**Preface**

All individuals and organizations who intend to request CDT Code maintenance must first review both the “Action Request Submission and Evaluation Guidelines” and the “Request Form Completion Instructions” in this Preface. Any action request form that does not comply with either the Guidelines or Instructions will not be forwarded to the Code Maintenance Committee (CMC) for consideration.

1. Every *CDT Code Action Request* received is reviewed by the CMC Secretariat and will be returned for correction when any errors or omissions are identified.
2. After notification of errors or omissions a corrected form must be returned prior to November 1st or within 15 calendar days of notification in order to be placed on the upcoming CMC meeting agenda.
3. Original and corrected request forms received after November 1st or beyond 15 calendar days of notification of errors or omissions will be addressed during the following year’s annual CDT Code maintenance cycle.

Additional information concerning submissions is posted online at [Request to Change to the Code | American Dental Association (ada.org)](https://www.ada.org/publications/cdt/request-to-change-to-the-code). Any questions concerning request form completion or the maintenance process should be directed via email to dentalcode@ada.org, or via telephone to the ADA Member Service Center (800-621-8099).

1 – Action Request Submission And Evaluation Guidelines

These guidelines are published to assist any interested person or organization (aka “submitter”) prepare a *CDT Code Action Request*. The Code Maintenance Committee considers these guidelines when determining whether to accept or reject an action request.

Preamble

1. A robust dental procedure code taxonomy makes it possible to prepare comprehensive, accurate, and detailed patient records, and accurate dental claim submissions.
2. Submitters must carefully review the evaluation guidelines and form completion instructions before preparing a *CDT Code Action Reques*t that includes the written rationale for the requested action.
3. Submitters may withdraw their *CDT Code Action Request* up to the annual closing date of submissions (November 1st).
4. The CMC, during the course of its request review, may at its discretion amend the proposed action (e.g., nomenclature or descriptor, or both) before determining whether to accept or reject the *CDT Code Action Request*.
5. Procedure fee reimbursement **is not a consideration** when preparing or evaluating an action request.
6. The alleged potential for abuse or fraudulent use of a code **is not a consideration** when preparing or evaluating an action request.

Guidelines

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.

A CDT Code entry **Must Not –**

1. Include terms such as “first and each additional” in the nomenclature unless there is a reason to parse phases of the procedure (e.g., specific resource or time requirements necessary to deliver each phase of the procedure).
2. Include information that may be reported using another (e.g., HIPAA) standard code set (e.g., Area of the Oral Cavity, Tooth Number, Tooth Surface or Diagnosis).
3. Include community standards of care.
4. Be applicable only to a proprietary product or process that is protected by copyright.
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.

2 - Request Form Completion Instructions

General

* The *CDT Code Action Request* includes captions intended to aid completion.
* Separate request forms are required for each desired CDT Code maintenance action.
* A rationale for the action (e.g., reasons why existing procedure code is inadequate or no longer appropriate; description of technology inherent to procedure; dental schools where taught) is **always** required.
* The following information is required for additions – a) current CDT Code used to report the proposed procedure; b) description of the procedure or clinical condition addressed; and c) scenario describing the patient, materials, technique, etc.
* When requesting a deletion, specify another current code (not a "999" unspecified procedure) that adequately describes the procedure. If there is no current code alternative or the procedure is believed to be obsolete, explain this in writing.
* Cite literature, when available, indicating extent of the procedure's or technology's use and acceptance.
* Requirements for submission and distribution of supporting documentation or literature to the CMC are: a) if protected by copyright, written authorization to reprint and distribute must be provided; b) all material must be submitted in electronic format; and c) all supporting documentation or literature must be submitted in an unprotected password format.

Technical / Administrative

1. **All requested information in Parts 1-3 is required**; limited exceptions are noted.
2. Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
3. Mark cells with “check boxes” (☐) by moving the cursor over the box and making a “left-click”.
4. The *CDT Code Action Request* submitted must be accompanied by a signed *ADA Copyright Assignment Agreement* – current versions of both forms are available for download at the [Request a Change to the Code](https://www.ada.org/publications/cdt/request-to-change-to-the-code) web page.
5. The completed *CDT Code Action Request* **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
6. Every *CDT Code Action Request* received is reviewed by the CMC Secretariat and will be returned for correction when any errors or omissions are identified, such as:
	1. An obsolete version of the *CDT Code Action Request* was prepared and submitted
	2. The completed form was not submitted in an unprotected MS Word document format
	3. Required information in Parts 1-3 of the *CDT Code Action Request* is missing
	4. The request form’s content does not comply with either the *Action Request Submission & Evaluation Guidelines* or *Request Form Completion Instructions*.
	5. The *CDT Code Action Request* was not accompanied by the required signed *ADA Copyright Assignment Agreement*.
7. After notification of errors or omissions a corrected form must be returned prior to November 1st or within 15 calendar days of notification in order to be placed on the upcoming CMC meeting agenda.
8. Any original or corrected *CDT Code Action Request* or required *ADA Copyright Assignment Agreement* received after November 1st or beyond 15 calendar days of notification of errors or omissions will result in the requested action being addressed in the following year’s annual maintenance cycle.

**Part 1 –** Submitter’s (Action Requestor’s) Information

|  |  |  |
| --- | --- | --- |
| 1. Contact Information
 | Date Submitted: |  |
| Name: |  |
| Address (Line 1): |  |
| Address (Line 2): |  |
| City: |  | State: |  | Zip Code |  |
| Telephone: |  | Email: |  |
| 1. Attestation: Action Requestor identified in “A.” above attests that the “Action Request Submission and Evaluation Guidelines” and “Request Form Completion Instructions” in this form’s “**Preface**” have been read and understood.
 |
| Yes > | [ ]  | No > | [ ]  |  |
| If No, explain why **>>** |
| 1. Does this request represent the official position of an entity such as a dental specialty, dental school, third-party payer or administrator, or the manufacturer/supplier of a product?
 |
| Yes > | [ ]  | No > | [ ]  |  |
| If Yes, name the entity **>>** |
| 1. Does the requestor or entity identified in “C.” above receive any financial benefit should the requested action be accepted?
 |
| Yes > | [ ]  | No > | [ ]  |  |
| If Yes, describe the benefit**>>** |
| 1. Has the *ADA Copyright Assignment Agreement* been signed and returned with this Action Request?
 |
| Yes > | [ ]  | No > | [ ]  |  |
| If No, why is it missing? **>>** |

**Part 2 –** Submission Details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Code Action

(Mark **one** only) | Add New | [ ]  | Revise Current | [ ]  | Delete Entirely | [ ]  | Affected Code(Revise or Delete only) | **D** |
| 1. 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 |  |
| 2b) Descriptor |  |
| 1. 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).
 |
|  |
| 1. Complete a) – c) **only** if Request is for a New CDT Code
 | Mark if Revise or Delete **>>**[if marked, do not complete “a) - c)”] | [ ]  |
| 1. CDT Code currently used to report the procedure
 | **D** |
| 1. Procedure technical description or clinical condition addressed
 |
|  |
| 1. Clinical scenario
 |
|  |

**Part 3 –** Additional Information

|  |
| --- |
| 1. 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.
 |
| 1. Material submitted?
 | Yes **>** | [ ]  | 1. Protected by copyright?

(If “a)” is “Yes”) | Yes **>** | [ ]  | 1. Permission to reprint?

(If “b)” is “Yes”) | Yes **>** | [ ]  |
| No **>** | [ ]  | No **>** | [ ]  | No **>** | [ ]  |
| 1. Additional Comment or Explanation (enter “None” if applicable):
 |
|  |