

This guide is published to educate dentists and others in the dental community on the procedure reported with CDT code D9912.

## Introduction

The full entry for this CDT code as published in *CDT* manual follow –

### **D9912 pre-visit patient screening**

Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.

## Questions and Answers

1. What is the difference between codes “D9912 pre-visit patient screening” and “D0190 screening of a patient?”

These procedures are not interchangeable. A comparison of each code's descriptor reveals the differences between them –

**D0190:** A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

**D9912:** Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.

The code D0190 procedure occurs where a person meets with a licensed or duly authorized health care professional in order to determine whether there are any evident clinical dental conditions that should be further investigated by a dentist. In marked contrast the code D9912 procedure is delivered to an individual who is already scheduled for a procedure to be delivered at the practice office. This could be either a patient of record, a new patient, or an emergency patient.

2. What constitutes the component steps of code D9912 procedure?

Components of the procedure would include actions such as recording clinical measurements (e.g., body temperature, O<sub>2</sub> saturation) as well as use of screening questionnaires to obtain history or other infectious disease transmission risk assessment tools. Findings would be evaluated to determine whether scheduled dental procedure(s) should be delivered as planned.

3. What would be a typical scenario for this procedure's delivery?

Practice staff contact the patient prior to the scheduled appointment (either on the date of scheduled dental procedure or prior) to review the office protocols for minimizing the risk of pathogen transmittal, which includes completion of a pre-visit screening form to be retained in the patient's record. When the patient presents for care this information is updated and signs of the individual's health status such as body temperature is recorded. The information captured helps to determine whether the patient will be permitted to receive services, or if other action is appropriate (e.g., appointment rescheduling).

4. Will the dental benefit reimburse for code D9912 procedure?

CDT codes enable every dentist to accurately document services delivered in a patient's dental record and reported on a claim. As written in the CDT manual's Preface, the presence of a CDT code does not mean that the procedure is covered or reimbursed by a dental benefit plan. Reimbursements for any procedure is determined by the dental benefit plans. Any questions about reimbursements are best addressed by contacting the particular insurance company involved.

---

### Questions or Assistance?

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

---

### Notes:

- This document includes content from the ADA publication – *Current Dental Terminology (CDT)* current manual.