**Part 1 –** Submitter Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Contact Information (Action Requestor) | | | | | | | | | Date Submitted: | | |  |
| Name: | | |  | | | | | | | | | |
| Address (Line 1): | | |  | | | | | | | | | |
| Address (Line 2): | | |  | | | | | | | | | |
| City: | | |  | | | | State: |  | | Zip Code |  | |
| Telephone: | | |  | | | Email: |  | | | | | |
| 1. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product? | | | | | | | | | | | | |
| Yes > |  | No > | |  |  | | | | | | | |
| If Yes, name the entity **>** | | | | |
| 1. Does the requestor or entity identified in item #1 or #2 receive any financial benefit? | | | | | | | | | | | | |
| Yes > |  | No > | |  |  | | | | | | | |
| If Yes, what is the benefit? **>** | | | | |
| 1. “ADA Copyright Assignment Agreement” form signed and included with this Action Request? | | | | | | | | | | | | |
| Yes > |  | No > | |  |  | | | | | | | |
| If No, why is it missing? **>** | | | | |
| 1. Action Requestor named in “A. Contact Information” above attests that all information on the “[Request a Change to the Code](https://www.ada.org/en/publications/cdt/request-to-change-to-the-code)” ADA Internet page has been read and understood. | | | | | | | | | | | | |
| Yes > |  | No > | |  |  | | | | | | | |
| If No, explain why **>** | | | | |

**Part 2 –** Submission Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Code Action   (Mark one only) | Add New | |  | Revise Current |  | Delete Entirely |  | | Affected Code  (Revise or Delete only) | | **D** | |
| 1. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.  * For “Add New” – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or “**None**” * For “Revise Current” mark-up 2a) and 2b) as follows:   + added text – **blue underline**; deleted text – **~~red strike-through~~**; unchanged text – **black** * For “Delete Entirely” mark-up 2a) and 2b) all text as **~~red strike-through~~** | | | | | | | | | | | | |
| 2a) Nomenclature | |  | | | | | | | | | | |
| 2b) Descriptor | |  | | | | | | | | | | |
| 1. Rationale for this request – your persuasive argument for CMC acceptance.   Note: For a deletion specify another code that is the alternative (may not be a "Dx999" unspecified procedure code). Explain if there is no alternative or the code is for a procedure believed to be obsolete. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. Complete a) – c) **only** if Action Request is for a New CDT Code | | | | | | | | | | Mark if Revise or Delete  [ “a) - c)” are not applicable] | |  | |
| 1. CDT Code currently used to report the procedure | | | | | | | | **D** | | | | | |
| 1. Procedure technical description | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. Clinical scenario | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**Part 3 –** Additional Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Supporting documentation or literature:  * “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated. * If protected by copyright, written authorization to reprint and distribute **must** be provided * All material **must** be submitted in electronic format. | | | | | | | | |
| 1. Material submitted? | Yes **>** |  | 1. Protected by copyright?   (If “a)” is “Yes”) | Yes **>** |  | 1. Permission to reprint?   (If “b)” is “Yes”) | Yes **>** |  |
| No **>** |  | No **>** |  | No **>** |  |
| 1. Additional Comment or Explanation: | | | | | | | | |
|  | | | | | | | | |