**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.

Special Notes – Deletion Requests:* Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
* The alternative may be an accompanying request for a new CDT Code.
* Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., 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

|  |
| --- |
| 1. Supporting documentation or literature:
* “5.a)” **must** be completed for all requested actions.
* “5.b)” and “5.c)” are completed only when “5.a)” is marked “Yes.”
* Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
* All material **must** be submitted in an unprotected 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:
 |
|  |