

# CDT 2021 updates

CDT 2021 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Federal HIPAA law requires that CDT codes be used in electronic health care transactions. When the ADA changes the codes, carriers must adopt the changes. Please use CDT 2021 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2021.

The CDT updates for 2021 include 28 new codes, four code deletions and several (11) nomenclature and description revisions. Following is a summary of the changes; please note that coverage for new codes is dependent on the patient's particular benefit plan. The Delta Dental Dentist Handbook will be updated to reflect CDT 2021 by January 1, 2021 and is available by logging in to Provider Tools at [deltadentalins.com/dentists](https://deltadentalins.com/dentists).

## Important Notes:

- CDT coding and nomenclature are the copyright of the American Dental Association and a trademark of the ADA; all rights reserved. There are important differences between Delta Dental's plan benefits and processing policies and the descriptors found in the CDT code.
- Fees for services not billable to the patient are not chargeable to the patient or Delta Dental.
- Fees for denied services are the responsibility of the patient.
- Text that appears in italics is specifically intended to clarify the delivery of benefits and is not to be interpreted as CDT 2021 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

## New CDT Codes

### D0604

#### **Antigen testing for a public health related pathogen includes coronavirus**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D0605

#### **Antibody testing for a public health related pathogen includes coronavirus**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D0709

#### **Intraoral — complete series of radiographic images — image capture only**

The fee for intraoral complete series image — capture only is considered part of the fee for procedure D0210 and is not billable to the patient.

### D0707

#### **Intraoral — periapical radiographic image — image capture only**

The fee for the intraoral — periapical image- capture only is considered part of the fees for procedures D0220/D0230 and is not billable to the patient.

### D0706

#### **Intraoral — occlusal radiographic image — image capture only**

The fee for the intraoral — occlusal image capture only is considered part of the fee for procedure D0240 and is not billable to the patient.

### D0705

#### **Extra-oral posterior dental radiographic image — image capture only**

The fee for the extra-oral posterior — image capture only is considered part of the fees for procedure D0251 and is not billable to the patient.

## New CDT Codes (continued)

### D0708

#### **Intraoral — bitewing radiographic image — image capture only**

The fee for the intraoral — bitewing image capture only is considered part of the fees for procedures D0270, D0272, D0273, D0274 and is not billable to the patient.

### D0701

#### **Panoramic radiographic image — image capture only**

The fee for a panoramic image capture only is considered part of the fee for procedure D0330 and is not billable to the patient.

### D0702

#### **2-D cephalometric radiographic image — image capture only**

The fee for a 2D cephalometric image capture only is considered part of the fee for procedure D0340 and is not billable to the patient.

### D0703

#### **2-D oral/facial photographic image obtained intra-orally or extra-orally — image capture only**

The fee for 2-D oral/facial photographic image capture only is considered part of the fee for procedure D0350 and is not billable to the patient.

### D0704

#### **3-D photographic image — image capture only**

The fee for 3-D photographic image — image capture only is considered part of the fee for procedure D0351 and is not billable to the patient.

### D1321

#### **Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D1355

#### **Caries preventive medicament application — per tooth**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D2928

#### **Prefabricated porcelain/ceramic crown — permanent tooth**

This procedure is subject to the same policy and limitations as procedure D2931. The fee for the replacement of a prefabricated porcelain/ceramic crown by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient.

### D3471

#### **Surgical repair of root resorption — anterior**

### D3472

#### **Surgical repair of root resorption — premolar**

### D3473

#### **Surgical repair of root resorption — molar**

### D3501

#### **Surgical exposure of root surface without apicoectomy or repair of root resorption — anterior**

### D3502

#### **Surgical exposure of root surface without apicoectomy or repair of root resorption — premolar**

### D3503

#### **Surgical exposure of root surface without apicoectomy or repair of root resorption — molar**

These procedures are subject to the same policy and limitations as D3427. Fees surgical repair of root resorption or surgical exposure of root surface are not billable to the patient when performed on the same tooth by the same dentist/dental office on the same date as other surgical endodontic and periodontal surgical procedures.

### D5995

#### **Periodontal medicament carrier with peripheral seal — laboratory processed — maxillary**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

## New CDT Codes (continued)

### D5996

#### **Periodontal medicament carrier with peripheral seal — laboratory processed mandibular**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D7993

#### **Surgical placement of craniofacial implant — extra oral**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D7994

#### **Surgical placement: zygomatic implant**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

### D6191

#### **Semi-precision abutment — placement**

### D6192

#### **Semi-precision attachment — placement**

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility. If covered by a group plan, this procedure is subject to the same policy and limitations as D6052.

### D7961

#### **Buccal/labial frenectomy (frenulectomy)**

This procedure is subject to the same limitations as procedure D7960. The fee for frenulectomy is not billable to the patient when billed on the same date as any other surgical procedure(s) in the same surgical area by the same dentist/dental office.

### D7962

#### **Lingual frenectomy (frenulectomy)**

This procedure is subject to the same limitations as procedure D7960. The fee for frenulectomy is not billable to the patient when billed on the same date as any other surgical procedure(s) in the same surgical area by the same dentist/dental office.

## Deleted Codes

### D3427

#### **Periradicular surgery without apicoectomy**

### D5994

#### **Periodontal medicament carrier with peripheral seal — laboratory processed**

### D6052

#### **Semi-precision attachment abutment**

### D7960

#### **Frenulectomy — also known as frenectomy or frenotomy — separate procedure not incidental to another procedure**

## Processing Policy and Procedure Update

(Effective January 1, 2021)

### D0485

#### **Consultation, including preparation of slides from biopsy material supplied by referring source**

- When the procedure is not accompanied by a pathology report the fee for the procedure is not billable to the patient. Not billable to the patient when submitted with D0472, D0473, D0474.

### D0502

#### **Other oral pathology procedures, by report**

Other oral pathology procedures must be accompanied by a pathology report. The fee for D0502 submitted without the report are not billable to the patient.

## Processing Policy and Procedure Update

(Effective January 1, 2021)

### D0601

Caries risk assessment and documentation, with a finding of low risk

### D0602

Caries risk assessment and documentation, with a finding of moderate risk

### D0603

Caries risk assessment and documentation, with a finding of high risk

When covered, the frequency for risk assessments is subject to group contract.

### D5410

Adjust complete denture — maxillary

### D5411

Adjust complete denture — mandibular

### D5421

Adjust partial denture — maxillary

### D5422

Adjust partial denture — mandibular

### D5730

Reline complete maxillary denture (direct)

### D5731

Reline complete mandibular denture (direct)

### D5740

Reline maxillary partial denture (direct)

### D5750

Reline complete maxillary denture (indirect)

### D5751

Reline complete mandibular denture (indirect)

### D5760

Reline maxillary partial denture (indirect)

### D5761

**Reline mandibular partial denture (indirect)**

The fees for an immediate denture or immediate partial denture includes any adjustments, temporary relines, or tissue conditioning within 3 months of delivery.

### D6100

**Implant removal, by report**

When implants are covered by the group/individual contract, the fee for D6100 are is not billable to the patient when performed within 3 months of D6010/ D6013 on the same tooth by the same dentist/ dental office. After 3 months, benefit once per tooth per frequency limitation associated with implants/ prosthetics procedures.