

## Guide to D9110 “Palliative Treatment” Procedure

This guide is to educate dentists and others in the dental community on the revisions to this code’s nomenclature and descriptor first published in CDT 2023, used to document these procedures in a patient’s dental record and on a claim submission (ADA Paper Form **and** 837D HIPAA Standard Electronic Dental Claim Transaction).

### Introduction

Code D9110’s nomenclature and descriptor were revised, effective January 1, 2023. D9110 is in the CDT manual’s “D9000–D9999 Adjunctive General Services” category of service, located within it’s “Unclassified Treatment” subcategory.

The current full entry is:

**D9110 palliative treatment of dental pain – per visit**

Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes.

The 2023 revisions and rationale are illustrated here:

**D9110 palliative ~~(emergency)~~ treatment of dental pain – ~~minor procedure – per visit~~**

Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes. ~~This is typically reported on a “per-visit” basis for emergency treatment of dental pain.~~

Rationale: These revisions clarify the reported procedure’s nature, scope, and intended outcome. The word “emergency” is ill-defined and unnecessarily limiting. “Minor procedure” is also ill-defined and subject to interpretation. “Per visit” establishes the intended period of service.

The nomenclature revision clarifies the broad scope of the service documented with code D9110. By removing emergency from the nomenclature, the non-emergent palliative procedures can now be reported appropriately and accurately using this code. Deleting “minor procedure” eliminates confusing verbiage as currently there is no definition of what is a minor procedure that is widely accepted within the practice of dentistry. The descriptor revision provides clarity as it describes the situation as well as the procedure’s scope and expected outcome.

### Questions and Answers

1. What is the ADA’s definition of palliative?

This is the one term in this CDT Code entry that is defined in the ADA’s online [Glossary of Dental Clinical Terms | American Dental Association \(ada.org\)](#) –

**palliative:** Action that relieves pain but is not curative.

The dentist’s clinical judgement determines what would be done to relieve the patient’s pain, which could be localized (e.g., a single tooth or adjacent teeth) or general (e.g., mucostitis or stomatitis).

2. If I place an IRM (intermediate restorative material) restoration, do I report this as protective (aka “sedative”) restoration or a palliative procedure?

Delivery and reporting placement of IRM may be reported as palliative treatment of dental pain (**D9110**) if placement is temporary (e.g., to immediately address discomfort associated with heat or cold), and the patient will subsequently receive an oral evaluation that leads to definitive treatment.

3. Would the following scenario be appropriately reported as a **D9110** procedure – The doctor treated the patient for a periodontal abscess by debridement and draining of the sulcus and irrigation of the pocket with chlorhexidine.

Reporting **D9110** would be appropriate if the dentist decides that neither of the following procedures with their own unique codes describe the services provided.

- If drainage was achieved through the periodontal sulcus:
  - D7510 incision and drainage of abscess – intraoral soft tissue**  
Involves incision through mucosa, including periodontal origins.
- Irrigation of the abscess:
  - D4921 gingival irrigation with a medicinal agent – per quadrant**

4. When a dentist determines that **D9110 palliative treatment of dental pain – per visit** appropriately documents the service provided should the claim submission be accompanied by a narrative to describe the exact treatment rendered, even though this is not a “by report” code?

Payer requirements vary and posing the question before the claim is submitted will reduce the likelihood of rejection (or delay) until a supporting narrative is provided.

In all cases the patient’s dental record must clearly document the nature and scope of palliative treatments provided when the patient presents for care. This documentation would be used to provide a narrative report if required for claim adjudication by a third-party payer.

5. Would it be appropriate to report **D9110** when the dentist simply irrigates an area to flush out trapped food that is irritating the gum line and causing the patient pain?

Yes, reporting **D9110** is appropriate as the procedure was the irrigation of the food entrapment solely to relieve pain and there are no distinct procedure codes for this service. The full CDT Code entry for D9110 does not define the nature and scope of the palliative treatment that enables the patient to gain relief from the discomfort.

6. May I submit a D0140 limited oral evaluation and D9110 palliative emergency treatment of dental pain on the same day?

Yes. CDT code D0140 and D9110 address discrete procedures that if performed should be documented and reported separately on a claim. However, some benefit plans have limitations or exclusions about paying for certain combinations of codes performed on the same day.

### Questions or Assistance?

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Call 800-621-8099 or send an email to [dentalcode@ada.org](mailto:dentalcode@ada.org)

### Notes:

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