This template is offered as a documentation aid for those members of the dental community who wish to provide written comments on the Enhanced CDT Code concept. We ask for return of your comments via email to dentalcode@ada.org by January 14, 2022.

* A mouse click may be used to mark a check box – [ ]
* Free-form text entry areas will automatically expand to accommodate input.
* Any additional feedback should be entered after the last template row.

The Enhanced CDT Taskforce will conduct two (2) virtual listening sessions on the following dates if you are interested in providing oral testimony. Each speaker will be provided a maximum of 3 minutes during the listening sessions.

* January 27, 2022 (Thursday) – Noon to 1:30 PM Central Time
* February 22, 2022 (Tuesday) – Noon to 1:30 PM Central Time

Register now for the listening sessions via email to dentalcode@ada.org. Capacity for each session is limited to first 25 registrants.

Please direct any questions you may have about this template or the listening sessions to dentalcode@ada.org. Thank you for your interest in and contributions to this project.

**Part 1 –** Submitter Information

|  |  |  |
| --- | --- | --- |
| 1. Contact Information
 | Date Submitted: |  |
| Name: |  |
| Organization |  |
| 1. Type of Individual or Organization?
 |
| Dentist > |[ ]  Payer > |[ ]  Software Vendor > |[ ]  Clearinghouse > |[ ]
| Dental Service Organization > |[ ]  Research > |[ ]  Education > |[ ]  Other > |[ ]
| If “Other” - Describe **>** |  |

**Part 2 –** Dental Procedure Code Modifiers

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| 1. Does the submitter support a more expanded CDT (vastly greater number of discrete CDT codes) instead of a CDT that is more granular by creation of dental procedure code modifiers?
 |
| Expanded CDT > |[ ]  CDT with Modifiers > |[ ]  Explanation of position on expanding the number of discrete CDT codes vs. developing a set of modifiers **↓** |
|  |

**Part 3 –** Reasons for an Enhanced CDT Code

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| 1. Is the CDT Code in its current form working for you or are there problems you have encountered when using the code set?
 |
| Working > |[ ]  Not Working > |[ ]  Examples of how the CDT code is working, or problems if it is not working, for you **↓** |
|  |
| * 1. If the CDT in its current form is not working for you, what needs to be improved?
 |
| Examples of what in the CDT Code needs to be improved **↓** |
|  |
| 1. If the CDT were to be enhanced for the following reasons, would these reasons be sufficient for you to adopt the enhanced code set knowing that you will need to invest some time and resources switching over? Why and why not?
2. Correct and detailed coding of services delivered to patients can be easily supported by practice software
3. Accuracy of records are improved through discrete codes for new technology (e.g., 3-D printing of prostheses), new materials (e.g., implants; dentures; restorations), different techniques (e.g. lasers; digital impressions), different preventive service modalities (e.g., remineralization and regenerative procedures), multiple distinct steps of a procedure (e.g., crown preparation; definitive crown placement)
4. Workflows are improved through communication of more granular/specific information on dental procedures electronically to other practitioners such as dental specialists for consultations (e.g., electronic patient records)
5. Data analytics are more efficient with structured data to support identification of evidence-based treatment protocols (e.g., differences in materials used in procedure delivery; differences in preventive modalities like remineralization, and emerging technology)
 |
| Sufficient |[ ]  Not Sufficient > |[ ]  Why or why not these reasons for an enhanced CDT Code sufficient for adoption of the enhanced code set **↓** |
|  |
| 1. What sorts of educational support would be required to ensure an efficient and effective implementation (e.g. formal programs including Webinars; reference manuals)?
 |
| Yes > |[ ]  No > |[ ]   |
| Other examples of required educational support (below) **↓** |
|  |

**Part 4 –** Other Comments

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| 1. Other Comment 1
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| 1. Other Comment 2
 |
|  |
| 1. Other Comment 3
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