

1  
2  
3  
4  
5  
  
6  
7  
8  
9  
10  
11  
12

ADA Council on Dental Benefit Programs  
Code Maintenance Committee (CMC)  
Composition, Responsibilities and Meeting Protocol  
v4  
November 12, 2021

Notes: This publication documents the Code Maintenance Committee's role in maintaining the ADA intellectual property known as the *Code on Dental Procedures and Nomenclature* (CDT Code). Content updates will be made as needed to ensure that this purpose is achieved.

All materials concerning CDT Code maintenance are maintained and stored by the ADA as the CMC Secretariat.

## TABLE OF CONTENTS

1		
2	1.0	Introduction 1
3	2.0	Scope of CMC Responsibilities 1
4	3.0	Committee Composition 1
5	4.0	Member Organization Obligations 2
6	5.0	Meetings 2
7	5.1.	Annual (In-Person) 2
8	5.2.	Conference Calls 2
9	6.0	CMC Chair 3
10	7.0	Secretariat 3
11	8.0	Voting 3
12	8.1.	General 3
13	8.2.	Editorial Actions 3
14	8.3.	Substantive Actions 3
15	8.4.	Rationales for CDT Code Action Request Vote Outcome 3
16	9.0	CDT Code Maintenance Process Overview 5
17	9.1.	Flowchart 5
18	9.2.	Timeline 6
19	9.3.	Substantive Action Request 6
20	9.4.	Editorial Action Request 6
21	9.5.	Action Report 7
22	9.6.	Submission for Reconsideration 7
23	10.0	CDT Code Action Request Evaluation Guidelines 7
24	11.0	Ad-Hoc Working Groups 8
25	12.0	Non-Member (Observer) Protocol 8
26	12.1.	“Listen-Only” Telephone Connection 9
27	13.0	Parliamentary Procedures 9
28		Appendix 1 – CMC Member Organizations As Of <Month Day, Year> 10
29		Appendix 2 –CMC Membership Requests and Ongoing Participation 11

## 1 1.0 INTRODUCTION

2 PL 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), was enacted on  
3 August 21, 1996. The Secretary, Health and Human Services, under the law's Administrative  
4 Simplification provisions, published the final rule on HIPAA standard transactions and code sets in the  
5 August 17, 2000 Federal Register. This rule addressed changes to 45CFR Parts 160 and 162, which  
6 established standards for electronic health care transactions and code sets used in these transactions.  
7 According to the regulatory text:

- 8 • 162.1002 Medical Data Code Sets – The Secretary adopts the following code set maintaining  
9 organization's code sets as the standard data code sets:
  - 10 ○ (d) *Code on Dental Procedures and Nomenclature*, as maintained and distributed by the  
11 American Dental Association, for dental services.

12 The purpose of the CDT Code is to achieve uniformity, consistency and specificity in accurately  
13 recording and reporting dental treatment. One use of the CDT Code is to provide for the efficient  
14 processing of dental claims, and another is to populate an Electronic Health Record. The dental  
15 profession has been using the CDT Code since 1969 to report dental procedures for a variety of  
16 reasons and is therefore familiar with this code set. The CDT Code satisfies the dual aims of  
17 profession-wide standardization in reporting, and the administrative simplification that stems from a  
18 universally recognized taxonomy.

19 The Code Maintenance Committee (CMC) is a standing committee of the ADA's Council on Dental  
20 Benefit Programs (CDBP) This committee:

- 21 • Enables the Council to fulfill its ADA Governance and Organization Manual responsibility
- 22 • Has broad representation from the dental community in accordance with ADA policy
- 23 • Follows protocols that are in accordance with requirements for the maintenance of named HIPAA  
24 medical code sets
- 25 • Is chaired by a current or past Council member

## 26 2.0 SCOPE OF CMC RESPONSIBILITIES

27 The CMC is responsible for maintaining the narrative components of a CDT Code entry – 1) the  
28 required "Nomenclature," the written title of a Procedure Code; and 2) the optional "Descriptor," a  
29 written narrative that further defines the nature and intended use of a single Procedure Code, or group  
30 of related codes. To fulfill this responsibility the CMC:

- 31 1. Determines what action to take on all substantive and editorial requests to change CDT Code  
32 content (e.g., addition of new; revision to existing; deletion of existing).
- 33 2. Initiates and make decisions on its own CDT Code action requests.
- 34 3. Suggests the location (e.g., Category of Service) where CDT Code additions would be placed.

## 35 3.0 COMMITTEE COMPOSITION

36 The Code Maintenance Committee is comprised of organizations (i.e., legal entities) in the categories  
37 listed within this section. There are no individual (i.e., natural person) members.

38 CMC member organizations include those listed below followed by their number of votes in  
39 parentheses.

- 40 • American Dental Association (5 representatives, one of whom will serve as CMC chair)

- 1 • Dental specialty organizations (e.g., those recognized by the “ADA National Commission on  
2 Recognition for Dental Specialties and Certifying Boards” – 1 representative each)
- 3 • Dental professional organizations representing practitioners and dental educators (1  
4 representative each)
- 5 • Third-party payer and dental benefits organizations (1 representative each)

6 Appendix 1 contains the list of current CMC member organizations.

7 Appendix 2 describes the process to be followed by organizations that seek to become CMC members.

#### 8 **4.0 MEMBER ORGANIZATION OBLIGATIONS**

9 A CMC member organization:

- 10 • Appoints, at its full discretion, the individual who will represent its interests and exercise the  
11 organization’s vote during the committee’s meetings.
  - 12 ○ Representatives are not subject to ratification by the CMC or other entity before being  
13 seated.
  - 14 ○ Member organizations may appoint their representative on a continuing or meeting-by-  
15 meeting basis, or ad-hoc during a meeting, to ensure that all member organizations are  
16 present are able to cast their ballot.
- 17 • Names the individual(s), which may include staff, to whom all CMC related materials and  
18 information will be conveyed.
- 19 • Is responsible for all expenses, individual and otherwise, incurred in their CDT Code maintenance  
20 activities.
- 21 • Is responsible for educating its representatives on the CMC’s processes as described in this  
22 document.
- 23 • Is expected to review and discuss all CDT Code Action Requests within their constituency prior to  
24 the CMC’s annual meeting.
- 25 • Must ensure that its representative is present to engage in discussion and cast a vote on all  
26 business that comes before the committee.

27 Appendix 2 describes the process to be followed when a member organization does not fulfill its  
28 membership obligations.

#### 29 **5.0 MEETINGS**

##### 30 5.1 Annual (In-Person)

31 The CMC annual business meeting is the scheduled event during which the committee determines  
32 which of the substantive and editorial action requests will be included in the CDT Code’s next version.  
33 Meetings convene during the 1<sup>st</sup> quarter of each calendar year at ADA Headquarters in Chicago on  
34 dates that present minimal conflict with other major dental events. Two days, Thursday and Friday, are  
35 scheduled in late February or early March for the meeting. Early adjournment is possible, and  
36 dependent on time needed for committee discussion and action on all agenda items.

##### 37 5.2 Conference Calls

1 The CMC may convene by conference call when an urgent matter is identified for discussion by all  
2 member organizations.

### 3 **6.0 CMC CHAIR**

4 This individual is named by the Council on Dental Benefit Programs and is also a voting member  
5 representing the ADA. The Chair:

- 6 • Determines the agenda for all CMC meetings
- 7 • Participates in discussion of action requests and other matters addressed by the CMC
- 8 • Must cast a vote as an ADA representative on motions to accept a CDT Code Action Request,  
9 and on other matters that come to ballot
- 10 • Performs other administrative functions as required to complete CMC meeting work in a timely  
11 and efficient manner
- 12 • May establish ad-hoc working groups when needed to support CMC work
- 13 • When absent, she/he may designate another ADA representative to serve as the Temporary  
14 Chair, with the same responsibilities

### 15 **7.0 SECRETARIAT**

16 ADA staff serve as the CMC Secretariat that is responsible for:

- 17 • Process Administration – Includes: meeting and conference call arrangements; preparation and  
18 distribution of meeting notices, action request submissions, agenda and other discussion  
19 material, and action reports; records maintenance; form creation and update (e.g., Action  
20 Requests; Summary Reports).
- 21 • Action Request “Triage” – Includes: identification of required information errors or omissions;  
22 contacting submitter to assist in addressing errors or omissions; notation in request form’s “CMC  
23 Secretariat Notes” of triage actions and outcomes.
- 24 • CDT Code Maintenance Portal Updates (<http://www.ada.org/en/publications/cdt/>) – Includes:  
25 information on CMC meetings; action request inventories; reports of CMC decisions on requested  
26 actions.

### 27 **8.0 VOTING**

28 CMC business items will be addressed in accordance with the meeting agenda as adopted by the  
29 committee, and in accordance with the following protocols.

#### 30 **8.1. General**

- 31 • A simple majority of CMC member organizations present shall constitute a quorum for conducting  
32 business
- 33 • All motions on CDT Code actions must be worded in the affirmative (e.g., Move to accept  
34 substantive inventory item # 99 as submitted.)
- 35 • CMC member organizations represented at the meeting must vote Yea, Nay, or Abstain on  
36 motions to accept a CDT Code action, or other committee business
- 37 • The member organization representative must be present to cast a vote
- 38 • No proxy votes are permitted

- 1 • A simple majority of the member organizations present and voting will determine the outcome of a  
2 motion to accept an action request, or for other committee business as needed
- 3 • Abstentions do not count when the majority is determined
- 4 • The Chair determines how votes are to be cast during a meeting: both manual (e.g., vote cards;  
5 raised hands) and electronic means are acceptable alternatives.
- 6 • A tie vote means the motion or requested action is not accepted
- 7 • A motion to reconsider may be entertained prior to the adjournment of the meeting when a CMC  
8 member wishes to discuss an action taken during the meeting

9 **8.2. Editorial Actions (See 9.4 for definition of an editorial action)**

- 10 • These actions are presented as part of the meeting's consent calendar
- 11 • Any CMC member organization may request one or more editorial actions be removed from the  
12 consent calendar and be addressed individually

13 **8.3. Substantive Actions (See 9.3 for definition of a substantive action)**

- 14 • These actions are addressed in the order presented on the Substantive Inventory, or in groups of  
15 similar or related requests when determined by the Chair
- 16 • A separate motion to accept each substantive requests is required
- 17 • A single motion to accept a group of similar or related requests is permissible when determined  
18 by the Chair

19 **8.4. Rationales for CDT Code Action Request Vote Outcome**

- 20 • The CMC will review the Secretariat's draft rationale for declining a request prior to release of a  
21 meeting's final action report.
- 22 • Unless decided otherwise, no rationale is needed for accepted requests as the presumption is the  
23 submitter's rationale is considered persuasive

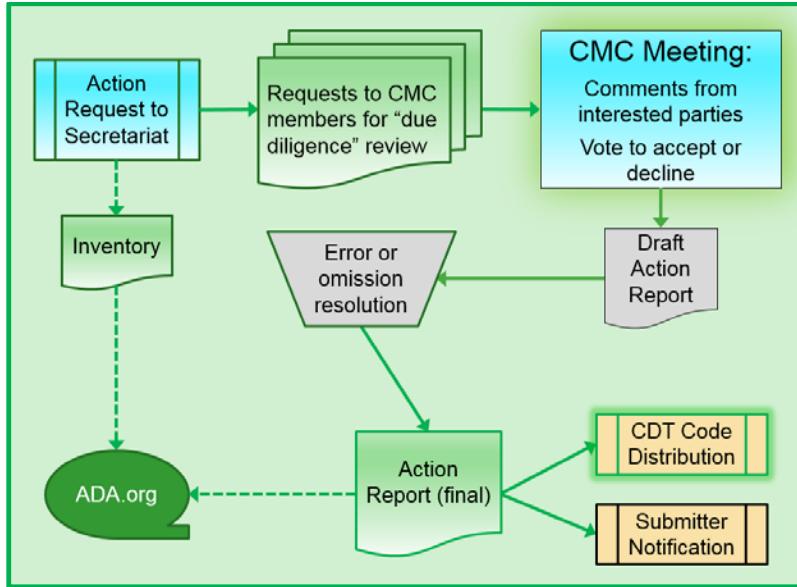
24 **9.0 CDT CODE MAINTENANCE PROCESS – OVERVIEW**

25 The Council has created a CDT Code maintenance process that incorporates the best practices of  
26 processes established by other organizations (e.g., AMA for CPT) that maintain HIPAA named medical  
27 code sets. The CDT's process was presented to the National Committee on Vital and Health Statistics,  
28 the federal agency with HIPAA implementation oversight, in June 2012.

29 NCVHS, during its hearing, favorably accepted the ADA testimony and responses to questions, and  
30 acknowledged that the Council's process has the openness and broad participation sought by HIPAA  
31 regulations.

32 **9.1. Flowchart**

33 Key features of the CDT Code maintenance process are in the following illustration.



1

2

1 9.2. Timeline

2 Process milestones leading to a new CDT Code version are listed in this sample timeline for a future  
3 version.

CDT Code Annual Review and Revision Process Tasks and Timeline CDT Code Version Effective January 1, 2030	
Event / Activity Description	Date(s)
Closing date (fixed) for submission of CDT Code Action Requests for this review and revision cycle. <ul style="list-style-type: none"> <li>Requests received after this date will be considered in the next annual review and revision cycle.</li> </ul>	November 1, 2028
Distribution date (fixed) of all Action Request Forms to CMC member organizations to enable their due diligence review prior to the annual committee meeting. <ul style="list-style-type: none"> <li>Request forms also posted on ADA.org/cdt for public information.</li> </ul>	December 1, 2028
Annual CMC meeting at ADA Headquarters in Chicago <ul style="list-style-type: none"> <li>Two day meeting on dates of second Thursday-Friday of the month.</li> </ul>	March 2029 (mid-month)
Draft CMC Action Report review by CMC member organizations. <ul style="list-style-type: none"> <li>Circulated within two weeks of annual meeting's adjournment.</li> </ul>	March 2029 (end of month)
Final CMC Action Report distributed to CMC member organizations and posted on ADA.org/cdt for public information. <ul style="list-style-type: none"> <li>Individual notification of CMC decision (including rationale for declined request) sent to CDT Code Action Request submitters.</li> </ul>	April 2029 (mid-month)
No further CMC activity for this CDT Code version (e.g., 2030)	
Version content electronic distribution to CDT Code licensees.	June 2029

4 9.3. Substantive Action Request

5 A substantive CDT Code action is one that results in either a new CDT Code entry, complete deletion of  
6 a CDT Code entry, or revision to any part of a CDT Code entry. A substantive Revision affects the  
7 nature and scope of a current CDT Code entry.

8 Any individual or organization may submit a substantive action request for consideration, and the  
9 request must be on the specified form posted on-line at: <http://www.ada.org/en/publications/cdt/request-to-change-to-the-code>. Supporting information may be included, accompanied by a written permission  
10 to reproduce and distribute for matter protected by copyright.  
11

12 9.4. Editorial Action Request

13 An editorial CDT Code action is one that addresses grammatical and syntax errors, or other corrections  
14 that in the submitter's opinion do not affect the nature and scope of the CDT Code entry. Only CMC  
15 member organizations may submit an editorial action.

16 The Editorial change process features a short form action request (illustration following) with CMC  
17 adoption by Consent Calendar as noted in the "VOTING" provisions in section 8.2 above.



Inventory #	1.	Submitted By	ADA – Council on Dental Benefit Programs	Date	08/15/2014
CDT Code Entry	D2712 crown – ¾ resin-based composite (indirect)				
		Changes Tracked		Text With Changes Accepted	
This code does not include facial veneers		This <del>code</del> procedure does not include facial veneers		This procedure does not include facial veneers	
Rationale for Editorial Action:	Descriptor provides additional information concerning the procedure to aid selection of appropriate CDT Code.				

1 9.5. Action Report

2 Action Reports record final decisions on all submissions addressed during the meeting. Report drafts,  
3 which include rationales for actions prepared by the Secretariat based on meeting discussion, are  
4 circulated via electronic means for CMC member organization review and ratification. When in final  
5 form the Substantive Action Report and the Editorial Action Report are distributed to all CMC member  
6 organizations. A separate Summary Action Report is posted on ADA.org for public information

7 9.6. Submission for Reconsideration

8 Declined requests may be resubmitted, with new information identified, for consideration during the next  
9 (or later as determined by the submitter) review and revision cycle.

10 **10.0 CDT CODE ACTION REQUEST EVALUATION GUIDELINES**

11 These guidelines are published to assist any interested party or organization (aka “submitter”) prepare  
12 a CDT Code Action Request form. The Code Maintenance Committee considers these guidelines when  
13 determining whether to accept or decline an action request. Evaluation guidelines, in conjunction with  
14 information on a request form (e.g., rationale for the addition, revision or deletion), support discussion  
15 prior to the CMC vote.

16 **Preamble**

- 17 A. A robust dental procedure code taxonomy makes it possible to prepare comprehensive, accurate,  
18 and detailed patient records, and accurate dental claim submissions.
- 19 B. Submitters should carefully review these guidelines when preparing a CDT Code Action Request  
20 and writing the rationale for the requested action.
- 21 C. These guidelines do not preclude the submission of any CDT Code Action Request, but are a  
22 factor considered by the Code Maintenance Committee during its review and decision-making  
23 process.
- 24 D. Submitters may withdraw their CDT Code Action Request up to the annual closing date of  
25 submissions (November 1st).
- 26 E. The CMC, during the course of its request review may at its discretion, amend the proposed  
27 action (e.g., nomenclature or descriptor, or both) before determining whether to accept or reject  
28 the CDT Code Action Request.

29 **Guidelines**

- 30 1. A change request must address the need for documenting services of any type delivered to a  
31 dentist’s patient.
- 32 2. Procedures that are being provided to patients by dentists or other practitioners acting within the  
33 scope of their state’s laws, should have a code available for documentation.

- 1 3. Procedure code nomenclatures and descriptors address the manner in which the procedure is  
2 delivered and therefore must:
  - 3 a) Be clear and unambiguous
  - 4 b) Describe the intended outcome
- 5 and must not:
  - 6 c) Cite a proprietary product or process
  - 7 d) Include text or a name where a symbol such as “©” or “®” or “™” is required – except in a  
8 CDT code’s descriptor only when used as an exemplar (e.g., “...includes but is not limited  
9 to the Periodontal Screening and Recording® (PSR) system...”)
- 10 4. A request must not include nomenclature or descriptor wording that explicitly states or infers:
  - 11 a) A standard of care
  - 12 b) When and under what circumstances a dentist should deliver the procedure on a given  
13 date of service (e.g., time intervals)
  - 14 c) Whether or not the procedure is delivered with another distinct procedure on a given date  
15 of service; and
  - 16 d) Criteria for claim adjudication or reimbursement
- 17 5. The alleged potential for abuse or fraudulent use of a code is not a consideration when preparing  
18 or evaluating an action request.
- 19 6. Community standards of care are not a consideration when preparing or evaluating an action  
20 request.

## 21 **11.0 AD-HOC WORKING GROUPS**

22 Working groups may be formed by the Chair to expedite the CMC’s work. Scope and deliverables are  
23 established when the ad-hoc body is established. A working group dissolves upon preparation of its  
24 deliverables.

## 25 **12.0 NON-MEMBER (OBSERVER) PROTOCOL**

26 The CMC meeting is open to any person interested in the proceedings to observe the process and  
27 listen to discussions. Observers are not CMC members, but may have an interest in one or more of the  
28 CDT Code Action Requests on the meeting agenda.

29 Such individuals may not disturb the proceedings by interacting with any CMC member organization  
30 representative or staff. Any such individual interaction may only occur during a break in the proceedings  
31 called by the Chair.

32 When recognized by the Chair, any interested party may comment on a CDT Code action request being  
33 discussed by the CMC. The following protocol applies when an observer is recognized.

- 34 1. Observers must use the assigned microphone(s)
- 35 2. Observers, before making comments, are asked to:
  - 36 a. Identify themselves by name and organization
  - 37 b. State the inventory number of the request they wish to address
  - 38 c. State their position (for / against / undecided) on the request being addressed

1 Interested parties are asked to make their comments at the time an action item is being addressed by  
2 the committee. Such comments are an integral component of the meeting's proceedings; there is no  
3 separate period solely for observers to voice their views on any action request. The Chair may also ask  
4 observers to address specific committee questions, as needed.

5 12.1 "Listen-Only" Telephone Number

6 Interested parties who are not able to attend in person may listen to the proceedings via telephone.  
7 The telephone number and the conference room (meeting) numbers are posted online prior to the  
8 meeting.

9 <http://www.ada.org/en/publications/cdt/>

10 **13.0 PARLIAMENTARY PROCEDURES**

11 *The American Institute of Parliamentarians Standard Code of Parliamentary Procedure* is used to  
12 expedite due process on matters not addressed by this document.

1                                    Appendix 1 – CMC Member Organizations – As Of November 12, 2021

2                                    This is the list of current CMC member organizations (the ADA, 11 dental specialties, 2 dental  
3 professional organizations, and 5 third-party payer organizations). When all are represented at a CMC  
4 meeting the total number of votes that may be cast on matters that come before the committee is 23.

5                                    • American Dental Association – ADA – 5 representatives, one of whom will serve as chair

6                                    • Dental specialties – 1 representative each

7                                    1. American Academy of Oral and Maxillofacial Pathology – AAOMP

8                                    2. American Academy of Oral and Maxillofacial Radiology – AAOMR

9                                    3. American Academy of Oral Medicine – AAOM

10                                  4. American Academy of Pediatric Dentistry – AAPD

11                                  5. American Academy of Periodontology – AAP

12                                  6. American Association of Endodontists – AAE

13                                  7. American Association of Oral and Maxillofacial Surgeons – AAOMS

14                                  8. American Association of Orthodontists – AAO

15                                  9. American Association of Public Health Dentistry – AAPHD

16                                  10. American College of Prosthodontists – ACP

17                                  11. American Society of Dentist Anesthesiologists – ASDA

18                                  • Other dental professional organizations – 1 representative each

19                                  1. Academy of General Dentistry – AGD

20                                  2. American Dental Education Association – ADEA

21                                  • Third-party payer and dental benefits organizations – 1 representative each

22                                  1. America's Health Insurance Plans – AHIP

23                                  2. Blue Cross and Blue Shield Association – BCBSA

24                                  3. Centers for Medicare and Medicaid Services – CMS

25                                  4. Delta Dental Plans Association – DDPA

26                                  5. National Association of Dental Plans – NADP

