

The CMC addressed 85 substantive action requests – 84 on the preliminary agenda, plus one presented by a CMC member organization during the meeting. Of these the committee:

- Approved requests to withdraw 10 submissions
- Accepted requests for 18 additions, 16 revisions, and 3 deletions
- Declined 36 submissions
- Tabled 2 submissions for consideration during the March 2018 CMC meeting

Details of the CMC’s action on each request follow. For some the CMC amended the submitter’s proposed nomenclature or descriptor before acceptance. The accepted amended CDT Code entry is **highlighted under** “Remarks.”

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|----|--------------|--------|--------|--------|--|---------------|
| # | 1. | Ms. Thornton | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in blue underline ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>intraoral – occlusal film – each additional film</u> | | | | | | | |
| Descriptor Text (additions in blue underline ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with the following existing CDT Code:

D0240 intraoral-occlusal radiographic image

Recent CMC actions have not supported the concept of separate CDT Codes for each additional diagnostic image. The “Quantity” field on a claim documents the number of multiple images of the same type.

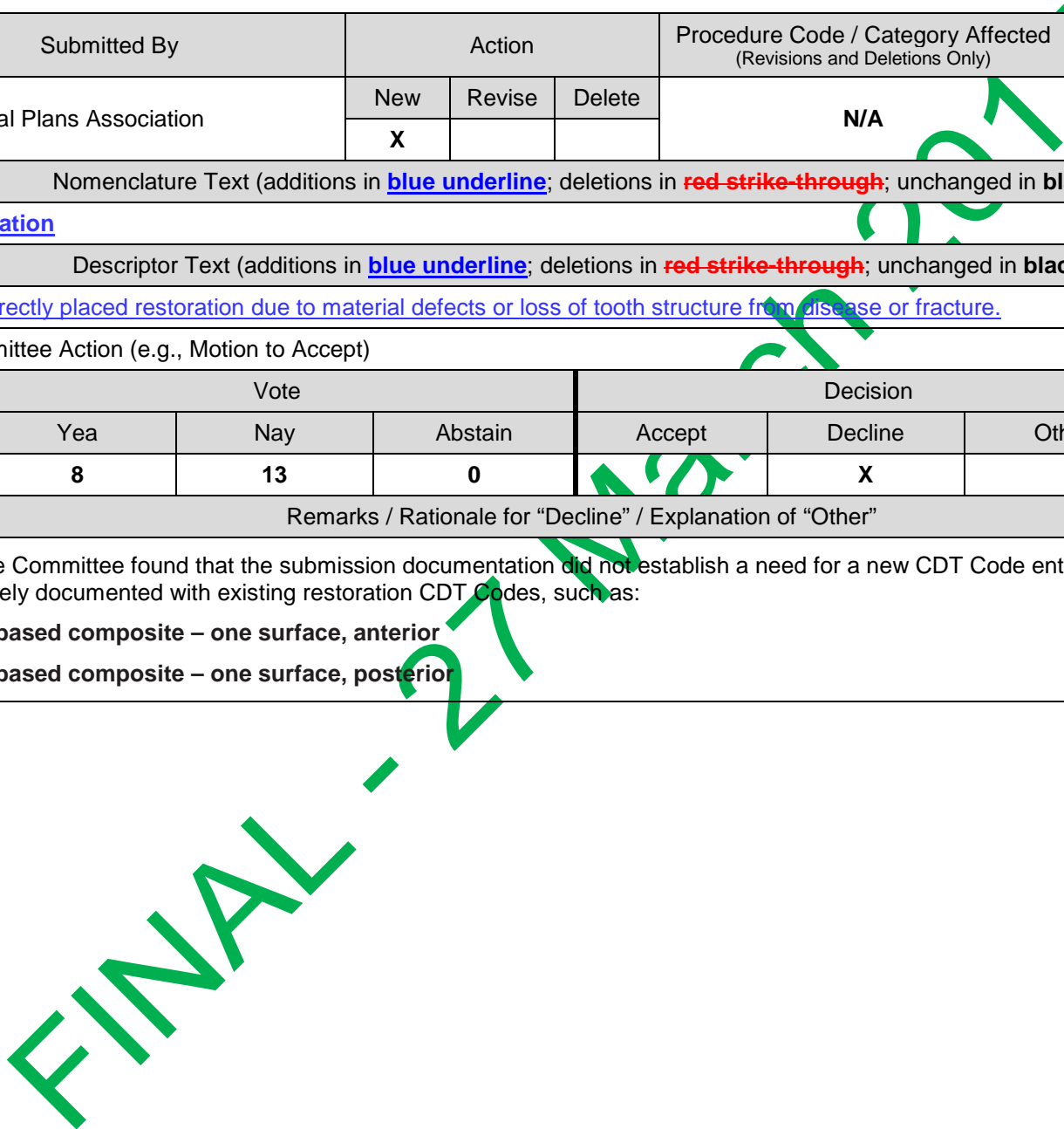
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|----|--------------------------------|--------|--------|--------|--|---------------|
| # | 2. | Delta Dental Plans Association | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair of direct restoration</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Localized repair of a directly placed restoration due to material defects or loss of tooth structure from disease or fracture.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 8 | 13 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing restoration CDT Codes, such as:</p> <p>D2330 resin-based composite – one surface, anterior</p> <p>D2391 resin-based composite – one surface, posterior</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|----|--------------|--------|--------|--------|--|---------------|
| # | 3. | Dr. Kassab | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>crown with core</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Crown that has a core buildup as part of indirect restoration, same day fabrication of an indirect restoration that includes the replacement of missing tooth structure to prevent root canal therapy and post placement for increased retention and is fabricated as part of the indirect crown and provides ferule effect.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee found the submission's proposed descriptor to be confusing, using terms (e.g., "ferule (sic) effect") that do not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing restoration CDT Codes for post and core, and crown, procedures such as:</p> <p>D2710 crown – resin-based composite (indirect)</p> <p>D2952 post and core in addition to crown, indirectly fabricated</p> |

FINAL - 2/21/18

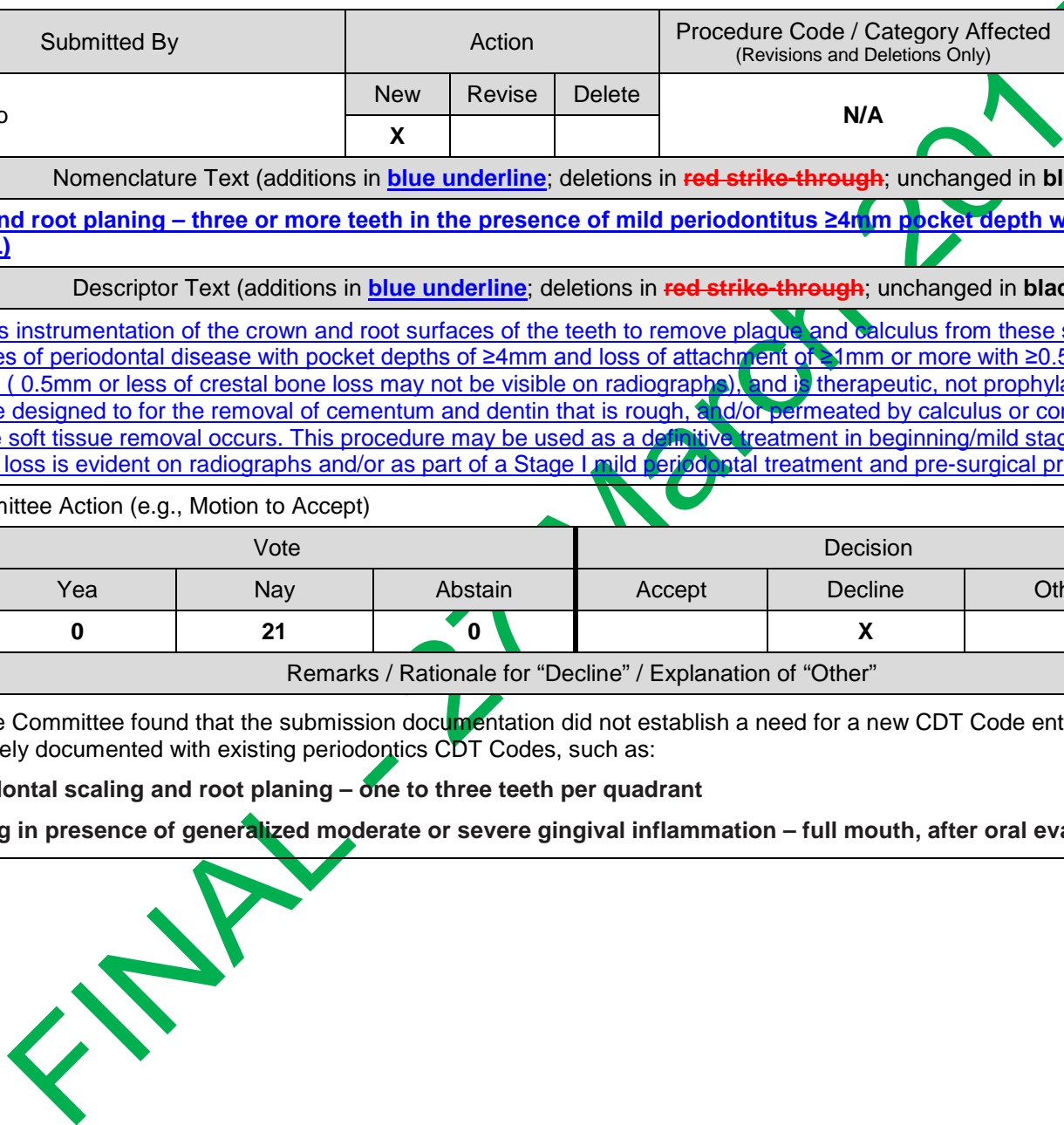
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|----|--------------|--------|--------|--------|--|---------------|
| # | 4. | Ms. Daszko | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>periodontal scaling and root planing – three or more teeth in the presence of mild periodontitis ≥4mm pocket depth with ≥1mm or more clinical attachment loss (CAL)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with mild stages of periodontal disease with pocket depths of ≥4mm and loss of attachment of ≥1mm or more with ≥0.5mm crestal bone loss being evident on radiographs (0.5mm or less of crestal bone loss may not be visible on radiographs), and is therapeutic, not prophylactic, in nature. Root Planing is the definitive procedure designed to for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in beginning/mild stages of periodontal disease before significant bone loss is evident on radiographs and/or as part of a Stage I mild periodontal treatment and pre-surgical procedures in others.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing periodontics CDT Codes, such as:</p> <p>D4342 periodontal scaling and root planing – one to three teeth per quadrant</p> <p>D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|----|--------------|--------|--------|--------|--|---------------|
| # | 5. | Dr. Kusek | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>laser-assisted periodontal therapies (LAPT)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>This procedure involves thermal decontamination of diseased sulcular tissue to reduce periodontal pocket depths by means of lasers. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. This procedure may be used as a definitive treatment in certain stages of periodontal disease, as a part of pre-surgical procedures in others, and/or as a part of periodontal maintenance. This procedure would be reported by a hygiene professional.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing periodontics CDT Codes, such as:</p> <p>D4342 periodontal scaling and root planing – one to three teeth per quadrant</p> <p>Further, the CMC is looking forward to receipt of findings and guidance from the American Academy of Periodontics working group on lasers codes as an aid in considering CDT Code action requests where the procedure involves a laser.</p> |

FINAL

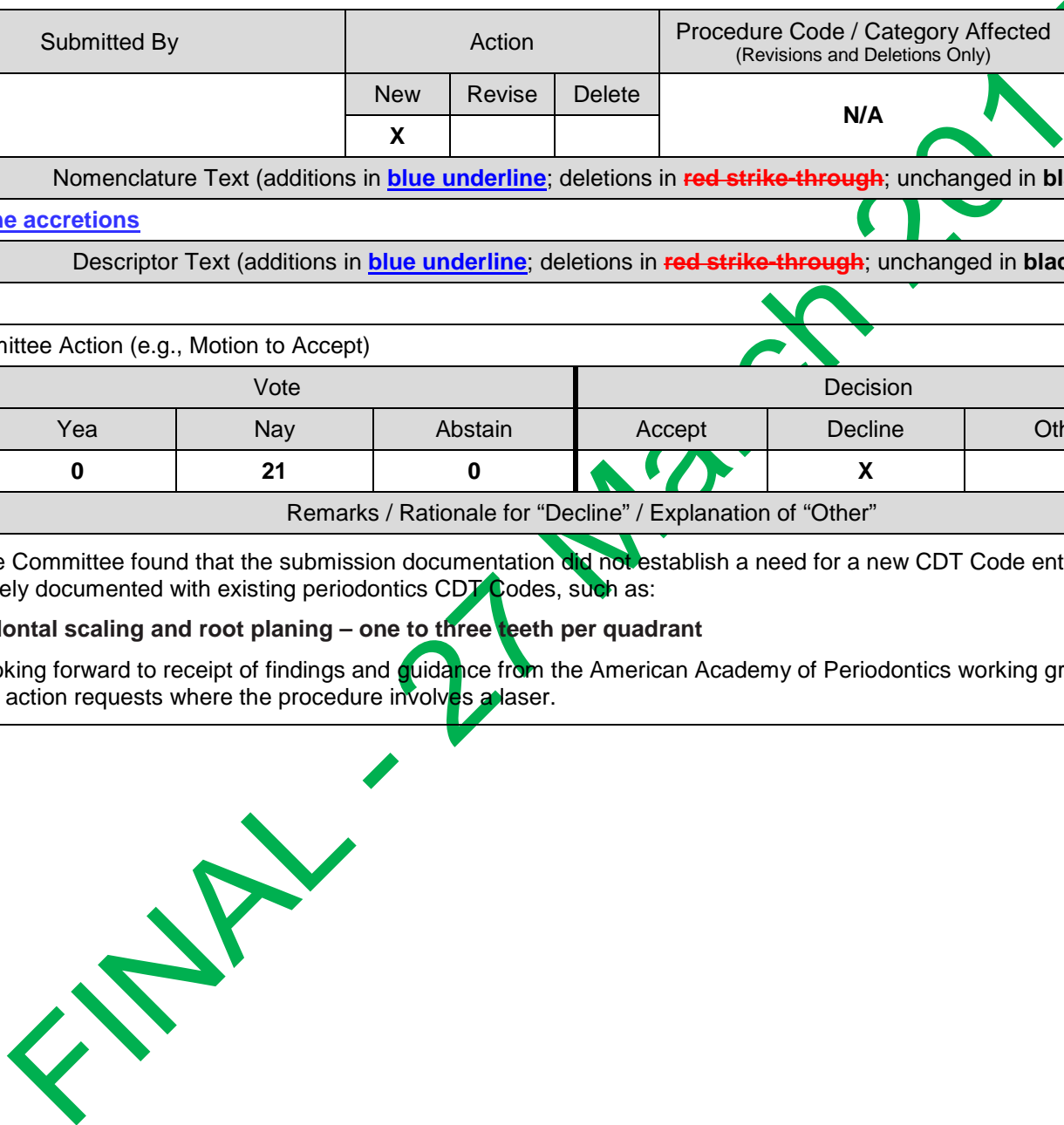
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|----|--------------|--------|--------|--------|--|---------------|
| # | 6. | Dr. Friedel | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>ablation of tooth borne accretions</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing periodontics CDT Codes, such as:</p> <p>D4342 periodontal scaling and root planing – one to three teeth per quadrant</p> <p>Further, the CMC is looking forward to receipt of findings and guidance from the American Academy of Periodontics working group on lasers codes as an aid in considering CDT Code action requests where the procedure involves a laser.</p> |



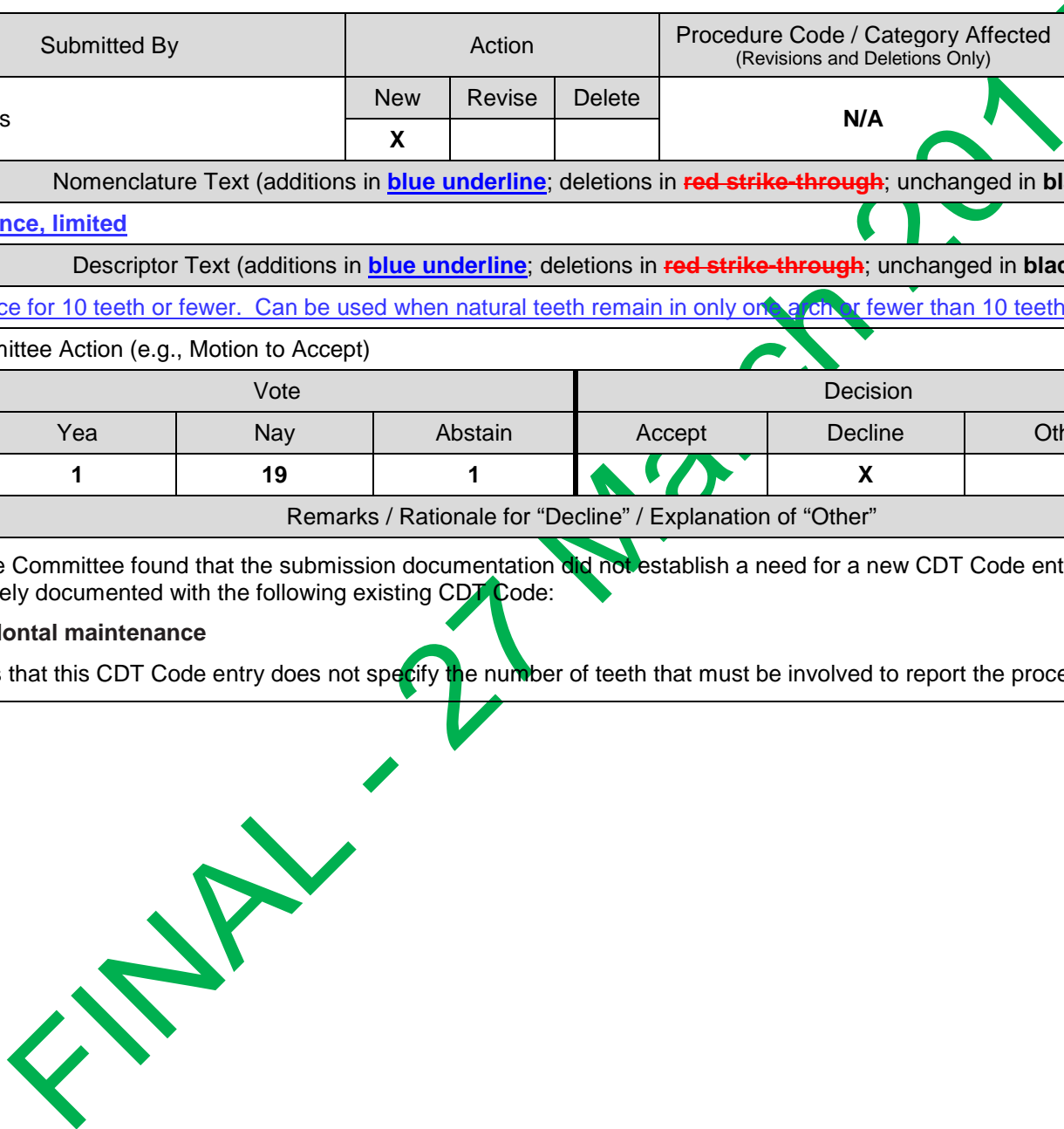
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|----|--------------|--------|--------|--------|--|---------------|
| # | 7. | Dr. Williams | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>periodontal maintenance, limited</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Periodontal maintenance for 10 teeth or fewer. Can be used when natural teeth remain in only one arch or fewer than 10 teeth in both arches.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 19 | 1 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with the following existing CDT Code:</p> <p>D4910 periodontal maintenance</p> <p>Further, the CMC notes that this CDT Code entry does not specify the number of teeth that must be involved to report the procedure.</p> |



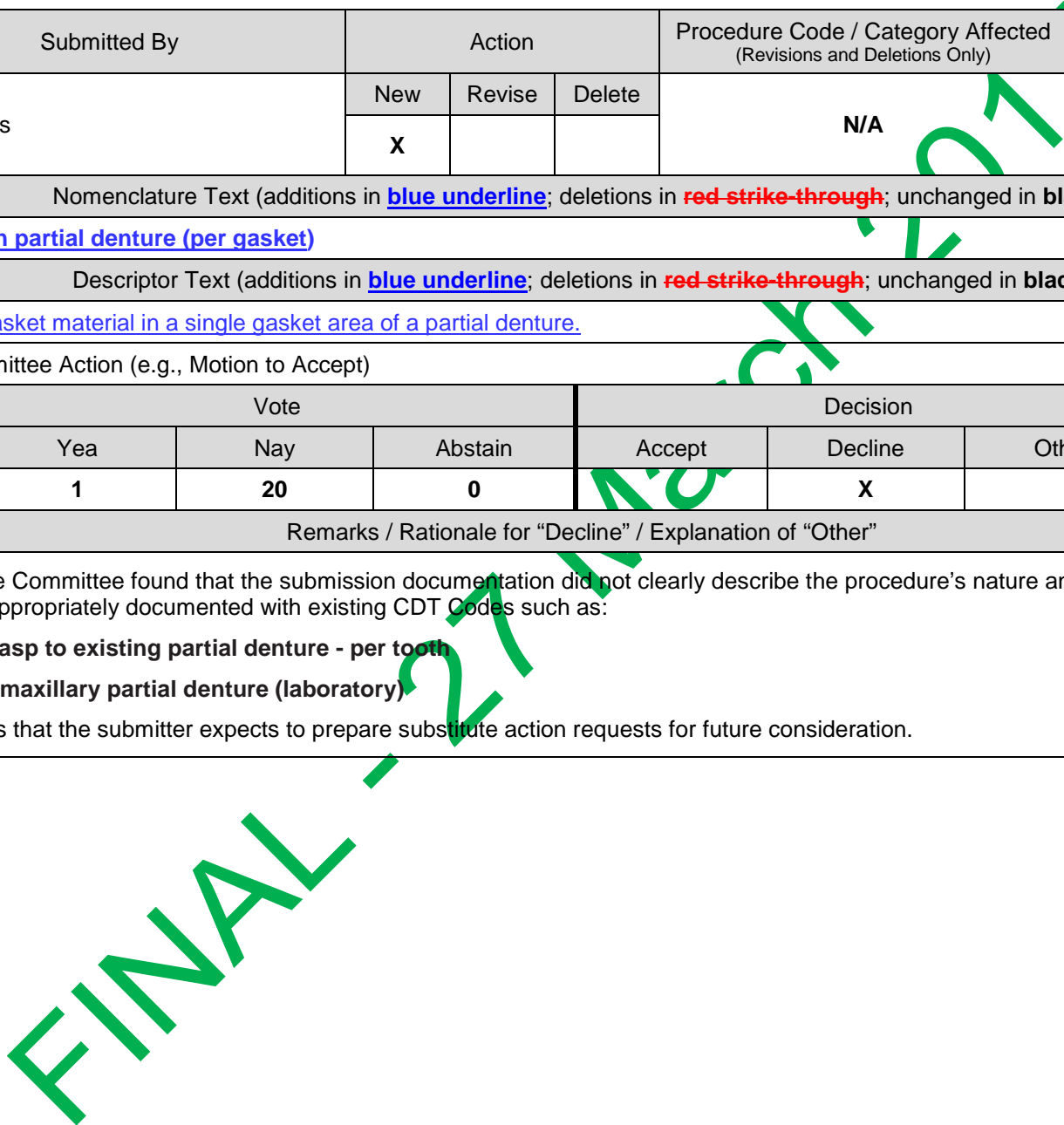
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|----|--------------|--------|--------|--------|--|---------------|
| # | 8. | Dr. Williams | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>gasket replacement in partial denture (per gasket)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Replacement of soft gasket material in a single gasket area of a partial denture.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee found that the submission documentation did not clearly describe the procedure's nature and scope, and that the procedure as described may be appropriately documented with existing CDT Codes such as:</p> <p>D5660 add clasp to existing partial denture - per tooth</p> <p>D5760 reline maxillary partial denture (laboratory)</p> <p>Further, the CMC notes that the submitter expects to prepare substitute action requests for future consideration.</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|----|--------------|--------|--------|--------|--|---------------|
| # | 9. | Dr. Williams | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>replacement of replaceable part of semi-precision attachment, non metal, male or female component</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Replacement of commonly worn plastic, rubber etc. parts like o rings, snaps, receptors etc.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 5 | 16 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with the following existing CDT Code: D5867 replacement of replaceable part of semi-precision or precision attachment (male or female component) |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------|--------|--------|--------|--|---------------|
| # | 10. | Delta Dental Plans Association | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>HbA1c in-office point of service testing</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>This code is to be used when drawing a blood sample and performing point of service analysis of the sample by a dentist.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 1 | 1 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>A motion to amend the submission by elimination of the proposed descriptor Passed by a vote of 20 Yea / 1 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>Dxxxx HbA1c in-office point of service testing</p> |

FINAL - 2/27/18

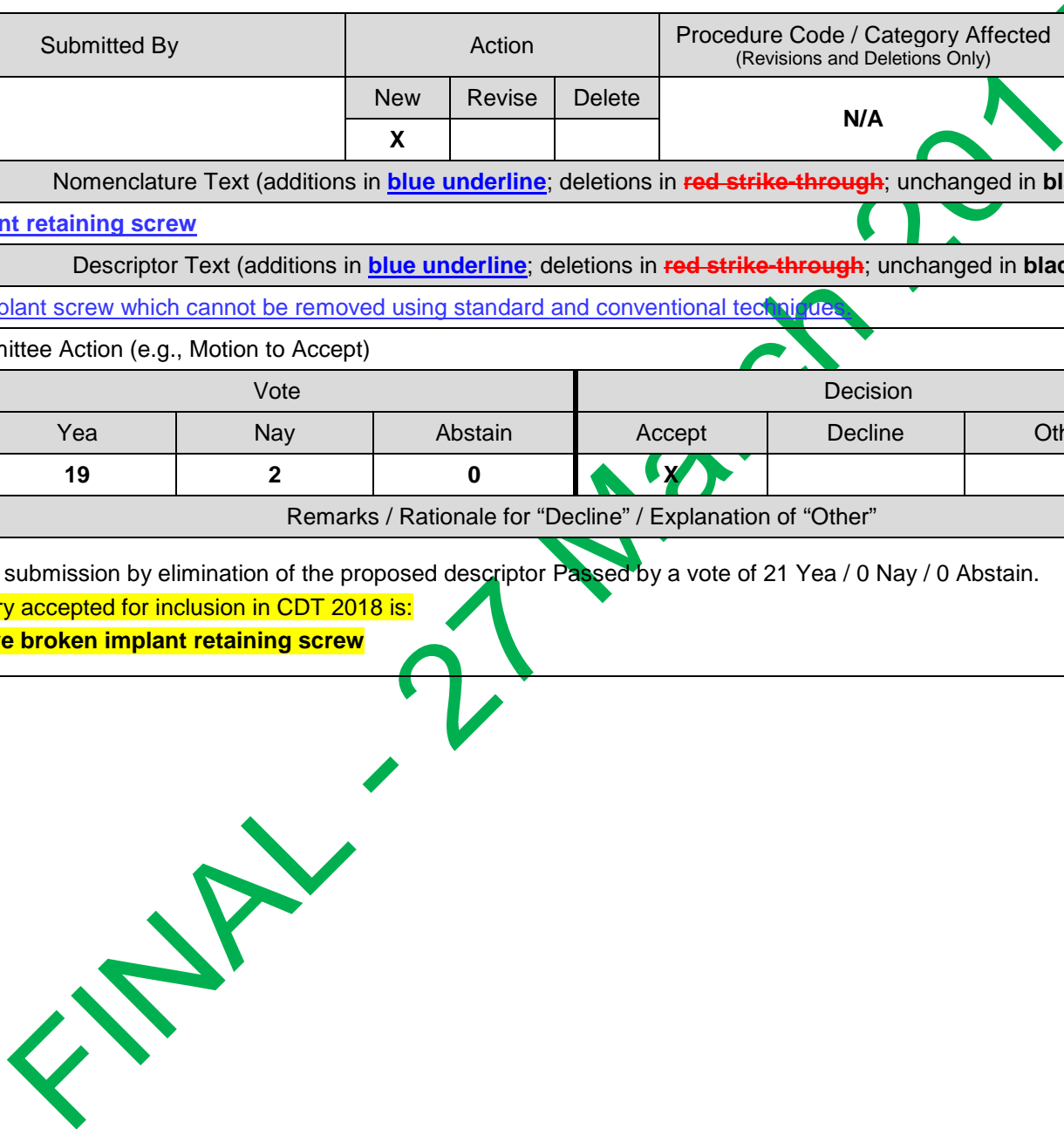
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 11. | Dr. Katz | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>remove broken implant retaining screw</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Removing a broken implant screw which cannot be removed using standard and conventional techniques</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 2 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to amend the submission by elimination of the proposed descriptor Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>Dxxxx remove broken implant retaining screw</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 12. | Dr. Katz | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>blocking out an implant restorative access hole</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>An access hole in an existing screw retained crown may need to be blocked out using composite or other restorative material (not to be combined with any other implant related procedure.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 2 | 18 | 1 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is part of an implant crown procedure. Sealing the access hole is a later step in the overall procedure, that is appropriately documented with the applicable existing implant crown CDT Code. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 13. | Dr. Katz | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>tighten implant retaining screw</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Tightening an Implant screw which has loosened under function. Not to be combined with any other implant related procedure.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 4 | 17 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee found that the submission documentation did not sufficiently define the procedure (e.g., is the procedure applicable only to a screw-retained implant case). Therefore, the CMC is unable to discern the requestor's intentions concerning the procedure's scope. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 14. | Ms. Reid | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>pulpal therapy, (non-resorbable material) primary tooth functioning as a permanent tooth (excluding final restoration)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Root canal on a retained baby tooth functioning as a permanent tooth.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing CDT Codes such as:</p> <ul style="list-style-type: none"> D3310 endodontic therapy, anterior tooth (excluding final restoration) D3320 endodontic therapy, bicuspid tooth (excluding final restoration) D3330 endodontic therapy, molar (excluding final restoration) <p>Further, the CMC notes that the subcategory descriptor language for these CDT Codes does not preclude their use when the service is delivered to a primary tooth that is functioning as a permanent tooth.</p> |

FINAL

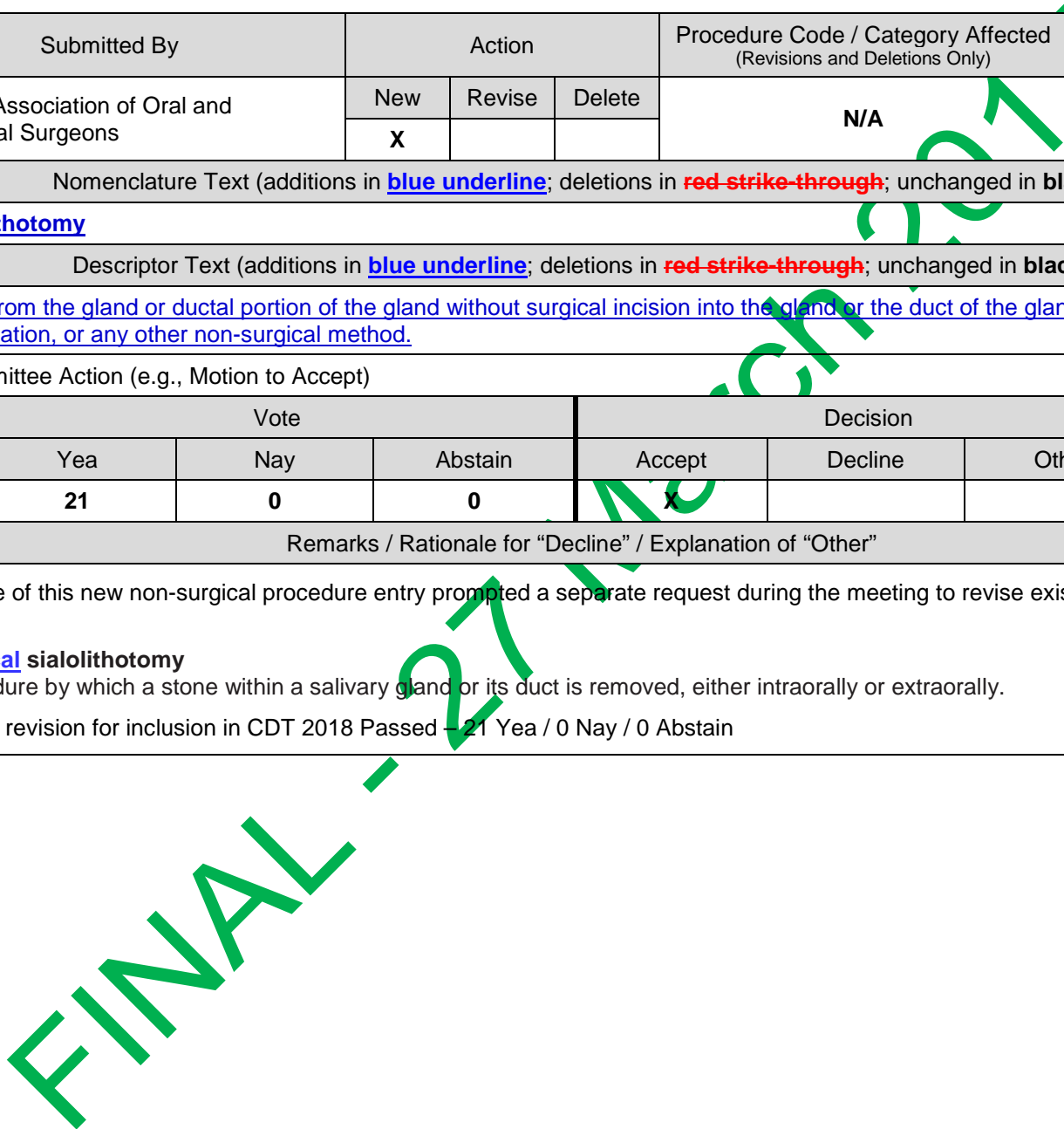
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|---|--------|--------|--------|--|---------------|
| # | 15. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>non – surgical sialolithotomy</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example via manual manipulation, ductal dilation, or any other non-surgical method.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The CMC's acceptance of this new non-surgical procedure entry prompted a separate request during the meeting to revise existing code D7980 for clarity, as follows:</p> <p>D7980 <u>surgical sialolithotomy</u> Procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally.</p> <p>A motion to accept this revision for inclusion in CDT 2018 Passed – 21 Yea / 0 Nay / 0 Abstain</p> |



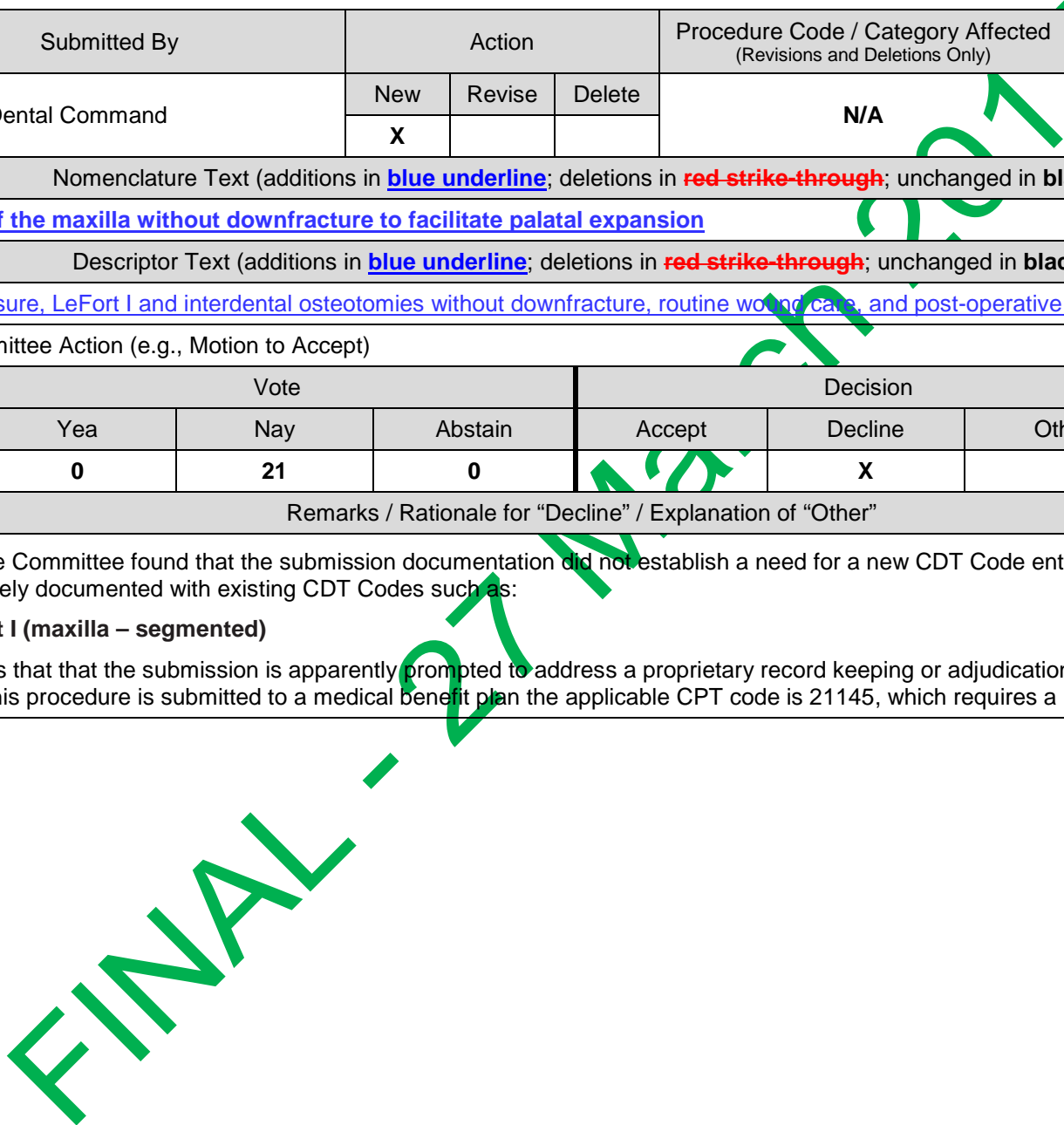
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|------------------------|--------|--------|--------|--|---------------|
| # | 16. | US Army Dental Command | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>surgical sectioning of the maxilla without downfracture to facilitate palatal expansion</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Includes surgical exposure, LeFort I and interdental osteotomies without downfracture, routine wounding care, and post-operative visits.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing CDT Codes such as:</p> <p>D7947 LeFort I (maxilla – segmented)</p> <p>Further, the CMC notes that that the submission is apparently prompted to address a proprietary record keeping or adjudication constraint. The committee also notes that when this procedure is submitted to a medical benefit plan the applicable CPT code is 21145, which requires a narrative report.</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 17. | Dr. Gazerro | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>restoration to seal endodontic access cavity</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 9 | 12 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with existing single surface restorative CDT Codes such as:</p> <p>D2330 resin-based composite – one surface, anterior</p> <p>D2391 resin-based composite – one surface, posterior</p> <p>Recent CMC action on similar requests have also been decisions to decline, with the rationale that existing restoration codes are applicable as the restoration procedure is not limited to cavitated lesions.</p> <p>Before the motion to accept, which Failed as noted above, there was a motion to amend the nomenclature (to read "permanent restoration to seal endodontic access cavity in an existing indirect restoration") Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------|--------|--------|--------|--|---------------|
| # | 18. | Luco Hybrid OSA Appliance Inc. | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>treatment of sleep bruxism and to aid in the treatment of associated tension/migraine type headaches in adults (indications for use statement required by the FDA)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Dual arch mandibular advancement appliance therapy for sleep bruxism.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

Remarks / Rationale for "Decline" / Explanation of "Other"

The Code Maintenance Committee found that the submission documentation addressed a procedure applicable to a proprietary device, which is not in accordance with CDT Code action request guidelines posted online (ada.org/cdt).

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 19. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>biologic materials to aid in soft and osseous tissue regeneration in conjunction with implants</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC’s 2018 meeting. |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 20. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>guided osseous tissue regeneration, resorbable barrier, per site in conjunction with implants</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC’s 2018 meeting. |

FINAL - 2/27/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 21. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>guided osseous tissue regeneration, non-resorbable barrier, per site in conjunction with implants</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC's 2018 meeting. |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---|--------|--------|--------|--|---------------|
| # | 22. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>corticotomy in conjunction with accelerated orthodontic tooth movement – one to three teeth or tooth spaces, per quadrant</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to amend the submission by revising the nomenclature Passed by a vote of 19 Yea / 1 Nay / 1 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>Dxxxx corticotomy – one to three teeth or tooth spaces, per quadrant</p> <p>This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---|--------|--------|--------|--|---------------|
| # | 23. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>corticotomy in conjunction with accelerated orthodontic tooth movement – four or more teeth or tooth spaces, per quadrant</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to amend the submission by revising the nomenclature Passed by a vote of 19 Yea / 1 Nay / 1 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>Dxxxx corticotomy – four or more teeth or tooth spaces, per quadrant</p> <p>This procedure involves creating multiple cuts, perforations, or removal of cortical, alveolar or basal bone of the jaw for the purpose of facilitating orthodontic repositioning of the dentition. This procedure includes flap entry and closure. Graft material and membrane, if used, should be reported separately.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 24. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Adhesive Restorative Dentistry Direct and Indirect Or “Adhesive Dentistry” Or “Adhesive Biomimetic Dentistry”</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Restorations that rely on dentin and enamel adhesion as opposed to mechanical retention and resistance forms for the stability of the restoration.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for “Decline” / Explanation of “Other” |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394). |

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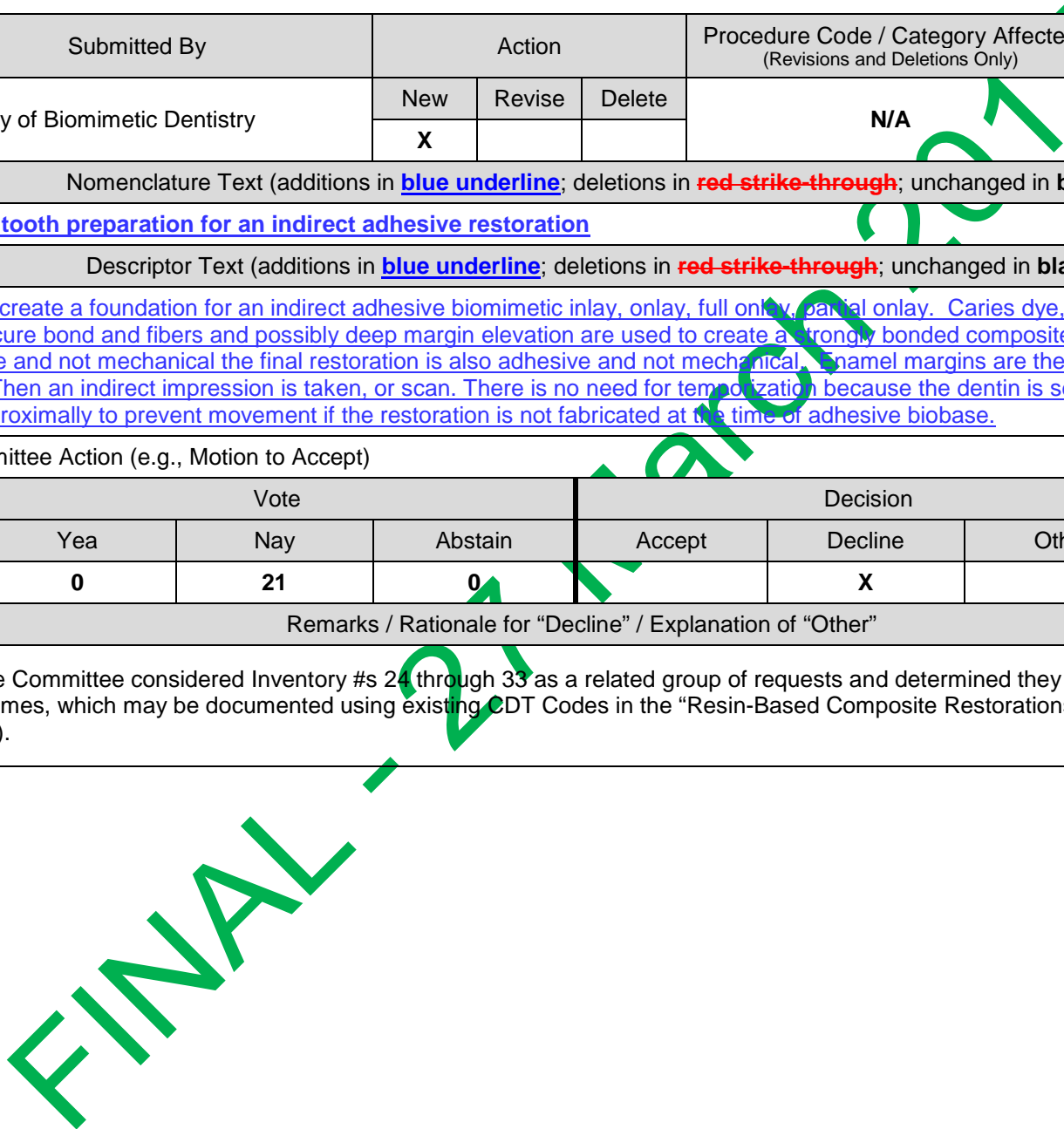
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 25. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>adhesive biobase for tooth preparation for an indirect adhesive restoration</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <p><u>This is a restoration to create a foundation for an indirect adhesive biomimetic inlay, onlay, full onlay, partial onlay. Caries dye, laser fluorescence, AA, MMP neutralization, IDS, secure bond and fibers and possibly deep margin elevation are used to create a strongly bonded composite foundation. Since the retention of the biobase is adhesive and not mechanical the final restoration is also adhesive and not mechanical. Enamel margins are then beveled and the composite margins are defined. Then an indirect impression is taken, or scan. There is no need for temporization because the dentin is sealed and protected. Block out could be bonded interproximally to prevent movement if the restoration is not fabricated at the time of adhesive biobase.</u></p> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394).</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 26. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>air abrasion – important for increasing bond strength</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>A technology that is used to improve the surface of dentin, ceramics, metals for improving the bond strength of the surface to which adhesives and composites are being bonded. Research shows that by doing this the bond strength is improved by 30%.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 27. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>caries dye (for precise removal of infected dentin)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Caries dye is applied to infected dentin and the infected dentin is removed and the affected dentin can be left when it approaches creating an exposure into an asymptomatic pulp. However, healthy non-infected dentin should be obtained in the periphery of the preparation to assure a strong dentin bond. This technology allows a clinical end-point to caries removal that is visual and clinically significant to obtain a strong dentin bond.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 28. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>deep margin elevation for direct and indirect adhesive composite restorations</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>When disease or previous restoration go below the gingival margin this technique allows the dentist to clinically adhesively raise the margin for better impressions for an indirect restoration or to continue to restore the biological rim or a SDRC (stress reduced direct composite) Codes for Caries dye, Laser fluorescence, MMP neutralization, AA, IDS apply to this treatment.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 29. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red-strike-through ; unchanged in black) | | | | | | | |
| <u>ids (immediate dentin sealing)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red-strike-through ; unchanged in black) | | | | | | | |
| <u>It is proven through research that when cut dentin is immediately bonded or sealed that the bond strength increase by 400%. Therefore for direct and indirect biomimetic restorations there is a benefit. It protects the pulp which has been described as the brain of the tooth.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 30. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>mmp neutralization</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Matrix Metallo-Protenases or MMPs have been shown to degrade dentin bonds over time and therefore they need to be neutralized. Some dentin bonding systems because of their proprietary chemistry automatically neutralize the MMPs. However, if the bonding system does not then they can be neutralized by placing a 2% CHX Chlorhexidine solution on dentin for 30 seconds.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 31. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>polyethylene woven fiber placement</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Research shows that when polyethylene woven fibers are placed into a composite filling on the wall and floor we can control C-factor forces and fiber use as the interface affects the microtensile bond strength to dentin.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 32. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>resin coating</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>A microfil flowable composite .5mm placed on the IDS layer. This layer acts as a fail safe mechanism to protect the bond and the tooth. Bonds are so strong that if the adhesive ceramic restoration is bonded to the bond and the restoration fails the bond would not fail the tooth would fracture. Creating a secure bond allows for a manageable repair.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394). |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|---------------------------------|--------|--------|--------|--|---------------|
| # | 33. | Academy of Biomimetic Dentistry | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>srdc (stress reduced direct composite)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <p><u>An advanced adhesive restoration that is stress reduced using the science of modern adhesives and materials that can be done instead of a traditional mechanically retained crown. The protocol uses caries die, laser fluorescence, MMP neutralization, SA, IDB, secure bond, fibers, incremental placement to control C-factor stresses, bonding and restoring dentin first incrementally and then allowing those bonds to mature or decoupling with time and then restoring the enamel incrementally usually on cusp at a time without connecting to the other cusps to decrease the C-factor stresses. The benefit of a SRDC is a tooth may never need a crown or onlay.</u></p> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee considered Inventory #s 24 through 33 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the "Resin-Based Composite Restorations – Direct" subcategory of service (D2330-D2394).</p> |

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Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 34. | Dr. Farley | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>interim implant/abutment supported fixed denture for edentulous arch – mandibular</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>When an interim prosthesis is placement after implant placement. It would later be replaced by a definitive prosthesis.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 1 | 1 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>A motion to amend the submission's proposed nomenclature by moving the word "interim" Passed by a vote of 20 Yea / 0 Nay / 1 Abstain. A motion to amend the submission's proposed descriptor by complete substitution Passed by a vote of 18 Yea / 3 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>Dxxxx 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.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 35. | Dr. Farley | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>interim implant/abutment supported fixed denture for edentulous arch – maxillary</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>When an interim prosthesis is placement after implant placement. It would later be replaced by a definitive prosthesis.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 1 | 1 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>A motion to amend the submission's proposed nomenclature by moving the word "interim" Passed by a vote of 20 Yea / 0 Nay / 1 Abstain. A motion to amend the submission's proposed descriptor by complete substitution Passed by a vote of 18 Yea / 3 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>Dxxxx 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.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--|--------|--------|--------|--|---------------|
| # | 36. | American Dental Association – Council on Dental Benefit Programs | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>teledentistry – synchronous; real-time encounter</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Separate procedure documented and reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 1 | 1 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to amend the submission's proposed descriptor by removal of "Separate procedure documented and..." Passed by a vote of 19 Yea / 1 Nay / 1 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D9xxx teledentistry – synchronous; real-time encounter Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p> |

FINAL - 3/27/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--|--------|--------|--------|--|---------------|
| # | 37. | American Dental Association – Council on Dental Benefit Programs | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>teledentistry – asynchronous; information stored and forwarded to dentist FOR subsequent review</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Separate procedure documented and reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 1 | 1 | X | | |

| Remarks / Rationale for “Decline” / Explanation of “Other” |
|--|
| <p>A motion to amend the submission’s proposed descriptor by removal of “Separate procedure documented and...” Passed by a vote of 19 Yea / 1 Nay / 1 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D9xxx teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 38. | Dr. Williams | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>acrylic hybrid partial denture, mandibular (gasket type)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Mandibular partial denture using gasket material for retention around retained teeth.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with the following existing CDT Code:</p> <p>D5212 mandibular partial denture – resin base (including any conventional clasps, rests and teeth) Includes acrylic resin base denture with resin or wrought wire clasps.</p> <p>The CMC suggests that the submitter consider submitting an action request to revise the current code's nomenclature or descriptor to include word "gasket."</p> |

FINAL - 2/2/18

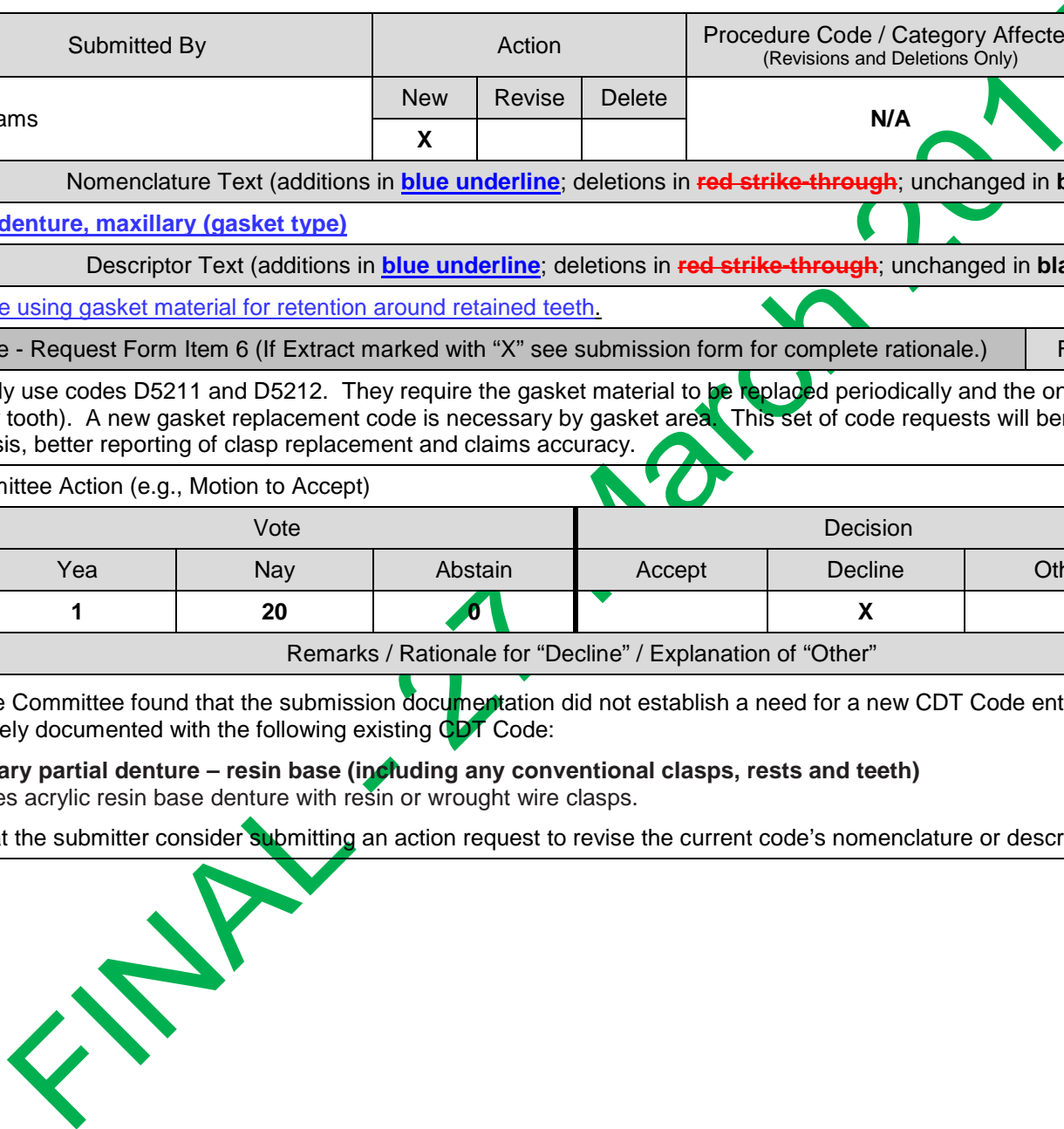
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID | | | |
|---|--|--------------|--------|--------|--------|--|---------------|---|---------|--|
| # | | | New | Revise | Delete | | | | | |
| 39. | | Dr. Williams | X | | | N/A | None Assigned | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | | | | |
| <u>acrylic hybrid partial denture, maxillary (gasket type)</u> | | | | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | | | | |
| <u>Maxillary partial denture using gasket material for retention around retained teeth.</u> | | | | | | | | | | |
| Submitter's Rationale - Request Form Item 6 (If Extract marked with "X" see submission form for complete rationale.) | | | | | | | Full | X | Extract | |
| Gasket partials currently use codes D5211 and D5212. They require the gasket material to be replaced periodically and the only code available is D5660 (clasp replacement per tooth). A new gasket replacement code is necessary by gasket area. This set of code requests will benefit accurate records, explanation of prosthesis, better reporting of clasp replacement and claims accuracy. | | | | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry, and that the procedure as described is appropriately documented with the following existing CDT Code:</p> <p>D5211 maxillary partial denture – resin base (including any conventional clasps, rests and teeth) Includes acrylic resin base denture with resin or wrought wire clasps.</p> <p>The CMC suggests that the submitter consider submitting an action request to revise the current code's nomenclature or descriptor to include word "gasket."</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|----------|--------|--|---------------|
| # | 40. | Ms. Hull | New | Revise | Delete | D7250 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| surgical removal of residual tooth roots <u>from previous extraction</u> (cutting procedure) | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Includes cutting of soft tissue and bone, removal of tooth structure, and closure. This refers to roots remaining after an initial extraction visit. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|----------|-----------|----------|----------|----------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 21 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording changes do not add clarity or improved understanding to the current CDT Code entry, and unnecessarily confuses selection of the appropriate code to document the delivered procedure. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|---|--------|----------|--------|--|---------------|
| # | 41. | American Academy of Pediatric Dentistry | New | Revise | Delete | D1354 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| interim caries arresting medicament application – per tooth | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 20 | 1 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording change clarifies the procedure's intended nature and scope. |

FINAL - 27

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 42. | National Association of Dental Plans | New | Revise | Delete | D6081 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| 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 | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure is not performed in conjunction with D1110, or <u>D4910</u> , <u>or D4346</u> . | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording change clarifies the procedure's intended nature and scope. |

FINAL - 27

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------|--------|--------|--------|--|---------------|
| # | 43. | Dr. Turpen | New | Revise | Delete | D6057 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| custom fabricated abutment -- includes placement | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Created by a laboratory process <u>and is cemented, screwed, soldered or cast to a prosthesis</u> , specific for an individual application. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 5 | 14 | 2 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording changes do not add clarity or improved understanding to the current CDT Code entry, and unnecessarily confuses selection of the appropriate code to document the delivered procedure. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--|--------|----------|--------|--|---------------|
| # | 44. | American Dental Association – Council on Dental Benefit Programs | New | Revise | Delete | D2740 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| crowns – porcelain/ceramic substrate | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording change clarifies the procedure's intended nature and scope. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 45. | National Association of Dental Plans | New | Revise | Delete | D4267 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| guided tissue regeneration – non-resorbable barrier, <u>retained natural tooth</u>, per site (includes membrane removal) | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects. <u>Not to be reported for an edentulous space, extraction site or an implant.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC's 2018 meeting. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 46. | National Association of Dental Plans | New | Revise | Delete | D4266 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| guided tissue regeneration – resorbable barrier, <u>retained natural tooth</u>, per site | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal and peri-implant defects. <u>Not to be reported for an edentulous space, extraction site or an implant.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC's 2018 meeting. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 47. | National Association of Dental Plans | New | Revise | Delete | D7111 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| extraction, coronal remnants – <u>primary</u> deciduous tooth | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Removal of soft tissue – retained coronal remnants. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submission's proposed wording change brings consistency by using terminology found in other CDT Code entries. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 48. | National Association of Dental Plans | New | Revise | Delete | D3330 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| endodontic therapy, molar <u>tooth</u> (excluding final restorations) | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submission's proposed wording change brings consistency by using terminology found in other CDT Code entries. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 49. | National Association of Dental Plans | New | Revise | Delete | D3320 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| endodontic therapy, <u>premolar</u> bicuspid tooth (excluding final restorations) | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submission's proposed wording change brings consistency by using terminology found in other CDT Code entries. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 50. | National Association of Dental Plans | New | Revise | Delete | D3347 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| retreatment of previous root canal therapy – bicuspid <u>premolar</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submission's proposed wording change brings consistency by using terminology found in other CDT Code entries. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 51. | National Association of Dental Plans | New | Revise | Delete | D3421 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| apicoectomy – bicuspid-<u>premolar</u> (first root) | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| For surgery on one root of a bicuspid - <u>premolar</u> . Does not include placement of retrograde filling material. If more than one root is treated, see D3426. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submission's proposed wording changes bring consistency by using terminology found in other CDT Code entries. |

FINAL - 27 MAR 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 52. | National Association of Dental Plans | New | Revise | Delete | D3426 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| apicoectomy – (each additional root) | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Typically used for bicuspid <u>premolar</u> and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording change brings consistency by using terminology found in other CDT Code entries. |

FINAL - 2/27/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revise or Delete Actions Only) | CID |
|--|-----|--------------------------|--------|----------|--------|---|---------------|
| # | 53. | CMC Ad-Hoc Working Group | New | Revise | Delete | D1110 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| prophylaxis – adult | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC’s 2018 meeting. |

FINAL - 27 MAR 2018

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revise or Delete Actions Only) | CID |
|---|-----|---------------------------|--------|----------|--------|---|---------------|
| # | 54. | Dr. Hammer – Benevis, LLC | New | Revise | Delete | D1110 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| prophylaxis – adult <u>age 14 or greater</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| Consent Calendar – Re-tabled in anticipation of replacement for consideration during the CMC’s 2018 meeting. |

FINAL - 27 MAR 2018

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revise or Delete Actions Only) | CID |
|---|-----|---------------------------|--------|----------|--------|---|---------------|
| # | 55. | Dr. Hammer – Benevis, LLC | New | Revise | Delete | D1120 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| prophylaxis – child <u>age below 14</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| Consent Calendar – Re-tabled in anticipation of replacement for consideration during the CMC’s 2018 meeting. |

FINAL - 27 MAR 2018

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------|--------|--------|--------|--|---------------|
| # | 56. | Ms. Forbes and Ms. Raffi | New | Revise | Delete | D4355 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| full mouth debridement to enable a comprehensive oral evaluation and diagnosis | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| The gross removal <u>full mouth debridement involves the preliminary removal</u> of <u>supragingival</u> plaque and calculus <u>which may</u> that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure <u>is intended to lead to more appropriate definitive treatment</u> does not preclude the need for additional procedures. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 19 | 2 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to consider substitute revisions to the current code's nomenclature and descriptor, developed jointly by the submitter, members of the ADHA, and the AAP's CMC representative, Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D4355 full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160 or D0180.</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|------------------------------------|--------|----------|--------|--|---------------|
| # | 57. | American Academy of Periodontology | New | Revise | Delete | D4355 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| full mouth debridement to enable a comprehensive evaluation and diagnosis | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures. <u>Not to be completed on same day as comprehensive oral evaluations (D0150, D0160, or D0180).</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| Rendered moot by CMC acceptance of Inventory # 56, as amended. |

FINAL - 27

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|------------------------------------|--------|----------|--------|--|---------------|
| # | 58. | American Academy of Periodontology | New | Revise | Delete | D4230 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| anatomical crown exposure – four or more contiguous teeth <u>or bounded tooth spaces</u> per quadrant | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide anatomically correct gingival relationship. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording change clarifies the procedure's intended nature and scope. |

FINAL - 27

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|------------------------------------|--------|----------|--------|--|---------------|
| # | 59. | American Academy of Periodontology | New | Revise | Delete | D4231 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| anatomical crown exposure – one to three teeth <u>or bounded tooth spaces</u> per quadrant | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure is utilized in an otherwise periodontally healthy area to remove enlarged gingival tissue and supporting bone (ostectomy) to provide an anatomically correct gingival relationship. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submissions' proposed wording change clarifies the procedure's intended nature and scope. |

FINAL - 27

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 60. | National Association of Dental Plans | New | Revise | Delete | D4263 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| bone replacement graft – retained natural tooth – first site in quadrant | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. The procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space, or an extraction site, <u>or an implant.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC’s 2018 meeting. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 61. | National Association of Dental Plans | New | Revise | Delete | D4264 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| bone replacement graft – retained natural tooth – each additional site in quadrant | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. The procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration or barrier membranes. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space, or an extraction site, <u>or an implant</u> . | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC's 2018 meeting. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|------------------------------------|--------|----------|--------|--|---------------|
| # | 62. | American Academy of Periodontology | New | Revise | Delete | D4270 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| pedicle soft tissue graft procedure – per tooth, implant, or edentulous tooth position | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth, and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root, or to eliminate a gingival defect if the root is not too prominent in the arch. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC's 2018 meeting. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|------------------------------------|--------|----------|--------|--|---------------|
| # | 63. | American Academy of Periodontology | New | Revise | Delete | D4276 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| combined connective tissue and double pedicle graft, per tooth, <u>implant or edentulous tooth position</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|----------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | | | X |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| Consent Calendar – Withdrawn by submitter in anticipation of replacement submissions for consideration during the CMC's 2018 meeting. |

FINAL - 27

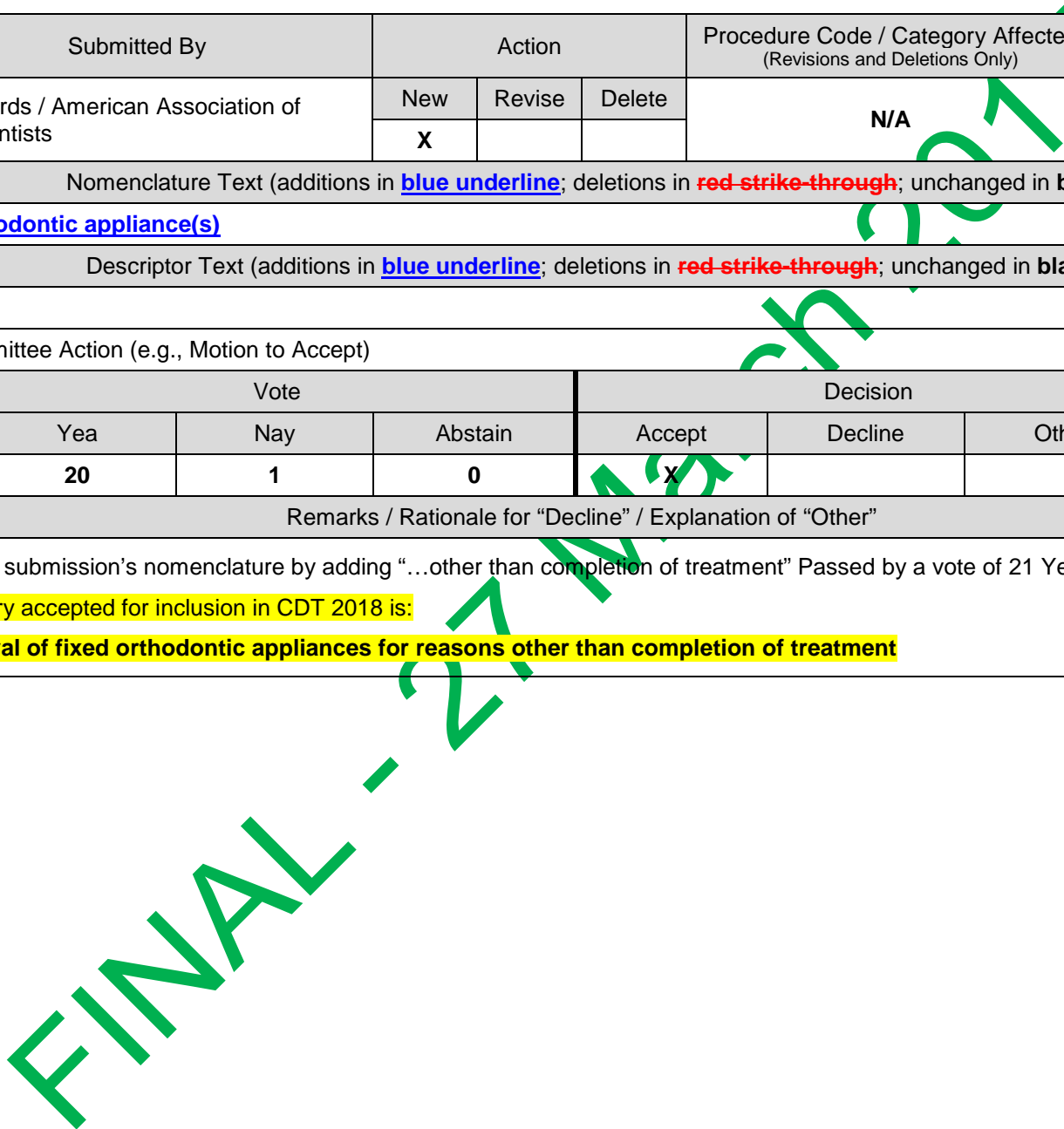
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--|--------|--------|--------|--|---------------|
| # | 64. | Dr. Robirds / American Association of Orthodontists | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>removal of fixed orthodontic appliance(s)</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 20 | 1 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to amend the submission's nomenclature by adding "...other than completion of treatment" Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D8xxx removal of fixed orthodontic appliances for reasons other than completion of treatment</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|-------------------|--------|--------|--------|--|---------------|
| # | 65. | Dr. Elliott Davis | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>removal of orthodontic brackets – procedure delivered by dentist who did not originally place the brackets, or by the practice where the brackets were originally provided to the patient</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Self-explanatory (refer to code D1555).</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 0 | 20 | 1 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The Code Maintenance Committee accepted another submission, Inventory # 64 whose nomenclature and descriptor follow, that fulfills the intent of this request: D8xxx removal of fixed orthodontic appliances for reasons other than completion of treatment |

FINAL - 2/27/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------|--------|----------|--------|--|---------------|
| # | 66. | Dr. Soto | New | Revise | Delete | D1555 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| removal of fixed space maintainer | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Procedure delivered by dentist who did not originally place the appliance or by the practice where the appliance was originally delivered to the patient. <u>Removal of spacer, regardless of who cemented the spacer.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|----------|-----------|----------|----------|----------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The Code Maintenance Committee's position is that space maintainer placement and removal by the same practitioner is one procedure. |

FINAL - 27

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 67. | National Association of Dental Plans | New | Revise | Delete | D1555 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| removal of fixed space maintainer | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Procedure delivered <u>performed</u> by dentist who did not originally place the appliance, or by the practice where the appliance was originally delivered to the patient. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| <p>A motion to amend the submission's descriptor by various text additions and deletions Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D1555 removal of fixed space maintainer Procedure performed by dentist or practice that did not originally place the appliance.</p> |

FINAL - 2/1/2018

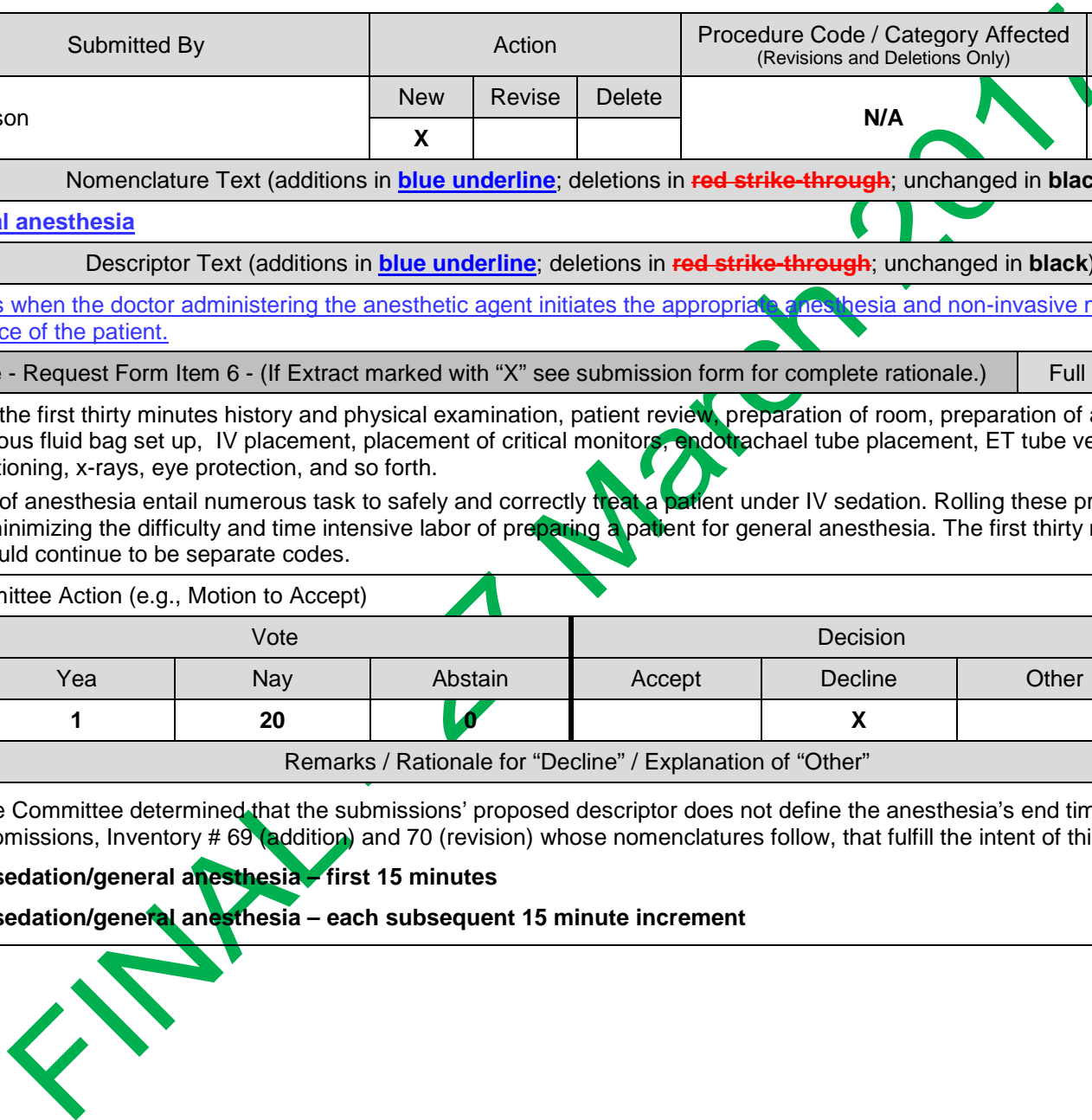
Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID | | | |
|--|-----|--------------|--------|--------|--------|--|---------------|---|---------|--|
| # | 68. | Dr. Erikson | New | Revise | Delete | N/A | None Assigned | | | |
| | | | X | | | | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | | | | |
| <u>deep sedation/general anesthesia</u> | | | | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | | | | |
| <u>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.</u> | | | | | | | | | | |
| Submitter's Rationale - Request Form Item 6 - (If Extract marked with "X" see submission form for complete rationale.) | | | | | | | Full | X | Extract | |
| <p>D9220 incorporated in the first thirty minutes history and physical examination, patient review, preparation of room, preparation of anesthesia medicines, IV or gas induction, intravenous fluid bag set up, IV placement, placement of critical monitors, endotracheal tube placement, ET tube verification, infusion pump set up, proper patient positioning, x-rays, eye protection, and so forth.</p> <p>The first thirty minutes of anesthesia entail numerous task to safely and correctly treat a patient under IV sedation. Rolling these procedures and tasks into a maintenance code is minimizing the difficulty and time intensive labor of preparing a patient for general anesthesia. The first thirty minutes and the additional 15 minute increments should continue to be separate codes.</p> | | | | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 1 | 20 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>The Code Maintenance Committee determined that the submissions' proposed descriptor does not define the anesthesia's end time, and that the CMC accepted two other submissions, Inventory # 69 (addition) and 70 (revision) whose nomenclatures follow, that fulfill the intent of this request:</p> <p>D9xxx deep sedation/general anesthesia – first 15 minutes</p> <p>D9923 deep sedation/general anesthesia – each subsequent 15 minute increment</p> |



Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---|--------|--------|--------|--|---------------|
| # | 69. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>deep sedation/general anesthesia – first 15 minutes</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <p><u>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 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.</u></p> <p><u>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.</u></p> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for “Decline” / Explanation of “Other” |
|--|
| The Code Maintenance Committee determined that the submission’s wording describes the procedure’s intended nature and scope. |

FINAL
MARCH 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---|--------|----------|--------|--|---------------|
| # | 70. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | D9223 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| deep sedation/general anesthesia- each subsequent 15 minute increment | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <p>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 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.</p> <p>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.</p> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept AS AMENDED)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| <p>A motion to amend the submission by removing the entire descriptor as it's references to start time are not applicable Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D9223 deep sedation/general anesthesia – each subsequent 15 minute increment</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---|--------|--------|--------|--|---------------|
| # | 71. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>intravenous moderate (conscious) sedation/analgesia- first 15 minutes</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <p><u>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 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.</u></p> <p><u>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.</u></p> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The Code Maintenance Committee determined that the submission's wording describes the procedure's intended nature and scope. |

FINAL - 21 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|---|--------|----------|--------|--|---------------|
| # | 72. | American Association of Oral and Maxillofacial Surgeons | New | Revise | Delete | D9243 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <p>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 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.</p> <p>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.</p> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept AS AMENDED)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for “Decline” / Explanation of “Other” |
|---|
| <p>A motion to amend the submission by removing the entire descriptor as it’s references to start time are not applicable Passed by a vote of 21 Yea / 0 Nay / 0 Abstain.</p> <p>The full CDT Code entry accepted for inclusion in CDT 2018 is:</p> <p>D9243 intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment</p> |

FINAL

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 73. | National Association of Dental Plans | New | Revise | Delete | D9940 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| occlusal guard, by report | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors. | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|----------|-----------|----------|----------|----------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 2 | 19 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The Code Maintenance Committee determined that the CDT Code entry deletion is not justified as information on the submission does not support the contention that the procedure should be parsed as indicated in Inventory #s 74 and 75 (requests for two replacement procedure codes). |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 74. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>occlusal guard – laboratory processed</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Removable dental appliance designed to minimize the effects of bruxism (grinding) and other occlusal factors. Not for treatment of airway/sleep disorders.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 2 | 19 | 0 | | X | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The Code Maintenance Committee determined that the decision to decline Inventory # 73, deleting the existing occlusal guard procedure code, eliminates the need for this requested addition. Further, the submission as presented does not acknowledge that an in-office lab can fabricate an occlusal guard. The CMC also recognizes that "Not for treatment of airway/sleep disorders." could be a relevant citation in a like future action request. |

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|---|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 75. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>occlusal guard – office fabricated</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>Removable dental appliance designed to minimize the effects of bruxism (grinding) and other occlusal factors. Not for treatment of airway/sleep disorders.</u> | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 2 | 19 | 0 | | X | |

Remarks / Rationale for "Decline" / Explanation of "Other"

The Code Maintenance Committee determined that the decision to decline Inventory # 73, deleting the existing occlusal guard procedure code, eliminates the need for this requested addition. Further, the submission as presented does not acknowledge that an in-office lab can fabricate an occlusal guard. The CMC also recognizes that "Not for treatment of airway/sleep disorders." could be a relevant citation in a like future action request.

FINAL - 2/21/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 76. | National Association of Dental Plans | New | Revise | Delete | D5510 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| repair broken complete denture base | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The CMC recognizes that this deletion enables acceptance of Inventory #s 77-78 that bring greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 2/27/18

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 77. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair broken complete denture base, mandibular</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The CMC recognizes that this addition brings greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 78. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair broken complete denture base, maxillary</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The CMC recognizes that this addition brings greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 79. | National Association of Dental Plans | New | Revise | Delete | D5610 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| repair resin denture base | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The CMC recognizes that this deletion enables acceptance of Inventory #s 80-81 that bring greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 80. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair resin partial denture base, mandibular</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The CMC recognizes that this addition brings greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 81. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair resin partial denture base, maxillary</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The CMC recognizes that this addition brings greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|----------|--------|--|---------------|
| # | 82. | National Association of Dental Plans | New | Revise | Delete | D5620 | None Assigned |
| | | | | X | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| repair cast framework | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|-----------|----------|----------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The CMC recognizes that this deletion enables acceptance of Inventory #s 83-84 that bring greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 83. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair cast partial framework, mandibular</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|--|
| The CMC recognizes that this addition brings greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2017

Request

| Inventory | | Submitted By | Action | | | Procedure Code / Category Affected (Revisions and Deletions Only) | CID |
|--|-----|--------------------------------------|--------|--------|--------|--|---------------|
| # | 84. | National Association of Dental Plans | New | Revise | Delete | N/A | None Assigned |
| | | | X | | | | |
| Nomenclature Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| <u>repair cast partial framework, maxillary</u> | | | | | | | |
| Descriptor Text (additions in <u>blue underline</u> ; deletions in red strike-through ; unchanged in black) | | | | | | | |
| None | | | | | | | |

Code Maintenance Committee Action (e.g., Motion to Accept)

| Vote | | | Decision | | |
|------|-----|---------|----------|---------|-------|
| Yea | Nay | Abstain | Accept | Decline | Other |
| 21 | 0 | 0 | X | | |

| Remarks / Rationale for "Decline" / Explanation of "Other" |
|---|
| The CMC recognizes that addition brings greater specificity to the CDT Code, which supports patient record keeping and claim auto-adjudication. |

FINAL - 27 March 2018