the upper left quadrant. Upon examination, the dentist identifies a suspicious area on the periapical radiograph of tooth #14.

DIAGNOSTIC WORKUP:
1. The dentist takes an intraoral periapical radiograph of tooth #14.
2. The radiograph is subjected to AI processing using specialized dental image analysis software.

AI PROCESSING STEPS:
1. Image Enhancement: The AI algorithm enhances the radiographic image, improving clarity and contrast.
2. Anomaly Detection: The AI system identifies an area of interest near the apex of tooth #14, suggestive of a periapical lesion.
3. Tooth Segmentation: The software delineates the contours of tooth #14 for precise localization of the pathology.
4. Diagnostic Output: The processed image, along with accompanying diagnostic information generated by the AI system, is reviewed by the dentist. The AI analysis supports the suspicion of a periapical lesion associated with tooth #14.
5. The dentist's treatment Plan: Based on the AI-assisted diagnosis, the treatment plan includes:
Endodontic therapy for tooth #14.
Follow-up radiographs post-treatment.
Proper CDT Code documentation in patient's chart.
6. Follow-up: patient returns for endodontic treatment, and subsequent radiographs confirm successful resolution of the periapical lesion.

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

6. Additional Comment or Explanation (enter “None” if applicable):

Additional Comments For The Proposed CDT Code

CLINICAL SIGNIFICANCE:

The introduction of this new code addresses a critical need for accurate and efficient dental diagnostics. AI-powered image processing has demonstrated significant potential in elevating the standard of care, leading to improved patient outcomes. All dental professionals, regardless of specialty, can individually (i.e. not a parse procedure CDT code) use AI powered image processing.

PATIENT BENEFITS:

Patients stand to gain tremendously from the implementation of this code, experiencing more precise diagnoses and streamlined treatment plans. This advancement aligns with our commitment to delivering the highest quality of care to our patient population.

TECHNOLOGY ADVANCEMENTS:

The proposed code reflects the progression of dental practice in embracing cutting-edge technologies. By formalizing the use of AI in dental image analysis, we position our profession at the forefront of technological innovation and its application in healthcare.

POTENTIAL FOR FUTURE APPLICATION:

It's important to note that this code represents just the initial step in the integration of AI in dental practice. As technology continues to evolve, we anticipate even broader applications that may revolutionize the way we approach diagnostics and treatment planning.

INDUSTRY TRENDS:

Recent studies and industry reports have underscored the transformative potential of AI in dental imaging. This proposal aligns with prevailing industry trends, ensuring that our profession remains forward-thinking and adaptable to emerging technologies.

PROVIDER EDUCATION AND TRAINING:

To support the successful implementation of this new code, we recommend that providers have access to comprehensive education and training resources. This will empower them to harness the full potential of AI-assisted dental image analysis for the benefit of their patients.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	07/06/2023
Name:	Randall M. Wilk	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9239**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	~~intravenous~~ **moderate (conscious) sedation/analgesia – first 15 minutes**
2b) Descriptor	Anesthesia time begins when the doctor administering the anesthetic agent initiates the 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 effects on the central nervous system and not dependent on the route of administration.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

There are two codes for moderate sedation D9239 and D9243 (one for the first 15 minutes and the other for subsequent units of sedation). Also code D9248 covers moderate sedation. The nomenclature includes a single route of administration and the descriptor states that the code is not dependent on the route of administration. These two parts of the code are in conflict. Moderate sedation, deep sedation and general anesthesia states are usually achieved using multiple agents and multiple routes of administration. This conflict is not present for the codes for deep sedation/general anesthesia (D9222 and D9223).

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		
N/A		

c) Clinical scenario
N/A

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Moderate sedation is achieved through use of agents to produce an effect on the central nervous system. Multiple agents and routes of administration are typically used to achieve this result. Use of wording in the nomenclature that assume that a single route of administration creates confusion on the proper coding to be used.

As an example, if a pediatric patient is given an intramuscular agent (ketamine) to sedate them enough to start an IV then an inhalational agent such as nitrous oxide added to maintain moderate sedation, and a benzodiazepine is added for amnestic effects is this coded as D9248 or D9239?

If a pediatric patient is given inhalational Sevoflurane and an IV started and an agent to decrease swelling, post-operative nausea and vomiting (Decadron) is added is this coded as D9248 or D9239?

If a patient is given multiple agents by multiple routes and each agent alone would not produce moderate sedation, but given together their potentiative effects would produce moderate sedation would this be coded as D9248 or D9239?

Having two codes for moderate sedation creates confusion as what is the proper code to use based on nomenclature, and either code could be used based on descriptor.

Code D9239 describes the intended outcome in the descriptor, but the nomenclature describes the steps involved in achieving the outcome. (See Guidelines under MUST - #4)

Code 9239 includes or infers a criterion or criteria for claim adjudication or re-imbursement (See Guidelines under MUST NOT #7)

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	07/06/2023
Name:	Randall M. Wilk	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9243**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	~~intravenous~~ **moderate (conscious) sedation/analgesia – each subsequent 15 minute increment**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

There are two codes for moderate sedation D9239 and D9243 (one for the first 15 minutes and the other for subsequent units of sedation). Also code D9248 covers moderate sedation. The nomenclature includes a single route of administration and the descriptor states that the code is not dependent on the route of administration. These two parts of the code are in conflict. Moderate sedation, deep sedation and general anesthesia states are usually achieved using multiple agents and multiple routes of administration. This conflict is not present for the codes for deep sedation/general anesthesia (D9222 and D9223).

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		
N/A		
c) Clinical scenario		
N/A		

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Moderate sedation is achieved through use of agents to produce an effect on the central nervous system. Multiple agents and routes of administration are typically used to achieve this result. Use of wording in the nomenclature that assume that a single route of administration creates confusion on the proper coding to be used.

As an example, if a pediatric patient is given an intramuscular agent (ketamine) to sedate them enough to start an IV then an inhalational agent such as nitrous oxide added to maintain moderate sedation, and a benzodiazepine is added for amnestic effects is this coded as D9248 or D9239?

If a pediatric patient is given inhalational Sevoflurane and an IV started and an agent to decrease swelling, post-operative nausea and vomiting (Decadron) is added is this coded as D9248 or D9239?

If a patient is given multiple agents by multiple routes and each agent alone would not produce moderate sedation, but given together their potentiative effects would produce moderate sedation would this be coded as D9248 or D9239?

Having two codes for moderate sedation creates confusion as what is the proper code to use based on nomenclature, and either code could be used based on descriptor.

Code D9243 describes the intended outcome in the descriptor, but the nomenclature describes the steps involved in achieving the outcome. (See Guidelines under MUST - #4)

Code D9243 includes or infers a criterion or criteria for claim adjudication or re-imbursement (See Guidelines under MUST NOT #7)

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9239**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - o added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**continual titration of ~~intravenous~~ moderate ~~(conscious)~~ sedation /analgesia – first 15 minutes, or any portion thereof**
2b) Descriptor	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**~~ **time is** considered complete 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**~~ **qualified dentist's/ surgeon's intended depth of anesthesia and supported by** documentation of the anesthetic effects upon the central nervous system. ~~**and**~~ **It is** not dependent upon the route of administration.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The anesthesia section of the CDT code (currently D9210-9248) has some anomalies with the verbiage that has been added over the history of the code. The intent of the revisions submitted to the existing code are a suggestion to fix those issues and align the code with the historical understanding and usage of the code. These anomalies include items such as outdated terminology, inconsistent use of terminology, and conflicting principles. As such, it is best to approach the revision requests as a group of revisions across multiple codes. What follows below are specific instances of such anomalies in this specific code:

The D9239 nomenclature has been revised to eliminate the terms intravenous and also (conscious). The specification of route of administration, in this case intravenous, directly contradicts both the descriptor and the principle that the level of sedation / anesthesia is independent of route of administration. There reference to the term conscious sedation is also a historical reference and the term conscious sedation is outdated and has been removed. In this specific case, "conscious" is in parentheticals, likely to refer back to the historical use of the term, perhaps for clarification. If this is necessary, it may be best to be placed as a notation in the descriptor for the code instead of the nomenclature. However, in our opinion it is best to be eliminated entirely since the current code nomenclature for D9248, which uses conscious sedation without parentheticals is in its nomenclature "non-intravenous conscious sedation." The following descriptor states "This includes non-IV minimal and moderate sedation." Thus, the current code implies that conscious sedation is both minimal and moderate sedation. This adds additional confusion to the code.

The proposed nomenclature adds the action of continual titration of moderate sedation as it is the procedure is the continual titration, monitoring, and management of moderate sedation by the dentist. Notwithstanding the historical terms and concerns above and the conflicting verbiage, we believe that the intent of this code was to apply a time-based code to moderate sedation

which is "continually titrated" vs. less readily titrated forms of anesthesia, perhaps more specifically enteral administration of minimal and moderate sedation.

The descriptor has also been updated to reflect the same nuances that were presented with the proposal for D9222. The descriptor is exactly the same. The same arguments would apply, and for the sake of brevity would be best described by not the "lighter" states of anesthesia in the D9222 presentation, but the accidental deeper levels of anesthesia / sedation in this case.

In summary, the proposal clears up conflicting verbiage and preserves the apparent intent of the original code and adopts the continued use of the "time-based" descriptor clause.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description or clinical condition addressed		
N/A		
c) Clinical scenario		
N/A		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9243**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**continual titration of ~~intravenous~~ moderate ~~(conscious)~~ sedation /analgesia – each subsequent 15 minute increment, or any portion thereof**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The anesthesia section of the CDT code (currently D9210-9248) has some anomalies with the verbiage that has been added over the history of the code. The intent of the revisions submitted to the existing code are a suggestion to fix those issues and align the code with the historical understanding and usage of the code. These anomalies include items such as outdated terminology, inconsistent use of terminology, and conflicting principles. As such, it is best to approach the revision requests as a group of revisions across multiple codes. What follows below are specific instances of such anomalies in this specific code:

This request would only be needed if the revision request submitted for D9239 is approved. D9239 and D9243 must have the same basic nomenclature as they are time-based codes for the first 15 minutes and subsequent 15 minute increments respectively. The preservation of such is important so that the unique number of patient encounters is preserved / reflected in the code.

For rationale supporting the D9239 changes, please see that CDT Code Action Request.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description or clinical condition addressed		
N/A		

c) Clinical scenario
N/A

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9248**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
- For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
- For "Revise Current" mark-up 2a) and 2b) as follows:
  - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**non-intravenous conscious sedation - moderate**
2b) Descriptor	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 upon the route of administration.

3. Rationale for this request – your persuasive argument for CMC acceptance.
Notes – Deletion Requests only:
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Modify D9248 for moderate sedation only and create new code for minimal, non-intravenous conscious sedation – minimal. This allows for provider and carrier adherence to state laws that have different licensing/permit requirements for minimal and moderate.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description or clinical condition addressed

N/A

c) Clinical scenario

N/A

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**non-intravenous conscious sedation - minimal**
2b) Descriptor	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.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This allows for provider and carrier adherence to state laws that have different licensing/permit requirements for minimal and moderate sedation. This also aligns with AAPD recommendations: Best Practice, which gives specific guidelines for intended level of sedation that differentiate between Minimal and Moderate sedation.

Coté CJ, Wilson S; AMERICAN ACADEMY OF PEDIATRICS; AMERICAN ACADEMY OF PEDIATRIC DENTISTRY. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. Pediatrics. 2019 Jun;143(6):e20191000. doi: 10.1542/peds.2019-1000. PMID: 31138666.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9248**

b) Procedure technical description or clinical condition addressed

A drug-induced state is achieved by the administration of the non-intravenous sedative and/or analgesic agent by the dentist. The patient is able to respond normally to verbal commands during this level of sedation.

c) Clinical scenario
ASA class I patient presents for brief dental work. The patient is slightly anxious about treatment, but the dentist believes that anxiolysis can be achieved for the brief procedure with minimal sedation. The dentist administers a sedative that induces a medically controlled state of depressed consciousness while maintaining airway, reflexes, ability to respond to stimulation and verbal commands.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9248**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of non-readily titratable (such as enteral)** ~~**non-intravenous conscious**~~ **minimal / moderate sedation**
2b) Descriptor	~~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 upon route of administration.~~ Some sedative agents may not be continually titratable due to the nature of their pharmacology or their route of administration (such as the enteral route or certain parenteral routes such as intranasal). These drugs may be given as a single dose or divided dose. Nitrous oxide may be co-administered. Due to sedation being a continuum and the safety margin needed for this procedure, the level of sedation is not entirely based on the effects on the central nervous system. Minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, to achieve the desired clinical effect, not to exceed the maximum recommended dose (MRD). If multiple drugs are administered or a drug exceeding the maximum recommended dose during a single appointment, it is considered to be moderate sedation. The procedure includes the appropriate monitoring per level of sedation.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The anesthesia section of the CDT code (currently D9210-9248) has some anomalies with the verbiage that has been added over the history of the code. The intent of the revisions submitted to the existing code are a suggestion to fix those issues and align the code with the historical understanding and usage of the code. These anomalies include items such as outdated terminology, inconsistent use of terminology, and conflicting principles. As such, it is best to approach the revision requests as a group of revisions across multiple codes. What follows below are specific instances of such anomalies in this specific code:

D9248 nomenclature was revised to eliminate the historical and outdated term "conscious sedation." The term historically was used to describe moderate sedation. However, in this case it was used to describe both minimal and moderate sedation as implied by the

use of the term in the nomenclature followed by the first line of the descriptor, "This includes non-IV minimal and moderate sedation." Therefore, the term was eliminated in this revision. Additionally, the existing code nomenclature and descriptor are in direct conflict with one another, the nomenclature stating that the procedure is non-intravenous, but the descriptor stating it is independent of route of administration.

This is admittedly a very difficult code to distill into concise and appropriate wording. We believe that the reason the code reads as it currently exists is due to the desire to distinguish between a time-based sedation code and an event-based sedation code. In the past, conscious sedation was largely delivered by a "readily titratable" fashion via intravenous administration or not so easily titratable routes such as oral or rectal administration. This demarcation has been increasingly blurred with the use of other transmucosal routes of administration such as intranasal administration. In an effort to preserve the intent of the original code, and to be consistent with the revisions to the time-based codes, we have chosen the nomenclature "administration of non-readily titratable" sedation.

Additionally, the current descriptor continues to rely on documentation of the physiologic effect of the sedative. Since there is no impairment of cardiovascular, ventilation, airway and even responsiveness during minimal sedation of objective physiologic parameters don't readily document the level of sedation. Additionally, during moderate sedation the patient's airway and ventilation remain unimpaired and cardiovascular function is usually maintained, there is no objective physiologic parameter to document level of sedation, other than to repeatedly rouse the patient with either verbal or light tactile stimuli.

For the reasons stated above, D9248's descriptor was completely rewritten. The proposed descriptor is the accepted definitions (but not the guidelines for use) of minimal and moderate sedation by the enteral route. Since they are definitions, they are largely self-explanatory. However, the reason such definitions exist may not be self-explanatory. Due to the nature of these agents and the physiologic response, as previously described, these definitions exist to enhance patient safety and ensure a wide safety margin for the uniqueness of this procedure which is a subset of minimal and moderate sedation.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description or clinical condition addressed		
N/A		
c) Clinical scenario		
N/A		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☒		Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

In our opinion, this is a best effort revision, but very well may benefit from an Ad-Hoc Working Group under the Code Maintenance Committee's "Composition, Responsibilities, and Meeting Protocol." Of all the code revisions, this may be the one that requires the most input as it affects the greatest number of dentists, both general dentists and specialists.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9222**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**continual titration of deep sedation / general anesthesia – first 15 minutes, or any potion thereof**
2b) Descriptor	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**~~ **time is** considered complete 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**~~ **qualified dentist's/ surgeon's/ anesthesia provider's intended depth of anesthesia and supported by** documentation of the anesthetic effects upon the central nervous system. ~~**and**~~ **It is** not dependent upon the route of administration.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The anesthesia section of the CDT code (currently D9210-9248) has some anomalies with the verbiage that has been added over the history of the code. The intent of the revisions submitted to the existing code are a suggestion to fix those issues and align the code with the historical understanding and usage of the code. These anomalies include items such as outdated terminology, inconsistent use of terminology, and conflicting principles. As such, it is best to approach the revision requests as a group of revisions across multiple codes. What follows below are specific instances of such anomalies in this specific code:

In the nomenclature section of D9222, the action of continual titration of deep sedation / general anesthesia is requested. The rationale being that this specific code currently encompasses two states of sedation – deep sedation and general anesthesia. These two states are not the same, despite historically being treated as such due to the qualifications a dentist typically must have to deliver either of these two depths of sedation / anesthesia. Therefore, the procedure itself is the continual titration, monitoring, and management of these states by the dentist.

In the current descriptor, the "level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects on the central nervous system." The problem with relying solely on the physiologic response is that anesthesia and sedation (especially when targeting sedation) is a continuum. As such, the patient often drifts between levels of anesthesia and sedation, especially during the more commonly practiced delivery of IV sedation by the treating dentist. In nearly every instance, the patient will at some point return to "lighter" levels of sedation, either

because of emergence from the anesthetic or because the provider has titrated the patient to these levels for emergence when the procedure is completed or because the patient may now tolerate "lighter" levels of sedation. Under the current code's terminology, when the physiologic response enters a state of moderate or minimal sedation, then the corresponding code would then apply. If we follow this terminology in the descriptor verbatim, then multiple "first 15 minute" codes might apply as the patient transitions in and out of different levels of sedation / anesthesia. This obviously is not how the code is used, and likely not the intent of the code. As such, the suggested verbiage introduces the idea of the intended or targeted depth of sedation, along with a requirement to be qualified to do so, AND preserving the current verbiage that the physiologic response supports the level of sedation/ anesthesia.

The other changes are largely semantic – such as qualified dentist /surgeon / anesthesia provider instead of just anesthesia provider so that it is inclusive and used throughout the code and revising anesthesia services to time, to remain consistent with the start of anesthesia time. This use of time may seem trivial, but the services themselves would continue to discharge of the patient, and may continue afterwards. Examples of services might include treating post operative pain or nausea even after the patient has met discharge criteria and has been discharged to home.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description or clinical condition addressed		
N/A		
c) Clinical scenario		
N/A		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Although not a new code, another clinical scenario might elucidate the scenario further. A dentist intends to perform a moderate sedation on his or her patient. The moderate sedation may be administered by any means in this scenario as they apply equally. The patient responds unexpectedly being "very sensitive" to the medications delivered. The patient requires airway support and will only respond to very painful stimuli. The dentist is unable to determine if the response is truly purposeful or reflex withdrawal (likely because they are intervening as they should to support the patient). The dentist manages the airway and either reverses the sedative agent (if possible) or supports the patient until they return to moderate sedation. In this scenario, the code descriptor as it currently exists suggests that the procedure be coded under D9222 and D9223, at least for the portion of time that the documentation reflects that the patient's physiologic response was as described above.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9223**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**continual titration of deep sedation / general anesthesia – each subsequent 15 minute increment, or any potion thereof**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The anesthesia section of the CDT code (currently D9210-9248) has some anomalies with the verbiage that has been added over the history of the code. The intent of the revisions submitted to the existing code are a suggestion to fix those issues and align the code with the historical understanding and usage of the code. These anomalies include items such as outdated terminology, inconsistent use of terminology, and conflicting principles. As such, it is best to approach the revision requests as a group of revisions across multiple codes. What follows below are specific instances of such anomalies in this specific code:

In the nomenclature section of D9223, the action of continual titration of deep sedation / general anesthesia is requested. The rationale being that this specific code currently encompasses two states of sedation – deep sedation and general anesthesia. These two states are not the same, despite historically being treated as such due to the qualifications a dentist typically must have to deliver either of these two depths of sedation / anesthesia. Therefore, the procedure itself is the continual titration, monitoring, and management of these states by the dentist.

This request would only be needed if the revision request submitted for D9222 is approved. D9222 and D9223 must have the same basic nomenclature as they are time-based codes for the first 15 minutes and subsequent 15 minute increments respectively. The preservation of such is important so that the unique number of patient encounters is preserved / reflected in the code.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description or clinical condition addressed		

N/A
c) Clinical scenario
N/A

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9230**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of** inhalation**al** ~~**of**~~ nitrous oxide ~~**/**~~ for analgesia **/minimal sedation**~~**,**~~ **anxiolysis**~~
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The anesthesia section of the CDT code (currently D9210-9248) has some anomalies with the verbiage that has been added over the history of the code. The intent of the revisions submitted to the existing code are a suggestion to fix those issues and align the code with the historical understanding and usage of the code. These anomalies include items such as outdated terminology, inconsistent use of terminology, and conflicting principles. As such, it is best to approach the revision requests as a group of revisions across multiple codes. What follows below are specific instances of such anomalies in this specific code:

D9230: inhalation of nitrous oxide was revised to the administration of inhalational nitrous oxide because the procedure is the administration of the nitrous oxide to the patient via inhalational means. The dentist is administering the nitrous oxide, the patient is inhaling it.

The term anxiolysis has been removed as this is a historic term and has been replaced by minimal sedation. Analgesia has been preserved simply because nitrous oxide has been shown to have analgesic properties.

Nitrous oxide is unique as it is the only non-potent inhalational agent that also has a wide safety margin because it does not produce deeper levels of sedation and anesthesia at normally available concentrations. The minimal alveolar concentration, or MAC, of nitrous oxide is 104%, which is only achievable in a hyperbaric chamber, thus cannot create these deeper levels. Additionally, it has low blood solubility, thus a rapid onset and offset. Hence, the widespread use and safety of nitrous oxide, and thus should continue to have its own code.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	

b) Procedure technical description or clinical condition addressed
N/A
c) Clinical scenario
N/A

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of general anesthesia, separate provider – first 15 minutes, or any portion thereof**
2b) Descriptor	Anesthesia time begins when the anesthesia provider, not involved in the procedure, administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia time is considered completed when the patient may be safely left under the observation of trained personnel and the anesthesia provider may safely leave the room to attend to other patients or duties.

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The administration of general anesthesia by a provider who is not involved in the procedure, should be a distinct and unique reportable code.

The adoption of this code would allow any qualified dentist /surgeon / anesthesia provider who administers a general anesthesia to a patient for another operating dentist or surgeon, or who supervises an independent anesthesia provider to administer a general anesthetic, to appropriately code this procedure. Having a code that reflects this procedure would allow for a code that reflects when a separate provider administers the anesthetic, unique from the commonly used single provider anesthesia model that is often found in dentistry. This is important in that the medical model does not recognize a single provider model for general anesthesia. The fact that such a term exists and is used to describe a model of anesthesia delivery in dentistry demonstrates that there is a separate and unique procedure that is performed when the dentist provides a general anesthetic for their own procedures versus having a provider that is solely responsible for the delivery and monitoring of the general anesthetic.

This type of general anesthesia is a unique procedure from D9222 that must be used to report general anesthesia under the current code. Unlike the fluid continuum of sedation and anesthesia that is commonly described, the independent or dedicated anesthesia provider who intends to deliver a general anesthetic aims to achieve the physiologic state of general anesthesia and support and maintain this state throughout the procedure. In fact, achieving this state efficiently and quickly recovering from the state of general anesthesia are paramount as the induction and emergence from general anesthesia are often considered "critical points" or "critical portions" in the anesthetic delivery. (In anesthesia, critical points or critical portions typically include induction, airway management, emergence / extubation, where a resident or mid-level provider would require the attending or supervising anesthesiologist.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9222**

b) Procedure technical description or clinical condition addressed

A qualified dentist/ surgeon/ anesthesia provider, not performing the surgical or operative treatment, monitors the patient and induces a state of general anesthesia. (The term qualified dentist refers to a dentist who has the appropriate credentials under the applicable state law to deliver general anesthesia.) Induction and maintenance of general anesthesia may occur by means of either a single or multiple pharmacologic agents. These agents may be administered by any route of administration. Multiple routes of administration, as well as multiple agents, are often used during a general anesthetic. General anesthesia is defined as a loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. The sole purpose of this qualified dentist / surgeon/ anesthesia provider is to continuously monitor and manage both the administration of anesthesia and the complications that may arise.

c) Clinical scenario

1) A patient is seen by an oral surgeon who practices with another oral surgeon or dental anesthesia provider. The patient is determined by the initial provider to be best suited to have their procedure performed with a general anesthetic but believes that it would be in the patient's best interest to have a separate qualified dentist / surgeon / anesthesia provider present to administer the general anesthetic. Since this qualified dentist / surgeon / anesthesia provider administering the anesthesia is not involved with the procedure, and dedicates themselves to the delivery of the anesthesia, the procedure should be coded as such.

2) A public health dentist wants to determine the prevalence of general anesthetics that are delivered in the dental office by a dentist whom is not also performing the dental procedure for the purpose of understanding access to care or understanding populations that benefit from having a dedicated dentist focused on delivery of general anesthesia. Under the current use of D9222, it is not possible to determine the unique number of cases delivered by an independent dentist.

3) A patient is planned for orthognathic surgery. The oral surgeon does such surgeries out of their own facility / office. The oral surgeon has elected to have a dentist anesthesiologist provide the general anesthesia because the surgeon would like to ensure that there is adequate administration and monitoring of neuromuscular blockade to facilitate the procedure and may ask the dentist anesthesiologist to provide the additional monitoring and management of deliberate hypotension for the procedure.

4) A qualified dentist / surgeon / anesthesia provider normally provides care under the single provider model, where they provide IV deep sedation / general anesthesia with a "open" or "natural" airway. Due to the complexity of the case, the qualified dentist/ surgeon/ anesthesia provider elects to perform the dental procedures under general anesthesia with a certified registered nurse anesthetist (CRNA), whom they will supervise in their office. (These complexities might include an obese patient, extremes of patient age – both younger and older, or complexity of the procedure where having a separate anesthesia provider allows for greater focus on the dental treatment.)

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

If the revision request for D9222 proceeds, this further delineates the difference between this code and D9222.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/23
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of general anesthesia, separate provider - each subsequent 15 minutes, or any portion thereof**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The administration of general anesthesia by a provider who is not involved in the procedure, should be a distinct and unique reportable code.

The adoption of this code would allow any qualified dentist /surgeon / anesthesia provider who administers a general anesthesia to a patient for another operating dentist or surgeon, or who supervises an independent anesthesia provider to administer a general anesthetic, to appropriately code this procedure. Having a code that reflects this procedure would allow for a code that reflects when a separate provider administers the anesthetic, unique from the commonly used single provider anesthesia model that is often found in dentistry. This is important in that the medical model does not recognize a single provider model for general anesthesia. The fact that such a term exists and is used to describe a model of anesthesia delivery in dentistry demonstrates that there is a separate and unique procedure that is performed when the dentist provides a general anesthetic for their own procedures versus having a provider that is solely responsible for the delivery and monitoring of the general anesthetic.

This type of general anesthesia is a unique procedure from D9223 that must be used to report general anesthesia under the current code. Unlike the fluid continuum of sedation and anesthesia that is commonly described, the independent or dedicated anesthesia provider who intends to deliver a general anesthetic aims to achieve the physiologic state of general anesthesia and support and maintain this state throughout the procedure. In fact, achieving this state efficiently and quickly recovering from the state of general anesthesia are paramount as the induction and emergence from general anesthesia are often considered "critical points" or "critical portions" in the anesthetic delivery. (In anesthesia, critical points or critical portions typically include induction, airway management, emergence / extubation, where a resident or mid-level provider would require the attending or supervising anesthesiologist.

Following the CDT nomenclature for other time-based anesthesia codes, there would have to be a first 15 minutes under one D code, and then a subsequent 15 minute code as a D code will an alphanumeric assignment that is usually latter in the code set.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9223**

b) Procedure technical description or clinical condition addressed

A qualified dentist/ surgeon/ anesthesia provider, not performing the surgical or operative treatment, monitors the patient and induces a state of general anesthesia. (The term qualified dentist refers to a dentist who has the appropriate credentials under the applicable state law to deliver general anesthesia.) Induction and maintenance of general anesthesia may occur by means of either a single or multiple pharmacologic agents. These agents may be administered by any route of administration. Multiple routes of administration, as well as multiple agents, are often used during a general anesthetic. General anesthesia is defined as a loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. The sole purpose of this qualified dentist / surgeon/ anesthesia provider is to continuously monitor and manage both the administration of anesthesia and the complications that may arise. While the first 15 minutes of the described procedure would be coded as "D923X: administration of general anesthesia not in conjunction with operative or surgical procedures - 1st 15 minutes, or any portion thereof", subsequent 15 minute units would be coded using this proposed CDT Code.

c) Clinical scenario

1) A patient is seen by an oral surgeon who practices with another oral surgeon or dental anesthesia provider. The patient is determined by the initial provider to be best suited to have their procedure performed with a general anesthetic but believes that it would be in the patient's best interest to have a separate qualified dentist / surgeon / anesthesia provider present to administer the general anesthetic. Since this qualified dentist / surgeon / anesthesia provider administering the anesthesia is not involved with the procedure, and dedicates themselves to the delivery of the anesthesia, the procedure should be coded as such.

2) A public health dentist wants to determine the prevalence of general anesthetics that are delivered in the dental office by a dentist whom is not also performing the dental procedure for the purpose of understanding access to care or understanding populations that benefit from having a dedicated dentist focused on delivery of general anesthesia. Under the current use of D9222, it is not possible to determine the unique number of cases delivered by an independent dentist.

3) A patient is planned for orthognathic surgery. The oral surgeon does such surgeries out of their own facility / office. The oral surgeon has elected to have a dentist anesthesiologist provide the general anesthesia because the surgeon would like to ensure that there is adequate administration and monitoring of neuromuscular blockade to facilitate the procedure and may ask the dentist anesthesiologist to provide the additional monitoring and management of deliberate hypotension for the procedure.

4) A qualified dentist / surgeon / anesthesia provider normally provides care under the single provider model, where they provide IV deep sedation / general anesthesia with a "open" or "natural" airway. Due to the complexity of the case, the qualified dentist/ surgeon/ anesthesia provider elects to perform the dental procedures under general anesthesia with a certified registered nurse anesthetist (CRNA), whom they will supervise in their office. (These complexities might include an obese patient, extremes of patient age – both younger and older, or complexity of the procedure where having a separate anesthesia provider allows for greater focus on the dental treatment.)

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Should "D923X: administration of general anesthesia not in conjunction with operative or surgical procedures - 1st 15 minutes, or any portion thereof" be adopted by the CMC, then the sequential code for additional 15 minutes or portion thereof will be necessary as well.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**monitored anesthesia care - first 15 minutes, or any portion thereof**
2b) Descriptor	Monitored anesthesia care (MAC) is a type of anesthesia service in which an anesthesia provider, not involved in the procedure, continually monitors and supports the patient's vital functions; diagnoses and treats clinical problems that may occur; administers sedative, anxiolytic, or analgesic medications if needed; and converts to general anesthesia if required. The provider must have the ability and training to provide general anesthesia if necessary. Anesthesia time begins when the anesthesia provider, not involved in the procedure, administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia time is considered completed when the patient may be safely left under the observation of trained personnel and the anesthesia provider may safely leave the room to attend to other patients or duties.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Monitored anesthesia care is a service or procedure that is not defined in the typical way that procedural sedation is defined. Procedural sedation and the current dental sedation codes are currently based on a mixture of depth of sedation / anesthesia and the route that the pharmacologic agents are delivered. Procedural sedation and the current dental sedation codes commonly refer to the anesthesia being delivered by the operating doctor / proceduralist. When this is the case, the operating doctor or proceduralist must be prepared to halt or even abandon the procedure if the patient reaches deeper levels of sedation / anesthesia than intended. Monitored anesthesia care refers to having a separate provider with the ability to handle all the levels of sedation and may fluidly go between them as the procedural or patient's needs require, including converting to a general anesthetic if needed.

Current CDT codes do not reflect this unique service / procedure. Instead, current codes rely on the premise of procedural sedation, where the dentist brings the patient to a certain targeted depth of sedation / anesthesia, often in conjunction with local anesthesia for the procedure, and then remains either in that targeted depth or sometimes in a "lighter state." Monitored anesthesia care is often

requested by the operating doctor because of concerns with either the patient, the procedure, or both because the anesthesia provider can focus on responding to these concerns in real-time.

Current CDT codes do not allow for an appropriate way to code these changes in depth of sedation, as the current descriptors state the "level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration." Therefore, changes in "level of anesthesia" that may be required during monitored anesthesia care would either have to not capture the physiologic effects by simply continuing to use the subsequent 15 minute code for the corresponding initial "level of anesthesia" or effectively start a new "encounter" with a initial 15 minute code for the new "level of anesthesia." The latter effectively breaks the reporting purpose of having the initial 15 minute code which allows for one to easily determine the number of distinct sedation or anesthesia "encounters."

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9239, perhaps D9222 (deep sedation)**

b) Procedure technical description or clinical condition addressed

Monitored anesthesia care (MAC) is a type of anesthesia service in which an anesthesia provider, not involved in the procedure, continually monitors and supports the patient's vital functions; diagnoses and treats clinical problems that may occur; administers sedative, anxiolytic, or analgesic medications if needed; and converts to general anesthesia if required. The provider must have the ability and training to provide general anesthesia if necessary.

c) Clinical scenario

1) A patient with diabetes, obstructive lung disease, and coronary artery disease status post percutaneous coronary intervention and IV bisphosphonate therapy for treatment of Paget's disease. The patient has periapical pathology on tooth # 30. Due to the patient's history of IV bisphosphonate therapy, the oral surgeon to whom the patient was referred was referred to an endodontist. After care coordination with the general dentist, endodontist, and oral surgeon, the tooth was determined to be best treated with root canal therapy. One of the reasons that the patient was referred to the oral surgeon was that the patient is also highly anxious and was unable to tolerate treatment with nitrous oxide and oral diazepam (Valium). The endodontist does have a moderate sedation permit and performs IV sedation but does not feel comfortable managing the patient's medical conditions but continues to believe that root canal treatment is the best option for the patient. A dentist anesthesiologist comes to the endodontist's office. The anesthesiologist determines that the patient is best handled with moderate sedation. However, will need a higher level of management of the comorbid conditions, including glucose monitoring and insulin management, 5 lead EKG monitoring, and heart rate control with a short acting beta blocker such as esmolol.
2) A patient with mild to moderate COPD needs to have a root canal performed. The endodontist or general dentist performing the procedure has a moderate sedation permit but does not feel comfortable sedating the patient and performing the root canal. Despite the treating dentist's best efforts, the patient was unable to tolerate the procedure with nitrous oxide alone because of the patient's severe anxiety. The patient and treating dentist elect to have an anesthesia provider present at their next treatment attempt. The anesthesia provider believes that it is in the best interest of the patient to have moderate sedation. However, during the attempts to give local anesthesia, the patient was unable to cooperate and became severely hypertensive and tachypneic. The anesthesia provider decides to deepen the anesthetic so that local can be delivered. The patient does not even respond to the stimuli of local delivery this time (general anesthesia), but minutes later is back to being responsive but moderately sedated. The patient is then able to complete the rest of the root canal procedure in its entirety with moderate sedation.
3) A surgeon and anesthesia provider team are working together to provide a multiple extractions and dental implants. The initial anesthetic plan was to perform the procedure under moderate sedation due to the patient's obesity. During the course of the extractions, the root of one of the

maxillary molars becomes dislodged into the sinus. The recovery of the root is possible but planned to be difficult. The patient is somewhat obese, and until this point was handling the moderate sedation well. With the head positioning to get visibility to the sinus, the patient repeatedly obstructs but the surgeon does not feel he or she can complete the procedure if the patient is "lightened" up (returned to a lesser level of sedation where they can maintain their own airway). The anesthesia provider elects to proceed to a general anesthetic and intubate the patient. The procedure moves forward, and the root is retrieved, and implants placed.

With these situations, how would the procedure be coded using CDT codes? In the first scenario, is the described MAC the same procedure as the IV moderate sedation that the endodontist didn't feel comfortable managing? What about scenarios 2 & 3? One might state that a CPT code for MAC is appropriate, but nevertheless a CDT code should also exist to document the procedure. One might also state that the current CDT codes D9222, D9223 would apply, but since the patient is moving (in the cases above purposefully) between levels of sedation according to their physiologic response to the anesthetic / sedation, which code should be used wouldn't D9239, D9243 apply during portions of the procedure? Or should the multiple codes be used in accordance with "the level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system…" throughout the encounter.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Jonathan L Wong, DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**monitored anesthesia care - each subsequent 15 minutes, or any portion thereof**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Monitored anesthesia care is a service or procedure that is not defined in the typical way that procedural sedation is defined. Procedural sedation and the current dental sedation codes are currently based on a mixture of depth of sedation / anesthesia and the route that the pharmacologic agents are delivered. Procedural sedation and the current dental sedation codes commonly refer to the anesthesia being delivered by the operating doctor / proceduralist. When this is the case, the operating doctor or proceduralist must be prepared to halt or even abandon the procedure if the patient reaches deeper levels of sedation / anesthesia than intended. Monitored anesthesia care refers to having a separate provider with the ability to handle all the levels of sedation and may fluidly go between them as the procedural or patient's needs require, including converting to a general anesthetic if needed.

Current CDT codes do not reflect this unique service / procedure. Instead, current codes rely on the premise of procedural sedation, where the dentist brings the patient to a certain targeted depth of sedation / anesthesia, often in conjunction with local anesthesia for the procedure, and then remains either in that targeted depth or sometimes in a "lighter state." Monitored anesthesia care is often requested by the operating doctor because of concerns with either the patient, the procedure, or both because the anesthesia provider can focus on responding to these concerns in real-time.

Current CDT codes do not allow for an appropriate way to code these changes in depth of sedation, as the current descriptors state the "level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration." Therefore, changes in "level of anesthesia" that may be required during monitored anesthesia care would either have to not capture the physiologic effects by simply continuing to use the subsequent 15 minute code for the corresponding initial "level of anesthesia" or effectively start a new "encounter" with an initial 15 minute code for the new "level of anesthesia." The latter effectively

breaks the reporting purpose of having the initial 15 minute code which allows for one to easily determine the number of distinct sedation or anesthesia "encounters."

Following the CDT nomenclature for other time-based anesthesia codes, there would have to be a first 15 minutes under one D code, and then a subsequent 15 minute code as a D code will an alphanumeric assignment that is usually latter in the code set.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9239, perhaps D9222 (deep sedation)**

b) Procedure technical description or clinical condition addressed

Monitored anesthesia care (MAC) is a type of anesthesia service in which an anesthesia provider, not involved in the procedure, continually monitors and supports the patient's vital functions; diagnoses and treats clinical problems that may occur; administers sedative, anxiolytic, or analgesic medications if needed; and converts to general anesthesia if required. The provider must have the ability and training to provide general anesthesia if necessary.

c) Clinical scenario

1) A patient with diabetes, obstructive lung disease, and coronary artery disease status post percutaneous coronary intervention and IV bisphosphonate therapy for treatment of Paget's disease. The patient has periapical pathology on tooth # 30. Due to the patient's history of IV bisphosphonate therapy, the oral surgeon to whom the patient was referred was referred to an endodontist. After care coordination with the general dentist, endodontist, and oral surgeon, the tooth was determined to be best treated with root canal therapy. One of the reasons that the patient was referred to the oral surgeon was that the patient is also highly anxious and was unable to tolerate treatment with nitrous oxide and oral valium. The endodontist does have a moderate sedation permit and performs IV sedation but does not feel comfortable managing the patient's medical conditions, but continues to believe that root canal treatment is the best option for the patient. A dentist anesthesiologist comes to the endodontist's office. The anesthesiologist determines that the patient is best handled with moderate sedation, however will need a higher level of management of the comorbid conditions, including glucose monitoring and insulin management, 5 lead EKG monitoring, and heart rate control with a short acting beta blocker such as esmolol.
2) A patient with mild to moderate COPD needs to have a root canal performed. The endodontist or general dentist performing the procedure has a moderate sedation permit but does not feel comfortable sedating the patient and performing the root canal. Despite the treating dentist's best efforts, the patient was unable to tolerate the procedure with nitrous oxide alone because of the patient's severe anxiety. The patient and treating dentist elect to have an anesthesia provider present at their next treatment attempt. The anesthesia provider believes that it is in the best interest of the patient to have moderate sedation. However, during the attempts to give local anesthesia, the patient was unable to cooperate and became severely hypertensive and tachypneic. The anesthesia provider decides to deepen the anesthetic so that local can be delivered. The patient does not even respond to the stimuli of local delivery this time (general anesthesia), but minutes later is back to being responsive but moderately sedated. The patient is then able to complete the rest of the root canal procedure in its entirety with moderate sedation.
3) A surgeon and anesthesia provider team are working together to provide a multiple extractions and dental implants. The initial anesthetic plan was to perform the procedure under moderate sedation due to the patient's obesity. During the course of the extractions, the root of one of the maxillary molars becomes dislodged into the sinus. The recovery of the root is possible but planned to be difficult. The patient is somewhat obese, and until this point was handling the moderate sedation well. With the head positioning to get visibility to the sinus, the patient repeatedly obstructs but the surgeon does not feel he or she can complete the procedure if the patient is "lightened" up (returned to a lesser level of sedation where they can maintain their own

airway). The anesthesia provider elects to proceed to a general anesthetic and intubate the patient. The procedure moves forward, and the root is retrieved and implants placed.

With these situations, how would the procedure be coded using CDT codes? In the first scenario, is the described MAC the same procedure as the IV moderate sedation that the endodontist didn't feel comfortable managing? What about scenarios 2 & 3? One might state that a CPT code for MAC is appropriate, but nevertheless a CDT code should also exist to document the procedure. One might also state that the current CDT codes D9222, D9223 would apply, but since the patient is moving (in the cases above purposefully) between levels of sedation according to their physiologic response to the anesthetic / sedation, which code should be used wouldn't D9239, D9243 apply during portions of the procedure? Or should the multiple codes be used in accordance with "the level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system…" throughout the encounter.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Should the CMC choose to approve the request "Monitored Anesthesia Care - first 15 minutes, or any portion thereof", the subsequent 15 minute code would also be needed. This request simply creates that CDT code.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☐	Delete Entirely	☒	Affected Code (Revise or Delete only)	**D3910**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~surgical procedure for isolation of tooth with rubber dam~~
2b) Descriptor	~~None~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

D4212 and D4249 are codes that exist to adequately describe the procedure. By removing code D3910 and utilizing more appropriate codes to describe procedures involving soft tissue or hard tissue removal, we can reduce code misuse, enhance coding accuracy, and capture the type of procedure being performed more effectively. This change aligns with coding principles and promotes accurate reporting and reimbursement. The deletion of code D3910 would simplify the coding process by eliminating the need to distinguish between surgical and non-surgical rubber dam placement. Streamlining the procedure identification process reduces the potential for errors and promotes consistency in coding practices.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description or clinical condition addressed

N/A

c) Clinical scenario

N/A

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	September 11, 2023
Name:	James C. Grant DDS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**surgical placement of eccentric (non-round implant post) shaped implant body: endosteal implant**
2b) Descriptor	Eccentric osteotomy necessary for pressed non screwed placement of non-round dental implant post within the mandible or maxilla.

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:

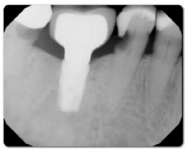
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

D6010 has been used generically to identify the only option available historically without consideration of new technologies being developed. Creation of eccentric osteotomies for non-round implants necessitates significantly different procedures than traditional round osteotomy creation. Issues of treatment planning and executing patient-specific mesial-distal dimension orientation, as well as managing clear insertion paths for eccentric abutment attachments add additional planning considerations not encountered when placing traditional, round implants. Additionally, instrumentation for eccentric osteotomy creation differs from round osteotomy creation. Existing CDT codes have existed because of the only options in the past of round dental implant bodies available; the current codes are not appropriate as they do not address the latest technology and process of creating tooth specific osteotomies with varying shape currently developed and changing the delivery of dental implants supporting anatomical crowns biomimicking natural teeth. The implant body can be a small oval prepared with a single (1) trephine drill and smoothed axial walls or increased with two (2) or three (3) concentric trephine drills and connected to form larger oval osteotomy which are determined at various depths as appropriate to the edentulous area. The new code will identify surgical placement specific to non-round endosteal implants.

Using round implants D6010 has been the generic indicator in the past because of the only option by dental implant manufacturers of typically screw threaded implant body. Latest development needs an upgraded matching code to meet today's demanding informed patient. A new CDT code differentiates the procedure from only round posts as a choice to match the latest emerging technology.

There must be an option to round implant posts replacing missing teeth and the resulting complications for patients and dentists. Patients cannot effectively floss or clean daily under these deep ledges and gingival bacterial traps, neither can dental hygienists who are tasked with maintaining tissue health.

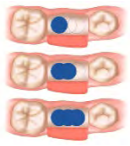
Recurrent decay is a far too common the result.

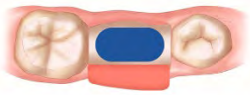


4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6010, D6012, D6013, D6040, D6050, D7939, D6199**	

b) Procedure technical description or clinical condition addressed

Implant size is selected based upon interproximal dimensions and available bone, which ensures the clear insertion path of both implant and abutments. Eccentric osteotomies are created with appropriate trephine burs as overlapping circular osteotomies, spaced such that they conform to the specific mesial-distal, buccal-lingual length of the selected eccentric implant size. Typically, three, but sometimes two, circular osteotomies are created with a small percentage of overlap. Properly executed, the result is a row of slightly overlapping circular osteotomies aligned with the alveolar ridge. Finishing of the osteotomy involves the use of a straight-walled bur to remove the points remaining between the circular osteotomies. The result will be an oblong (eccentric) osteotomy to a uniform depth capable of securely receiving a press-fit, eccentric implant placed at or below bone level.





c) Clinical scenario

Providers may offer patients the option of non-round implants designed to reduce or eliminate interproximal gaps which trap food and plaque, reducing inflammation and negative oral systemic effects. Eccentric implants cannot be placed using procedures covered under existing codes due to significant variance in the procedures and the instrumentation used. Non-round implants confer the same functionality as traditional round implants but require different considerations and techniques before and during the placement procedure.

Part 3 – Additional Information

5. Supporting documentation or literature:

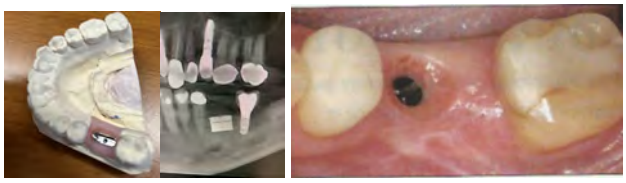
- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted ?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

The addition of a code for creation of non-round osteotomies acknowledges the significant differences between placement of round and non-round implants. No existing codes capture the process of creating a non-round osteotomy for the placement of non-round implants entering the market. The addition of a code supporting the procedure necessary for placement of eccentric implants ensures the CDT remains current with emergent technology and supports providers in delivering options to their patients. D6010 does represents a non-round implant body.

D6010 does not adequately identify the latest in technology.



CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	09/20/2023
Name:	Dr. Jeff Ottley	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0801**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**3D ~~dental~~ oral surface scan – direct**
2b) Descriptor	A surface scan of anatomical oral structure(s).

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The current nomenclature use of the term "dental" may be interpreted to limit the use of this code for purposes of capturing 3D images of dentition only. Currently there is not a code which could be used to capture the broad range of anatomical oral structures. Replacing "dental" with "oral" would be more appropriate and address the need to code for 3D scanning of the anatomical oral structures.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

a) CDT Code currently used to report the procedure	
b) Procedure technical description or clinical condition addressed	
N/A	
c) Clinical scenario	
N/A	

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	09/20/2023
Name:	Dr. Jeff Ottley	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0802**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - o added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**3D ~~dental~~ oral surface scan – indirect**
2b) Descriptor	A surface scan of a diagnostic cast.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The current nomenclature use of the term "dental" may be interpreted to limit the use of this code for purposes of capturing 3D images of dentition only. Currently there is not a code which could be used to capture the broad range of anatomical oral structures of a diagnostic cast. Replacing "dental" with "oral" would be more appropriate and address the need to code for 3D scanning of the anatomical oral structures of a diagnostic cast.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

a) CDT Code currently used to report the procedure	

b) Procedure technical description or clinical condition addressed

N/A

c) Clinical scenario

N/A

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	October 18, 2023
Name:	Marie C. Schweinebraten DMD	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**partial extraction for implant placement**
2b) Descriptor	sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to implant placement. Also known as the Socket Shield Technique.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This procedure is used in specific circumstances when the buccal/facial bone is thin and has a high risk of fracturing or collapsing during the extraction of a tooth. This would result in loss of vertical height of the alveolar bone which decreases options for immediate implant placement, including successful integration of the implant with sufficient buccal or facial bone height. The Partial Extraction Technique, also known as the Socket Shield Technique, was developed over 20 years ago and is currently being taught in dental schools with its use increasing in practice. There is no CDT code presently which describes the procedure. It is specific for one tooth and is done concurrently with regenerative procedures and implant placement. Compared to a routine extraction, this technique is more difficult and involves increased time and skill.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**None other than D4999 or D7999**

b) Procedure technical description or clinical condition addressed

A partial extraction for implant placement involves the sectioning and removal of the crown of a non-restorable tooth, leaving only the root, which is then sectioned into two parts, mesiodistally. Following this, the palatal root portion is then carefully extracted while ensuring not to damage or mobilize the buccal portion of the root. The buccal portion of the root is reduced in thickness to assume a concave shape similar to the profile of the bone crest, and height (up to 1mm above the bone ridge) in contact with the buccal bone. Following this, an immediate dental implant is placed, palatal to the remaining buccal root portion, and a bone graft is usually placed between the implant and remaining tooth structure.

c) Clinical scenario

A 40-year-old patient presents with deep caries in the cingulum area of tooth #10. Further evaluation reveals the decay extends subgingivally, resulting in the tooth being non-restorable. Teeth #9 and #11 demonstrate no caries or restorations. The facial bone is thin and there is some slight recession on all anterior teeth. It is determined the best treatment option is placement of an immediate implant. Since the facial bone is thin and there is a high risk of fracture of the buccal plate with resulting bone loss creating loss in vertical height, a partial extraction procedure is the best option for maintaining maximum bone on the facial which will stabilize the buccal plate and enhance the longevity of the implant.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Abstracts are in the public domain.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/27/2023
Name:	American Academy of Dental Sleep Medicine	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0160**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**detailed and extensive oral evaluation – problem focused, by report**
2b) Descriptor	A detailed and extensive problem focused evaluation entails extensive diagnosis and cognitive modalities based on the findings of a comprehensive oral evaluations. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknow origin, conditions requiring multi-disciplinary consultation, nasal and oropharyngeal evaluation for sleep related breathing disorders, etc.

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Given the recent addition over the past two years of several codes related to the provision of sleep apnea appliances by dentists, we recommend that the descriptor for D0160 be updated to include examples related to sleep apnea appliances. While the list of examples does not need to be exhaustive, the addition we are recommending would ensure that dentists are appropriately documenting the nasal and oropharyngeal evaluation that is necessary prior to fabricating and delivering a sleep apnea appliance.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure		
b) Procedure technical description or clinical condition addressed		
N/A		
c) Clinical scenario		
N/A		

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Included for review are:

- Levine M, Cantwell M, Postol K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. J Dent Sleep Med. 2022;9(4) Copyright held by AADSM and permission granted for reprint.
- Gianoni-Capenakas S, Gomes AC, Mayoral P, Miguez M, Pliska B, Lagravere M. Sleep-Disordered Breathing: The dentists' role – A systematic review. J Dent Sleep Med. 2020;7(1) Copyright held by AADSM and permission granted for reprint.
- Schwartz D, Levine M, Adame M, et al. American Academy of Dental Sleep Medicine Position on the scope of practice for dentists ordering or administering home sleep apnea tests. J Dent Sleep Med. 2020;7(4). Copyright held by AADSM and permission granted for reprint.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-11-2023
Name:	Alan E Friedel, DDS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**placement of temporary filling to create seal which allows endodontic therapy**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Currently this code is most often used:

D2940 ***protective restoration***

Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may not 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.

In some cases D2999 or D3999 the miscellaneous codes have also been used.

The D2940 code has been sporadically accepted (our research shows 19% acceptance by third party payors), D2999 and D3999 are being disallowed.

D2940 Protective restoration does not really describe the procedure in full. What is actually occurring is that the tooth can not be sealed adequately thus proper root canal therapy cannot be performed. The doctor must place a seal BEFORE root canal therapy can be performed, and uses a different armamentarium to place this filling. The filling is placed to prevent saliva contamination which is a problem no matter how the Root Canal is Performed.

Therefore we believe that no current code adequately describes what is being performed and that is why we are requesting a completely new code for this procedure.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D2940**	

b) Procedure technical description or clinical condition addressed

Filling using restorative armamentarium creates a temporary sealing structure, without which, a proper seal could not be obtained, therefore preventing the proper performance of the endodontic procedure. This filling is later removed and replaced by whatever definitive restoration is deemed appropriate by the restoring dentist.

c) Clinical scenario

Pt is determined to need root canal therapy performed on a restorable tooth. Proper seal of the tooth to allow a closed environment is not possible alone without an additional temporary seal of tooth being placed. Seal is established using filling material requiring hard material of a specific shape. Filling is placed, root canal is performed, and then filling is removed to allow definitive restoration.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☒		Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-11-2023
Name:	Alan E Friedel, DDS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of temporary filling which created seal to allow endodontic therapy**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Currently this code is most often used:

D2940 ***protective restoration***

Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may not 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.

In some cases D2999 or D3999 the miscellaneous codes have also been used.

The D2940 code has been sporadically accepted (our research shows 19% acceptance by third party payors), D2999 and D3999 are being disallowed.

D2940 Protective restoration does not really describe the procedure in full. What is actually occurring is that the tooth can not be sealed adequately thus proper root canal therapy cannot be performed. The doctor must place a seal BEFORE root canal therapy can be performed, and uses a different armamentarium to place this filling. The seal for a root canal therapy must prevent salivary contamination no matter what method of treatment is used.

Therefore we believe that no current code adequately describes what is being performed and that is why we are requesting a completely new code for this procedure.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D2940**	

b) Procedure technical description or clinical condition addressed

Filling using restorative armamentarium creates a temporary sealing structure, without which, a proper seal could not be obtained, therefore preventing the proper performance of the endodontic procedure. This filling is later removed and replaced by whatever definitive restoration is deemed appropriate by the restoring dentist.

c) Clinical scenario

Pt is determined to need root canal therapy performed on a restorable tooth. Proper seal of the tooth to allow a closed environment is not possible alone without an additional temporary seal of tooth being placed. Seal is established using filling material requiring hard material of a specific shape. Filling is placed, root canal is performed, and then filling is removed to allow definitive restoration.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?		b) Protected by copyright? (If "a)" is "Yes")		c) Permission to reprint? (If "b)" is "Yes")	
Yes >	☒	Yes >	☒	Yes >	☒
No >	☐	No >	☐	No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/20/23
Name:	Alayna Schoblaske	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**interim direct restoration – permanent dentition**
2b) Descriptor	Direct placement of a non-adhesive temporary or intermediate restorative material into a permanent tooth to protect tooth and tissue form until definitive treatment can be rendered. Not to be used for endodontic access closure.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This code would add specificity and accuracy to the CDT by indicating the temporary nature of certain restorative materials and their use as a temporary solution until definitive care can be completed. There are currently four alternatives: D2940 (protective restoration), D9110 (palliative treatment), D2941 (interim therapeutic restoration), and D2799 (provisional crown).

Protective restorations and palliative treatment can both be definitive and do not specifically indicate the interim nature of the treatment.

Interim therapeutic restorations are temporary in nature, but apply specifically to primary teeth and cannot be completed on permanent teeth.

Provisional crowns are specific to indirect restorations, and do not apply to the direct placement of restorative material.

As demonstrated, there is currently no code for interim direct restorations in adults. This code would address the current gap.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D2940, D9110, D2941**	

b) Procedure technical description or clinical condition addressed

This would be the placement of interim restorative material (e.g. IRM, Cavit, ZOE, etc.) onto a permanent tooth using a dentist's preferred instruments (condenser, cotton tip applicator, etc.). A matrix may be used but is not required. This code would be per tooth.

c) Clinical scenario

Scenario 1: Patient is seen for a limited exam, and is diagnosed to have #3 DO caries with pulpal proximity. Pulpal diagnosis is normal pulp, and apical diagnosis is normal apex. #3 DO protective restoration (D2940) is planned, but the provider does not have time to place a high-quality restoration that day. IRM is placed temporarily so food doesn't get stuck and further aggravate the tooth. Palliative treatment (D9110) is not appropriate because the patient was not in pain, so a temporary restoration code would be most appropriate.

Scenario 2: Patient is seen for #31 MO composite. Local anesthesia is delivered, and preparation is started in enamel. However, when dentin is reached, the patient reports feeling the handpiece. More anesthetic is delivered, but profound anesthesia is not achieved. Either time or patient safety (maximum dose of anesthetic has been reached) prevents completion of the composite, so IRM is placed into the preparation and the patient is re-appointed for a future date. D9210 is coded, but that does not show a full depiction of services provided, and a temporary restoration code would be more appropriate.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-25-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D2941**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**interim therapeutic restoration ~~– primary dentition~~**
2b) Descriptor	Placement of an adhesive restorative material following caries debridement by hand or other method for the management of ~~early childhood~~ caries. Not considered a definitive restoration**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:

- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

When this procedure code was first included in CDT 2014, it was created to be used on deciduous teeth only. The American Academy of Pediatric Dentistry had written policy stating, *"When circumstances do not permit traditional cavity preparation and/or placement of traditional dental restorations or when caries control is necessary prior to placement of definitive restoration, interim therapeutic restorations (ITR) may be beneficial and are best utilized as part of comprehensive care in the dental home." (CDT2023, p. 21)*

When considering IF it could be used as a procedure for permanent teeth, the CMC directed that D2940 protective restoration, would be more appropriate. The challenge is that D2940 states *"Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may 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." (CDT2023, p. 21)*

As more dental professionals (including dental hygienists and dental therapists) are providing direct access care (when their state statutes/rules/regulations allow), they are seeing more and more opportunities to provide this kind of care, especially to adult patients who live in remote areas, elderly patients in care facilities, homebound patients, etc. The same statement from the AAPD could apply to these populations: *"When circumstances do not permit traditional cavity preparation and/or placement of traditional dental restorations or when caries control is necessary prior to placement of definitive restoration, interim therapeutic restorations (ITR) may be beneficial. . ."*

Caries infection, especially along the root surfaces, is rampant in those populations and removing the restriction that it only applies to the primary dentition would allow for adults to receive the same treatment of "caries debridement by hand or other method for the management of caries" and allow for placement of glass ionomer restorations (adhesive restorative material) since D2940 is "direct placement' with no preparation.
IF revising this code would interfere with tracking metrics for the primary teeth, we would ask to create a separate procedure code to track metrics for permanent teeth:

Nomenclature: Interim therapeutic restoration – permanent dentition

Descriptor: Placement of an adhesive restorative material following caries debridement by hand or other method for the management of caries. Not considered a definitive restoration.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure		
b) Procedure technical description or clinical condition addressed		
NA, self-explanatory within descriptor.		
c) Clinical scenario		
NA, self-explanatory within descriptor		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

As an example of the rules/requirements for a dental hygienist in Colorado to be able to provide an ITR, a copy of the Colorado Rules related to ITR is included here which describe the educational requirements and parameters for certified dental hygienists to provide this procedure).

From Colorado Dental Hygiene Practice Act

12-220-505. Interim therapeutic restorations by dental hygienists – permitting process - rules -subject to review.
(1) Upon application, accompanied by a fee in an amount determined by the director, the board shall grant a permit to place interim therapeutic restorations to any dental hygienist applicant who:
(a) Holds a license in good standing to practice dental hygiene in Colorado; and
(b) Has completed a course developed at the postsecondary educational level that complies with the rules adopted by the board. The course must be offered under the direct supervision of a member of the faculty of a Colorado dental or dental hygiene school accredited by the Commission on Dental Accreditation or its successor agency. All faculty responsible for clinical evaluation of students must be dentists with a faculty appointment at an accredited Colorado dental or dental hygiene school.
(c) and (d) Repealed.
(2) Repealed.
(3) A dental hygienist shall not use local anesthesia for the purpose of placing interim therapeutic restorations.
(4) (a) A dental hygienist may place an interim therapeutic restoration only after a dentist provides a diagnosis, treatment plan, and instruction to perform the procedure.
(b) If a supervising dentist authorizes a dental hygienist to perform an interim therapeutic restoration placement at a location other than the dentist's practice location, the dental hygienist shall provide the patient or the patient's representative with written notification that the care was provided at the direction of the supervising dentist. The dental hygienist shall include in the written notification the dentist's name, practice location address, and telephone number.
(c) A dental hygienist who obtains a dentist's diagnosis, treatment plan, and instruction to perform an ITR utilizing telehealth shall notify the patient of the patient's right to receive interactive communication with the distant dentist upon request.

(5) A dental hygienist who obtains a permit pursuant to this section may place interim therapeutic restorations in a dental practice setting under the direct or indirect supervision of a dentist or through telehealth supervision for purposes of communication with the dentist.
(6) (a) A dentist shall not supervise more than five full-time equivalent dental hygienists who place interim therapeutic restorations under telehealth supervision unless granted a waiver by the board pursuant to subsection (6)(b) of this section. For purposes of patient referral for follow-up care, a dentist who supervises a dental hygienist who provides interim therapeutic restorations under telehealth supervision must have an active license in good standing issued by the board and a physical practice location in Colorado or within reasonable proximity of the location where the interim therapeutic restoration is placed.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-16-2023
Name:	Alan E. Friedel, DDS	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**caries detection and assessment of incipient decay with an optical agent**
2b) Descriptor	Chemical or biological optical agent used to detect and assess initial caries lesions, including assessment of lesion activity; does not include only the traditional visual/tactile exam.

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:

- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

New detection techniques for initial caries have come into use that are not described in the CDT. Existing codes are not appropriate as they do not address the indications or mechanisms of these procedures, are reporting codes, and/or have not been accepted by the profession. The procedures have been shown to be scientifically valid, used in clinical practice, and in dental education programs, particularly in advancing the growing paradigm of caries prevention. See Supporting Documentation for the background and scientific validity of at least three procedures covered by the proposed code, including six peer-reviewed publications. Additionally, a fiscal impact analysis demonstrating the benefit of managing initial caries lesions with non-invasive therapies, is included.

The common attribute of each technique is an ability to detect and assess the activity of early caries, and thus enable prevention of progression to cavitation through the targeted use of remineralization and regeneration interventions. The proposed new code is critical in promoting minimally invasive care.

Summary of codes used presently that are not appropriate to these new procedures:

D0601, 0602, D603 – relate to risk (not detection) of caries using recognized risk assessment tools.

D0425 – relates to susceptibility of caries, not detection of existing caries.

D0600 – relates to diagnostic procedures that are different from the proposed code, in that they do not use chemical or biologic agents, and do not assess the activity of initial caries lesions.

In summary, existing codes are not appropriate as: 1) the new technologies provide a measure of disease, not an assessment of risk or susceptibility and 2) they involve procedures that are mechanistically different.

Finally, the proposed code is consistent with movements within the field toward prevention and minimal intervention. The CMC has passed code D2991 "Application of hydroxyapatite regeneration medicament - per tooth". This procedure dovetails with the proposed code. With the identification of incipient decay, the clinician may use D1351, D1354, D1206, D1208, D2990, D2991, etc. to treat the disease detected by these new procedures.

This proposed code would be a companion code in that it allows a reproducible method for doctors to identify and assess incipient decay and therefore reliably determine if treatment is necessary.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D0999, D0600, D0601, D0602, D0603**

b) Procedure technical description or clinical condition addressed

A chemical or biologic agent is used to selectively indicate active carious tooth enamel so that incipient caries becomes identifiable. The practitioner diagnoses if caries is in an active state. This procedure also allows an improved method of assessment of active *versus* inactive incipient decay.

The proposed code minimizes the risk of a previous generation of caries detectors, which had the unintended consequence of promoting invasive restorations, exacerbated by a preponderance of false positive detections. The proposed code enables prevention, thus decreasing invasive procedures. Caries identification is followed by a decision on treatment options and patient education. Instruction on better home care, nutrition and changes in hygiene will be more targeted and prevalent with the use of this proposed code. Visualization by the patient of early lesions will aid the dental professional by instilling confidence in the professional advice on the need for behavioral change and improved self-care.

c) Clinical scenario

Patient enters dental chair. Teeth may or may not show decalcifications. As part of the clinical exam, the chemical or biological agent is introduced to determine if active, incipient decay is present. If treatment is determined to be necessary, different treatment modalities can be rendered (e.g., D1351, D1354, D1206, D1208, D2990, D2991, etc.). The clinical scenario is relevant to general dental practice, pediatrics, and orthodontics.

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☒
	No **>**	☐		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

These procedures can find and allow assessment of incipient caries in a way that does not damage teeth. In traditional use, the explorer's needle pressure may cause micro-cavitation that can increase the risk of caries progression.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9947**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	~~custom sleep apnea appliance fabrication and~~ **delivery of a custom sleep apnea appliance**
2b) Descriptor	~~None~~ This procedure includes but is not limited to delivery of a mandibular advancement device, or any other custom sleep apnea appliances or devices that do not have their own unique CDT codes.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

As published in CDT 2022 and subsequent versions through CDT 2024 the current entry **D9947 custom sleep apnea appliance fabrication and placement** does not adhere to submission guidelines cited below, especially #3.

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

This request for CDT Code maintenance is one of two related action requests to correct an error when the procedure reported with code D9947 was approved for inclusion in CDT 2022. The second request is for a new code to document and report fabrication of the custom sleep apnea appliance.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X
a) CDT Code currently used to report the procedure	Not Applicable	
b) Procedure technical description or clinical condition addressed		
Not Applicable		

c) Clinical scenario
Not Applicable

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):
None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of a custom sleep apnea appliance**
2b) Descriptor	This procedure includes but is not limited to fabrication of a mandibular advancement device, or any other custom sleep apnea appliances or devices that do not have their own unique CDT codes.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

As published in CDT 2022 and subsequent versions through CDT 2024 the current entry **D9947 custom sleep apnea appliance fabrication and placement** does not adhere to submission guidelines cited below, especially #3.

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

This request for CDT Code maintenance is one of two related action requests to correct the error when the procedure reported with code D9947 was approved for inclusion in CDT 2022. The second request is for a revision to D9947 so that it is only to document and report delivery of the custom sleep apnea appliance.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D9947**	

b) Procedure technical description or clinical condition addressed
A custom sleep apnea appliance is fabricated indirectly, either within the dentist's facility or by an external dental laboratory as authorized by the dentist. This device is most often a mandibular advancement appliance. It is not the same as a morning repositioning device, another type of appliance used in the treatment of obstructive sleep apnea whose fabrication is reported with its own unique CDT code.
c) Clinical scenario
A patient who has been diagnosed with obstructive sleep apnea by a qualified medical practitioner has been referred to the dentist for fabrication of appliance(s) to treat OSA. A mandibular advancement device, worn by the patient while sleeping, is one example of a custom appliance fabricated indirectly as authorized by the dentist.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9954**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~**fabrication and**~~ **delivery of oral appliance therapy (OAT) morning repositioning device**
2b) Descriptor	Delivery of device ~~Device~~ for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

As first published in CDT 2024 the current entry **D9954 fabrication and delivery of oral appliance therapy (OAT) morning repositioning device** does not adhere to the submission guidelines cited below, especially #3.

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

This request for CDT Code maintenance is one of two related action requests that correct an error when the procedure reported with D9954 was approved for inclusion in CDT 2024. The second request is for a new code to document and report fabrication of the OAT device.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X
a) CDT Code currently used to report the procedure	Not Applicable	

b) Procedure technical description or clinical condition addressed

Not Applicable

c) Clinical scenario
Not Applicable

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):
None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of oral appliance therapy (OAT) morning repositioning device**
2b) Descriptor	Fabrication of device to aid in relieving muscle/jaw pain and occlusal changes after use of a mandibular advancement device.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

As first published in CDT 2024 the current entry **D9954 fabrication and delivery of oral appliance therapy (OAT) morning repositioning device** does not adhere to the submission guidelines cited below, especially #3.

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

This request for CDT Code maintenance is one of two related action requests that correct an error when the procedure reported with D9954 was approved for inclusion in CDT 2024. The second request is to amend the D9954 entry to establish that it is reported only for delivery of the OAT device.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D9954**	

b) Procedure technical description or clinical condition addressed

A morning repositioning device is an appliance fabricated indirectly, either within the dentist's facility or by an external dental laboratory as authorized by the dentist. This device is not the same as a mandibular advancement appliance, another type of device used in the treatment of obstructive sleep apnea whose fabrication is reported with its own unique CDT code.

c) Clinical scenario
A patient who has been diagnosed with obstructive sleep apnea by a qualified medical practitioner has been referred to the dentist for fabrication of appliance(s) to treat OSA. A morning repositioning device is an appliance fabricated indirectly as authorized by the dentist.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0150**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**comprehensive oral evaluation**~~ – new or established patient~~
2b) Descriptor	~~Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It~~ This procedure is a thorough evaluation of a patient's ~~and recording of the~~ extraoral and intraoral hard and soft tissues that includes: • signs or symptoms of oral cancer • presence of dental caries, missing or unerupted teeth, restorations, prostheses • occlusal relationships • periodontal probing and charting • a general health assessment • a medical history update The comprehensive oral evaluation's findings are documented in the patient's dental record. ~~It may require interpretation of information acquired through additional diagnostic procedures.~~ Additional diagnostic procedures delivered as part of the comprehensive oral evaluation are ~~should be~~ reported separately with their own unique codes, or the appropriate "unspecified procedure, by report" code. ~~This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.~~

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

First published in CDT-2 (1995) and subsequent versions through CDT 2024 the entry **D0150 comprehensive oral evaluation – new or established patient** does not adhere to submission guidelines cited below, especially "Must" # 1 and "Must Not" #s 5 and 7.

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

5 Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.

6 Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

A CDT Code entry **Must Not –**

5. Specify when and under what circumstances a dentist should deliver the procedure on a patient's first or subsequent date of service (e.g., time intervals).

6. State whether the procedure is or is not delivered with another distinct procedure on a given date of service.

7. Include or infer a criterion or criteria for claim adjudication or reimbursement.

The proposed nomenclature and descriptor revisions result in a CDT Code entry that clearly defines the procedure by eliminating ambiguous and inconsistent wordings (e.g., "It may include…"; "…by report,…"), and other statements that do not pertain to the clinical aspects of the procedure (e.g., "…applies to new patients…or established patients who have been absent from active treatment for three or more years.") that may be used as claim adjudication criteria.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description or clinical condition addressed		
N/A		
c) Clinical scenario		
N/A		

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 202xMmmDD)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**unspecified sleep apnea services procedure, by report**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request is consistent with the following submission guidelines –

A CDT Code entry **MUST:**

4 Enable documenting and reporting a procedure of any type provided to a patient.

5 Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.

6 Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Sleep Apnea Services procedure code group. All other procedure code groups (aka categories of service) include an unspecified procedure, by report code. The existence of "by report" codes acknowledge that there are situations where a dentist delivers a clinically appropriate procedure for which there is no unique, clear and unambiguous CDT code.

As the HIPAA standard for recording dental procedures an unspecified procedure by report code is needed to enable reporting on a claim. Any recipient of the HIPAA standard electronic dental claim (X12 837D) must accept a claim for processing when the service is reported with a CDT code that is valid on the date of service.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**None**	

b) Procedure technical description or clinical condition addressed
The procedure's narrative will depend on the nature, scope and clinical technique(s) used by the dentist to treat the patient's clinical condition that is not otherwise described by any other unique CDT code.
c) Clinical scenario
A dentist delivers a clinically appropriate procedure for which there is no unique, clear and unambiguous CDT code.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6011**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**surgical access to an implant body (second stage implant surgery)**
2b) Descriptor	This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed, or an existing fixture be replaced with another. ~~Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request is consistent with the following submission guidelines, especially #s 1, 2, 3 and 6 –

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

4 Enable documenting and reporting a procedure of any type provided to a patient.

6 Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

The type of fixture being placed or replaced does not affect the clinical aspects of tissue removal. There are unique CDT codes for documenting procedures pertaining to specific fixtures (e.g., D6051 interim implant abutment placement; D6085 interim implant crown; D6118 implant/abutment supported interim fixed denture…).

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X

a) CDT Code currently used to report the procedure	Not Applicable
b) Procedure technical description or clinical condition addressed	
Not Applicable	
c) Clinical scenario	
Not Applicable	

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current		Delete Entirely	X	Affected Code (Revise or Delete only)	**D6198**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~**remove interim implant component**~~
2b) Descriptor	~~Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This code's nomenclature and descriptor do not adhere to the following guidelines as published in the CDT Code Action Request "Preface" and on the CDT Code maintenance web page – Request to Change to the Code | American Dental Association (ada.org), especially #s 1, 5, and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
5. Enable documenting and reporting a procedure of any type provided to a patient.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT code D6198's nomenclature and descriptor are written in broad terms without explicit identification of the interim implant component being removed. Other CDT codes for interim implant components do specify the component. Such specificity enables accurate patient record keeping and information exchange in codified form instead of narrative. Codified information enables efficient administrative processes (e.g., claim adjudication) as it is explicit and machine processable without manual intervention.

This action request is one of five related submissions, the others requesting new codes for removal of other interim prostheses that have their own unique placement codes – D6051 interim implant abutment placement; D6085 interim implant crown; D6118 and D6119 implant/abutment supported interim fixed denture…mandibular and maxillary; and

D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant. The ADA has also requested separate interim implant component removal codes associated with new code requests for placement of an interim retainer for an abutment supported fixed partial denture and for an implant supported fixed partial denture placement procedure; and placement of interim abutment supported crown.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X
a) CDT Code currently used to report the procedure	Not Applicable	
b) Procedure technical description or clinical condition addressed		
Not Applicable		
c) Clinical scenario		
Not Applicable		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**placement of a healing cap on an implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This CDT Code maintenance is one of two related action requests, the other is a code to document removal of a healing cap.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6199**	

b) Procedure technical description or clinical condition addressed
A healing cap is placed on an implant post to prevent intrusion of any gingival tissue into the implant posts threaded holes. The dentist applies the recommended torque value to the screw that retains the healing cap.
c) Clinical scenario
A patient presents for placement of one or more implant posts in conjunction with a sinus lift. The dentist determines that healing caps are necessary before suturing to prevent intrusion of any gingival tissue into the implant posts threaded holes. These holes will be used to retain the definitive screw-retained prosthesis to be placed on a different date of service.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of a healing cap on an implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This CDT Code maintenance is one of two related action requests, the other is a code to document placement of a healing cap.

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus three additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supporting fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6199**	
b) Procedure technical description or clinical condition addressed		
A healing cap previously placed on an implant post is removed by unfastening its threaded retention screw to enable placement of the definitive prosthesis. Both the cap and its fastener are discarded.		
c) Clinical scenario		
A patient presents for placement of the definitive screw-retained prosthesis several weeks after the bone graft in conjunction with implant post placement. At the time of the prior procedures the dentist determined that placement of a healing cap was necessary to prevent intrusion of any gingival tissue into the implant post's threaded hole.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

During preparation of this Action Request the ADA considered the possibility that healing cap removal might be reportable with the following CDT code –

D6198 remove interim implant component
Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.

The ADA concluded that D6198 was not an appropriate code as the procedure's description does not provide the specificity described in the action request submission and evaluation guidelines, especially #s 1, 5 and 6:

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

4 Enable documenting and reporting a procedure of any type provided to a patient.

5 Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.

6 Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of interim retainer for an implant supported fixed partial denture**
2b) Descriptor	Fixture fabricated to enable further treatment or completion of diagnosis as necessary prior to a final impression for the definitive prosthesis**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim retainer placement and for abutment supported and implant supported interim retainer removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6199**

b) Procedure technical description or clinical condition addressed

A retainer is fabricated in accordance with specifications prepared by the dentist after initial patient diagnosis and a treatment plan that leads to delivery of the definitive prosthesis. The interim retainer will be affixed to an implant post to maintain proper oral cavity anatomy (e.g., tooth location).

c) Clinical scenario

During an initial visit the patient agrees with the dentist's treatment plan for placement of an implant supported fixed partial denture. The dentist determines that after implant post placement the patient will require an interim implant supported retainer to maintain proper oral cavity anatomy and natural tooth location. This fixture's specifications, prepared by the dentist, are delivered to a dental lab so that the interim retainer can be fabricated.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**placement of interim retainer for an implant supported fixed partial denture**
2b) Descriptor	Fixture placed to enable further treatment or completion of diagnosis as necessary prior to final impression for the definitive prosthesis.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim retainer fabrication and for interim retainer removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6199**	

b) Procedure technical description or clinical condition addressed
A retainer is fixed to an implant post to maintain proper oral cavity anatomy (e.g., tooth location). The dentist applies the recommended torque value to the screw that retains the retainer.
c) Clinical scenario
During the course of an implant treatment plan the patient presents for placement of a fabricated retainer to maintain proper oral cavity anatomy and natural tooth location. This procedure is delivered so that the dentist has adequate time to complete subsequent steps necessary for fabrication and placement of all components involved in the definitive implant supported fixed partial denture treatment plan.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of interim retainer for an implant supported fixed partial denture**
2b) Descriptor	Removal of fixture to enable final impression required for fabrication of the definitive prosthesis**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim retainer placement and for interim retainer fabrication.

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6199**	

b) Procedure technical description or clinical condition addressed

The previously placed screw-retained interim retainer is removed from the implant post so that the dentist is able to obtain an impression that will enable fabrication of the definitive prosthesis.

c) Clinical scenario

During the course of the implant treatment plan the patient returns for removal of the interim retainer that the dentist placed to maintain proper oral cavity anatomy and natural tooth location. Removal occurs after the dentist completes all ancillary procedures that precede taking an impression needed for fabrication of the definitive prosthesis.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?		b) Protected by copyright? (If "a)" is "Yes")		c) Permission to reprint? (If "b)" is "Yes")	
Yes >	☐	Yes >	☐	Yes >	☐
No >	X	No >	☐	No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

During preparation of this Action Request the ADA considered the possibility that interim implant retainer removal might be reportable with the following CDT code –

D6198 remove interim implant component
Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.

The ADA concluded that D6198 was not an appropriate code as the procedure's description does not provide the specificity described in the action request submission and evaluation guidelines, especially #s 1, 5 and 6:

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of interim retainer for an abutment supported fixed partial denture**
2b) Descriptor	Fixture fabricated to enable further treatment or completion of diagnosis as necessary prior to final impression for the definitive prosthesis.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim retainer placement and for interim retainer removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6199**	

b) Procedure technical description or clinical condition addressed
A retainer is fabricated in accordance with specifications prepared by the dentist after initial patient diagnosis and a treatment plan that leads to delivery of the definitive prosthesis. The interim retainer will be affixed to an abutment to maintain proper oral cavity anatomy (e.g., tooth location).
c) Clinical scenario
During an initial visit the patient agrees with the dentist's treatment plan for placement of an implant supported fixed partial denture. The dentist determines that after implant post placement the patient will require an interim implant supported retainer to maintain proper oral cavity anatomy and natural tooth location. This fixture's specifications, prepared by the dentist, are delivered to a dental lab so that the interim retainer can be fabricated.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
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Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**placement of interim retainer for an abutment supported fixed partial denture**
2b) Descriptor	Fixture placed to enable further treatment or completion of diagnosis as necessary prior to final impression for the definitive prosthesis**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
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5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
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There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim retainer fabrication and for interim retainer removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6199**

b) Procedure technical description or clinical condition addressed

A retainer is fixed to an abutment to maintain proper oral cavity anatomy (e.g., tooth location). The dentist applies the recommended torque value to the screw that retains the retainer.

c) Clinical scenario

During the course of an implant treatment plan the patient presents for placement of a fabricated retainer to maintain proper oral cavity anatomy and natural tooth location. This procedure is delivered so that the dentist has adequate time to complete subsequent steps necessary for fabrication and placement of all components involved in the definitive abutment supported fixed partial denture treatment plan.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
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	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of interim retainer for an abutment supported fixed partial denture**
2b) Descriptor	Removal of fixture to enable final impression required for fabrication of the definitive prosthesis**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
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5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
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There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim retainer fabrication and for interim retainer placement.

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment suppored fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6199**	

b) Procedure technical description or clinical condition addressed

The previously placed abutment supported interim retainer is removed from the implant post so that the dentist is able to obtain an impression that will enable fabrication of the definitive prosthesis.

c) Clinical scenario

During the course of the implant treatment plan the patient returns for removal of the interim retainer that the dentist placed to maintain proper oral cavity anatomy and natural tooth location. Removal occurs after the dentist completes all ancillary procedures that precede taking an impression needed for fabrication of the definitive prosthesis.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
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a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

During preparation of this Action Request the ADA considered the possibility that interim implant retainer removal might be reportable with the following CDT code –

D6198 remove interim implant component
Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.

The ADA concluded that D6198 was not an appropriate code as the procedure's description does not provide the specificity described in the action request submission and evaluation guidelines, especially #s 1, 5 and 6:

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.

2 Describe the procedure's action (e.g., fabrication; delivery; repair).

3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.

4 Enable documenting and reporting a procedure of any type provided to a patient.

5 Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.

6 Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of interim implant supported crown**
2b) Descriptor	Fixture fabricated to enable further treatment or completion of diagnosis as necessary prior to final impression for the definitive prosthesis.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing a code revision for D6085 to include the action of placement in the nomenclature and specify the interim crown as implant supported and new codes for abutment supported interim crown placement and for both implant supported and abutment supported interim crown removal.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6085**	
b) Procedure technical description or clinical condition addressed		
A crown is fabricated in accordance with specifications prepared by the dentist after initial patient diagnosis and a treatment plan that leads to delivery of the definitive prosthesis. The interim crown will be affixed to an implant post to maintain proper oral cavity anatomy (e.g., tooth location).		
c) Clinical scenario		
During an initial visit the patient agrees with the dentist's treatment plan for placement of an implant supported crown. The dentist determines that after implant post placement the patient will require an interim implant supported crown to maintain proper oral cavity anatomy and natural tooth location. This fixture's specifications, prepared by the dentist, are delivered to a dental lab so that the interim crown can be fabricated.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6085**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**placement of interim implant supported crown**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 2, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
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5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This action request is one of six related CDT Code Action Requests, the others addressing new codes for abutment supported interim crown placement; both implant supported and abutment supported interim crown fabrication; and for removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	
b) Procedure technical description or clinical condition addressed	
N/A	
c) Clinical scenario	
N/A	

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
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a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

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Name:	American Dental Association / Council on Dental Benefit Programs	

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1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

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     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of an interim implant supported crown**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

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6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This action request is one of six related CDT Code Action Requests, the others addressing new and revised codes for both implant supported and abutment supported interim crown fabrication and for placement.

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6198 or D6199**	

b) Procedure technical description or clinical condition addressed

An interim implant crown previously placed on an implant post is removed to enable placement of the definitive prosthesis. The interim crown is discarded.

c) Clinical scenario

A patient presents for placement of the definitive implant supported crown several weeks after the bone graft in conjunction with implant post placement. At the time of the prior procedures the dentist determined that placement of an interim crown was necessary during a period of healing prior to fabrication and placement of the definitive crown. The interim crown is now removed.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

During preparation of this Action Request the ADA considered the possibility that interim implant crown removal might be reportable with the following CDT code –

D6198 remove interim implant component
Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.

The ADA concluded that D6198 was not an appropriate code as the procedure's description does not provide the specificity described in the action request submission and evaluation guidelines, especially #s 1, 5 and 6:

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.
2 Describe the procedure's action (e.g., fabrication; delivery; repair).
3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4 Enable documenting and reporting a procedure of any type provided to a patient.
5 Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6 Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of interim abutment supported crown**
2b) Descriptor	Fixture fabricated to enable further treatment or completion of diagnosis as necessary prior to final impression for the definitive prosthesis**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing a code revision for D6085 to include the action of placement in the nomenclature and specify the interim crown as implant supported and new codes for abutment supported interim crown placement and for both implant supported and abutment supported interim crown removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6085**

b) Procedure technical description or clinical condition addressed

A crown is fabricated in accordance with specifications prepared by the dentist after initial patient diagnosis and a treatment plan that leads to delivery of the definitive prosthesis. The interim crown will be affixed to an abutment to maintain proper oral cavity anatomy (e.g., tooth location).

c) Clinical scenario

During an initial visit the patient agrees with the dentist's treatment plan for placement of an abutment supported crown. The dentist determines that after implant post placement the patient will require an interim abutment supported crown to maintain proper oral cavity anatomy and natural tooth location. This fixture's specifications, prepared by the dentist, are delivered to a dental lab so that the interim crown can be fabricated.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**placement of interim abutment supported crown**
2b) Descriptor	Fixture placed to enable further treatment or completion of diagnosis as necessary prior to final impression for the definitive prosthesis**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This CDT Code maintenance is one of six related action requests, the others addressing new codes for both abutment supported and implant supported interim crown fabrication and for interim crown removal.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6085**

b) Procedure technical description or clinical condition addressed

A crown is fixed to an abutment to maintain proper oral cavity anatomy (e.g., tooth location). The dentist applies the recommended torque value to the screw that retains the crown.

c) Clinical scenario

During the course of an implant treatment plan the patient presents for placement of a fabricated interim crown to maintain proper oral cavity anatomy and natural tooth location. This procedure is delivered so that the dentist has adequate time to complete subsequent steps necessary for fabrication and placement of all components involved in the definitive abutment supported crown treatment plan.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of an interim abutment supported crown**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

There is a CDT Code gap in the Implant Services procedure code group regarding fixtures that may be used in an implant case. This action request is one of six related CDT Code Action Requests, the others addressing new and revised codes for both implant supported and abutment supported interim crown fabrication and for placement.

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6198 or D6199**

b) Procedure technical description or clinical condition addressed

An interim implant crown previously placed on an interim implant abutment is removed to enable placement of the definitive prosthesis. The interim crown is discarded.

c) Clinical scenario

A patient presents for placement of the definitive abutment supported crown several weeks after the bone graft in conjunction with implant post placement. At the time of the prior procedures the dentist determined that placement of an interim crown was necessary during a period of healing prior to fabrication and placement of the definitive crown. The interim crown is now removed.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

During preparation of this Action Request the ADA considered the possibility that interim implant crown removal might be reportable with the following CDT code –

D6198 remove interim implant component
Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.

The ADA concluded that D6198 was not an appropriate code as the procedure's description does not provide the specificity described in the action request submission and evaluation guidelines, especially #s 1, 5 and 6:

A CDT Code entry **MUST:**

1 Be clear, unambiguous, and specify a discrete procedure.
2 Describe the procedure's action (e.g., fabrication; delivery; repair).
3 Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4 Enable documenting and reporting a procedure of any type provided to a patient.
5 Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.

Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**fabrication of an interim implant/abutment supported fixed denture for edentulous arch**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This CDT Code maintenance is one of two action requests. The other for the removal of an interim implant/abutment supported fixed denture for edentulous arch.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6198 or D6199**

b) Procedure technical description or clinical condition addressed

An interim implant/abutment supported fixed denture for an edentulous arch is fabricated in accordance with specification prepared by the dentist after initial patient diagnosis and treatment plan that leads to the delivery of the definitive prosthesis. The interim fixed denture will be affixed to an implant or abutment.

c) Clinical scenario

The dentist determined that placement of an interim implant/abutment supported fixed denture was necessary during a period of healing prior to placement of a permanent prosthetic. Impressions or scans are obtained for fabrication of the interim prosthesis.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Placement of the interim implant/abutment supported fixed denture being fabricated is documented with one of the following two CDT codes as applicable –

D6118 implant/abutment supported interim fixed denture for edentulous arch – mandibular
Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.

D6119 implant/abutment supported interim fixed denture for edentulous arch – maxillary
Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of an interim implant/abutment supported fixed denture for edentulous arch**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This CDT Code maintenance is one of two action requests. The other is for fabrication of an interim implant/abutment supported fixed denture for edentulous arch.

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6198 or D6199**	
b) Procedure technical description or clinical condition addressed		
An interim implant/abutment supported fixed denture for an edentulous arch previously placed on implant posts is removed to enable placement of the definitive prosthesis. The interim fixed denture is discarded.		
c) Clinical scenario		
A patient presents for placement of the definitive prosthetic several weeks after the bone graft in conjunction with placement of implant posts. At the time of the prior procedures the dentist determined that placement of an interim implant/abutment supported fixed denture was necessary during a period of healing prior to placement of a permanent prosthetic. The interim prosthetic is now removed.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
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   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Placement of the interim implant/abutment supported fixed denture being removed is documented with one of the following two CDT codes as applicable –

D6118 implant/abutment supported interim fixed denture for edentulous arch – mandibular
Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.

D6119 implant/abutment supported interim fixed denture for edentulous arch – maxillary
Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**fabrication of an interim implant abutment**
2b) Descriptor	**None**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This CDT Code maintenance is one of three requests. The others include an action request to add "removal of an interim implant abutment" and an editorial change request for D6051 to "placement of an interim implant abutment".

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D6198 or D6199**

b) Procedure technical description or clinical condition addressed

An abutment is fabricated in accordance with specifications prepared by the dentist after initial patient diagnosis and a treatment plan that leads to delivery of the definitive prosthesis. The interim abutment will be affixed to an implant body.

c) Clinical scenario

At the time of the prior procedures the dentist determined that placement of an interim abutment was necessary to help shape the gingival margin.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Placement of the interim abutment being removed is documented with the following CDT code –

D6051 interim implant abutment placement
A healing cap is not an interim abutment.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of an interim implant abutment**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This CDT Code maintenance is one of three requests. One is an action request to add "fabrication of an interim implant abutment" and the other is an editorial change request for D6051 to "placement of an interim implant abutment".

This action request is also part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6198 or D6199**	
b) Procedure technical description or clinical condition addressed		
An interim implant abutment previously placed on an implant post is removed by unfastening its threaded retention screw to enable placement of the definitive prosthesis. The interim abutment is discarded.		
c) Clinical scenario		
A patient presents for placement of the definitive prosthesis several weeks after the bone graft in conjunction with implant post placement. At the time of the prior procedures the dentist determined that placement of an interim abutment was necessary to help shape the gingival margin.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Placement of the interim abutment being removed is documented with the following CDT code –

D6051 interim implant abutment placement
A healing cap is not an interim abutment.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of interim implant body requiring bone removal or flap elevation: endosteal**
2b) Descriptor	Removal of implant body originally placed for a specific clinical purpose and limited period of time determined by the dentist.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

Placement of an interim implant body is reportable with "D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant"

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6198 or D6100**	
b) Procedure technical description or clinical condition addressed		
An interim implant body previously placed is removed requiring bone removal or flap elevation. The interim implant body is discarded.		
c) Clinical scenario		
A patient presents for therapy to accommodate a definitive restoration, which may include placement of other implants. At the time of the prior procedures the dentist determined that placement of an interim implant body was necessary to support a transitional prosthesis.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of interim implant body not requiring bone removal or flap elevation: endosteal**
2b) Descriptor	Removal of implant body originally placed for a specific clinical purpose and limited period of time determined by the dentist.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is part of a group of ten related CDT Code Action Requests. One is for deletion of "D6198 removal of interim implant component" plus nine additions as replacements for that code deletion. The additions are: 1) removal of healing cap; 2) removal of interim implant supported retainer; 3) removal of interim abutment supported retainer; 4) removal of interim implant supported crown; 5) removal of an interim abutment supported crown; and 6) removal of interim implant/abutment supported fixed denture for edentulous arch; 7) removal of interim implant abutment; 8) removal of interim implant body: endosteal requiring bone removal or flap elevation; and 9) removal of interim implant body: endosteal not requiring bone removal or flap elevation.

Placement of an interim implant body is reportable with "D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant".

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6198 or D6105**	

b) Procedure technical description or clinical condition addressed
An interim implant body previously placed is removed by rotating the implant out of the bone with forceps. The interim implant body is discarded.
c) Clinical scenario
A patient presents for therapy to accommodate a definitive restoration, which may include placement of other implants. At the time of the prior procedures the dentist determined that placement of an interim implant body was necessary to support a transitional prosthesis.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):
None

CDT CODE ACTION REQUEST

(Version – 202xMmmDD)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6100**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	~~surgical~~ **removal of implant body requiring bone removal or flap elevation: endosteal implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:

- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 4, 5 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of six related CDT Code Action Requests. Two are for revisions (D6100 and D6105) to identify the type of implant being removed as endosteal plus four additions to accommodate other types of implants that can be removed. The additions are: 1) removal of implant body requiring bone removal or flap elevation: endosteal mini implant; 2) removal of implant body not requiring bone removal or flap elevation: endosteal mini implant; 3) removal of implant body requiring bone removal or flap elevation: eposteal implant; 4) removal of implant body requiring bone removal or flap elevation: transosteal implant.

The requested new and revised codes for removal implant body, framework, or device types have their own unique placement codes – D6010 surgical placement of implant body: endosteal implant; D6013 surgical placement of mini implant; D6040 surgical placement: eposteal implant; D6050 surgical placement: transosteal implant.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X

CDT CODE ACTION REQUEST

(Version – 202xMmmDD)

a) CDT Code currently used to report the procedure	
b) Procedure technical description or clinical condition addressed	
N/A	
c) Clinical scenario	
N/A	

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	X	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6105**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of implant body not requiring bone removal or flap elevation: endosteal implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 4, 5 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of six related CDT Code Action Requests. Two are for revisions (6100 and 6105) to identify the type of implant being removed as endosteal plus four additions to accommodate other types of implants that can be removed. The additions are: 1) removal of implant body requiring bone removal or flap elevation: endosteal mini implant; 2) removal of implant body not requiring bone removal or flap elevation: endosteal mini implant; 3) removal of implant body requiring bone removal or flap elevation: eposteal implant; 4) removal of implant body requiring bone removal or flap elevation: transosteal implant.

The requested new and revised codes for removal implant body, framework, or device types have their own unique placement codes – D6010 surgical placement of implant body: endosteal implant; D6013 surgical placement of mini implant; D6040 surgical placement: eposteal implant; D6050 surgical placement: transosteal implant.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X
a) CDT Code currently used to report the procedure		

b) Procedure technical description or clinical condition addressed
N/A
c) Clinical scenario
N/A

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):
None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of implant body requiring bone removal or flap elevation: endosteal mini implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 4, 5 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of six related CDT Code Action Requests. Two are for revisions (D6100 and D6105) to identify the type of implant being removed as endosteal plus four additions to accommodate other types of implants that can be removed. The additions are: 1) removal of implant body requiring bone removal or flap elevation: endosteal mini implant; 2) removal of implant body not requiring bone removal or flap elevation: endosteal mini implant; 3) removal of implant body requiring bone removal or flap elevation: eposteal implant; 4) removal of implant body requiring bone removal or flap elevation: transosteal implant.

The requested new and revised codes for removal implant body, framework, or device types have their own unique placement codes – D6010 surgical placement of implant body: endosteal implant; D6013 surgical placement of mini implant; D6040 surgical placement: eposteal implant; D6050 surgical placement: transosteal implant.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6100**	

b) Procedure technical description or clinical condition addressed
A previously placed endosteal mini implant body is removed requiring bone removal or flap elevation.
c) Clinical scenario
A licensed dental provider determines that removal of a previously placed endosteal mini implant body is necessary. The mini implant body is osseointegrated and requires surgical removal.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of implant body not requiring bone removal or flap elevation: endosteal mini implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 4, 5 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of six related CDT Code Action Requests. Two are for revisions (D6100 and D6105) to identify the type of implant being removed as endosteal plus four additions to accommodate other types of implants that can be removed. The additions are: 1) removal of implant body requiring bone removal or flap elevation: endosteal mini implant; 2) removal of implant body not requiring bone removal or flap elevation: endosteal mini implant; 3) removal of implant body requiring bone removal or flap elevation: eposteal implant; 4) removal of implant body requiring bone removal or flap elevation: transosteal implant.

The requested new and revised codes for removal implant body, framework, or device types have their own unique placement codes – D6010 surgical placement of implant body: endosteal implant; D6013 surgical placement of mini implant; D6040 surgical placement: eposteal implant; D6050 surgical placement: transosteal implant.

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4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6105**	
b) Procedure technical description or clinical condition addressed		
An endosteal mini implant body previously placed is removed by rotating the implant out of the bone using forceps.		
c) Clinical scenario		
A licensed dental provider determines that removal of the body of a previously placed endosteal mini implant is necessary. The implant is extremely loose. Due to the mobility and lack of bone structure, the provider is able to remove the implant without removing bone or needing flap elevation.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**removal of implant body requiring bone removal or flap elevation: eposteal implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 4, 5 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of six related CDT Code Action Requests. Two are for revisions (D6100 and D6105) to identify the type of implant being removed as endosteal plus four additions to accommodate other types of implants that can be removed. The additions are: 1) removal of implant body requiring bone removal or flap elevation: endosteal mini implant; 2) removal of implant body not requiring bone removal or flap elevation: endosteal mini implant; 3) removal of implant body requiring bone removal or flap elevation: eposteal implant; 4) removal of implant body requiring bone removal or flap elevation: transosteal implant.

The requested new and revised codes for removal implant body, framework, or device types have their own unique placement codes – D6010 surgical placement of implant body: endosteal implant; D6013 surgical placement of mini implant; D6040 surgical placement: eposteal implant; D6050 surgical placement: transosteal implant.

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(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6100**	
b) Procedure technical description or clinical condition addressed		
A previously placed eposteal implant framework is removed requiring bone removal or flap elevation.		
c) Clinical scenario		
A licensed dental provider determines that removal of a previously placed eposteal implant is necessary. The implant framework is located subperiosteal and requires surgical removal.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of implant body requiring bone removal or flap elevation: transosteal implant**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 4, 5 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of six related CDT Code Action Requests. Two are for revisions (D6100 and D6105) to identify the type of implant being removed as endosteal plus four additions to accommodate other types of implants that can be removed. The additions are: 1) removal of implant body requiring bone removal or flap elevation: endosteal mini implant; 2) removal of implant body not requiring bone removal or flap elevation: endosteal mini implant; 3) removal of implant body requiring bone removal or flap elevation: eposteal implant; 4) removal of implant body requiring bone removal or flap elevation: transosteal implant.

The requested new and revised codes for removal implant body, framework, or device types have their own unique placement codes – D6010 surgical placement of implant body: endosteal implant; D6013 surgical placement of mini implant; D6040 surgical placement: eposteal implant; D6050 surgical placement: transosteal implant.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6100**	

b) Procedure technical description or clinical condition addressed
A previously placed transosteal implant device is removed requiring bone removal or flap elevation.
c) Clinical scenario
A licensed dental provider determines that removal of a previously placed transosteal implant is necessary. The implant device is osseointegrated and requires surgical removal.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current		Delete Entirely	X	Affected Code (Revise or Delete only)	**D6090**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~**repair implant supported prosthesis, by report**~~
2b) Descriptor	~~This procedure involves the repair or replacement of any part of the implant supported prosthesis.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This code's nomenclature and descriptor do not adhere to the following guidelines as published in the CDT Code Action Request "Preface" and on the CDT Code maintenance web page – Request to Change to the Code | American Dental Association (ada.org), especially #s 1, 5, and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
5. Enable documenting and reporting a procedure of any type provided to a patient.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

CDT code D6090's nomenclature and descriptor are written in broad terms without explicit identification of what action is performed, repair or replacement. Other CDT codes for replacement of components of an implant supported prosthesis exist except for the replacement of an implant screw which is addressed through a related action request for the addition of a discrete code for that procedure.

This action request is one of four related submissions, others requesting deletion of "D6095 repair implant abutment, by report", the addition of a code for the repair of an implant/abutment supported prosthesis, and the addition of a code for replacement of an implant screw.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X
a) CDT Code currently used to report the procedure	Not Applicable	
b) Procedure technical description or clinical condition addressed		
Not Applicable		
c) Clinical scenario		
Not Applicable		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):
None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current		Delete Entirely	X	Affected Code (Revise or Delete only)	**D6095**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~**repair implant abutment, by report**~~
2b) Descriptor	~~This procedure involves the repair or replacement of any part of the implant abutment.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

CDT code D6095's nomenclature and descriptor are written in broad terms without explicit identification of what action is performed, repair or replacement. Repair of an implant abutment is believed to be a clinically obsolete procedure. Further, replacement of components of an implant abutment should have their own unique codes. The addition of a code for replacement of an implant screw is addressed through a related action request.

This action request is one of four related submissions, others requesting deletion of "D6090 repair implant supported prosthesis, by report", the addition of a code for the repair of an implant/abutment supported prosthesis, and the addition of a code for replacement of an implant screw.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	X

a) CDT Code currently used to report the procedure	Not Applicable

b) Procedure technical description or clinical condition addressed

Not Applicable

c) Clinical scenario

Not Applicable

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**repair of implant/abutment supported prosthesis to restore form and function**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request replaces two codes requested for deletion to eliminate ambiguity in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
5. Enable documenting and reporting a procedure of any type provided to a patient.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of four related submissions, others requesting deletion of "D6090 repair implant supported prosthesis, by report", deletion of "D6095 repair implant abutment, by report", and the addition of a code for replacement of an implant screw. This suite of action requests eliminates the ambiguity of the action used in the procedure, repair or replacement, and aligns each CDT code entry with submission guidelines.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	D6090	
b) Procedure technical description or clinical condition addressed		
A prosthesis with damage to its material is removed, new material is placed on the damaged area and the prosthesis is refastened to an implant or abutment.		
c) Clinical scenario		
Porcelain material on an implant supported prosthesis has chipped and the dentist determines that new porcelain can be placed to restore its esthetic appearance without requiring replacement of the prosthesis.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):
None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**replacement of an implant screw**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap in the Implant Services procedure code group, and is consistent with the following submission guidelines, especially #s 1, 3 and 6 –

A CDT Code entry **MUST:**

1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
5. Enable documenting and reporting a procedure of any type provided to a patient.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

This action request is one of four related submissions, others requesting deletion of "D6090 repair implant supported prosthesis, by report", deletion of "D6095 repair implant abutment, by report", and the addition of a code for the repair of an implant/abutment supported prosthesis. This suite of action requests eliminates the ambiguity of the action used in the procedure, repair or replacement, and aligns each CDT code entry with submission guidelines.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	D6090	
b) Procedure technical description or clinical condition addressed		
Restorative material is removed to access the unbroken implant screw. The screw is unfastened and discarded. A new screw is placed and the recommended torque value is applied.		
c) Clinical scenario		
An implant screw used to retain a hybrid implant supported prosthesis has come loose and has been retorqued twice before. It is now loose for a third time. The dentist determines that the screw is at risk for breakage and needs to be replaced.		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	X		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

Replacement of restorative material used to close the access opening is reported with its own unique code "D6197 replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant".

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/24/2023
Name:	American Dental Association / Council on Dental Benefit Programs	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**section a single crown prothesis to enable removal**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This action request addresses a CDT Code gap and is consistent with the following submission guidelines, especially #s 1, 2, 4, 5 and 6 –

A CDT Code entry **MUST:**
1. Be clear, unambiguous, and specify a discrete procedure.
2. Describe the procedure's action (e.g., fabrication; delivery; repair).
3. Parse discrete procedures (e.g., placement and removal) when these services can be delivered by different providers, or the same provider, on the same or different dates of service.
4. Enable documenting and reporting a procedure of any type provided to a patient.
5. Enable documenting and reporting a procedure delivered by dentists or any other practitioners acting within the scope of their state's laws.
6. Enable documenting clinical and non-clinical services as required to create and maintain a robust patient dental record.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**Dx999**	

b) Procedure technical description or clinical condition addressed

A crown prosthesis is cut into pieces using the armamentarium the dentist determines is appropriate (e.g., handpiece with a cross cut bur).

c) Clinical scenario

The patient is diagnosed with caries under a prosthetic crown that must be removed so the dentist has access to enable excavation of the decayed hard tissue, followed by preparation of remaining tooth structure prior to placement of another artificial crown.

Attempts to remove the entire crown in one piece were unsuccessful and the dentist determines that dividing the crown into pieces (aka sectioning) will enable removal with nil to minimal damage of remaining natural tooth structure.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	X		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This procedure is not the same as those reported with the following CDT codes–

D2971 additional procedures to customize a crown to fit under an existing partial denture framework
This procedure is in addition to the separate crown procedure documented with its own code.

D3920 hemisection (including any root removal), not including root canal therapy
Includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may also include the removal of one or more of those sections.

D9120 fixed partial denture sectioning
Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10-31-2023
Name:	DentalCodeology Consortium		

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**air polishing therapy**
2b) Descriptor	Bacterial decontamination/reduction whereby pathogenic bacteria are targeted, disabled, and/or destroyed at a microscopic level to reduce bacterial load, minimize inflammatory response, and promote healing.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Within the literature, as well as among dental professionals who perform these procedures, the terms "decontamination" and "reduction" are used interchangeably.

There is a plethora of clinical literature to support a variety of modalities for enhancing bacterial decontamination/reduction in the periodontal pocket. Research shows that bacteria can repopulate the periodontal pocket following all procedures. The goal is to create an environment where pathogenic bacteria cannot thrive due to decreased periodontal pocket depths, clinical attachment gain and increased success with homecare.

There currently are 5 modalities that are used to decontaminate/reduce pathogenic bacteria in the periodontal pocket.

- Chemical therapy (includes but not limited to citric acid, chlorhexidine gluconate, ethylene diamine tetra acetic acid, hydrogen peroxide)
- Antibiotic therapy (includes tetracycline)
- Photonic light energy therapy
- Air polishing therapy
- Ozone therapy

The Code Maintenance Committee has already created procedure codes to address the first two therapies:

- D4921 gingival irrigation with a medicinal agent-per quadrant (initially created for CDT 2, 1995-2000; it has been amended since)

- D4381 localized delivery of an antibiotic agent via a controlled release vehicle into diseased crevicular tissue per tooth. Examples include minocycline HCI and tetracycline. (initially created for CDT 2005)

Currently there is no procedure code for the remaining modalities and/or emerging technologies which provide the same or similar results such as air polishing therapy.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D4999**

b) Procedure technical description or clinical condition addressed

Air Polishing Therapy may be recommended, in addition to a prophylaxis, non-surgical periodontal therapy or periodontal maintenance, when the patient presents with up to 30% inflammation because of recurring evidence of bacterial assault.

The purpose and intent of subgingival air polishing using air and water pressure combined with a low-abrasive powder (i.e., Glycine, which is a non-essential biocompatible amino acid), is to facilitate thorough removal of oral biofilm resulting in less gingival erosion when compared to hand instrumentation.

Low-abrasive subgingival air polishing has been associated with a significant reduction in bleeding on probing when compared to mechanical debridement in patients with peri-implantitis. Moreover, the use of low-abrasive powder plays an active role in the inhibition of bacterial recolonization on implants.

Subgingival air polishing is more efficacious in removing subgingival biofilm in moderate-to-deep periodontal pockets than non-surgical periodontal therapy. Low abrasive subgingival air polishing may result in a beneficial shift of the oral microbiota and appears to be well tolerated by patients.

Multiple studies have shown that even though hand instrumentation will remove subgingival biofilm in deep pockets taking from 30-64 seconds per tooth/implant, air polishing using air and water pressure combined with glycine powder has been found to take 5 seconds per site.

Technical Description:
The technical description for the use of an instrument/system using air and water pressure combined with a low-abrasive powder may vary depending on the device selected. Manufactures' directions should be consulted for proper parameters to achieve the best results; however, most protocols follow a simple formula for effective biofilm removal:

1. *Air and water pressure are combined with a low-abrasive powder and a customized nozzle inserted into pockets measuring 4mm or greater. The nozzle is inserted into the pocket gently until resistance is met then moved slightly back from the base of the tip is then activated and moved over the entire subgingival root or implant surface for 5 seconds per site.*
2. *The hard tissue or dental implant side of the pocket is then debrided with ultrasonic scalers and/or hand instrumentation.*
3. *Use of subgingival air and water pressure using low-abrasive powder should be used in conjunction with high-volume evacuation.*

The specific degree of angulation is dependent upon the device used. This protocol may be performed by dentists and/or dental hygienists as determined by the regulatory agency in the geographic location of the practice.

c) Clinical scenario

See above scenario:

Air polishing therapy may be recommended, in addition to a prophylaxis, non-surgical periodontal therapy or periodontal maintenance, when the patient presents with up to 30% inflammation because of recurring evidence of bacterial assault.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This article discusses the different modalities for bacterial decontamination/reduction at this time:

Decontamination of Dental Implant Surfaces in Peri-implantitis Treatment: A literature review; Published online 2013 Aug 20; PMID 23986023 Ana Mellado-Valer, Pedro Bultrago-Vera, Maria F. Sola-Ruiz, Juan Ferrer-Garcia

Specifically Air Polishing Therapy:

Biofilm removal using air and water pressure with glycine powder takes less time than traditional instrumentation. Wenstrom JL, Dahlen G, Ramberg P. Subgingival debridement of periodontal pockets by air polishing in comparison with ultrasonic instrumentation during maintenance therapy. Journal of Clinical Periodontology 2011; 38:820-827.

Results of clinical trials indicate that subgingival biofilm removal in deep periodontal pockets using air polishing with glycine powder is more efficient than that achieved by use of hand instruments and ultrasonic scalers. Cobb, C. Consensus Conference Findings on Supragingival and Subgingival Air Polishing. Compendium of Continuing Education in Dentistry. Feb 2017. Volume 38, Issue 2.

Effect of Air-Polishing on Titanium Surfaces, Biofilm Removal and Biocompatibility: A Pilot Study. Bennani, V; Hwang, L; Tawse-Smith, A.; Dias, GJ; Cannon, RD. Biomed Res Inst; December 31, 2015 online

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-31-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**ozone therapy**
2b) Descriptor	Bacterial decontamination/reduction whereby pathogenic bacteria are targeted, disabled, and/or destroyed at a microscopic level to reduce bacterial load, minimize inflammatory response, and promote healing.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Within the literature, as well as among dental professionals who perform these procedures, the terms "decontamination" and "reduction" are used interchangeably.

There is a plethora of clinical literature to support a variety of modalities for enhancing bacterial decontamination/reduction in the periodontal pocket. Research shows that bacteria can repopulate the periodontal pocket following all procedures. The goal is to create an environment where pathogenic bacteria cannot thrive due to decreased periodontal pocket depths, clinical attachment gain and increased success with homecare.

There currently are 5 modalities that are used to decontaminate/reduce pathogenic bacteria in the periodontal pocket.

- Chemical therapy (includes but not limited to citric acid, chlorhexidine gluconate, ethylene diamine tetra acetic acid, hydrogen peroxide)
- Antibiotic therapy (includes tetracycline)
- Photonic light energy therapy
- Air polishing therapy
- Ozone therapy

The Code Maintenance Committee has already created procedure codes to address the first two therapies:

- D4921 gingival irrigation with a medicinal agent-per quadrant (initially created for CDT 2, 1995-2000; it has been amended since)
- D4381 localized delivery of an antibiotic agent via a controlled release vehicle into diseased crevicular tissue per tooth. Examples include minocycline HCl and tetracycline. (initially created for CDT 2005)

Currently there is no procedure code for the remaining modalities and/or emerging technologies which provide the same or similar results such as ozone therapy.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D4999**	

b) Procedure technical description or clinical condition addressed

Ozone therapy may be recommended, in addition to a prophylaxis, non-surgical periodontal therapy or periodontal maintenance, when the patient presents with up to 30% inflammation because of recurring evidence of bacterial assault.

Ozone has been used successfully for the treatment of various diseases for more than a decade. Its unique properties include immunostimulant, analgesic, antihypnotic, detoxicating, antimicrobial, bioenergetic and biosynthetic actions. Its atraumatic, painless, noninvasive nature, and relative absence of discomfort and side effects increase the patient's acceptability and compliance thus making it an ideal treatment choice specially for pediatric patients.

Ozone therapy has a wide range of applications in treating various diseases owing to its unique properties including antimicrobial, immunostimulant, analgesic, antihypnotic, detoxicating, bioenergetic and biosynthetic actions.

Ozone causes inactivation of bacteria, viruses, fungi, yeast and protozoa. It disrupts the integrity of the bacterial cell envelope by oxidation of phospholipids and lipoproteins. Ozone at low concentration of 0.1 ppm, is sufficient to inactivate bacterial cells including their spores. In fungi, O_3 inhibits cell growth at certain stages, budding cells being the most sensitive. With viruses, the O_3 damages the viral capsid and upsets the reproductive cycle by disrupting the virus-to-cell contact with peroxidation.

Technical description: Oxygen atoms in the ozone interact with the pathogens that cause cavities and periodontal disease. The oxygen oxidizes and kills the harmful microbes in the mouth and helps break down the plaque biofilms that lead to tooth decay and periodontal diseases including periimplantitis.

Performing ozone therapy for both acute and chronic inflammation will depend upon the diagnosis, clinician and the specific device used.

See photos next page:

+9

c) Clinical scenario

See above scenario:

Ozone therapy be recommended, in addition to a prophylaxis, non-surgical periodontal therapy or periodontal maintenance, when the patient presents with up to 30% inflammation because of recurring evidence of bacterial assault.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
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a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This article discusses the different modalities for bacterial decontamination/reduction at this time:

Decontamination of Dental Implant Surfaces in Peri-implantitis Treatment: A literature review; Published online 2013 Aug 20; PMID 23986023 Ana Mellado-Valer, Pedro Bultrago-Vera, Maria F. Sola-Ruiz, Juan Ferrer-Garcia

Specifically, Ozone Therapy:

Is Ozone a Valid Adjuvant Therapy for Periodontitis and Peri-Implantitis? A Systematic Review, D'Ambrosio, F; Caggiano, M; Acerra A; Pisano, M; Giordano, F; Journal of Personalized Medicine, 2023, 13(4), 646.

Biofilm disruption and bactericidal activity of aqueous ozone coupled with ultrasonic dental scaling; Failor, KC; Silver, B; Uly, W; Heindl, JE, JADA Foundational Science, (100003), (2022).

The Effect of Ozone Therapy as an Adjunct to the Surgical Treatment of Peri-implantitis. Isler, SC; Berrin, U; Soysal, F; Ozcan G; Peker, E; Karaca, IR; J. Periodontal Implant; 2018, Une, 48(3), 136-151

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-31-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
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     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**photonic light energy therapy**
2b) Descriptor	Bacterial decontamination/reduction whereby pathogenic bacteria are targeted, disabled, and/or destroyed at a microscopic level to reduce bacterial load, minimize inflammatory response, and promote healing.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Within the literature, as well as among dental professionals who perform these procedures, the terms "decontamination" and "reduction" are used interchangeably.

There is a plethora of clinical literature to support a variety of modalities for enhancing bacterial decontamination/reduction in the periodontal pocket. Research shows that bacteria can repopulate the periodontal pocket following all procedures. The goal is to create an environment where pathogenic bacteria cannot thrive due to decreased periodontal pocket depths, clinical attachment gain and increased success with homecare.

There currently are 5 modalities that are used to decontaminate/reduce pathogenic bacteria in the periodontal pocket.

- Chemical therapy (includes but not limited to citric acid, chlorhexidine gluconate, ethylene diamine tetra acetic acid, hydrogen peroxide)
- Antibiotic therapy (includes tetracycline)
- Photonic light energy therapy
- Air polishing therapy
- Ozone therapy

The Code Maintenance Committee has already created procedure codes to address the first two therapies:

- D4921 gingival irrigation with a medicinal agent-per quadrant (initially created for CDT 2, 1995-2000; it has been amended since)
- D4381 localized delivery of an antibiotic agent via a controlled release vehicle into diseased crevicular tissue per tooth. Examples include minocycline HCl and tetracycline. (initially created for CDT 2005)

The purpose and intent of light energy therapy is to enable clinical effects to include tissue repair, pain relief, and regenerate cell function. Research and clinical studies have documented beneficial effects of light energy such as stimulation of fibroblasts and osteoblasts as well as reduction of bacteria.

Studies have shown enhanced, faster, and more comfortable wound healing when light energy is used in conjunction with non-surgical periodontal therapy. Using light energy to further reduce bacteria and pain allows clinicians to accomplish procedures while addressing patient comfort; therefore, increased patient adherence to treatment protocols.

In addition, light energy therapy has been shown to be very effective in bactericidal action on periodontal pathogens making the adjunctive use of antibiotics unnecessary. This eliminates the problem of bacterial resistance and systemic side effects produced by antibiotic use.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D4999**

b) Procedure technical description or clinical condition addressed

Photonic light energy therapy may be recommended, in addition to prophylaxis, non-surgical, periodontal therapy or periodontal maintenance, when the patient presents with up to 30% inflammation because of recurring evidence of bacterial assault.

Performing photonic light energy therapy for both acute and chronic inflammation will depend upon the diagnosis, clinician and the specific device and wavelength selection. The power settings and duration are determined by the specific device used.

A simplified description for using the instrument:

- Determine the most appropriate setting for the procedure to be performed based on the manufacturer's instructions.
- For bacterial decontamination, set instrument for the appropriate wavelength required and power setting.
- Place the fiberoptic tip at the top of the periodontal sulcus/pocket.
- With non-contact application of the light energy source, gently slide the tip under the gingival margin with slow, controlled, sweeping strokes. Typical time spent per tooth would be 10 seconds but depends on the manufacturer's instructions.
- Withdraw and assess.
- If more treatment is determined to be necessary, re-insert and repeat the above.

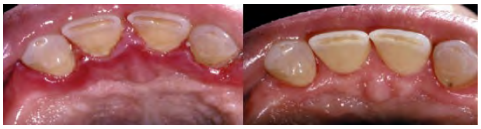
c) Clinical scenario

This was the case of a 55-year-old Hispanic woman who presented with a complaint of sore gums, pain, bleeding, and tooth loss. The patient was in otherwise good health with no serious medical problems noted or observed.

The dental examination showed the upper arch to consist of teeth 6, 8, 9, 11 (missing lateral incisors). The patient had a poorly fitting maxillary acrylic appliance. The lower arch was intact with no restorative problems. The lower arch had moderate calculus formation, but few signs of clinical inflammation. Probing pocket depths were generally 3- 4 mm. Radiographs showed normal bone levels. The maxillary teeth exhibited severe inflammation with engorgement and bleeding.

Treatment and Results: The lower arch responded to routine non-surgical periodontal therapy; however, because of the severe maxillary inflammation, a light energy device was used for one session immediately after scaling. The acrylic partial appliance was relined with a soft liner as a temporary measure. Within 14 days, the upper teeth responded to non-surgical periodontal therapy and adjunctive photonic light energy treatment with complete resolution.

Example of photonic light energy therapy, pre-treatment (left) and post-treatment (right)



Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This article discusses the different modalities for bacterial decontamination/reduction at this time:

Decontamination of Dental Implant Surfaces in Peri-implantitis Treatment: A literature review; Published online 2013 Aug 20; PMID 23986023 Ana Mellado-Valer, Pedro Bultrago-Vera, Maria F. Sola-Ruiz, Juan Ferrer-Garcia

Specifically Photonic Light Energy Therapy:

Clinical effects of photodynamic therapy as an adjunct to full-mouth ultrasonic scaling and root planing in treatment of chronic periodontitis; Bundidpun, P; Srisuwantha, R; Laosrisin N.; Laser Ther 2018, Mar 31; 27(1) 33-39.

Combined photo-ablative and photo-dynamic diode laser therapy as an adjunct to non-surgical periodontal treatment: A randomized split-mouth clinical trial, Giannelli M, Formigli L, Lorenzini L, Bani D. J. Clin Periodontol. 2012 Oct; 39 (10):962-970

Removal of epithelium in periodontal pockets following diode (980 nm) laser application in the animal model: An in vitro study (has demonstrated better removal of the pocket epithelium compared with conventional techniques), Romanos, Henze, Banihashemi, et al. Photomedicine and Laser Surgery; 2004, June 22(3), 177-183

Use of diode laser 980nm as adjunctive therapy in the treatment of chronic periodontitis. A randomized controlled clinical trial; Caruso, U; Nastri, L; Piccolomini, R; d'Ercole, S; Mazza, C; Guida, L. New Microbiol. 2008 Oct; 31(4).

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	
Name:	Scott Benjamin, Praveen Arany, Georgios Romanos	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
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     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**photobiomodulation therapy - first 15 minutes**
2b) Descriptor	The use of low-dose light treatment with a laser, LED, or broad-band light, to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:

- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Photobiomodulation (PBM) therapy is the application and delivery of low-dose light energy with a laser, LED, or broad-band light, to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration. The procedural technique is to apply the appropriate amount of photonic energy to the primary site(s) / region(s) of interest and often the lymphatics, nerves and other related structures related to and depending on the condition being treated**.** The amount of time required for PBM Therapy is determined by the complexity and the condition being addressed such as oral mucositis, TMD, and various other oral conditions such as aphthae, mucosal lesions like Lichen Planus, Pemphigus, or Pemphigoid, and Trigeminal Neuralgia, among others. Over 10,000 laboratory studies and 1,000 Randomized Controlled Trials have demonstrated the effectiveness and benefits of PBM therapy. PBM therapy has been shown to be beneficial in the management of the oral side effects of cancer therapy such as chemotherapy, radiation therapy, or stem cell transplant-associated complications. Some of the oral side effects effectively managed with PBM therapy include oral mucositis, xerostomia, dysphagia, and trismus.

There has been tremendous recent progress in our understanding of light-biological tissue interactions that have led to an improved understanding of the precise molecular mechanisms of PBM therapy. This has led to the development of rationalized clinical treatment regimens that have improved biological consistency and clinical therapeutic rigor. Recent systematic reviews and meta-analyses (attached publications) outline the strength of the evidence recommending the routine use of PBM in clinical dentistry, especially supportive cancer care. Further, the ADA Technical paper clearly outlines the state of the field and sound rationale for its clinical use. Besides improving the quality of clinical care and patient satisfaction and comfort, the use of PBM therapy as an adjunct or primary treatment has been noted to significantly reduce complications that result in reduced overall costs of care.

The attached *ADA Technical Report No.189 Photobiomodulation (PBM) In Oral Health: The Technology, Science, and Safety Considerations* and the *ADA Technical Report No. 133 Guide to Dental Lasers and Related Light-based Technologies: Technology, Science and Safety Considerations*, discuss the science and value that PBM Therapy provides for oral healthcare. Additionally, PBM therapy has been implemented as part of the core curriculum both didactically and clinically in several USA dental schools.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D9999 / D6999 / D7999 / D3999 / D4999**	

b) Procedure technical description or clinical condition addressed

Photobiomodulation (PBM) therapy is the application and delivery of low-dose light energy with a laser, LED, or broad-band light, to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration. The prescribed amount of energy to the target tissue is determined by the wavelength, irradiance, time, and locations of the condition that is being treated (see attachment #3 PBM Dosing+Delivery_Concepts_39 Pages.pdf).

c) Clinical scenario

Use Case #1: Patient undergoing chemo or radiation treatment for cancer presents with the condition of oral mucositis. Photobiomodulation (PBM) therapy (the application and delivery of low-dose light energy with a laser, LED, or broad-band light) is administered with the appropriate prescribed dosage of light energy to assist in managing the condition to help alleviate the pain and inflammation, and to assist in modulating the immune response to promote tissue healing and regeneration.

Use Case #2: Patient who is about to undergo chemo or radiation treatment for cancer presents for pretreatment clearance before beginning treatment. The potential oral side effects of chemo or radiation treatment is discussed and reviewed with the patient, especially about the conditions of oral mucositis, xerostomia, and dysphagia. Photobiomodulation (PBM) therapy (the application and delivery of low-dose light energy with a laser, LED, or broad-band light) is then administered as a prophylactic measure to assist in modulating the immune response to assist in the prevention of oral mucositis, and other conditions as well the potential side effects of pain and inflammation.

Use Case #3: Patient is having an oral surgery procedure performed. An additional procedure of Photobiomodulation (PBM) therapy (the application and delivery of low-dose light energy with a laser, LED, or broad-band light) is administered with the appropriate prescribed dosage of light energy as a prophylactic measure to reduce the potential side effects of pain and inflammation, to assist in modulate the immune response, and to promote tissue healing and regeneration. The procedural technique is to apply the appropriate amount of photonic energy to the primary site(s) / region(s) of interest and often the lymphatics, nerves and other related structures related to and depending on the condition being treated.

Use Case #4: A patient has had an invasive dental procedure performed at a previous appointment and is experiencing post operative pain and inflammation. Photobiomodulation (PBM) therapy (the application and delivery of low-dose light energy with a laser, LED, or broad-band light) is administered with the appropriate prescribed dosage of light energy to assist in managing the condition to help alleviate the pain and inflammation, and to promote tissue healing and regeneration. The procedural technique is to apply the appropriate amount of photonic energy to the primary site(s) / region(s) of interest and often the lymphatics, nerves and other related structures related to and depending on the patient's condition**.**

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes **>**	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☒
	No **>**	☐		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

CMC has permission to reprint all of these papers for their use.

1. *ADA Technical Report No.189 Photobiomodulation (PBM) In Oral Health: The Technology, Science, and Safety Considerations*
2. *ADA Technical Report No. 133 Guide to Dental Lasers and Related Light-based Technologies: Technology, Science and Safety Consideration*
3. PBM Dosing+Delivery_Concepts_39 Pages.pdf
4. Systematic review of photobiomodulation for the management of oral mucositis in cancer patients and clinical practice guidelines.pdf, (Zadik Y, et al. Support Care Cancer. 2019. PMID 31286228)
5. 5. MASCC-ISOO clinical practice guidelines for management of mucositis-sub-analysis of current interventions for management of oral mucositis in pediatric cancer patients.pdf, (Study Group of the Multinational Association of Supportive Care in Cancer / International Society for Oral Oncology (MASCC/ISOO), Miranda-Silva W, et al Mucositis. Support Care Cancer. 2021 Jul;29(7):3539-3562. doi: 10.1007/s00520-020-05803-4. Epub 2020 Nov 6. PMID: 33156403).
6. Photobiomodulation therapy in management of cancer therapy-induced side effects-WALT position paper 2022.pdf, (Robijns J, et al., Front Oncol. 2022 Aug 30;12:927685. doi: 10.3389/fonc.2022.927685. PMID: 36110957; PMCID: PMC9468822)
7. Learning from clinical phenotypes-Low-dose biophotonics therapies in oral diseases.pdf, (Rahman SU, Mosca RC, Govindool Reddy S, Nunez SC, Andreana S, Mang TS, Arany PR., Oral Dis. 2018 Mar;24(1-2):261-276. doi: 10.1111/odi.12796. PMID: 29480614)

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	
Name:	Scott Benjamin, Praveen Arany, Georgios Romanos	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**photobiomodulation therapy - each subsequent 15 minute increment**
2b) Descriptor	Additional 15 minute increment of Photobiomodulation Therapy at the same appointment after the first 15 minute administration of Photobiomodulation Therapy. (The use of low-dose light treatment with a laser, LED, or broad-band light, to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Some complicated conditions may require treatment times beyond the first 15 minute of PBM Therapy. The amount of time required for the appropriate dosage of low-dose light energy to the target tissue is determined by the wavelength, irradiance, and number of locations to receive the energy for the condition that is being treated.

(Photobiomodulation (PBM) therapy is the application and delivery of low-dose light energy with a laser, LED, or broad-band light, to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration. The procedural technique is to apply the appropriate amount of photonic energy to the primary site(s) / region(s) of interest and often the lymphatics, nerves and other related structures related to and depending on the condition being treated. The amount of time required for PBM Therapy is determined by the complexity and the condition being addressed such as oral mucositis, TMD, and various other oral conditions such as aphthae, mucosal lesions like Lichen Planus, Pemphigus, or Pemphigoid, and Trigeminal Neuralgia, among others. Over 10,000 laboratory studies and 1,000 Randomized Controlled Trials have demonstrated the effectiveness and benefits of PBM therapy. PBM therapy has been shown to be beneficial in the management of the oral side effects of cancer therapy such as chemotherapy, radiation therapy, or stem cell transplant-associated complications. Some of the oral side effects effectively managed with PBM therapy include oral mucositis, xerostomia, dysphagia, and trismus.

There has been tremendous recent progress in our understanding of light-biological tissue interactions that have led to an improved understanding of the precise molecular mechanisms of PBM therapy. This has led to the development of rationalized clinical treatment regimens that have improved biological consistency and clinical therapeutic rigor. Recent systematic reviews and meta-analyses (attached publications) outline the strength of the evidence recommending the routine use of PBM in clinical dentistry, especially supportive cancer care. Further, the ADA Technical paper clearly outlines the state of the field and sound rationale for its clinical use. Besides improving

the quality of clinical care and patient satisfaction and comfort, the use of PBM therapy as an adjunct or primary treatment has been noted to significantly reduce complications that result in reduced overall costs of care.

The attached ADA Technical Report No.189 Photobiomodulation (PBM) In Oral Health: The Technology, Science, and Safety Considerations and the ADA Technical Report No. 133 Guide to Dental Lasers and Related Light-based Technologies: Technology, Science and Safety Considerations, discuss the science and value that PBM Therapy provides for oral healthcare. Additionally, PBM therapy has been implemented as part of the core curriculum both didactically and clinically in several USA dental schools..)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9999 / D6999 / D7999 / D3999 / D4999**

b) Procedure technical description or clinical condition addressed

Additional 15 minute increment of Photobiomodulation Therapy at the same appointment after the first 15 minute administration of Photobiomodulation Therapy. (Photobiomodulation (PBM) therapy is the application and delivery of low-dose light energy with a laser, LED, or broad-band light, to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration. The prescribed amount of energy to the target tissue is determined by the wavelength, irradiance, time, and locations of the condition that is being treated (see attachment #3 PBM Dosing+Delivery_Concepts_39 Pages.pdf).

c) Clinical scenario

Some complicated conditions may require treatment times beyond the first 15 minute of Photobiomodulation (PBM) Therapy (the application and delivery of low-dose light energy with a laser, LED, or broad-band light). The amount of time required for the appropriate dosage of low-dose light energy to the target tissue is determined by the wavelength, irradiance, and number of locations to receive the energy for the condition that is being treated.

Use Case #1: Patient undergoing chemo or radiation treatment for cancer presents with a widespread condition of oral mucositis requiring an extensive amount of treatment time for the administration PBM therapy. The amount of time required to effectively treat the condition with PBM Therapy with the appropriate prescribed dosage of light energy to assist in managing the condition is longer than 15 minutes. The goal is to manage the condition by alleviating pain and reducing inflammation, and to assist in modulating the immune response to promote tissue healing and regeneration.

Use Case #2: Patient is having an extensive oral surgery procedure performed. PBM Therapy is administered with the appropriate prescribed dosage of light energy to an extensive area as a prophylactic measure to reduce the potential side effects of pain and inflammation, and to promote tissue healing and regeneration. The procedural technique is to apply the appropriate amount of photonic energy to all the primary site(s) / region(s) of interest and often the lymphatics, nerves and other related structures related to and depending on the condition being treated. The amount of time required to effectively perform the comprehensive treatment is longer than 15 minutes.

Use case #3: A patient has had an extensive dental procedure performed at a previous appointment and is experiencing post operative pain and inflammation. PBM therapy is administered with the appropriate prescribed dosage of light energy to assist in managing the condition to help alleviate the pain and inflammation, and to promote tissue healing and regeneration. The procedural technique is to apply the appropriate amount of photonic energy to all the primary site(s) / region(s) of interest and often the lymphatics, nerves and other related structures related to and depending on the condition being treated. The amount of time required to effectively perform the comprehensive treatment is longer that 15 minutes.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

CMC has permission to reprint all of these papers for their use.

1. *ADA Technical Report No.189 Photobiomodulation (PBM) In Oral Health: The Technology, Science, and Safety Considerations*
2. *ADA Technical Report No. 133 Guide to Dental Lasers and Related Light-based Technologies: Technology, Science and Safety Consideration*
3. PBM Dosing+Delivery_Concepts_39 Pages.pdf
4. Systematic review of photobiomodulation for the management of oral mucositis in cancer patients and clinical practice guidelines.pdf, (Zadik Y, et al. Support Care Cancer. 2019. PMID 31286228)
5. 5. MASCC-ISOO clinical practice guidelines for management of mucositis-sub-analysis of current interventions for management of oral mucositis in pediatric cancer patients.pdf, (Study Group of the Multinational Association of Supportive Care in Cancer / International Society for Oral Oncology (MASCC/ISOO), Miranda-Silva W, et al Mucositis. Support Care Cancer. 2021 Jul;29(7):3539-3562. doi: 10.1007/s00520-020-05803-4. Epub 2020 Nov 6. PMID: 33156403).
6. Photobiomodulation therapy in management of cancer therapy-induced side effects-WALT position paper 2022.pdf, (Robijns J, et al., Front Oncol. 2022 Aug 30;12:927685. doi: 10.3389/fonc.2022.927685. PMID: 36110957; PMCID: PMC9468822)
7. Learning from clinical phenotypes-Low-dose biophotonics therapies in oral diseases.pdf, (Rahman SU, Mosca RC, Govindool Reddy S, Nunez SC, Andreana S, Mang TS, Arany PR., Oral Dis. 2018 Mar;24(1-2):261-276. doi: 10.1111/odi.12796. PMID: 29480614)

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-25-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6080**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments**
2b) Descriptor	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). ~~This is not a per implant code and is indicated for implant supported fixed prostheses.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

A revision to D6080 was submitted and rejected last year where *"the requested combines two different and distinct procedures that would be reported with a single code." (From CMC's rationale for rejecting last year's submission).*

Therefore, in accordance with the recommendation from the CMC, D6080 is being submitted for revision and another new procedure code is being submitted which will allow for implant maintenance when the implant supported fixed restorations will not be removed. This is a therapeutic procedure and could not be considered a D1110/D1120 prophylaxis, which are considered preventive procedures.

The only difference in the nomenclatures is D6080 "prostheses are removed and reinserted" and NEW "prostheses are not removed.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure		

b) Procedure technical description or clinical condition addressed

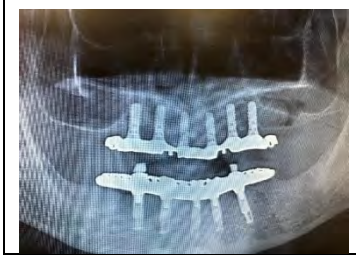
The thorough evaluation of dental implant supported bars and/or locators, removable superstructures and peri-implant mucosa which would be performed through visual inspection, manual palpation of peri implant mucosa, probing, and assessment of occlusal forces. These assessments are performed in a different manner then that of natural dentition due to the difference in peri-implant mucosa.

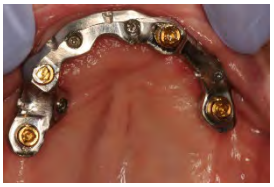
Mechanical removal of dental biofilm, plaque, and calculus from the implant supported bar and/or locators, prostheses, and surrounding peri-implant tissues to decontaminate the implant surface and peri implant space, utilizing aqueous powder streaming with glycine or erythritol powder in conjunction with medical grade, cold processed titanium to avoid altering the implant surface.

Individualized oral hygiene instruction is adapted to the patients' implants, implant supported bar, implant locators and prosthetic design.

c) Clinical scenario

Maxillary Implant Bar with Removable Prosthesis





Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This amended code nomenclature and descriptor will bring the procedure code in alignment with the American College of Prosthodontists' position for appropriate patient care.

STATEMENT: Not all patients will have the superstrauture removed at each maintenance interval as the American College of Prosthodontics states that the removal of a fixed, screw-retained implant prosthesis for evaluation is not needed unless there are signs of peri-implantitis, a demonstrated inability to maintain adequate oral hygiene, or there are mechanical complications that require removal.

Bidra AS, Daubert DM, Garcia LT, et al: Clinical practice guidelines for recall and maintenance of patients with tooth-borne and implant-borne dental restorations. J Prosthodont 2016;25 Suppl 1:S32-40

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-25-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**implant maintenance procedures when prostheses are not removed including cleansing of prostheses and abutments**
2b) Descriptor	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code and is indicated for implant supported fixed prostheses.

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

A revision to D6080 was submitted and rejected last year where *"the requested combines two different and distinct procedures that would be reported with a single code." (From CMC's rationale for rejecting last year's submission).*

Therefore, in accordance with the recommendation from the CMC, D6080 is being submitted for revision and this new procedure will allow for implant maintenance when the implant supported fixed restorations will not be removed. This is a therapeutic procedure and could not be considered a D1110/D1120 prophylaxis, which are considered preventive procedures.

The only difference in the nomenclatures is D6080 "prostheses are removed and reinserted" and NEW "prostheses are not removed."

- Providers are required to use the code that most accurately describes the treatment in both third-party claims and for their electronic health records.

- Providers need a code that accurately reflects the treatment provided to the patient with full arch fixed implant supported restorations in the maintenance phase of dental implant care when the prosthetic *is not* removed.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

a) CDT Code currently used to report the procedure	**D6080 or D6999**

b) Procedure technical description or clinical condition addressed

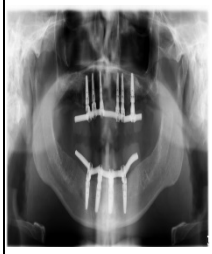
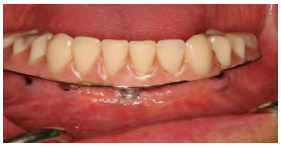
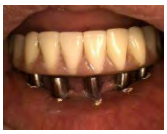
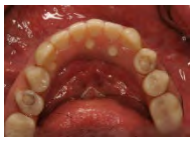
Without removal of the prostheses, a thorough evaluation of dental implant supported bars and/or locators, superstructures and peri-implant mucosa would be performed through visual inspection, manual palpation of peri-implant mucosa and assessment of occlusal forces. These assessments are performed in a different manner then that of natural dentition due to the difference in peri-implant mucosa.

As much as possible, mechanical removal of any dental biofilm, plaque, and calculus from the implant supported bar and/or locators, prostheses, and surrounding peri-implant tissues to decontaminate the implant surface and peri implant space, utilizing aqueous powder streaming with glycine or erythritol powder in conjunction with medical grade, cold processed titanium to avoid altering the implant surface.

Individualized oral hygiene instruction is adapted to the patients' implants, implant supported bar, implant locators and prosthetic design.

c) Clinical scenario

Examples of implant supported fixed prostheses:

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This code nomenclature and descriptor will bring the procedure code in alignment with the American College of Prosthodontists' position for appropriate patient care.

STATEMENT: Not all patients will have the superstrauture removed at each maintenance interval as the American College of Prosthodontics states that the removal of a fixed, screw-retained implant prosthesis for evaluation is not needed unless there are signs of peri-implantitis, a demonstrated inability to maintain adequate oral hygiene, or there are mechanical complications that require removal.

Bidra AS, Daubert DM, Garcia LT, et al: Clinical practice guidelines for recall and maintenance of patients with tooth-borne and implant-borne dental restorations. J Prosthodont 2016;25 Suppl 1:S32-40

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-25-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
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   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of derma fillers for cosmetic purposes**
2b) Descriptor	Products approved for use in dentistry by the FDA.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

There is no CDT procedure code for administration of derma fillers.

In the past several years there have been more advances in dental and medical technology than in previous decades. The use of derma fillers is being used cosmetically to treat dental conditions such as deep nasolabial folds, radial lip lines, high lip line, lip deformities, smile lines and increase volume in papilla (black triangles between teeth).

Many state dental practice acts and dental board interpretations are now allowing dentists (and in some states, dental hygienists) to provide these therapies in conjunction with a comprehensive dental treatment plan consistent with the scope of practice.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D9999**	

b) Procedure technical description or clinical condition addressed

Examples of clinical conditions:

- Deep, nasolabial folds
- Radial lip lines
- High lip lines
- Lip deformities
- Smile lines
- Increase volume in papilla.

Technical procedure, simplified:

- Prepare product
- Cleanse area to be treated – usually double/triple cleanse with alcohol/hebiclins
- Determine # of units for specific condition.
- Inject appropriate amount of product for the condition being treated and the anticipated result.

c) Clinical scenario

Patient presents with the dreaded “black triangles” where the papilla has shrunk creating esthetic issues. Derma fillers can be injected into the interdental papilla to plump it up and close the interdental spaces.

Found online from Alabama Periodontics Implant and Laser Center, Birmingham, AL
Dr. Brett Maddux, DMD
“Treating Black Triangles with Dermal Fillers”

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions.
   - “5.b)” and “5.c)” are completed only when “5.a)” is marked “Yes.”
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	☐	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter “None” if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-31-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - o added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of derma fillers for therapeutic purposes**
2b) Descriptor	Products approved for use in dentistry by the FDA.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

There is no CDT procedure code for this specific procedure.

In the past several years there have been more advances in dental and medical technology than in previous decades. The use of derma fillers is being used to treat muscle-generated dental disease like TMJ disorders, mandibular muscle spasms, gummy smile, masseter hypertrophy and pathologic clenching, and bruxism.

Many state dental practice acts and dental board interpretations are now allowing dentists (and in some states, dental hygienists) to provide these therapies in conjunction with a comprehensive dental treatment plan consistent with the scope of practice. They cannot be performed as a standalone procedure.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D9999**	

b) Procedure technical description or clinical condition addressed

Examples of clinical conditions:

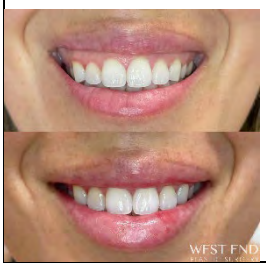
- TMJ disorders
- Mandibular muscle spasms
- Gummy smiles
- Masseter hypertrophy
- Pathologic clenching and bruxism

Technical procedure, simplified:

- Prepare product
- Cleanse area to be treated – usually double/triple cleanse with alcohol/hebiclins
- Determine # of units for specific condition.
- Inject appropriate amount of product for the condition being treated and the anticipated result.

c) Clinical scenario

Patient presents with "gummy smile" displaying excessive gingival tissue upon smiling. Dermal fillers can be injected in small, carefully titration doses to limit muscular over- contraction of the upper lip, thus. reducing exposure of the upper gums when smiling.



Found online at West End Plastic Surgery
Washington, DC
Dr. Paul G. Ruff IV, MD

"Lip Filler and Botox for Gummy Smile, Case 9634"

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-25-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**administration of neuromodulators for cosmetic purposes**
2b) Descriptor	Products approved for use in dentistry by the FDA.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

There is no CDT procedure code for administration of neuromodulators.

In the past several years there have been more advances in dental and medical technology than in previous decades. The use of neuromodulators is being used cosmetically to treat dental conditions such as deep nasolabial folds, radial lip lines, high lip line, lip deformities, smile lines and increase volume in papilla (black triangles between teeth).

Many state dental practice acts and dental board interpretations are now allowing dentists (and in some states, dental hygienists) to provide these therapies in conjunction with a comprehensive dental treatment plan consistent with the scope of practice.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D9999**	

b) Procedure technical description or clinical condition addressed

Examples of clinical conditions:

- Deep, nasolabial folds
- Radial lip lines
- High lip lines
- Lip deformities
- Smile lines
- Increase volume in papilla.

Technical procedure, simplified:

- Prepare product (i.e. Botox)
- Cleanse area to be treated – usually double/triple cleanse with alcohol/hebiclins
- Determine # of units for specific condition.
- Inject appropriate amount of product for the condition being treated and the anticipated result.

c) Clinical scenario

Patient presents with a lip deformity where the lower lip drooped on the right side. Injecting a neuromodulator at a specific site can control where the lip goes and how much it is raised in order to create a more symmetrical smile.

Found online at the Pacific Training Institute, Tsawassen, BC, Canada
Drs. Jan and Warren Roberts.

"Improving Lips Symmetry using Botox to Enhance Smile."

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BOTOX: Broadening the Horizon of Dentistry; P. Navyar, P. Kumar, PV Nayyar, A. Singh; J. Clin Diagn Res. 2014 Dec; 8(12): ZE25-ZE29. ISSN-0973-709X.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316364/

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-31-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**administration of neuromodulators for therapeutic purposes**
2b) Descriptor	Products approved for use in dentistry by the FDA**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

There is no CDT procedure code for this specific procedure.

In the past several years there have been more advances in dental and medical technology than in previous decades. The use of neuromodulators is being used to treat muscle-generated dental disease like TMJ disorders, mandibular muscle spasms, gummy smile, masseter hypertrophy and pathologic clenching, and bruxism.

Many state dental practice acts and dental board interpretations are now allowing dentists (and in some states, dental hygienists) to provide these therapies in conjunction with a comprehensive dental treatment plan consistent with the scope of practice. They cannot be performed as a standalone procedure.

Testimony from a hygienist: "The one thing I could say about Botox® (dentist administrated in AZ) is that it was amazing to help my daughter break a cycle of TMJ issues. Her face had changed shape from her overactive masseters, and it slimmed down within a few weeks. Another minor treatment 6 months later and she no longer has any issues. Her relief was amazing!"

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D9999**

b) Procedure technical description or clinical condition addressed

Examples of clinical conditions:

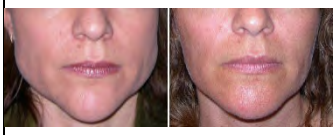
- TMJ disorders
- Mandibular muscle spasms
- Gummy smiles
- Masseter hypertrophy
- Pathologic clenching and bruxism

Technical procedure, simplified:

- Prepare product (i.e. Botox)
- Cleanse area to be treated – usually double/triple cleanse with alcohol/hebiclins
- Determine # of units for specific condition.
- Inject appropriate amount of product for the condition being treated and the anticipated result.

c) Clinical scenario

Patient presents with substantially altered facial appearance due to the increase in muscle size (masseter hypertrophy) from chronic jaw clenching. Prior to the use of neuromodulators, the treatment would have been surgical resection. Injections of small amounts of neuromodulators into the masseter muscle have resulted in sustained reduction in size of the massager muscle.



Found online at Eppley Plastic Surgery
Carmel, IN
Dr. Barry Eppley, MD, DMD

"Botox Injection for Lower Facial Contouring (Masseter Muscle Reduction)"

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

BOTOX: Broadening the Horizon of Dentistry; P. Navyar, P. Kumar, PV Nayyar, A. Singh; J. Clin Diagn Res. 2014 Dec; 8(12): ZE25-ZE29. ISSN-0973-709X.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4316364/

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-25-2023
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6081**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

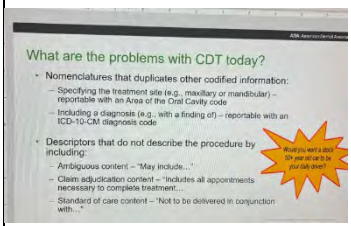
2a) Nomenclature	**scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure**
2b) Descriptor	~~This procedure is not performed in conjunction with D1110, D4910 or D4346.~~

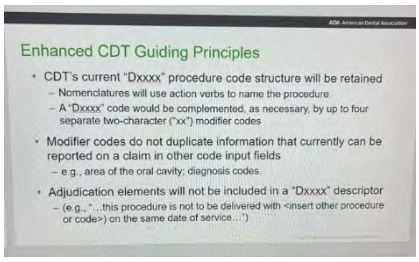
3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

This submission received a tie vote at last year's CMC meeting with the rationale being *"CDT Code action (revision) was not persuasive to a sufficient number of CMC member organizations."*

In accordance with CDT CODE Action Request form instructions, August 2023:
A CDT Code entry Must Not – "State whether the procedure is or is not delivered with another distinct procedure on a given date of service."

In addition, the ADA's Enhanced CDT Task Force, although on hold for now, recommended that this type of exclusionary language NOT be included in the new format. Slides are from one of the initial Task Force meetings:





Peri-implant disease is a global concern with an emphasis on maintenance. The growth in the number of dental implants placed over the years can contribute to the prevalence of diseases. Dental implants have become the standard of care, yet there is a significant gap in our current CDT treatment codes. Furthermore, the nomenclature for D1110 (Prophylaxis-Adult) now contains "and implants" in the descriptor but D1110 is considered a "preventive service" and implants that present with mucositis need "therapeutic" treatment.

And finally, the CMC must consider their responses to the following questions:

- Why make the patient return to the office to have inflammation or mucositis of a single implant treated when they are already in the chair?
- What biological rationale is there for making the patient return at a future date?
- What rationale could be explained in a court of law for making the patient return at a future date?

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure		
b) Procedure technical description or clinical condition addressed		
NA		
c) Clinical scenario		
NA		

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

https://www.youtube.com/watch?v=nnhjAbdLodY

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/12/2023
Name:	Solomon G Brotman, DDS on behalf of Santa Fe Group	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - o added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	periodic oral evaluation with medical screening– established patient
2b) Descriptor	An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Screening tests for blood pressure pulse and diabetes with appropriate health education/consultation or referral, if necessary. Report additional diagnostic procedures separately. Screening tests are appropriate for the most common systemic findings that may impact health and may create intraoperative during and postoperative complications after dental treatments related to medical health.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Existing individual CDT screening codes are not adequate as they have failed to achieve significant utilization, which has prevented more acceptance by clinicians. Due to these failures, the codes have failed to gain reimbursement from third party carriers. Prior attempts to provide third-party payment for blood pressure screening (Delta of Colorado, Delta of Washington) or blood sugar screening (Delta of New Jersey) had poor responses and were discontinued. In discussions with the chief clinical officers of multiple commercial insurance companies, they indicated an interest in and reimbursement for a new CDT code that would expand the scope of a periodic examination to close medical care gaps through multiple screenings in a dental office with proper counseling and referral to the appropriate medical professional. Extensive dental exams to include screening for other medical conditions are part of the core curriculum of dental schools, including but not limited to University of Pacific, Harvard, Columbia, and University of Pennsylvania.

The ADA passed a resolution in support of primary care screenings in dental settings at the 2020 House of Delegates with Resolution 22H-2020.

A 2022 publication by the Agency for Healthcare Research and Quality (AHRQ) showed that over 29.5 million people in the U.S. visit a dentist but are not examined by a physician in any given year (Statistical

Brief #544). At the same time, it is estimated that 11 million Americans have undiagnosed hypertension, and 7.3 million have undiagnosed diabetes. These and other medical conditions have a direct impact on both overall health and oral health. The addition of a new examination code has the strong potential to improve patient safety and health outcomes by recognizing the value of and providing incentive for dentists to close care gaps.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D0120, D0411, D0412**

b) Procedure technical description or clinical condition addressed

- Clinical examination – Mirror, explorer, periodontal probe, cotton gauze
- Blood pressure screening - Sphygmomanometer
- Pulse screening – Pulse oximeter or watch
- Diabetes screening – Glucometer, Point of care HbA1c, urine testing

c) Clinical scenario

When a patient presents for a periodic examination, the dental professional or staff member, where delegation is allowed, performs all components of this enhanced periodic examination. High or low blood pressure, high or low pulse are contraindications for many dental procedures. Diabetes screening can assist in determining whether invasive procedures should be delayed or can explain poor healing from prior therapy. Appropriate medical referrals are indicated in most cases of aberrant findings in the dental office.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
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a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	☒		No **>**	☒		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

None.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/30/2023
Name:	Dr. Eugena Stephan	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**inappropriate, concerning or threatening patient behavior intervention, by report**
2b) Descriptor	Response to and report of inappropriate comments or gestures, verbal threats or intimidation, intentional and unwanted physical touch, hate speech, bias, harassment, discrimination, threats to life, and physical or sexual violence through patient counseling, warning and/or dismissal.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

According to a recent systematic review, the prevalence of acts or threats of physical violence, harassment, intimidation and threatening disruptive behaviors from patients among oral health providers ranges from 4.6-58.7% (Binmadi, 2019). Inappropriate patient behavior impacts the healthcare workforce and the provision of healthcare as it increases stress and anxiety, impairs job performance, contributes to burnout, lowers confidence levels and decreases job satisfaction (Cheng, 2020; Kemper, 2020). Patient aggression has also negatively impacted academic and clinical performance of students in dental schools (Khanagar, 2022). In worst case scenarios, patients with repeated inappropriate behavior could result in acts of physical or sexual violence or even death.

The prevention and management of inappropriate patient behavior is essential to a safe clinical environment. One important way to manage and prevent future misconduct from patients is by flagging these behaviors within electronic health records so that clinical health care teams can track repeat offenders and respond appropriately. The U.S. Occupational Safety and Health Administration's 2016 publication *Guidelines for Prevention Workplace Violence for Healthcare and Social Services* states "Anyone who cares for a potentially aggressive, abusive or violent client should be aware of the person's background and history, including triggers and de-escalation responses. Log the admission of violent patients to help determine potential risks. Log violent events on patients' charts and flagged charts" (U.S. Dept of Labor, 2016, p.29).

Code D9920 Behavior Management was established to provide extra time to manage a patient's behavior and bill a patient in 15-minute increments. In cases where a patient is using discriminatory language or issuing a verbal threat to a member of the health care team, additional time may not be required, however the incident must be reported and tracked. The proposed new code does not indicate extra time for patient management to complete a procedure, but allows dental care providers to respond to inappropriate behavior with counseling or a warning. The code also allows providers to flag and track repetitive inappropriate patient behavior, ensuring the future safety of the healthcare team.

References:

Binmadi NO, Alblowi JA. Prevalence and policy of occupational violence against oral healthcare workers: systematic review and meta-analysis. BMC Oral Health 2019;19(1):279. DOI: 10.1186/s12903-019-0974-3.

Cheng MY, Neves SL, Rainwater J, et al. Exploration of Mistreatment and Burnout Among Resident Physicians: a Cross-Specialty Observational Study. Med Sci Educ 2020;30(1):315-321. DOI: 10.1007/s40670-019-00905-z.

Kemper KJ, Schwartz A, Pediatric Resident Burnout-Resilience Study C. Bullying, Discrimination, Sexual Harassment, and Physical Violence: Common and Associated With Burnout in Pediatric Residents. Acad Pediatr 2020;20(7):991-997. DOI: 10.1016/j.acap.2020.02.023.

Khanagar SB, Aldawas I, Almutairi A, et al. Dental Students' Experience, Impact, and Response to Patient Aggression in Saudi Arabia: A Nationwide Study. Healthcare (Basel) 2022;10(11). DOI: 10.3390/healthcare10112239.

United States Department of Labor. Occupational Safety, Health Administration. Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. OSHA 3148-06R. Available at: https://www.osha.gov/sites/default/files/publications/osha3148.pdf. 2016.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**No known code**

b) Procedure technical description or clinical condition addressed

Inappropriate, concerning or threatening patient behavior can take many forms including inappropriate comments or gestures, verbal threats or intimidation, intentional and unwanted physical touch, hate speech, bias, harassment, discrimination, threats to life, and physical or sexual violence.

c) Clinical scenario

A female provider has been treating a male patient over several months. The patient makes her feel uncomfortable every visit. He makes comments to her about her body, and she is uncomfortable with his body language and the way he looks at her. She brings this to her supervisor's attention and they council that patient on the zero-tolerance policy for inappropriate behavior. This is all documented in the patient's chart with a corresponding ADA code to track future, repetitive behavior.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**comprehensive orthodontic treatment of craniofacial syndromes associated with orthognathic surgery**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The current orthodontic codes do not take into consideration the long term implications of pre and post surgical cases. In Government programs, there is no additional opportunity for extensive treatment cases beyond traditional comprehensive cases. This code would be created to differentiate various syndromes with a significant craniofacial component requiring multiple phases of orthodontic treatment pre and post surgery as well as at varying stages of skeletal and dental development. Currently treatment of these the syndromes are not identified or differentiated by code D8070/D8080/D8090. The syndrome would be identified in the patient records.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D8070/D8080/D8090**

b) Procedure technical description or clinical condition addressed

Multi-phased comprehensive orthodontic treatment of patients that have craniofacial syndromes. Banding may be necessary pre and post surgery, as well as at varying stages of development.

c) Clinical scenario

A patient with Pierre-Robin syndrome is undergoing multidisciplinary management and coordination of care due to significant skeletal deformities. A multi-phased orthodontic therapy is indicated to reduce the severity of the malocclusion. Growth is monitored and several phases of orthodontics are needed, both pre and post-surgical.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**periodic orthodontic treatment visit for comprehensive treatment of craniofacial syndromes associated with orthognathic surgery**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

In Government programs, D8670 is often used for periodic orthodontic treatment visits. However, there is no opportunity to distinguish between traditional orthodontic cases and complex craniofacial cases requiring surgeries. This code allows for identification and differentiation, allowing additional treatment for patients with craniofacial syndromes that require much more complex multi-disciplinary coordination.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D8670**

b) Procedure technical description or clinical condition addressed

Periodic orthodontic treatment visit to evaluate treatment progress, update wires, and evaluate for varying phases of orthodontics in coordination with surgical treatment.

c) Clinical scenario

A patient with Pierre-Robin syndrome is undergoing multidisciplinary management and coordination of care due to significant skeletal deformities. A multi-phased orthodontic therapy is indicated to reduce the severity of the malocclusion. This patient presents for a periodic orthodontic treatment visits. In addition to evaluating progress and updating wires, growth is monitored and evaluated for phasing of pre and post surgical treatment.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D1330**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**oral hygiene instructions**
2b) Descriptor	This may include personalized instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids**.**

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The ADA Home Oral Care Recommendations to reduce the risk of caries and gum disease emphasizes all patients should be given general recommendations. For patients with increased risk of gum disease, caries, who struggle to clean between their teeth, or seeking or needing improved plaque removal, the ADA recommends personalized recommendations. As all patients should have generalized recommendations, that should be memorialized in prophylaxis and non-surgical periodontal procedures, while D1330 should be updated to indicate personalized recommendations.
homeoralcare_web_final_july2018.pdf (ada.org)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description or clinical condition addressed

N/A

c) Clinical scenario

N/A

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/31/2023
Name:	Adam Leonard	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
- For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
- For "Revise Current" mark-up 2a) and 2b) as follows:
  - o added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**alteration of tooth enamel by laser irradiation to inhibit demineralization for caries prevention**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.

Notes – Deletion Requests only:
- Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
- The alternative may be an accompanying request for a new or revised CDT Code.
- Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Although caries management utilizing fluoride treatment or sealants has markedly reduced the prevalence and incidence of dental caries, these treatments have proven insufficient to control cavity formation in most patients. The prevalence of dental caries in adults is more than 90%. There is a need for innovative methods beyond the current standard-of-care for the prevention, inhibition of progression, or reversal of dental caries.

The use of laser irradiation provides an additional method to reduce demineralization and to inhibit caries formation. Laser energy is strongly absorbed by the phosphate groups in the enamel mineral, rapidly transforming the soluble carbonated hydroxyapatite mineral to an almost insoluble form of hydroxyapatite. Not only does this method markedly inhibit demineralization on its own, but it also is especially effective with used in combination with fluoride. The efficacy of this unique treatment has been demonstrated in laboratory and clinical studies over the past decades.

Recently, a clinical study in humans titled, "*Fissure Caries Inhibition Study with CO_2-9.3µm short-pulsed laser – A randomized, single blind, prospective, split mouth controlled, clinical trial,*" was completed at the University of California San Francisco to evaluate whether the use of a laser in addition to fluoride therapy increases the caries resistance of occlusal pits and fissures in comparison to fluoride therapy alone. The randomized, single-blind, prospective, split-mouth controlled clinical trial was executed over 12 months with 60 participants. It demonstrated that the use of short-pulsed laser irradiation in addition to fluoride increases the caries resistance of occlusal pit and fissure surfaces. A total of 22% of the participants in the control group (fluoride alone) developed caries, while 0% of the participants in the test group (treated with laser) developed caries.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D None**	

b) Procedure technical description or clinical condition addressed

This procedure requires the use of a laser with optimized laser parameters, including pulse duration, to alter tooth enamel in such a way as to render it more acid resistant. Laser irradiation is applied to caries-susceptible tooth surfaces via a delivery system that includes a handpiece that allows rapid and precise irradiation directly to the target surface. This technique has been well-investigated over the past several decades with many types of lasers and has been shown to be very effective and safe in inhibiting demineralization both in laboratory and clinical settings. Depending on the amount of absorption of the laser's wavelength by the phosphate groups in the carbonated hydroxyapatite mineral in teeth, the enamel may experience rapid, safe and controlled superficial heating to the necessary temperature to remove carbonate groups and convert the mineral to an almost insoluble form of hydroxyapatite. This can be accomplished without damaging the enamel structure or raising pulpal temperature to an unsafe level.

c) Clinical scenario

The application can be used for multiple different clinical scenarios, including, but not limited to:

- **Treatment of high caries risk areas:** Pits and fissures of the occlusal surfaces account for 90% of dental caries and are not sufficiently responsive to current caries preventive or inhibition methods.
- **Treatment of early carious lesions:** Initial stages of decay often appear as white spot lesions or discolored areas. If untreated, these lesions will likely turn into cavities and require a restoration.
- **Treatment prior to placement of orthodontic brackets:** Orthodontic patients often experience dental decay on the facial surfaces of their teeth surrounding orthodontic brackets or appliances due to plaque accumulation in these areas.

Part 3 – Additional Information

5. Supporting documentation or literature:

- "5.a)" **must** be completed for all requested actions.
- "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
- Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
- All material **must** be submitted in an unprotected electronic format.

a) Material submitted?		b) Protected by copyright? (If "a)" is "Yes")		c) Permission to reprint? (If "b)" is "Yes")	
Yes >	☒	Yes >	☒	Yes >	☐
No >	☐	No >	☐	No >	☒

6. Additional Comment or Explanation (enter "None" if applicable):

This new method of caries prevention, arrest and inhibition provides an additional tool for the clinician to beneficially alter tooth mineral composition and inhibit demineralization. It does not require patient compliance for success. The laser treatment described here provides additional and separate caries prevention/inhibition therapy that is additive to fluoride therapy and promises to make a major contribution to caries management.

Supporting Documentation:

Featherstone JDB, Fried D. Fundamental Interactions of Lasers with Dental Hard Tissues. *Med Laser Appl*. 2001;16(3):181-194. doi:http://dx.doi.org/10.1078/1615-1615-00022

Rechmann P, Kubitz M, Chaffee BW, Rechmann BMT. Fissure caries inhibition with a CO 2 9.3-µm short-pulsed laser-a randomized, single-blind, split-mouth controlled, 1-year clinical trial. *Clin Oral Investig*. 2021;25(4):2055-2068. doi:10.1007/S00784-020-03515-X

Rechmann P, Rechmann BMT, Groves WH, et al. Caries inhibition with a CO_2 9.3 µm laser: An in vitro study. *Lasers Surg Med*. 2016;554(February):1-9. doi:10.1002/lsm.22497

Badreddine AH, Couitt S, Donovan J, Cantor-Balan R, Kerbage C, Rechmann P. Demineralization Inhibition by High-Speed Scanning of 9.3 µm CO_2 Single Laser Pulses Over Enamel. *Lasers Surg Med*. 2021;53(5):703-712. doi:10.1002/LSM.23340

Rodrigues, L.K.A., de Freitas, P.M. and Nobre-dos-Santos, M. (2015). Lasers in caries prevention. In Lasers in Dentistry (eds P.M. de Freitas and A. Simões). https://doi.org/10.1002/9781118987742.ch16

Zezell, D.M., Boari, H.G.D., Ana, P.A., Eduardo, C.d.P. and Powell, G.L. (2009), Nd:YAG laser in caries prevention: A clinical trial. Lasers Surg. Med., 41: 31-35. https://doi.org/10.1002/lsm.20738

Badreddine, Ali & Ramareddy, Vijayashankar & Kerbage, Charles. (2023). Effectiveness of carbonate removal and demineralization inhibition in primary teeth using a 9.3-µm carbon dioxide laser. JADA Foundational Science. 2. 100017. 10.1016/j.jfscie.2022.100017.

Y. Liu, C.-Y.S. Hsu, C.M.J. Teo, S.H. Teoh; Subablative Er:YAG Laser Effect on Enamel Demineralization. Caries Res 1 January 2013; 47 (1): 63–68. https://doi.org/10.1159/000343573

Yavagal, C.M., Chavan, V.V., & Yavagal, P.C. (2020). Laser induced enamel remineralization: A systematic review. International Journal of Applied Dental Sciences, 6, 168-173.

Al-Maliky MA, Frentzen M, Meister J. Combined effects of a topical fluoride treatment and 445 nm laser irradiation of enamel against a demineralization challenge: A light and electron microscopic ex vivo study. PLoS One. 2020 Aug 7;15(8):e0237195. doi: 10.1371/journal.pone.0237195. PMID: 32764819; PMCID: PMC7413416.

Caramel-Juvino A, Zanini NA, Avelino SG, Fontes-Oliveira YR, Germano GCM, Eduardo CdP, Zezell DM. Caries Preventive Action of Nd:YAG and Fluoride in Three Different pH Conditions: FTIR Spectroscopy and SEM Evaluation. *Photonics*. 2023; 10(9):985. https://doi.org/10.3390/photonics10090985

Bahrololoomi Z, Lotfian M. Effect of Diode Laser Irradiation Combined with Topical Fluoride on Enamel Microhardness of Primary Teeth. J Dent (Tehran). 2015 Feb;12(2):85-9. PMID: 26056517; PMCID: PMC4434131.

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**nerve dissection**
2b) Descriptor	Involves the careful separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect important nerves during surgical procedures.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

Creation of a code for the distinct procedure of nerve dissection. The creation of a separate code for nerve dissection would allow providers to accurately report this specific surgical procedure and better capture unusual complications involving nerve structures. A clear and specific code for nerve dissection would facilitate more accurate data collection and analysis. Improved coding accuracy allows for better identification and understanding of trends, complications, and outcomes related to these specific procedures. Accurate reporting of specific surgical procedures enables better tracking and monitoring of patient outcomes and complications. Improved data collection and analysis contribute to enhanced patient care and safety by identifying areas for improvement and guiding evidence-based treatment decisions.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	**D7241**

b) Procedure technical description or clinical condition addressed

Incision in the soft tissue followed by careful dissection through layers of tissue to expose the nerve. Identification of the nerve followed by carefully mobilizing the nerve to prevent stretching, compression, or excessive movement during the performance of another dental service.

c) Clinical scenario
Typically performed to gain access to and protect important nerves during the removal of impacted teeth with intimate anatomical relation to the nerve, dental implant placement, orthognathic surgery, or treatment of nerve-related conditions like trigeminal neuralgia.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2023Aug01)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	9/8/2023
Name:	Jim Thommes and Neil Williams	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☐	Delete Entirely	☒	Affected Code (Revise or Delete only)	**D7241**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~**removal of impacted tooth - completely bony, with unusual surgical complications**~~
2b) Descriptor	~~Most or all of crown covered by bone; unusually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new or revised CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., clinically obsolete).

The deletion of D7241 would be accompanied by the creation of a code for nerve dissection. D7240 Removal of impacted tooth – completely bony is a distinct procedure. D7261 Primary closure of a sinus perforation is a distinct procedure. This code deletion corresponds with the creation of a nerve dissection code. Aberrant tooth position is not a procedure, it is descriptive. The creation of a separate code for nerve dissection would allow providers to accurately report this specific surgical procedure and better capture unusual complications involving nerve structures. Clear and specific codes for maxillary sinus closure and nerve dissection would facilitate more accurate data collection and analysis. Improved coding accuracy allows for better identification and understanding of trends, complications, and outcomes related to these specific procedures. Accurate reporting of specific surgical procedures enables better tracking and monitoring of patient outcomes and complications. Improved data collection and analysis contribute to enhanced patient care and safety by identifying areas for improvement and guiding evidence-based treatment decisions.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D**	

b) Procedure technical description or clinical condition addressed

N/A

c) Clinical scenario
N/A

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright; otherwise, the material will not be distributed.
   - All material **must** be submitted in an unprotected electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None