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Enhanced CDT Code

Value Proposition: We must enhance the CDT Code so that:

1. *Correct and detailed coding* of services delivered to patients can be easily supported by practice software.
2. *Accuracy of records* are improved through discrete codes for:
   a) New technology (e.g., 3-D printing of prostheses)
   b) New materials (e.g., implants; dentures; restorations)
   c) Different techniques (e.g. lasers; digital impressions)
   d) Different preventive service modalities (e.g., remineralization and regenerative procedures)
   e) Multiple distinct steps of a procedure (e.g., crown preparation; definitive crown placement)
3. *Workflows* are improved through communication of more granular/specific information on dental procedures electronically to other practitioners such as dental specialists for consultations (e.g., electronic patient records)
4. *Data analytics* are more efficient with structured data to support identification of evidence-based treatment protocols (e.g., differences in materials used in procedure delivery; differences in preventive modalities like remineralization, and emerging technology)

Guiding Principles:

I. Enhancement will not affect content of claim transaction (e.g., the 837D v5010 allows a maximum of four modifiers applicable to single CDT code reported)

II. Codes do not duplicate information that currently can be reported on a claim (e.g., area of the oral cavity)

III. Adjudication elements will not be included in code nomenclatures and descriptors (e.g., "…not to be delivered with…")

Proposed Architecture

I. Current Dxxxx structure will be maintained

II. Current parsing by categories will be maintained, although continuity in code numbers as already seen in the code set, will not be guaranteed

III. Inclusion of procedure code modifiers to control the total number of codes (e.g., to enable representation of attributes such as materials; steps in procedures)

Community Input: Request for Information and Notice on Listening Sessions

As announced on August 26, 2021 [ADA News: ADA council creates taskforce to enhance CDT] the ADA Council on Dental Benefit Programs is proceeding with a new project to review and enhance the Code on Dental Procedures and Nomenclature (CDT Code) so that this ADA code set serves current and evolving needs for robust patient records and accurate claim submissions.

Effective and accurate planning for the enhanced CDT Code project requires a broad understanding of how various sectors of the dental community perceive current flaws in the code set and suggestions for improvement. The following Request for Information is being issued by the Enhanced CDT Code Taskforce to prompt feedback on the proposed project.

1) Is the CDT Code in its current form working for you or are there problems you have encountered when using the CDT Code? Please provide examples in either case.
    a. If the CDT in its current form is not working for you, what needs to be improved?
2) If the CDT were to be enhanced for the following reasons, would these reasons be sufficient for you to adopt the enhanced code set knowing that you will need to invest some time and resources switching over? Why and why not?

- *Correct and detailed coding* of services delivered to patients can be easily supported by practice software.
- Accuracy of records are improved through discrete codes for new technology (e.g., 3-D printing of prostheses), new materials (e.g., implants; dentures; restorations), different techniques (e.g. lasers; digital impressions), different preventive service modalities (e.g., remineralization and regenerative procedures), multiple distinct steps of a procedure (e.g., crown preparation; definitive crown placement)
- Workflows are improved through communication of more granular/specific information on dental procedures electronically to other practitioners such as dental specialists for consultations (e.g., electronic patient records)
- Data analytics are more efficient with structured data to support identification of evidence-based treatment protocols (e.g., differences in materials used in procedure delivery; differences in preventive modalities like remineralization, and emerging technology)

3) Would you rather have a more expanded CDT (vastly greater number of CDT codes) or would you rather see a CDT that is more granular with modifiers? Example in table below.
4) What sorts of educational support would be required to ensure an efficient and effective implementation (e.g. formal programs including Webinars; reference manuals)?

Please submit written comments to dentalcode@ada.org by January 14, 2022 (using separate input form provided by the ADA).

The Enhanced CDT Taskforce will conduct two (2) virtual listening sessions on the following dates if you are interested in providing oral testimony. Each speaker will be provided a maximum of 3 minutes during the listening sessions.

- January 27, 2022 (Thursday) – Noon to 1:30 PM Central Time
- February 22, 2022 (Tuesday) – Noon to 1:30 PM Central Time

Register now for the listening sessions via email to dentalcode@ada.org. Capacity limited to first 25 registrants.

Expanded CDT (pre-coordinated data)	CDT with modifiers (post coordinated data)
D2710 crown – resin-based composite (indirect) D2712 crown – ¾ resin-based composite (indirect) D2720 crown – resin with high noble metal D2721 crown – resin with predominantly base metal D2722 crown – resin with noble metal D2740 crown – porcelain/ceramic D2750 crown – porcelain fused to high noble metal D2751 crown – porcelain fused to predominantly base metal D2752 crown – porcelain fused to noble metal D2753 crown – porcelain fused to titanium and titanium alloys D2780 crown – ¾ cast high noble metal D2781 crown – ¾ cast predominantly base metal D2782 crown – ¾ cast noble metal D2783 crown – ¾ porcelain/ceramic D2790 crown – full cast high noble metal D2791 crown – full cast predominantly base metal D2792 crown – full cast noble metal D2794 crown – titanium and titanium alloys D2929 prefabricated porcelain/ceramic crown – primary tooth D2928 prefabricated porcelain/ceramic crown – permanent tooth D2930 prefabricated stainless steel crown – primary tooth D2931 prefabricated stainless steel crown – permanent tooth D6065 implant supported porcelain/ceramic crown D6066 implant supported crown – porcelain fused to high noble alloys D6082 implant supported crown – porcelain fused to predominantly base alloys D6083 implant supported crown – porcelain fused to noble alloys D6084 implant supported crown – porcelain fused to titanium or titanium alloys D6067 implant supported crown – high noble alloys D6086 implant supported crown – predominantly base alloys D6087 implant supported crown – noble alloys D6088 implant supported crown – titanium and titanium alloys D6058 abutment supported porcelain/ceramic crown D6059 abutment supported porcelain fused to metal crown (high noble metal) D6060 abutment supported porcelain fused to metal crown (predominantly base metal) D6061 abutment supported porcelain fused to metal crown (noble metal) D6097 abutment supported crown – porcelain fused to titanium or titanium alloys D6062 abutment supported cast metal crown (high noble metal)	Dxxxx crown, indirect Modifier 1: Crown material resin based composite resin with high noble metal resin with predominantly base metal resin with noble metal porcelain fused to high noble metal porcelain fused to predominantly base metal porcelain fused to noble metal porcelain fused to titanium and titanium alloys porcelain fused to zirconia stainless steel lithium disilicate monolithic zirconia Modifier 2: Tooth coverage Full ¾ Modifier 3: Support Natural tooth supported Implant supported Implant-abutment supported Modifier 4: Processing Cast Milled/ CAD-CAM Pre-fabricated

Expanded CDT (pre-coordinated data)	CDT with modifiers (post coordinated data)
D6063 abutment supported cast metal crown (predominantly base metal) D6064 abutment supported cast metal crown (noble metal) D6094 abutment supported crown – titanium and titanium alloys	
D0210 intraoral – complete series of radiographic images D0220 intraoral – periapical first radiographic image D0230 intraoral – periapical each additional radiographic image D0240 intraoral – occlusal radiographic image D0250 extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector D0251 extra-oral posterior dental radiographic image D0270 bitewing – single radiographic image D0272 bitewings – two radiographic images D0273 bitewings – three radiographic images D0274 bitewings – four radiographic images D0277 vertical bitewings – 7 to 8 radiographic images D0330 panoramic radiographic image D0340 2D cephalometric radiographic image – acquisition, measurement and analysis D0705 extra-oral posterior dental radiographic image – image capture only D0706 intraoral – occlusal radiographic image – image capture only D0707 intraoral – periapical radiographic image – image capture only D0708 intraoral – bitewing radiographic image – image capture only D0709 intraoral – complete series of radiographic images – image capture only	Dxxxx radiograph - intraoral Dxxxx radiograph - extraoral Modifier 1: Image Modality digital film Modifier 2: Image axis vertical horizontal Modifier 3: Image type bitewing periapical occlusal panoramic 2D projection Posterior 2D cephalometric Modifier 4: Interpretation capture only capture and Interpretation including any measurement and analysis
D2140 amalgam – one surface, primary or permanent D2150 amalgam – two surfaces, primary or permanent D2160 amalgam – three surfaces, primary or permanent D2161 amalgam – four or more surfaces, primary or permanent D2330 resin-based composite – one surface, anterior D2331 resin-based composite – two surfaces, anterior D2332 resin-based composite – three surfaces, anterior D2335 resin-based composite – four or more surfaces or involving incisal angle (anterior) D2391 resin-based composite – one surface, posterior D2392 resin-based composite – two surfaces, posterior D2393 resin-based composite – three surfaces, posterior D2394 resin-based composite – four or more surfaces, posterior D2410 gold foil – one surface D2420 gold foil – two surfaces D2430 gold foil – three surfaces	Dxxxx restoration Modifier 1: Restorative material amalgam resin-based composite compomer (polyacid-modified resin composite) resin-modified glass ionomer glass ionomer fiber reinforced polymer ceramic reinforced polymer gold foil Modifier 2: Tooth coverage single surface two surface three surface four surface involving the incisal angle Modifier 3: Tooth location Anterior Posterior