CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**splint – extra-coronal; natural teeth or prosthetic crowns**
2b) Descriptor	Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.

3. 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.

This request addresses a CDT Code gap.

When the dentist determines that adjacent natural or prosthetic crowns should be splinted together to, for example, provide additional strength to oppose masticatory forces there must be a CDT code to document this procedure. The nomenclature and descriptor of the current code for intra-coronal splinting (D4321) imply that the procedure is limited to the patient's natural teeth, and that the splint is expected to be in place for a limited period of time.

D4321 provisional splinting – extracoronal
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
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An extra-coronal splint procedure often involves physical modification of the teeth or crowns involved, and the fixation may be for an indefinite period of time. As the necessary clinical steps and technique for intra-coronal splinting is the same no matter what the anticipated life of the fixation, a single CDT code is sufficient.

This request's submitter has separately proposed deletion of D4321 in its entirety from the CDT Code as acceptance of this request for a new code renders the current entry redundant.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D4321** or **D2999**

b) Procedure technical description

The procedure for splinting natural teeth is the same as that reported with D4321. When splinting adjacent prosthetic crowns they are joined by material (e.g., fiber reinforced ribbon) selected by the dentist, and placed in accordance with the clinical protocol specified by the supplier (e.g., etching and boding with resin or adhesive).

c) Clinical scenario

This scenario is for extra-coronal splinting of adjacent prosthetic crowns, a procedure that would currently be reported with CDT code "D2999 unspecified restorative procedure, by report."

A patient has PFM crowns placed on tooth #s 3 and 4, and implant supported PFM crowns on tooth #s 30 and 31. The patient has a history of bruxism and the dentist is concerned that occlusal and masticatory forces may affect the individual prostheses in both arches.

To address this concern, and with the patient's agreement, the dentist splints the adjacent crowns.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

ADA guidance published in the CDT 2021 Companion notes: a) the single crown prostheses that are splinted together are appropriately documented individually using the applicable single crown code (page 102); b) the splinting procedure is reported with "D2999 unspecified restorative procedure, by report" in addition to the prosthesis' code (page 103); and c) the patient's record should note the reason individual crowns were splinted (e.g., for additional strength) (page 106).

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4321**

2. 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**"
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     - 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	~~**provisional splinting – extracoronal**~~
2b) Descriptor	~~This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.~~

3. 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.

This action is submitted in concert with the separate request for a new code with the following nomenclature – "**splint – extra-coronal; natural teeth or prosthetic crowns**" – which states that if accepted by the CMC the addition renders the current code D4321 redundant.

The deletion of the current code's descriptor does not affect the clinical aspects of an extracoronal splinting procedure. A dentist's clinical judgement determines appropriate method or appliances used in the splinting procedure. Further, this descriptor's instruction concerning identifying the teeth involved is a good documentation practice, but is not part of the clinical procedure.

Detailed guidance on reporting tooth number by CDT code is published online in "ADA Guide to Dental Procedures Reported with Area of the Oral Cavity or Tooth Anatomy (or Both)" available online at https://www.ada.org/~/media/ADA/Publications/Files/CDTCode_AreaOfOralCavity_ToothTable_V3_PublicPosting2020Jan.pdf?la=en.

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
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4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable.		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie Schweinebraten DMD				
B. 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 >	☐	American Academy of Periodontology	
If Yes, name the entity **>**					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4321**

2. 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:
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- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**provisional splinting – extracoronal, per tooth**
2b) Descriptor	This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth Involved.

3. 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.

Even though the descriptor for this code states "Identify the teeth involved" it is not clear whether this code should be billed per tooth or one fee for the entire procedure. The original intent seems to be that it is a per tooth code, as this would also better describe the time and materials required to adequately perform the procedure.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure		
b) Procedure technical description		

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c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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**"
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2a) Nomenclature	**splint – intra-coronal; natural teeth or prosthetic crowns**
2b) Descriptor	Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength.

3. 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.

This request addresses a CDT Code gap.

When the dentist determines that adjacent natural or prosthetic crowns should be splinted together to, for example, provide additional strength to oppose masticatory forces there must be a CDT code to document this procedure. The nomenclature and descriptor of the current code for intra-coronal splinting (D4320) imply that the procedure is limited to the patient's natural teeth, and that the splint is expected to be in place for a limited period of time.

D4320 provisional splinting – intracoronal
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

An intra-coronal splint procedure often involves physical modification of the teeth or crowns involved, and the fixation may be for an indefinite period of time. As the necessary clinical steps and technique for

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intra-coronal splinting is the same no matter what the anticipated life of the fixation, a single CDT code is sufficient.

This request's submitter has separately proposed deletion of D4320 in its entirety from the CDT Code as acceptance of this request for a new code renders the current entry redundant.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D4320** or **D2999**

b) Procedure technical description

The procedure for splinting natural teeth is the same as that reported with D4320. When splinting adjacent prosthetic crowns they are joined by material (e.g., fiber reinforced ribbon) selected by the dentist, and placed in accordance with the clinical protocol specified by the supplier (e.g., etching and boding with resin or adhesive).

c) Clinical scenario

This scenario is for intra-coronal splinting of adjacent prosthetic crowns, a procedure that would currently be reported with CDT code "D2999 unspecified restorative procedure, by report."

A patient has PFM crowns placed on tooth #s 3 and 4, and implant supported PFM crowns on tooth #s 30 and 31. The patient has a history of bruxism and the dentist is concerned that occlusal and masticatory forces may affect the individual prostheses in both arches.

To address this concern, and with the patient's agreement, the dentist splints the adjacent crowns.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

ADA guidance published in the CDT 2021 Companion notes: a) the single crown prostheses that are splinted together are appropriately documented individually using the applicable single crown code (page 102); b) the splinting procedure is reported with "D2999 unspecified restorative procedure, by report" in addition to the prosthesis' code (page 103); and c) the patient's record should note the reason individual crowns were splinted (e.g., for additional strength) (page 106).

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4320**

2. 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:
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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	~~**provisional splinting – Inracoronal**~~
2b) Descriptor	~~This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.~~

3. 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.

This action is submitted in concert with the separate request for a new code with the following nomenclature – "**splint – intra-coronal; natural teeth or prosthetic crowns**" – which states that if accepted by the CMC the addition renders the current code D4320 redundant.

The deletion of the current code's descriptor does not affect the clinical aspects of an extracoronal splinting procedure. A dentist's clinical judgement determines appropriate method or appliances used in the splinting procedure. Further, this descriptor's instruction concerning identifying the teeth involved is a good documentation practice, but is not part of the clinical procedure.

Detailed guidance on reporting tooth number by CDT code is published online in "ADA Guide to Dental Procedures Reported with Area of the Oral Cavity or Tooth Anatomy (or Both)" available online at https://www.ada.org/~/media/ADA/Publications/Files/CDTCode_AreaOfOralCavity_ToothTable_V3_PublicPosting2020Jan.pdf?la=en.

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CDT CODE ACTION REQUEST
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4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable.		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST

(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie Schweinebraten DMD				
B. 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 >	American Academy of Periodontology				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4320**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
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2a) Nomenclature	**provisional splinting – intracoronal, per tooth**
2b) Descriptor	This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth Involved.

3. 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.

Even though the descriptor for this code states "Identify the teeth involved" it is not clear whether this code should be billed per tooth or one fee for the entire procedure. The original intent seems to be that it is a per tooth code, as this would also better describe the time and materials required to adequately perform the procedure.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure		
b) Procedure technical description		

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c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
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Part 1 – Submitter Information

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Yes >	☒	No >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D7292**

2. 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	**placement of temporary anchorage device [screw retained plate] requiring flap**~~**; includes device removal**~~
2b) Descriptor	None

3. 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.

This request addresses a CDT Code flaw that inhibits accurate documentation of unique procedures.

Existing procedure code D7292's nomenclature states that this code documents placement and removal of the anchorage device. However, placement and removal are separate procedures that are delivered at different times (i.e., date of service differ) and with different outcomes (i.e., placement of the anchorage device and subsequent removal when no longer needed as part of the treatment plan).

A robust patient record includes documentation of all services delivered to a patient on a given date, and comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

Note: There is a related action request to add a unique CDT code to document removal of the anchorage device when the completing the procedure requires laying a flap. Acceptance of both action requests will prevent creation of a CDT Code documentation gap.

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable.		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**removal of temporary anchorage device [screw retained plate], requiring flap**
2b) Descriptor	None

3. 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.

This request addresses a CDT Code gap.

Existing procedure code D7294's nomenclature states that this code documents placement and removal of the screw retained plate type of anchorage device where laying a flap is part of the procedure. However, placement and removal are separate procedures that are delivered at different times (i.e., date of service differ). There is no separate, machine processable procedure code that explicitly documents the removal procedure.

Use of existing procedure code "D7999 unspecified oral surgery procedure, by report" to report removal is not precise and does not support electronic record-keeping or automated claim adjudication.

A robust patient record includes documentation of all services delivered to a patient on a given date, and comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Note: There is a related action request to revise the D7294 entry so that it is the code that would document only the anchorage device placement procedure.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D7999**

b) Procedure technical description

The temporary anchorage device is removed by the dentist using a technique that does involves laying a flap for access and, in the dentist's professional judgment, is compatible with the method of initial placement.

c) Clinical scenario

A patient has an attachment that the dentist placed for a specific period of time to enable healing or other clinical outcome necessary before placement of the definitive prosthesis. This patient presents at the scheduled time for the fixture's removal. The dentist removes the fixture using a technique compatible with the method of attachment.

Removal of a temporary anchorage device is required to enable the definitive procedure(s) to proceed.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D7293**

2. 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	**placement of temporary anchorage device requiring flap~~; includes device removal~~**
2b) Descriptor	None

3. 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.

This request addresses a CDT Code flaw that inhibits accurate documentation of unique procedures.

Existing procedure code D7293's nomenclature states that this code documents placement and removal of the anchorage device. However, placement and removal are separate procedures that are delivered at different times (i.e., date of service differ) and with different outcomes (i.e., placement of the anchorage device and subsequent removal when no longer needed as part of the treatment plan).

A robust patient record includes documentation of all services delivered to a patient on a given date, and comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Note: There is a related action request to add a unique CDT code to document removal of the anchorage device when the completing the procedure requires laying a flap. Acceptance of both action requests will prevent creation of a CDT Code documentation gap.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable.		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**removal of temporary anchorage device, requiring flap**
2b) Descriptor	None

3. 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.

This request addresses a CDT Code gap.

Existing procedure code D7293's nomenclature states that this code documents placement and removal of the anchorage device where laying a flap is part of the procedures. However, placement and removal are separate procedures that are delivered at different times (i.e., date of service differ). There is no separate, machine processable procedure code that explicitly documents the removal procedure.

Use of existing procedure code "D7999 unspecified oral surgery procedure, by report" to report removal is not precise and does not support electronic record-keeping or automated claim adjudication.

A robust patient record includes documentation of all services delivered to a patient on a given date, and comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Note: There is a related action request to revise the D7293 entry so that it is the code that would document only the anchorage device placement procedure.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D7999**

b) Procedure technical description

The temporary anchorage device is removed by the dentist using a technique that does involves laying a flap for access and, in the dentist's professional judgment, is compatible with the method of initial placement.

c) Clinical scenario

A patient has an attachment that the dentist placed for a specific period of time to enable healing or other clinical outcome necessary before placement of the definitive prosthesis. This patient presents at the scheduled time for the fixture's removal. The dentist removes the fixture using a technique compatible with the method of attachment.

Removal of a temporary anchorage device is required to enable the definitive procedure(s) to proceed.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D7294**

2. 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	**placement of temporary anchorage device without flap**~~**; includes device removal**~~
2b) Descriptor	None

3. 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.

This request addresses a CDT Code flaw that inhibits accurate documentation of unique procedures.

Existing procedure code D7294's nomenclature states that this code documents placement and removal of the anchorage device. However, placement and removal are separate procedures that are delivered at different times (i.e., date of service differ) and with different outcomes (i.e., placement of the anchorage device and subsequent removal when no longer needed as part of the treatment plan).

A robust patient record includes documentation of all services delivered to a patient on a given date, and comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

Note: There is a related action request to add a unique CDT code to document removal of the anchorage device when the procedure can be completed without laying a flap. Acceptance of both action requests will prevent creation of a CDT Code documentation gap.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable.		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**removal of temporary anchorage device without flap**
2b) Descriptor	None

3. 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.

This request addresses a CDT Code gap.

Existing procedure code D7293's nomenclature states that this code documents placement and removal of the anchorage device. However, placement and removal are separate procedures that are delivered at different times (i.e., date of service differ). There is no separate, machine processable procedure code that explicitly documents the removal procedure.

Use of existing procedure code "D7999 unspecified oral surgery procedure, by report" to report removal is not precise and does not support electronic record-keeping or automated claim adjudication.

A robust patient record includes documentation of all services delivered to a patient on a given date, and comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Note: There is a related action request to revise the D7293 entry so that it is the code that would document only the anchorage device placement procedure.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D7999**

b) Procedure technical description

The temporary anchorage device is removed by the dentist using a technique that does not involve laying a flap for access and, in the dentist's professional judgment, is compatible with the method of initial placement (e.g., screw-retained; cemented).

c) Clinical scenario

A patient has an attachment that the dentist placed for a specific period of time to enable healing or other clinical outcome necessary before placement of the definitive prosthesis. This patient presents at the scheduled time for the fixture's removal. The dentist removes the fixture using a technique compatible with the method of attachment.

Removal of a temporary anchorage device is required to enable the definitive procedure(s) to proceed.

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6012**

2. 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	~~**surgical**~~ **placement of interim endosteal implant body** ~~**for transitional**~~ **to support interim prosthesis**~~**: endosteal implant**~~
2b) Descriptor	Placement of implant as support for an interim prosthesis to maintain form and function until subsequent delivery of ~~Includes removal during later therapy to accommodate~~ the definitive restoration~~, which may include placement of other implants~~.

3. 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.

The nomenclature and descriptor revisions more accurately describe the procedure's nature and scope as described in the original action request that led to inclusion of CDT code D6012 in CDT 2007-2008. Wording changes in the nomenclature and descriptor reflect contemporary usage and terms defined in the ADA Glossary of Clinical Terms.

Deletion of "Includes removal during later therapy…" from the descriptor recognizes that placement and removal procedures are discrete services that are delivered at different times. Accurate patient record-keeping, and claim submission, requires documenting the service on the date delivered and with the appropriate code. The currently available implant removal procedure code is "D6100 implant removal, by report" that has been part of the code set since the publication of CDT-1 effective January 1, 1990.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Recording removal with a "by report" procedure code is an inelegant solution. To address this the submitter offers a separate complementary action request in this maintenance cycle – a new code that enables clear and unambiguous documentation of an interim implant abutment (or like fixture) removal procedure. The new code's proposed nomenclature is "remove interim implant component (fixture)."

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable.		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

See separate ADA action request for a code to document the procedure for removal of an interim implant component (or fixture) such as an interim endosteal implant body.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6051**

2. 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	**interim implant abutment placement**
2b) Descriptor	~~Includes placement and removal.~~ A healing cap is not an interim abutment.

3. 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.

The current entry creates a CDT code gap. Placement and removal are separate procedures that differ in their manner and timing of delivery. An accurate and comprehensive patient record requires unique codes for discrete services delivered.

The nomenclature text additions explicitly define the procedure's nature and scope. Deletion of "Includes placement and removal…" from the descriptor recognizes that removal is a discrete procedure that is delivered at different time. The currently available interim abutment removal procedure code is "D6199 unspecified implant procedure, by report" that has been part of the code set since the publication of CDT-1 effective January 1, 1990.

Recording removal with a "by report" procedure code is an inelegant solution. To address this the submitter offers a separate complementary action request in this maintenance cycle – a new code that

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

enables clear and unambiguous documentation of an interim implant abutment (or like fixture) removal procedure. The new code's proposed nomenclature is "remove interim implant component (fixture)."

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**N/A**	
b) Procedure technical description		
Not applicable		
c) Clinical scenario		
Not applicable.		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

D6051 was a CDT 2013 addition and the original action request's intent was only to enable documentation of the placement procedure. The current descriptor wording arose from CMC discussion. Inclusion of D6051 as amended created a continuing CDT code gap – the interim abutment removal procedure could only be documented with "D6199 unspecified implant procedure, by report."

See separate ADA action request for a code to document the procedure for removal of an interim implant component (or fixture) such as an interim implant abutment.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	31 October, 2020
Name:	American Dental Association				
Address (Line 1):	Council on Dental Benefit Programs				
B. 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 >	☐	American Dental Association, Council on Dental Benefit Programs	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**remove interim implant component**
2b) Descriptor	Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.

3. 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.

This request addresses a CDT Code gap. There are specific codes that document implant case component part placement procedures. However, with one exception, there are no codes that enable documentation of component part removal. The one exception is limited – "D6100 implant removal by report" – which by its descriptor only applicable to surgical removal of an implant body.

As noted in the proposed descriptor there are implant components that are placed for a specific time and purpose whose removal is a separate procedure. A robust patient record includes documentation of all services delivered to a patient on a given date.

Comprehensive patient record-keeping and dental claim submission are separate business needs. As noted in the CDT manual's preface the code set is "…used for recording services provided on the patient record, and when reporting procedures on a…claim submission."

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D6199**	
b) Procedure technical description		
The fixture such as a healing cap, an abutment shaped to help contour the gingival margins, or a provisional crown, is removed by the dentist using a technique that, in the dentist's professional judgment, is compatible with the method of placement (e.g., screw-retained; cemented). The type of fixture removed on the date of service is documented in the patient's clinical record.		
c) Clinical scenario		
A patient has a fixture that the dentist placed for a specific period of time to enable healing or other clinical outcome necessary before placement of the definitive prosthesis. This patient presents at the scheduled time for the fixture's removal. The dentist removes the fixture using a technique compatible with the method of attachment. For example, a screw retained fixture removal would first require excavation of any material used to seal the screw head, followed by turning the screw anti-clockwise until the fixture is released.		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted:	7/20/2020
Name:	Dr. Susan K. Morgan	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**bitewings – five radiographic images, vertical or horizontal**
2b) Descriptor	None

3. 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.

There are clinical instances where five bitewings may be necessary and using it in a vertical position could show better bone levels.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D9999**

b) Procedure technical description

Radiograph is turned vertically to provide more clinical information.

c) Clinical scenario

Clinical situations may deem the need for five vertical bitewings depending upon the existing dentition.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☐		Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

There are many instances where the bone is not able to be visualized in a horizontal bitewing. Based on the new 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. Per the AAP's document, Staging and Grading Periodontitis: "Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used."

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	7/20/2020
Name:	Dr. Susan K. Morgan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**bitewings – six radiographic images, vertical or horizontal**
2b) Descriptor	None

3. 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.

There are clinical instances where six bitewings may be necessary and using it in a vertical position could show better bone levels.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D9999**

b) Procedure technical description

Radiograph is turned vertically to provide more clinical information.

c) Clinical scenario

Clinical situations may deem the need for six vertical bitewings depending upon the existing dentition.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

There are many instances where the bone is not able to be visualized in a horizontal bitewing. Based on the new 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. Per the AAP's document, Staging and Grading Periodontitis: "Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used."

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted:	7/20/2020
Name:	Dr. Susan K. Morgan	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0270**

2. 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	**bitewing – single radiographic image, vertical or horizontal**
2b) Descriptor	

3. 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.

There are clinical instances where only one bitewing may be necessary and using it in a vertical position could show better bone levels.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description

c) Clinical scenario

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

There are many instances where the bone is not able to be visualized in a horizontal bitewing. Based on the new 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. Per the AAP's document, Staging and Grading Periodontitis: "Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used."

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	7/20/2020
Name:	Dr. Susan K. Morgan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0272**

2. 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	**bitewings – two radiographic images, vertical or horizontal**
2b) Descriptor	

3. 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.

There are clinical instances where two bitewings may be necessary and using it in a vertical position could show better bone levels.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description

c) Clinical scenario

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

There are many instances where the bone is not able to be visualized in a horizontal bitewing. Based on the new 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. Per the AAP's document, Staging and Grading Periodontitis: "Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used."

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted:	7/20/2020
Name:	Dr. Susan K. Morgan	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0273**

2. 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	**bitewings – three radiographic images, vertical or horizontal**
2b) Descriptor	

3. 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.

There are clinical instances where three bitewings may be necessary and using it in a vertical position could show better bone levels.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒

a) CDT Code currently used to report the procedure	**D**
b) Procedure technical description	
c) Clinical scenario	

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☐		Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

There are many instances where the bone is not able to be visualized in a horizontal bitewing. Based on the new 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. Per the AAP's document, Staging and Grading Periodontitis: "Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used."

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted:	7/20/2020
Name:	Dr. Susan K. Morgan	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0274**

2. 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	**bitewings – four radiographic images, vertical or horizontal**
2b) Descriptor	

3. 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.

There are clinical instances where four bitewings may be necessary and using it in a vertical position could show better bone levels.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒

a) CDT Code currently used to report the procedure	**D**
b) Procedure technical description	
c) Clinical scenario	

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☐		Yes >	☒
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

There are many instances where the bone is not able to be visualized in a horizontal bitewing. Based on the new 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. Per the AAP's document, Staging and Grading Periodontitis: "Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used."

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10-28-2020
Name:	Kirk Kimmerling DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**application of durable, non-leachable antimicrobial smooth surface sealant around orthodontic brackets**
2b) Descriptor	Protection of smooth surface enamel from biofilm accumulation with an FDA accepted antimicrobial smooth surface sealant.

3. 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.

This action request addresses a CDT Code gap as there is no current code applicable to this unique procedure.

Publications cited in "6. Additional Comment or Explanation" below demonstrate that application of durable, non-leachable antimicrobial orthodontic sealants to resist colonization and formation of dental plaque in order to prevent early enamel demineralization around the orthodontic bracket. A unique CDT code is desirable from a clinical perspective to differentiate patients treated with a durable, non-leachable antimicrobial smooth surface sealants which have their antimicrobial functions as part of the sealant's polymeric backbone and thus do not release antimicrobial agents. Current CDT codes do not provide the necessary specificity to document this procedure in a clear and consistent manner.

a. CDT code D9999 Unspecified Adjunctive Procedure or D8999 Unspecified Orthodontic Procedure do not address the specific procedure for the use of durable, non-leachable smooth surface sealants (see 4b) and is not machine readable.

b. CDT code D1351 describes the application of a sealant (for occlusal surfaces of molars) and does not address the specific procedure for durable, non-leachable antimicrobial smooth surface sealants applied around and under orthodontic brackets. Another difference between code D1351 and the requested procedure code is that the deposited sealant does not release antimicrobial agents but rather forms an antimicrobial barrier that inhibits plaque formation on the smooth enamel surfaces.

c. These durable, non-leachable antimicrobial cleansing solutions are differentiated products, separate coding may allow for differentiated reimbursement.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

d. Having a code for this procedure will allow for a metric that is part of the procedures performed on that particular patient. Chart notes cannot track important procedures done on each patient.

The current state of the art in dentistry confirms that caries formation has a strong dependence on the presence of dentally deleterious microorganisms capable of damaging tooth structure. The use of durable, non-leachable antimicrobial smooth surface sealant products having the capability to resist microbial re-colonization or proliferation should be be monitored versus any product that does not have these properties. This will inform the dentist, insurers, patients, public dental health professionals, researchers and health care professionals about the use of such products. Research on the long-term efficacy of antimicrobial products will need several more years to clearly know the extent to which they help improve the oral health of the patient. However, short term clinical and in vitro studies indicate efficacy in prevention of dental disease.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D9999**

b) Procedure technical description

The durable, non-leaching antimicrobial smooth surface sealant would be applied as follows:

The orthodontist cleans, etches, rinses, and dries the smooth surface of the tooth in preparation of attaching a bracket following manufacturer instructions for orthodontic adhesives. Prior to attaching the bracket, the smooth surface of the tooth may be coated with a sealant that contains a durable, non-leaching antimicrobial component and light cured. The bracket is then attached to the tooth with any orthodontic adhesive that is preferred by the practitioner.

c) Clinical scenario

A dental professional may wish to prevent bacterial colonization around an orthodontic bracket or under the wires by applying a durable, non-leaching antimicrobial smooth surface sealant around or under an orthodontic bracket. It is well known that orthodontic patients experience a rapid increase in tooth demineralization (white spot lesions) due to the increased difficulty of a patient to perform sufficient oral hygiene around the brackets and wires.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

Examples of durable, non-leachable antimicrobial technology can be found in the literature, including those based on quaternary ammonium methacrylate (K18) which is under investigation. Below find references to help the committee understand this differentiated technology and how it can help improve oral health.

1. Gong S-Q, Niu L-N, Yiu CKY, Rhou H, Qi Y-P, Blissasrd JD, Nikonov S, Brackett MG, Messer RLW, Wu DC, Jao J, Brister LB, Rueggeberg FA, Arola DD, Pashley DH, Tay FR. Quaternary ammonium silane-functional, methacrylate resin composition with antimicrobial activities and self-repair potential. Acta Biomaterialia 2012;8:3270-3282.

2. Liu SY, Tonggu L, Niu L-N, Gong S-Q, Fan B, Want L, Zhao J-H, Huang C, Pahsley DH, Tay FR. Antimicrobial activity of a quaternary ammonium methacryloxy silicate-containing acrylic resin: a randomized clinical trial. Nature Sci Rpts 2016a;6:21882. DOI: 10.1038/srep21882.
3. Stricker B, Johnston AD, Carey CM. Assessment of tethered UDMA-K18 antimicrobial efficacy on biofilm activity. J Dent Res 2016;95(Spec Iss A):1019.
4. Patel S, Fellows M, Shellhart C, Tilliss T, Minick G, Newman S, Carey CM. WSL prevention using a UDMA-K18 sealant that prevents microbial attachment. J Dent Res 2020;99(Spec Iss A):0397
5. Blizzard JD, Kimmerling K, Rapp JP. Two- and three-component siloxanes and related compounds and compositions. US patent 9,314,407. Issued Apr 19, 2016.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10-26-2020
Name:	Kirk Kimmerling DDS		
Address (Line 1):	KHG FiteBac Technology, Largent Health		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**application of durable, non-leaching antimicrobial cavity cleansing solution(s)**
2b) Descriptor	Direct cleansing and disinfecting a cavity preparation site (interior surfaces) and the underlying tooth structure with an FDA approved durable, non-leaching antimicrobial cavity cleansing solution.

3. 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.

This action request addresses a CDT Code gap as there is no current code applicable to this unique procedure.

Publications cited in "6. Additional Comment or Explanation" below demonstrate that application of cavity cleansers that have durable, non-leaching antimicrobial components to improve the service life of restorations. A unique CDT code is desirable, from a clinical perspective, to differentiate patients treated with durable, non-leaching antimicrobial cavity cleansers which are intended to also address the microbial contamination within the restoration site and underlying tooth structure. Current CDT codes do not provide the necessary specificity to document this procedure in a clear and consistent manner.

a. CDT code D9999 Unspecified Adjunctive Procedure does not address the specific procedure for the use of cavity cleansers (see 4b) and is not machine readable.

b. CDT code D4381 describes the use of an antibiotic solution inserted into the periodontal pocket which slowly releases antibiotic agents over time. The significant differences between this D4381 procedure and the requested procedure code is that the antimicrobial cavity cleanser solution is deposited directly into the cavity preparation site prior to placement of restorative materials, and that the deposited film does not release antimicrobial agents but rather forms a durable, non-leaching antimicrobial residue on the preparation surfaces and in the exposed pores of the dentin and/or enamel.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

c. As these antimicrobial cleansing solutions are differentiated products, separate coding may allow for differentiated reimbursement.

The current state of the art in dentistry confirms both primary and secondary caries formation have a strong dependence on the presence of dentally deleterious microorganisms capable of damaging tooth structure. The use of durable, non-leaching cavity cleanser products having the capability to both disinfect the immediate restoration site and surrounding tooth structure and to also resist microbial re-colonization or proliferation should be able to be monitored versus any product that does not have all of these properties. This will inform the dentist, insurers, patients, public dental health professionals, researchers and health care professionals about the use of such products. Research on the long-term efficacy of durable, non-leaching antimicrobial products will need several more years to clearly know the extent to which they help improve the oral health of the patient. However, short term and in vitro studies indicate efficacy in fighting resurgence of dental disease.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D9999**

b) Procedure technical description

As an example, a recently FDA cleared cavity cleanser can be applied as follows for direct or indirect restorations:

DIRECT RESTORATIONS
1. Isolate tooth and prepare the cavity. Rinse with water and air dry.
2. Etch enamel and dentin for 15 seconds with phosphoric acid according to manufacturer's instructions. Rinse with water and leave surface slightly moist (non-desiccated) surface.
3. Shake the bottle of antimicrobial cavity cleansing solution 2-4 seconds just before use. Apply cavity cleansing solution generously to the prepared surface using a brush or absorbent pellet.
4. Remove puddled solution with a new absorbent pellet, leaving site moist.
5. Apply an adhesive according to manufacturer's instructions

INDIRECT RESTORATIONS
1. Complete tooth preparation, rinse with water for 10 – 20 seconds leaving preparation slightly moist.
2. Shake the bottle of antimicrobial cavity cleansing solution 2-4 seconds just before use. Apply cavity cleansing solution generously to the prepared surface using a brush or absorbent pellet for 20 seconds.
3. Air dry to remove excess solution. Do Not Desiccate
4. Proceed with placement of provisional restoration.
5. When patient returns for cementation appointment, remove provisional restoration.
6. Clean the preparation with a slurry of pumice and water, or microetch, rinse and dry.
7. Etch enamel and dentin for 15 seconds with phosphoric acid according to manufacturer's instructions. Rinse with water for 10 – 20 seconds and leave preparation slightly moist (non-desiccated).
8. Apply cavity cleansing solution generously to the preparation using a brush or absorbent pellet.
9. Remove puddled solution with a new absorbent pellet, leaving site moist. Do not dry.
10. Apply an adhesive according to manufacturer's instructions.
11. Continue with cementation of indirect restoration.
12. For cementation of RMGI cements follow 5, 6, then proceed to cementation.

c) Clinical scenario

A restorative dentist after making a preparation to receive a cavity restoration neutralizes the microbial population within the surfaces of the preparation and the underlying tooth structure by 'washing' the interior surfaces with a solution that delivers an antimicrobial compound and deposits a durable, non-leaching antimicrobial film. This use of an antimicrobial cavity cleanser will disinfect the immediate restoration site and surrounding tooth structure and inhibit microbial re-colonization following restoration.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

Examples of durable, non-leachable antimicrobial technology can be found in the literature including those based on the quaternary ammonium silicate (K21) which was recently cleared by FDA. Below find references to help the committee understand this differentiated technology and how it can help improve oral health.

1. Blizzard JD, Kimmerling K, Rapp JP. Two- and three-component siloxanes and related compounds and compositions. US patent 9,314,407. Issued Apr 19, 2016.
2. Daood D, Yiu CKY, Burrow MF, Niu L-N, Tay FR. Effect of a novel quaternary ammonium silane cavity disinfectant on durability of resin–dentine bond. J Dent 2017;60:77-86.
3. Daood U, Yiu CKY. Transdentinal cytotoxicity and macrophagephenotype of a novel quaternary ammonium silane cavity disinfectant. Dent Mat 2019;35:206-216.
4. Daood U, Matinlinna MP, Pichika MR, Mak K-K, Nagendrababu V, Fawzy AS. A quaternary ammonium silane antimicrobial triggers bacterial bembrand and biofilm destruction. Sci Reports 2020;10:10970. DOI: 10.1038/s41598-020-67616-z.
5. Gou Y-P, Li J-Y, Meghil MM, et al., Quaternary ammonium silane-based antibacterial and anti-protolytic cavity cleanser. Dent Mater 2018; online before print at https://doi.org/10.1016/j.dental.2018.10.001
6. Largent Health, LLC FiteBac Cavity Cleanser U.S. F.D.A. 510K #K190271, Jan 23, 2020.
7. Largent Health, LLC FiteBac Antimicrobial Cavity Cleanser U.S. F.D.A. 510K #K200614, Jun 25, 2020.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10-28-2020
Name:	Kirk Kimmerling DDS		
Address (Line 1):	KHG FiteBac Technology, Largent Health		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**application of products with durable, non-leachable antimicrobial capacity**
2b) Descriptor	Application of products that incorporate antimicrobial components within the items. This includes a variety of dental products such as adhesives, cavity cleansers, dentures, retainers, sealants, etc. that have incorporated within their composition durable, non-leaching antimicrobial capability.

3. 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.

This action request addresses a CDT Code gap as there is no designation that addresses the use of durable, non-leachable antimicrobial materials. It is recognized that a number of dental diseases include, as one of the key steps in their pathogenesis, undesirable microbial accumulation and biofilm formation on/within the tooth and its surrounding structures. For example, it has been shown that the use of cavity cleansers capable of reducing local microbial contamination, can improve the service life of restorations. Current research shows that smooth surface sealants that have durable, non-leaching antimicrobial components as part of the sealant's polymeric backbone resist colonization and formation of dental plaque. Because durable, non-leachable antimicrobial materials are uniquely beneficial for prevention and management of local microbial diseases of the tooth and that CDT codes do not provide the necessary specificity to document their use, we request a new code.

a. CDT Code D9999 Unspecified Adjunctive Procedure does not address the specific use of durable, non-leachable antimicrobial materials (see 4b) and is not machine readable,
b. CDT Code D1999 Unspecified Preventive Procedure is not specific about the application of durable, non-leachable antimicrobial materials, and is not machine readable,
c. From a clinical perspective, to be able to differentiate patients treated with durable, non-leachable antimicrobial vs traditional materials,
d. These durable, non-leachable antimicrobial materials are differentiated products, separate coding may allow for differentiated reimbursement.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
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e. Having a code for the use of durable, non-leachable antimicrobial materials will allow for a metric that is part of the procedures performed on that particular patient. Chart notes cannot track important procedures done on each patient.

The use of dental products that have the capability to resist microbial colonization or proliferation should be able to be monitored versus any product that does not have these properties. This will inform the dentist, insurers, patients, public dental health professionals, researchers and health care professionals about the use of such products. Research on the long-term efficacy of durable, non-leachable antimicrobial products will need several more years to clearly know the extent to which they help improve the oral health of the patient. However, short term and in vitro studies indicate efficacy in fighting resurgence of dental disease.

We request one code that could be used to clarify the current codes that describe the use of any dental polymeric materials that do not incorporate antimicrobial activity and an alternate code to describe the use of durable, non-leachable antimicrobial capacity materials.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D9999**

b) Procedure technical description

The dental professional prepares the tooth surface by cleaning, etching, rinsing, and drying the surface followed by the placement of a durable, non-leachable antimicrobial material for the purpose of protecting the surface of the tooth from microbial attack.

The dental professional prepares a diseased tooth for restoration and rinses the prepared area with a durable, non-leachable antimicrobial cleanser for the purpose of protecting the prepared surfaces from microbial attack or resurgence of microbial disease.

The dental professional prepares a diseased tooth for restoration and applies a durable, non-leachable antimicrobial restorative material for the purpose of protecting the prepared surfaces from microbial attack or resurgence of microbial disease.

The dental professional delivers an intraoral device made of a durable, non-leachable antimicrobial materials to be worn by the patient to prevent biofilm formation, tissue infection, and halitosis.

c) Clinical scenario

An orthodontist cleans, etches, rinses, and dries the smooth surface of the tooth in preparation of attaching a bracket following manufacturer instructions for orthodontic adhesives. Prior to attaching the bracket, the smooth surface of the tooth may be coated with a sealant that contains a a durable, non-leachable antimicrobial component that polymerizes into the polymeric backbone when cured. The sealant can be light cured and the bracket attached to the tooth with any orthodontic adhesive that is preferred by the practitioner.

A prosthodontist may wish to deliver a full denture to a patient that resists microbial colonization to help improve the oral health status of the patient. The denture could be made with a durable, non-leachable antimicrobial component which would reduce the microbial burden of the patient. This would lead to healthier oral surfaces and reduction of halitosis.

A restorative dentist after making a preparation to receive a cavity restoration could neutralize the microbial population within the surfaces of the preparation by 'washing' the interior surfaces with a solution that delivers an antimicrobial compound and forms a durable, non-leachable antimicrobial film. This cavity cleanser would be applied as follows for direct or indirect restorations:

DIRECT RESTORATIONS

1. Isolate tooth and prepare the cavity. Rinse with water and air dry.
2. Etch enamel and dentin for 15 seconds with phosphoric acid according to manufacturer's instructions. Rinse with water and leave surface slightly moist (non-desiccated) surface.

3. Shake the antimicrobial cleanser bottle 2-4 seconds just before use. Apply cleanser generously to the prepared surface using a brush or absorbent pellet.
4. Remove puddled solution with a new absorbent pellet, leaving site moist.
5. Apply an adhesive according to manufacturer's instructions

INDIRECT RESTORATIONS

1. Complete tooth preparation, rinse with water for 10 – 20 seconds leaving preparation slightly moist.
2. Shake antimicrobial cleanser bottle for 2-4 seconds just before use. Apply cleanser generously to the prepared surface using a brush or absorbent pellet for 20 seconds.
3. Air dry to remove excess solution. Do Not Desiccate
4. Proceed with placement of provisional restoration.
5. When patient returns for cementation appointment, remove provisional restoration.
6. Clean the preparation with a slurry of pumice and water, or microetch, rinse and dry.
7. Etch enamel and dentin for 15 seconds with phosphoric acid according to manufacturer's instructions. Rinse with water for 10 – 20 seconds and leave preparation slightly moist (non-desiccated).
8. Apply cleanser generously to the preparation using a brush or absorbent pellet.
9. Remove puddled solution with a new absorbent pellet, leaving site moist. Do not dry.
10. Apply an adhesive according to manufacturer's instructions.
11. Continue with cementation of indirect restoration.
12. For cementation of RMGI cements follow 5, 6, then proceed to cementation.

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

Examples of durable, non-leachable antimicrobial technology can be found in the literature including those based on quaternary ammonium methacrylate (K18) and quaternary ammonium silicate (K21) compounds which have been and currently are under investigation. Below find references to help the committee understand this differentiated technology and how it can help improve oral health.

1. Gong S-Q, Niu L-N, Yiu CKY, Rhou H, Qi Y-P, Blissasrd JD, Nikonov S, Brackett MG, Messer RLW, Wu DC, Jao J, Brister LB, Rueggeberg FA, Arola DD, Pashley DH, Tay FR. Quaternary ammonium silane-functional, methacrylate resin composition with antimicrobial activities and self-repair potential. Acta Biomaterialia 2012;8:3270-3282.
2. Liu SY, Tonggu L, Niu L-N, Gong S-Q, Fan B, Want L, Zhao J-H, Huang C, Pahsley DH, Tay FR. Antimicrobial activity of a quaternary ammonium methacryloxy silicate-containing acrylic resin: a randomized clinical trial. Nature Sci Rpts 2016a;6:21882. DOI: 10.1038/srep21882.
3. Stricker B, Johnston AD, Carey CM. Assessment of tethered UDMA-K18 antimicrobial efficacy on biofilm activity. J Dent Res 2016;95(Spec Iss A):1019.
4. Patel S, Fellows M, Shellhart C, Tilliss T, Minick G, Newman S, Carey CM. WSL prevention using a UDMA-K18 sealant that prevents microbial attachment. J Dent Res 2020;99(Spec Iss A):0397

5. Blizzard JD, Kimmerling K, Rapp JP. Two- and three-component siloxanes and related compounds and compositions. US patent 9,314,407. Issued Apr 19, 2016.
6. Daood D, Yiu CKY, Burrow MF, Niu L-N, Tay FR. Effect of a novel quaternary ammonium silane cavity disinfectant on durability of resin–dentine bond. J Dent 2017;60:77-86.
7. Daood U, Yiu CKY. Transdentinal cytotoxicity and macrophagephenotype of a novel quaternary ammonium silane cavity disinfectant. Dent Mat 2019;35:206-216.
8. Daood U, Matinlinna MP, Pichika MR, Mak K-K, Nagendrababu V, Fawzy AS. A quaternary ammonium silane antimicrobial triggers bacterial bembrand and biofilm destruction. Sci Reports 2020;10:10970. DOI: 10.1038/s41598-020-67616-z.
9. Gou Y-P, Li J-Y, Meghil MM, et al., Quaternary ammonium silane-based antibacterial and anti-protolytic cavity cleanser. Dent Mater 2018; online before print at https://doi.org/10.1016/j.dental.2018.10.001
10. Largent Health, LLC FiteBac Cavity Cleanser U.S. F.D.A. 510K #K190271, Jan 23, 2020.
11. Largent Health, LLC FiteBac Antimicrobial Cavity Cleanser U.S. F.D.A. 510K #K200614, Jun 25, 2020.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	02/18/2020
Name:	Svetlana Monastyrskaya				
B. 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 >	X	No >	☐		
If Yes, name the entity >	S&Y Diamond Dental P.C.				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	D

2. 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	**immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)**
2b) Descriptor	None

3. 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.

Immediate flexible partial dentures are another option to immediate acrylic or immediate metal partials. Adding these codes to the list under ADA will provide overall clarity and avoid confusion with patients when calling insurance to verify their benefits and are told this procedure codes do not exist. However, these procedures do exist in the dental industry and many patients opt to have it done, although there is not an official ADA code to represent it. An ADA code already exists for other immediate types of dentures (metal and acrylic).There should be an ADA code to represent this common procedure as well.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D5899**	

b) Procedure technical description

The immediate flexible partial dentures serve the same function as immediate acrylic or metal partials and are available as an alternative.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario
Immediate flexible partials replace teeth on the same day of single or multiple teeth extractions and serve same purpose as other dentures (D5221-D5222 and D5223-D5224).

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	**x**		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	02/18/2020
Name:	Svetlana Monastyrskaya				
B. 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 >	X	No >	☐		
If Yes, name the entity >	S&Y Diamond Dental P.C.				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	X	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	D

2. 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	**immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)**
2b) Descriptor	None

3. 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.

Immediate flexible partial dentures are another option to immediate acrylic or immediate metal partials. Adding these codes to the list under ADA will provide overall clarity and avoid confusion with patients when calling insurance to verify their benefits and are told this procedure codes do not exist. However, these procedures do exist in the dental industry and many patients opt to have it done, although there is not an official ADA code to represent it. An ADA code already exists for other immediate types of dentures (metal and acrylic).There should be an ADA code to represent this common procedure as well.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D5899**	

b) Procedure technical description

The immediate flexible partial dentures serve the same function as immediate acrylic or metal partials and are available as an alternative.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario
Immediate flexible partials replace teeth on the same day of single or multiple teeth extractions and serve same purpose as other dentures (D5221-D5222 and D5223-D5224).

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	**X**		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/29/2020
Name:	Greg Gangemi				
B. 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 >	Manufacturer, Baudax Bio				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**intravenous analgesia, non-opioid, procedural pain management for up to 24 hours**
2b) Descriptor	IV administration of a non-opioid analgesic for moderate to severe pain management associated with dental procedure for up to 24 hours.

3. 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.

In 2016, the ADA House of Delegates adopted a number of statements regarding the Use of Opioids in the Treatment of Dental Pain. Statement 6 indicates dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management. Statement 7 indicates dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.

To date, the CDT coding system does not include specific coding to describe an IV administered NSAID alternative. Existing codes do not adequately describe such an IV bolus administration for surgical/procedure pain management lasting for 24 hours post-surgical procedure:

- D9239/D9243, IV sedation/analgesia codes are intended for sedation/analgesia during surgery and do not include analgesia intended to last 24 hours post-surgical procedure
- D9610/D9612, the IV parenteral codes do not provide a means for payers to develop and administer specific policies regarding use of IV administered, non-opioid alternatives for post-surgical pain management

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

- D9613 is not appropriate as it describes infiltration of sustained release therapeutic drug- single or multiple sites

While we recognize the different coding structures for dental and medical procedures, it is notable that the Centers for Medicare and Medicaid Services (CMS) have approved HCPCS code J1738 to specifically describe IV meloxicam and allow for separate payment for IV meloxicam in the Medicare hospital outpatient prospective payment system (HOPPS) and the Ambulatory Surgical Center (ASC) system via pass through status, recognizing ANJESO as a new technology.

The proposed CDT code would provide a means to describe administration of non-opioid pain management options intended to manage post-surgical associated pain up to 24 hours post procedure. The proposed CDT code would further allow third party payers to make appropriate policy reimbursement decisions for such pain management options that may reduce reliance on opioids as health care providers and payers deem appropriate. Increasingly, patients and patients' families are pursuing alternative pain management approaches particularly related to impacted third molar extractions to effectively manage pain and to reduce the reliance and/or avoid initial exposure to opioids in teenagers and young adults.

The proposed CDT code provides a means to describe administration of new pain management alternatives in an effort to encourage policy making that supports safe and effective pain management options consistent with guidelines that may reduce reliance on opioids and effectively manage pain associated with dental procedures.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**No code specifically describes IV analgesia for 24 hours post procedure.**

b) Procedure technical description

Intravenous bolus injection of a non-opioid pharmacologic agent to provide 24 hours pain management reducing the need for post-operative opioids. As an example of such a pharmacologic agent, the ANJESO® FDA label is attached.

c) Clinical scenario

A patient presents for removal of impacted teeth numbers 1, 16, 17, and 32. As part of the moderate to severe pain management strategy discussed with the patient a long acting once daily non-opioid NSAID will be used at the time of surgery in an effort to reduce or eliminate the need for post-operative opioids during the critical 24-hour time period following surgery. The pharmacologic agent is administered via a 15 second IV bolus injection through the IV following guidelines for the specific pharmacologic agent.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☐		Yes >	☐
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

The Current Dental Terminology (CDT) coding system in coordination with guideline recommendations, should encourage coding allowing for first line NSAID use and multi-modal, non-opioid pain management strategies to manage pain associated with dental procedures. Patients, families, and providers are seeking options to effectively manage pain while reducing use and/or exposure to opioids as society continues to address the opioid crisis.

IV Meloxicam Safe and Effective New Option for Pain Management in the Dental Setting

ANJESO® (meloxicam) injection is a proprietary, long-acting, preferential COX-2 inhibitor that possesses analgesic, anti-inflammatory and antipyretic activities, which are believed to be related to the inhibition of cyclooxygenase type 2 pathway (COX-2) and subsequent reduction in prostaglandin biosynthesis. ANJESO® was approved by the U.S. Food and Drug Administration in February 2020 for the management of moderate to severe pain, alone or in combination with other non-NSAID analgesics. Because of the delayed onset of analgesia, ANJESO alone is not recommended for use when rapid onset of analgesia is required. As a non-opioid, Baudax Bio believes ANJESO® has the potential to overcome many of the issues associated with commonly prescribed opioid therapeutics, including respiratory depression, constipation, excessive nausea and vomiting, as well as having no addictive potential, while maintaining meaningful analgesic effects for relief of pain. ANJESO® was designed using the NanoCrystal® platform, a technology that enables enhanced bioavailability of poorly water-soluble drug compounds.

ANJESO®(meloxicam) injection is approved for use in adults for the management of moderate to severe pain and is administered as a once-a-day intravenous (IV) bolus push. ANJESO® is the only available 24-hour, intravenous (IV) COX-2 preferential non-steroidal anti-inflammatory (NSAID) and offers once-daily dosing. The ANJESO® product approval was supported by two pivotal Phase III clinical efficacy trials, a large double-blind, placebo-controlled Phase III safety trial and four Phase II clinical efficacy trials, as well as other safety studies. The Randomized Double-Blind Controlled Trial of Intravenous Meloxicam in the Treatment of Pain Following Dental Impaction Surgery, was a dose ranging Phase II single-dose study, to evaluate the analgesic efficacy of 15mg, 30mg, and 60 mg. ANJESO® 30 mg Summed Pain Intensity Difference 24Hrs (SPID) post dose, resulted in a statistically significant difference compared to placebo(P= 0.033). Pain relief was observed within 30 minutes, with statistically significant differences in Pain Intensity Difference (PID) and Pain Relief (PR) detected as early as 10 minutes post-dose and sustained through Hour 24 in SPID24 and Total Pain Relief 24HRs (TOTPAR24). Approximately 93% of placebo subjects required rescue medication during the study, compared to 58% of ANJESO® 30mg, and 72% in the ibuprofen groups, respectively. Treatment with ANJESO® was well-tolerated with no deaths, SAEs, or discontinuations due to AEs reported. The most commonly reported AEs across treatment groups included nausea (2% ANJESO® 15 mg, 0% ANJESO® 30 mg, 6% ANJESO® 60 mg), vomiting (2% ANJESO® 15 mg, 0% ANJESO® 30 mg, 4% ANJESO® 60 mg), and headache (0% for ANJESO® 15 mg, 30 mg, 60 mg. Statistically significant differences were also seen for the N1539 60 mg, 30 mg and 15 mg dose groups compared with the ibuprofen group ($p<0.001$, $p<0.001$, $p=0.028$), respectively. The overall most common ADVERSE REACTIONS reported in ≥2% of patients treated with ANJESO® and at a greater frequency than placebo included: constipation, gamma-glutamyl transferase increased and anemia.

ANJESO® (meloxicam) injection, for intravenous use. [Prescribing Information]. Malvern, PA. Baudax Bio, Inc.; February 2020.

Christensen, S. E., Cooper, S. A., Mack, R. J., McCallum, S. W., Du, W., & Freyer, A. (2018). A randomized double-blind controlled trial of intravenous meloxicam in the treatment of pain following dental impaction surgery. *The Journal of Clinical Pharmacology*, *58*(5), 593-605.

Bergese, S. D., Melson, T. I., Candiotti, K. A., Ayad, S. S., Mack, R. J., McCallum, S. W., ... & Marcet, J. E. (2019). A Phase 3, Randomized, Placebo-Controlled Evaluation of the Safety of Intravenous Meloxicam Following Major Surgery. *Clinical pharmacology in drug development*, *8*(8), 1062-1072.

Viscusi, E. R., Gan, T. J., Bergese, S., Singla, N., Mack, R. J., McCallum, S. W., ... & Hobson, S. (2019). Intravenous meloxicam for the treatment of moderate to severe acute pain: a pooled analysis of safety and opioid-reducing effects. *Regional Anesthesia & Pain Medicine, 44*(3), 360-368.

Pain Management Alternatives Consistent with Guidelines

The Centers for Disease Control and Prevention (CDC) enacted guidelines for discussion regarding Acute Dental Pain and overall use of Opioids. The treatment recommendations encouraged the ADA statement of 2016 and the Bree Collaborative/Washington State Agency Medical Directors' Group (2017) Guideline on Prescribing Opioids for Acute Pain Management. The American Dental Association (ADA) published a statement in 2016, "dentists should consider non-steroidal anti-inflammatory analgesics as the first-line therapy for acute pain management. Dentists should recognize multimodal pain strategies for management of acute postoperative pain as a means for sparing the need for opioid analgesics." Dr. Bree Collaborative Guidelines recommends to "prescribe non-opioid analgesics as the FIRST line of pain control for dental procedures", as part of the Preoperative period. With the complexity of various dental procedures, the degree of post-surgical pain also varies. The need for drug therapies that offer a non-opioid option are being driven not just by national guidelines, health care providers, payers, but also patients.

References:

American Dental Association. Statement on the use of opioids in treatment of dental pain. https://www.ada.org/en/advocacy/current-policies. Accessed October 2020.

Dr. Robert Bree Collaborative. Dental guideline on prescribing opioids for acute pain management. http://www.breecollaborative.org/wp-content/uploads/2017-10-26-FINAL-Dental-Opioid-Recommendations_Web.pdf. Accessed October 2020.

Pain Management Options in Dental Setting, Opioid Sparing Benefits

According to the CDC in 2018, the total number prescriptions dispensed for opioids was 168,158,611.(CDC, 2020) While this number has decreased from previous years, the opioid epidemic has still taken the lives of many and continues to affect the population at large. Discussion of the current Dental Opioid Prescribing Practices review that dental prescriptions for opioids in the US are 37 times higher than England (Reynolds, 2019). In the US, for adolescents and young adults, opioid exposure through third molar extractions has been associated with a subsequent 6.8% increase in opioid use and a 5.4% increase in abuse (Schroeder, 2018).

As a result of trends like this, the ADA guidelines have supported the use of medications and medication combinations such as Nonsteroidal anti-inflammatory drugs (NSAIDs) for acute dental pain as first line therapy (ADA, 2020). Dental pain has been studied as musculoskeletal pain (Becker 2010). Evidence based literature in various surgical specialties such as Anesthesia, use a multi-modal approach, combining two or more different analgesic drugs to treat acute post-surgical pain (Buvanendran, 2009). The review published by Dionne in 2020 provided an overview of the current literature regarding analgesic prescribing for dental pain during the first 2 to 3 days of peak acute inflammation following a procedure. Based on the current literature, Dionne highlighted the improvements with non-opioid combination pain management for post-surgical dental procedure and awareness to current prescribing opioids.

An unmet need remains for alternative non-opioid pain management options for post-surgical dental procedures.

A quality improvement study, across 14 dental clinics of the University of Michigan School of Dentistry, assessed opioid vs non-opioid users patient pain and satisfaction scores. The results showed opioid users reported a higher level of pain compared to the non-opioid user and similar satisfaction scores among the two groups. (Nalliah, 2020)

References:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. U.S. Opioid Prescribing Rate Maps. https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html. Accessed October 2020.

Reynolds, W. R., & Schwarz, E. S. (2019). Dentists' Current and Optimal Opioid Prescribing Practices: A Proactive Review. *Missouri medicine*, *116*(5), 347.

Schroeder, A. R., Dehghan, M., Newman, T. B., Bentley, J. P., & Park, K. T. (2019). Association of opioid prescriptions from dental clinicians for US adolescents and young adults with subsequent opioid use and abuse. *JAMA internal medicine*, *179*(2), 145-152.

American Dental Association. Statement on the use of opioids in treatment of dental pain. https://www.ada.org/en/advocacy/current-policies. Accessed October 2020.

Becker DE. Pain management: part 1: managing acute and postoperative dental pain. *Anesth Prog.* 2010;57(2):67–78; quiz 79-80.

Buvanendran, A., & Kroin, J. S. (2009). Multimodal analgesia for controlling acute postoperative pain. *Current opinion in Anesthesiology*, *22*(5), 588-593.

Dionne, R. A. (2020). Is the "Mission Accomplished" for the Management of Acute Oral Pain without Enabling Substance Abuse?. *Journal of Dental Research*, 0022034520916417.

Nalliah, R. P., Sloss, K. R., Kenney, B. C., Bettag, S. K., Thomas, S., Dubois, K., ... & Brummett, C. M. (2020). Association of Opioid Use With Pain and Satisfaction After Dental Extraction. *JAMA network open*, *3*(3), e200901-e200901.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**non-opioid oral analgesics dispensed in the office for home usage**
2b) Descriptor	Includes but is not limited to non-steroidal anti-inflammatory drugs (NSAIDs), paracetamol (acetaminophen), acetylsalicylic acid (ASA, aspirin), dipyrone (metamizole), and numerous other drugs in diverse classes.

3. 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.

- Accurate documentation allows dispensing patterns of non-opioid oral analgesics to be tracked.
- The United States Food and Drug Administration issues recalls, market withdrawals and safety alerts on a regular basis to assure that products and devices are safe for the public to use
- Most dental practices do not have a system which allows for contacting patients if a particular non-opioid oral analgesic is withdrawn or recalled.

Citation Reference:
[1]Oral Health Topics: Oral Analgesics for Acute Dental Pain (Accessed July 26, 2020).
https://www.ada.org/en/member-center/oral-health-topics/oral-analgesics-for-acute-dental-pain#

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D9630**

b) Procedure technical description

Non-opioid analgesics dispensed in the office for home use can help to prevent or minimize moderate to severe pain following dental procedures.

NOTICE TO PREPARER AND SUBMITTER:

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- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

c) Clinical scenario

Non-opioid analgesics can be a first line of pain prevention following (but certainly not limited to):

- Extractions
- Nonsurgical periodontal therapy
- Crown lengthening
- Osseous surgery

At the completion of the dental procedure, the dental professional can dispense non-opioid analgesics to the patient with instructions on their use at home.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/22/2020
Name:	Marie Schweinebraten DMD				
B. 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 **>**	American Academy of Periodontology				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**DXXXX**

2. 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	**utilization of personal protective equipment during a pandemic**
2b) Descriptor	Additional use of personal protection equipment during a pandemic associated with safeguarding patients, providers, and office staff from transmission of highly contagious agents through direct contact, droplets, or aerosols. This should include, but not be limited to, disposable products recommended by governmental agencies to inhibit the transmission of infectious agents.

3. 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.

The procedures necessary to provide safe dental care during a disease outbreak has dramatically increased. A code to document these increased procedures and the resulting overhead would allow reimbursement from the patient and/or a third-party carrier.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D1999 unspecified preventive procedure, by report** **D9999 unspecified adjunctive procedure, by report**	

NOTICE TO PREPARER AND SUBMITTER:

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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

b) Procedure technical description
Increased protection for providers, patients and office staff during a pandemic requires additional PPE for safeguarding from transmission of highly contagious agents through direct contact, droplets, or aerosols.
c) Clinical scenario
Providers must use more PPE during a pandemic including, but not limited to, N95masks, face shields, and disposable gowns. Additional office equipment is also recommended for protection, such as air filtration systems, UV light treatment, and aerosol shields in common areas.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**personal protective equipment (ppe) for the delivery of patient care**
2b) Descriptor	PPE refers to operator protective equipment to reduce potential disease transmission during dental procedures based on most current CDC and OSHA recommendations.

3. 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.

The ADA recommends practitioners use the D1999 code for PPE since there is no specific CDT code existing for PPE. The current utilization of the D1999 requires a narrative be written for each patient which can be cumbersome and time consuming. The purpose of this new CDT code is to document WITHOUT having to submit a separate narrative.

The goal is to streamline documentation of the utilization of PPE and is not necessarily designed for the purpose of reimbursement, as some States forbid charging for "enhanced infection control and PPE". https://www.marylandattorneygeneral.gov/press/2020/061220.pdf (Accessed October 8, 2020)

The necessity and utilization of PPE has been documented in detail by various CDC and OSHA communications: https://www.osha.gov/SLTC/covid-19/healthcare-workers.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

The increased awareness of disease transmission, in particular from aerosols generated in dentistry, has been heightened due to the COVID-19 pandemic. https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html (August 28, 2020) (Accessed October 8, 2020).

NOTICE TO PREPARER AND SUBMITTER:

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- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D1999**

b) Procedure technical description

To prevent potential disease transmission to and from clinicians and dental patients, personal protective equipment is mandated by OSHA, CDC and other state entities.

c) Clinical scenario

PPE procedures include the Donning and Doffing of various items when in contact with a dental patient during any clinical procedure.

https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf

Donning

1. GOWN ■ Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back ■ Fasten in back of neck and waist 2. MASK OR RESPIRATOR ■ Secure ties or elastic bands at middle of head and neck ■ Fit flexible band to nose bridge ■ Fit snug to face and below chin ■ Fit-check respirator 3. GOGGLES OR FACE SHIELD ■ Place over face and eyes and adjust to fit 4. GLOVES ■ Extend to cover wrist of isolation gown

Doffing

1. GLOVES ■ Outside of gloves is contaminated! ■ Grasp outside of glove with opposite gloved hand; peel off ■ Hold removed glove in gloved hand ■ Slide fingers of ungloved hand under remaining glove at wrist ■ Peel glove off over first glove ■ Discard gloves in waste container 2. GOGGLES OR FACE SHIELD ■ Outside of goggles or face shield is contaminated! ■ To remove, handle by head band or earpieces ■ Place in designated receptacle for reprocessing or in waste container 3. GOWN ■ Gown front and sleeves are contaminated! ■ Unfasten ties ■ Pull away from neck and shoulders, touching inside of gown only ■ Turn gown inside out ■ Fold or roll into a bundle and discard 4. MASK OR RESPIRATOR ■ Front of mask/respirator is contaminated — DO NOT TOUCH! ■ Grasp bottom, then top ties or elastics and remove ■ Discard in waste container

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

The medical community has already recognized the need to document this procedure by creating new CPT codes.

Code 99072 is to be reported only once per in-person patient encounter per provider identification number, regardless of the number of services rendered at that encounter.

Code 99072 is designed to capture the following practice expense factors:

- Time over what is included in the primary service of clinical staff time to conduct a pre-visit phone call to screen the patient (symptom check), provide instructions on social distancing during the visit, check patients for symptoms upon arrival, apply and remove personal protective equipment, and additional cleaning of the examination/procedure/imaging rooms, equipment and supplies
- Three surgical masks
- Additional cleaning supplies (e.g., hand sanitizers, disinfectant wipes)

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/29/2020
Name:	Bill Soucie				
B. 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 >	☐	AcelRx Pharmaceuticals, Inc., manufacturer/supplier	
If Yes, name the entity **>**					
C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?					
Yes >	☒	No >	☐	AcelRx Pharmaceuticals, Inc., manufactures Dsuvia and benefits from the sale of this product.	
If Yes, what is the benefit? **>**					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**
2. 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: o 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	**therapeutic sublingual analgesic in a prefilled single-dose applicator (SDA), single or initial administration**							
2b) Descriptor	Includes single administration of a sublingual opioid analgesic via a prefilled single-dose applicator (SDA) by a healthcare provider in certified medically supervised healthcare setting. This code should not be used to report administration of sedative, anesthetic, or reversal agents.							

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

3. 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.

There is currently no administration code or alternative code for the therapeutic administration of a sublingual opioid analgesic.

DSUVIA® (sufentanil) is a sublingual tablet (30 mcg) for managing acute pain that requires an opioid analgesic and when alternative treatments are inadequate. The sublingual tablet is housed in a single-dose applicator (SDA) and may only be administered by a healthcare provider at certified medically supervised healthcare settings, such as hospitals, surgical centers, and emergency departments.

DSUVIA is an opioid agonist and is relatively selective for the mu-opioid receptor. The principal therapeutic action of sufentanil is analgesia and sedation, thought to be mediated through opioid specific receptors throughout the Central Nervous System (CNS). DSUVIA is not for home use or use in children and should not be used for more than 72 hours[1]. Use beyond 72 hours has not been studied. Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, DSUVIA use is to be reserved for treatment in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products) have not been tolerated, or are not expected to be tolerated; or have not provided adequate analgesia, or are not expected to provide adequate analgesia[1].

In the Dental practice setting, DSUVIA may be used in adults to manage acute pain prior to and during invasive oral and maxillofacial procedures given its unique pharmacokinetic profile, which avoids the high peak plasma levels and short duration of action observed with intravenous (IV) bolus administration[2]. The single dose-strength sublingual tablet offers the benefit of providing an analgesic effect within about 15 minutes of administration compared with 30 minutes for orally administered opioids, lasting for up to 3 hours [2-10].

The use of DSUVIA before and during invasive dental procedures may obviate the need for IV placement or offer an alternative when IV placement is infeasible or undesired, and mitigate the risks associated with IV administration of opioids. DSUVIA may also be appropriate for patients with inadequate analgesia, or when achieving adequate analgesia is unexpected. A patient experiencing severe pain without IV access can achieve analgesia with the sublingual single-tablet opioid.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	No code	

b) Procedure technical description

DSUVIA, a tablet (30 mcg), is housed in a single-dose applicator (SDA) and packaged within a tamper-evident laminate foil pouch. The route of administration of DSUVIA is sublingual. DSUVIA must be administered by a healthcare provider via sublingual placement. To administer DSUVIA, a healthcare provider must: use a SDA that contains the DSUVIA tablet; remove and discard a lock on the SDA; properly place the SDA into the patient's mouth; depress a pusher to deliver the tablet under the patient's tongue (sublingual space); and visually confirm tablet placement in the sublingual space. This administration must be performed by a healthcare provider and occur only in certified medically supervised healthcare settings, such as hospitals, surgical centers, and emergency departments.

c) Clinical scenario

DSUVIA may be administered by a healthcare provider in a certified healthcare setting within 30 minutes prior to the start of dental surgery. Subsequent doses at 30 mcg increments at least an hour apart may be administered as needed. DSUVIA would replace the use of IV fentanyl in appropriate cases.

Scenario 1:

A 25-year-old female presents for surgical extraction of an impacted, partially bony left upper wisdom tooth (D7230). The patient presents with severe pain, swelling and redness to the impacted area. The patient is visibly uncomfortable, and IV access for pain management is unavailable. The certified provider administers DSUVIA 30mcg sublingual 30 minutes prior to initiating treatment. The patient reports pain relief within 15 minutes of administration and the provider proceeds with the tooth extraction. The procedure is well-tolerated, and the patient is discharged home from the dental office alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 2:

59-year-old male for full mouth extraction and dental implants. Previous medical history: morbid obesity (5'7" and 315 lbs). tobacco use, DM 2, CAD, MI in 2007, stents placed in 2007 and 2010, chronic pain, gout, sleep apnea, and dental phobia. Cardiologist approves proceeding with oral surgery but recommended no epinephrine in the local anesthesia. The procedure lasted three hours and thirty minutes. A single dose of DSUVIA was given 15 minutes prior to the procedure. The patient was getting uncomfortable an hour into the procedure and was given another dose of DSUVIA. A final dose of DSUVIA was given towards the end of the procedure because the patient was going to be in the office for another 3-4 hours for his dental implant fittings. Supplemental oxygen was given via a nasal canula during the procedure at 2 liters/minute. Midazolam was titrated as needed. The patient was very pleased with the entire procedure/fitting. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 3:

19-year-old male for extraction of 3rd molars. Previous medical history: acromegaly, height 6'1", weight 230 lbs. Due to poor venous access and physical size, IV access could not be established after multiple attempts, including the use of an infrared vein finder. The patient was administered a single dose of DSUVIA prior to the procedure. After 20 minutes of administration the provider proceeded with the extractions. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 4:

68-year-old female for multiple extractions and crowns. Previous Medical History: 5'4", 105 lbs., otherwise healthy. The patient had a history of difficult IV access. Patient did not want to do the procedure under a local anesthetic or nitrous. Patient reported that oral valium has not been effective during past procedures. A single dose of DSUVIA was administered prior to the procedure. Fifteen minutes following administration, the provider proceeds with the extractions and crowns. The patient is alert, responsive, and comfortable throughout the one hour and twenty-minute procedure. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 5:

36-year-old male for 4 extractions and dental implants. Previous Medical History: morbid obesity (6'1" and 315 lbs), thyroidectomy for thyroid cancer. Thick neck and beard making for a difficult airway. Supplemental oxygen was given via a nasal canula, one dose of DSUVIA 20 minutes prior to the procedure, and titrated 5 mg of midazolam 1mg at time. The procedure lasted 90 minutes. Patient reported being very pleased with the experience. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☒		Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation:

The DSUVIA studies provided are 'open access' as AcelRx Pharmaceuticals has paid the necessary fees. The ADA has permission to reprint all of the materials provided.

1. DSUVIA [package insert]. Redwood City, CA: AcelRx Pharmaceuticals, Inc; 2018
2. Miner, J.R. (2020). Sublingual analgesia: a promising proposal for the treatment of pain. *Expert Opinion on Drug Delivery, 17*(2), 123-126. https://doi.org/10.1080/17425247.2020.174588
3. DSUVIA [package insert]. Redwood City, CA: AcelRx Pharmaceuticals, Inc; 2018.
4. Miner, J.R., Melson, T.I., Leiman, D., et al. (2019). Pooled Phase III safety analysis of sufentanil sublingual tablets for short-term treatment of moderate-to-severe acute pain. *Pain Manag., 9*(3), 259–271.
5. Miner, J.R., Rafique, Z., Minkowitz, H.S., et al. (2018). Sufentanil sublingual tablet 30mcg for moderate-to-severe acute pain in the ED. *Am J Emerg Med.*, *36*(6), 954–961.
6. Minkowitz, H.S., Leiman, D., Melson, T., et al. (2017). Sufentanil sublingual tablet 30 mcg for the management of pain following abdominal surgery: a randomized, placebo-controlled, phase-3 study. *Pain Pract., 17*(7),848–858.
7. Smith H. (2012). A comprehensive review of rapid-onset opioids for breakthrough pain. *CNS drugs*, *26*(6), 509–535. https://doi.org/10.2165/11630580-000000000-00000
8. Kagel, E.M. & Rayan, G.M. (2004). Intravenous catheter complications in the hand and forearm. *J Trauma*. *56*(1),123-127.
9. Brummond, P.W., Chen, D.F., Churchill, W.W., et al. (2017). ASHP guidelines on preventing diversion of controlled substances. *Am J Health-Syst Pharm. 74*(5), 325-348.
10. Dy, S.M., Shore, A.D., Hicks, R.W. & Morlock, L.L. (2007). Medication errors with opioids: results from a national reporting system. *J Opioid Manag*., *3*(4),189-194.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/29/2020
Name:	Bill Soucie				
B. 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 >	☐	AcelRx Pharmaceuticals, Inc., manufacturer/supplier	
If Yes, name the entity **>**					
C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?					
Yes >	☒	No >	☐	AcelRx Pharmaceuticals, Inc., manufactures Dsuvia and benefits from the sale of this product.	
If Yes, what is the benefit? **>**					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	therapeutic sublingual analgesic in a prefilled single-dose applicator (SDA), each additional administration
2b) Descriptor	Includes each additional administration of a sublingual opioid analgesic via a prefilled single-dose applicator (SDA) by a healthcare provider in certified medically supervised healthcare setting. This code should not be used to report administration of sedative, anesthetic, or reversal agents.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

3. 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.

There is currently no administration code or alternative code for the therapeutic administration of a sublingual opioid analgesic.

DSUVIA® (sufentanil) is a sublingual tablet (30 mcg) for managing acute pain that requires an opioid analgesic and when alternative treatments are inadequate. The sublingual tablet is housed in a single-dose applicator (SDA) and may only be administered by a healthcare provider at certified medically supervised healthcare settings, such as hospitals, surgical centers, and emergency departments.

DSUVIA is an opioid agonist and is relatively selective for the mu-opioid receptor. The principal therapeutic action of sufentanil is analgesia and sedation, thought to be mediated through opioid specific receptors throughout the Central Nervous System (CNS). DSUVIA is not for home use or use in children and should not be used for more than 72 hours[1]. Use beyond 72 hours has not been studied. Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, DSUVIA use is to be reserved for treatment in patients for whom alternative treatment options (e.g., non-opioid analgesics or opioid combination products) have not been tolerated, or are not expected to be tolerated; or have not provided adequate analgesia, or are not expected to provide adequate analgesia[1].

In the Dental practice setting, DSUVIA may be used in adults to manage acute pain prior to and during invasive oral and maxillofacial procedures given its unique pharmacokinetic profile, which avoids the high peak plasma levels and short duration of action observed with intravenous (IV) bolus administration[2]. The single dose-strength sublingual tablet offers the benefit of providing an analgesic effect within about 15 minutes of administration compared with 30 minutes for orally administered opioids, lasting for up to 3 hours [2-10].

The use of DSUVIA before and during invasive dental procedures may obviate the need for IV placement or offer an alternative when IV placement is infeasible or undesired, and mitigate the risks associated with IV administration of opioids. DSUVIA may also be appropriate for patients with inadequate analgesia, or when achieving adequate analgesia is unexpected. A patient experiencing severe pain without IV access can achieve analgesia with the sublingual single-tablet opioid.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	No code	

b) Procedure technical description

DSUVIA, a tablet (30 mcg), is housed in a single-dose applicator (SDA) and packaged within a tamper-evident laminate foil pouch. The route of administration of DSUVIA is sublingual. DSUVIA must be administered by a healthcare provider via sublingual placement. To administer DSUVIA, a healthcare provider must: use a SDA that contains the DSUVIA tablet; remove and discard a lock on the SDA; properly place the SDA into the patient's mouth; depress a pusher to deliver the tablet under the patient's tongue (sublingual space); and visually confirm tablet placement in the sublingual space. This administration must be performed by a healthcare provider and occur only in certified medically supervised healthcare settings, such as hospitals, surgical centers, and emergency departments.

c) Clinical scenario

DSUVIA may be administered by a healthcare provider in a certified healthcare setting within 30 minutes prior to the start of dental surgery. Subsequent doses at 30 mcg increments at least an hour apart may be administered as needed. DSUVIA would replace the use of IV fentanyl in appropriate cases.

Scenario 1:

A 25-year-old female presents for surgical extraction of an impacted, partially bony left upper wisdom tooth (D7230). The patient presents with severe pain, swelling and redness to the impacted area. The patient is visibly uncomfortable, and IV access for pain management is unavailable. The certified provider administers DSUVIA 30mcg sublingual 30 minutes prior to initiating treatment. The patient reports pain relief within 15 minutes of administration and the provider proceeds with the tooth extraction. The procedure is well-tolerated, and the patient is discharged home from the dental office alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 2:

59-year-old male for full mouth extraction and dental implants. Previous medical history: morbid obesity (5'7" and 315 lbs). tobacco use, DM 2, CAD, MI in 2007, stents placed in 2007 and 2010, chronic pain, gout, sleep apnea, and dental phobia. Cardiologist approves proceeding with oral surgery but recommended no epinephrine in the local anesthesia. The procedure lasted three hours and thirty minutes. A single dose of DSUVIA was given 15 minutes prior to the procedure. The patient was getting uncomfortable an hour into the procedure and was given another dose of DSUVIA. A final dose of DSUVIA was given towards the end of the procedure because the patient was going to be in the office for another 3-4 hours for his dental implant fittings. Supplemental oxygen was given via a nasal canula during the procedure at 2 liters/minute. Midazolam was titrated as needed. The patient was very pleased with the entire procedure/fitting. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 3:

19-year-old male for extraction of 3rd molars. Previous medical history: acromegaly, height 6'1", weight 230 lbs. Due to poor venous access and physical size, IV access could not be established after multiple attempts, including the use of an infrared vein finder. The patient was administered a single dose of DSUVIA prior to the procedure. After 20 minutes of administration the provider proceeded with the extractions. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 4:

68-year-old female for multiple extractions and crowns. Previous Medical History: 5'4", 105 lbs., otherwise healthy. The patient had a history of difficult IV access. Patient did not want to do the procedure under a local anesthetic or nitrous. Patient reported that oral valium has not been effective during past procedures. A single dose of DSUVIA was administered prior to the procedure. Fifteen minutes following administration, the provider proceeds with the extractions and crowns. The patient is alert, responsive, and comfortable throughout the one hour and twenty-minute procedure. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

Scenario 5:

36-year-old male for 4 extractions and dental implants. Previous Medical History: morbid obesity (6'1" and 315 lbs), thyroidectomy for thyroid cancer. Thick neck and beard making for a difficult airway. Supplemental oxygen was given via a nasal canula, one dose of DSUVIA 20 minutes prior to the procedure, and titrated 5 mg of midazolam 1mg at time. The procedure lasted 90 minutes. Patient reported being very pleased with the experience. The procedure is well-tolerated, and the patient is discharged alert and oriented to person, place, time, and situation with no nausea and/or dizziness, and is ambulatory without difficulty.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☒		Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation:

The DSUVIA studies provided are 'open access' as AcelRx Pharmaceuticals has paid the necessary fees. The ADA has permission to reprint all of the materials provided.

1. DSUVIA [package insert]. Redwood City, CA: AcelRx Pharmaceuticals, Inc; 2018
2. Miner, J.R. (2020). Sublingual analgesia: a promising proposal for the treatment of pain. *Expert Opinion on Drug Delivery, 17*(2), 123-126. https://doi.org/10.1080/17425247.2020.174588
3. DSUVIA [package insert]. Redwood City, CA: AcelRx Pharmaceuticals, Inc; 2018.
4. Miner, J.R., Melson, T.I., Leiman, D., et al. (2019). Pooled Phase III safety analysis of sufentanil sublingual tablets for short-term treatment of moderate-to-severe acute pain. *Pain Manag., 9*(3), 259–271.
5. Miner, J.R., Rafique, Z., Minkowitz, H.S., et al. (2018). Sufentanil sublingual tablet 30mcg for moderate-to-severe acute pain in the ED. *Am J Emerg Med.*, *36*(6), 954–961.
6. Minkowitz, H.S., Leiman, D., Melson, T., et al. (2017). Sufentanil sublingual tablet 30 mcg for the management of pain following abdominal surgery: a randomized, placebo-controlled, phase-3 study. *Pain Pract., 17*(7),848–858.
7. Smith H. (2012). A comprehensive review of rapid-onset opioids for breakthrough pain. *CNS drugs*, *26*(6), 509–535. https://doi.org/10.2165/11630580-000000000-00000
8. Kagel, E.M. & Rayan, G.M. (2004). Intravenous catheter complications in the hand and forearm. *J Trauma*. *56*(1),123-127.
9. Brummond, P.W., Chen, D.F., Churchill, W.W., et al. (2017). ASHP guidelines on preventing diversion of controlled substances. *Am J Health-Syst Pharm. 74*(5), 325-348.
10. Dy, S.M., Shore, A.D., Hicks, R.W. & Morlock, L.L. (2007). Medication errors with opioids: results from a national reporting system. *J Opioid Manag.*, *3*(4),189-194.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/26/2020
Name:	Sharon J Perlman, DDS, MPH				
B. 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 >	☐	American Association of Public Health Dentistry	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**vaccine administration – influenza, with face-to-face vaccine counseling**
2b) Descriptor	None

3. 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.

The 2020 ADA House of Delegates approved the following resolution:

"Resolved, that the ADA develop legislative principles for inclusion in state regulations allowing appropriately training dentists to administer vaccines."

This substantive action request provides the coding mechanism to implement the ADA policy. The Centers for Disease Control and Prevention estimates that from October 1, 2019 through April 4, 2020, in the United States, there were up to 62,000 flu deaths, up to 740,000 flu hospitalizations, 56,000,000 flu illnesses and 26,000,000 flu medical visits. https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm The CDC declared that obtaining the flu vaccine during the 2020-21 season is more important than ever, for it reduces the burden on our healthcare systems responding to the COVID-19 pandemic.

Dentists with appropriate training can further reduce the burden by increasing access and providing this important vaccination. Illinois and Oregon have provisions in their dental acts for dentists to administer vaccinations. Additionally, multiple dental schools in the United States are training dental dentists to administer vaccinations. https://www.ilga.gov/commission/jcar/admincode/068/068012200D04030R.html

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

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https://www.ada.org/en/publications/ada-news/2019-archive/april/oregon-passes-bill-allowing-dentists-to-administer-vaccines20190426t142836

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D1999**

b) Procedure technical description

Administrating an FDA approved influenza vaccine and providing oral instructions on potential adverse reactions and protocols for addressing them.

c) Clinical scenario

Three examples of clinical scenarios are:

- A patient presents for dental care and has not yet receiving the seasonal influenza vaccine.
- A patient presents to a community clinic for dental care. The medical staff that traditionally provides the influenza vaccinations are diverted to addressing the COVID-19 outbreak and unable to administer the vaccine on the day of the appointment. The patient does not have sick-day coverage and cannot afford to miss another workday without pay.
- A dentist provides mobile dentistry in a rural community, and the nearest health care facility is an hour away.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☐		Yes >	☐
	No >	☐		No >	☒		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/24/2020
Name:	Sharon J Perlman, DDS, MPH				
B. 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 >	American Association of Public Health Dentistry				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**vaccine administration for life or health-threatening conditions with face-to-face counseling, per visit**
2b) Descriptor	None

3. 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.

The 2020 ADA House of Delegates approved the following resolution:

"It is the position of the American Dental Association that dentists have the requisite knowledge and skills to administer critical vaccines to prevent life or health-threatening conditions and protect the life and health of patients and staff at the point of care."

This substantive action request provides the coding mechanism to implement the ADA policy. By doing so, dentists can increase access to lifesaving vaccines, and residents can obtain them expeditiously. Dentists are not the only health care profession to expand their duties. On September 9, 2020, the US Department of Health and Human Services authorized state-licensed pharmacists to order and administer COVID-19 vaccinations, expanding access to safe and effective COVID-19 vaccines when they are availablehttps://www.hhs.gov/about/news/2020/09/09/trump-administration-takes-action-to-expand-access-to-covid-19-vaccines.html

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D1999**	

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
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b) Procedure technical description

Administration of an FDA approved vaccine for life and health threatening conditions, and providing oral instructions on potential adverse reactions and protocols for addressing them. Depending on the vaccine, multiple doses may be required over time. This code is to be used for each visit.

c) Clinical scenario

Three examples of clinical scenarios are:

- A patient presents for dental care, but has not had a recent medical visit, and has not yet been vaccinated against SARS-CoV-2/COVID-19 (or other health-threatening conditions).
- An elderly patient who does not have a medical provider and has difficulty accessing one, presents for dental care.
- A dentist provides mobile dentistry in a rural community, and the nearest health care facility is an hour away.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☒		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	Greg Oppenhuizen		
Address (Line 1):	American Association of Orthodontists		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D8010-D8040**

2. 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	**Limited Orthodontic Treatment**
2b) Descriptor	Orthodontic treatment ~~with a limited objective, not necessarily involving the entire dentition. It may be directed at only the existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive treatment.~~ utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition. The objective may be limited by: - not involving the entire dentition. - not attempting to address the full scope of the existing or developing orthodontic problem. - mitigating an aspect of a greater malocclusion (i.e. crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.). - a decision to defer or forego comprehensive treatment.

3. 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.

This action request concerns only a revision to the Limited Orthodontic Treatment subcategory of service descriptor. It is one of two related action requests that clarify the nature and scope of limited and interceptive orthodontic procedures.

The AAO's position is that Interceptive Orthodontic Treatment is typically limited in scope and the procedures listed in that subcategory are clinically the same as those in the Limited Orthodontic treatment subcategory. This action request and the associated request to delete the "Interceptive" subcategory are

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

intended to bring clarity as well as eliminate ambiguity and redundancy within the Orthodontics category of service.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		
Not applicable		
c) Clinical scenario		
Not applicable		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

There is no change to the current CDT code entries within the Limited Orthodontic Treatment subcategory –

D8010 limited orthodontic treatment of the primary dentition

D8020 limited orthodontic treatment of the transitional dentition

D8030 limited orthodontic treatment of the adolescent dentition

D8040 limited orthodontic treatment of the adult dentition

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	Greg Oppenhuizen		
Address (Line 1):	American Association of Orthodontists		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☐	Delete Entirely	☒	Affected Code (Revise or Delete only)	**D8050 and D8060**

2. 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	~~**Interceptive Orthodontic Treatment**~~
2b) Descriptor	~~Interceptive treatment is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive therapy.~~

3. 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.

This action request concerns entire deletion of the Interceptive Limited Orthodontic Treatment subcategory of service (subcategory Nomenclature and Descriptor, as well as both procedure codes). It is one of two related action requests that clarify the nature and scope of limited and interceptive orthodontic procedures.

The AAO's position is that Interceptive Orthodontic Treatment is typically limited in scope and the procedures listed in that subcategory are clinically the same as those in the Limited Orthodontic treatment subcategory. This action request and the associated request to revise the "Limited" subcategory are intended to bring clarity as well as eliminate ambiguity and redundancy within the Orthodontics category of service.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

b) Procedure technical description
Not applicable
c) Clinical scenario
Not applicable

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

The two current CDT codes in the Interceptive Orthodontic Treatment subcategory of service will also be deleted as the types of dentition noted for each are included in the several procedure codes listed in the "Limited" subcategory.

~~**D8050 interceptive orthodontic treatment of the primary dentition**~~

~~**D8060 interceptive orthodontic treatment of the transitional dentition**~~

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/30/2020
Name:	Timothy L. Brown, Deputy Executive Director		
Address (Line 1):	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0180**

2. 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	**comprehensive periodontal evaluation - new or established patient**
2b) Descriptor	This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation. A treatment plan is formulated and discussed with the patient, as indicated, based on clinical findings.

3. 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.

A key to the establishment and maintenance of the dentist patient relationship is communication between the dental provider and the patient. With the advent of teledentistry and other alternative practice settings and modalities, patients may receive a comprehensive periodontal evaluation without knowledge of the findings or treatment recommendations. By adding this to the existing comprehensive periodontal evaluation procedure code, the dental provider is reminded of the importance of this communication and documentation.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0180**

2. 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	**comprehensive periodontal evaluation – new or established patient**
2b) Descriptor	This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. ~~It~~ This includes an oral cancer evaluation, evaluation of periodontal conditions, probing and charting, evaluation and recording of patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations and occlusal relationships. ~~and oral cancer evaluation.~~

3. 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.

During the March 2020 CMC meeting, D0150 Comprehensive Oral Evaluation and D0120 Periodic Oral Evaluation were amended for CDT 2021 to add language stating that an oral cancer evaluation was a required component of the evaluations, NOT a "may include".

The amendment to D0180 would provide consistency in the verbiage between all three of these Clinical Oral Evaluations.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D0180**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie C Schweinebraten DMD				
B. 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 >	American Academy of Periodontology				

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4245**

2. 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	**apically positioned flap**
2b) Descriptor	Procedure is used to preserve keratinized /attached gingiva ~~in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized /attached gingiva during surgical exposure of labially impacted teeth and may be used during treatment of peri-implantitis.~~ around teeth and implants including second stage implant surgery and exposure of labially impacted teeth.

3. 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.

The descriptor required clarification that this procedure can be performed around both teeth and implants when necessary, not only when exposing an implant or labially impacted teeth. These should be used as examples of when a flap can be repositioned.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/30/2020
Name:	Timothy L. Brown, Deputy Executive Director		
Address (Line 1):	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4245**

2. 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	**apically positioned flap**
2b) Descriptor	Procedure is used to preserve keratinized gingiva in conjunction with osseous resection~~ and second stage implant procedure~~. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth~~, and may be used during treatment of peri-implantitis~~.

3. 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.

Preservation of keratinized tissue is the goal of an apically positioned flap and is a vital part of second stage implant surgery. The descriptor of D4245 addressed second stage implant surgery and was needed prior to the addition of D6011 originally in CDT 2013 and then was recently revised in CDT 2021. D6011 provides a dedicated and specific code for the surgical access to an implant body including second stage implant surgery. There are additional codes in the D6000 series that address peri-implantitis such as D6101 and D6102. Thus, the reference to peri-implantitis in D4245 should be removed. As well, terminology for surgeries relating to implants should be in the D6000 series for consistency.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/30/2020
Name:	Betsy K. Davis, DMD, MS				
B. 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 >	☐	American College of Prosthodontists 211 E. Chicago Avenue, Suite 1000 Chicago IL 60611	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**laboratory surface scanning for diagnostic purposes**
2b) Descriptor	None

3. 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.

The clinical practice of dentistry is transforming more into the digital world with many practices using virtual diagnostic software. In many instances, practices may scan a diagnostic cast (which is a listed code) into the virtual design software to diagnose an adverse oral condition. This code is for scanning an existing diagnostic cast in the laboratory to obtain a 3D image. It is a separate code from the virtual functional analyses.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	D0999	

b) Procedure technical description

Scanning in the laboratory a diagnostic cast into the design software.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

This proposal is for those clinical scenarios in which a diagnostic cast has to be scanned in order to diagnose an adverse oral condition or to keep records to monitor progression of disease overtime. For example, if a patient has a loss of vertical dimension, the diagnostic casts have to be scanned into the software in order to design a solution to the clinical issue. The proposed code is for the scanning of the diagnostic cast only.

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/30/2020
Name:	Betsy K. Davis, DMD, MS				
B. 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 >	☐	American College of Prosthodontists 211 E. Chicago Avenue, Suite 1000 Chicago IL 60611	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**virtual diagnostic functional orofacial analysis**
2b) Descriptor	None

3. 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.

Currently, the CDT does not have any codes to address the virtual analysis of patients with complex maxillo-mandibular relationships. For example, patients with wear who have lost vertical dimension require much time diagnosing the effect of wear on the loss of vertical dimension and the need for virtual design and virtual assessment of potential treatment options. The virtual diagnostic functional orofacial analysis procedure addresses the maxilla-mandibular relationship and its effect on function and occlusion and is used to diagnose the effect of disease on the maxilla-mandibular relationship with respect to function over time. Finally, it could also be used to monitor over time conditions affecting the oral cavity.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	D0999	

NOTICE TO PREPARER AND SUBMITTER:

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- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

b) Procedure technical description
The procedure consists of using surface scans of the maxilla and mandible, over time, to assess occlusion, tooth wear and tooth conditions. It also involves virtual planning of potential treatments to aid the clinicians in diagnosing the etiology and correction of adverse clinical presentation.
c) Clinical scenario
The clinical scenario could involve, but, not be limited to patients that exhibit loss of vertical dimension, broken down teeth, or missing teeth. Several designs are developed virtually to correct these clinical presentations. The various designs would then be presented to the patient to finalize a plan that could be used to correct the adverse oral condition.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/30/2020
Name:	Betsy K. Davis, DMD, MS				
B. 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 >	☐	American College of Prosthodontists 211 E. Chicago Avenue, Suite 1000 Chicago IL 60611	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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**"
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- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**scanning for diagnostic purposes**
2b) Descriptor	None

3. 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.

The clinical practice of dentistry is transforming more into the digital world with many practices using virtual design software. In many instances, the dental arches may be scanned so the intraoral images can be uploaded into the design software to aid in the diagnosing of an adverse oral condition. This code is for scanning intraorally in the clinical operatory. It is a separate code from the virtual functional analyses.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D0999**	
b) Procedure technical description		
Intraoral scanning in which the scan will be imported into the design software		

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
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c) Clinical scenario
This proposal is for those clinical scenarios in which the maxilla and mandible are scanned in order to diagnose an adverse oral condition, monitor progress of disease, or to maintain digital records of patients. An intraoral scan would be performed versus making an impression for the diagnostic cast which is already a listed code. For example, if a patient has missing teeth and supra-eruption of the opposing teeth is suspected, multiple scans taken over time may be necessary to determine if supra-eruption is happening. The proposed code is for the intraoral scan only.

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/30/2020
Name:	Timothy L. Brown, Deputy Executive Director		
Address (Line 1):	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0120**

2. 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	**periodic oral evaluation - established patient**
2b) Descriptor	An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. All findings are discussed with the patient. Report additional diagnostic procedures separately.

3. 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.

A key to the establishment and maintenance of the dentist patient relationship is communication between the dental provider and the patient. With the advent of teledentistry and other alternative practice settings and modalities, patients may receive an evaluation without knowledge of the findings. By adding this to the existing evaluation procedure code, the dental provider is reminded of the importance of this communication.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/30/2020
Name:	Timothy L. Brown, Deputy Executive Director		
Address (Line 1):	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0150**

2. 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:
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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**comprehensive oral evaluation - new or established patient**
2b) Descriptor	Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. A treatment plan is formulated and discussed with the patient, as indicated, based on the clinical findings.

3. 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.

A key to the establishment and maintenance of the dentist patient relationship is communication between the dental provider and the patient. With the advent of teledentistry and other alternative practice settings and modalities, patients may receive a comprehensive oral evaluation without knowledge of the findings or treatment recommendations. By adding this to the existing comprehensive evaluation procedure code, the dental provider is reminded of the importance of this communication and documentation.

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0190**

2. 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:
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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**screening of a patient**
2b) Descriptor	A screening completed in-person or by electronic communications, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

3. 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.

As suggested by the US Department of Health and Human Services in their Healthy People 2030 report, oral health in America has reached a pivotal moment. Innovative technology and a shift in patient mindset are helping shape the future of dentistry and have placed prevention and convenience at the forefront.

Throughout the COVID-19 shutdown and recovery, there exist strategies that, when implemented, can immediately improve the health and safety of the for both the patient and the dental provider. One simple strategy is to incorporate telecommunication technology language into new and existing CDT codes.

- In 2015 the ADA first adopted a policy on teledentistry. In 2018 the first teledentistry-specific codes were published in the Code on Dental Procedures and Nomenclatures. Teledentistry is on the rise; however, further clarification is needed.
- Findings from the ADA's Health Policy Institute from July 28, 2020 reported between 24-58% of dentists were using teledentistry during the COVID-19 shutdown, a time when most dental practices were unable to provide routine in-office services.
- On August 3, 2020, the White House issued an Executive Order on improving telehealth access, indicating the expansion of telehealth services may become a permanent feature in the healthcare delivery system.
- Research shows teledentistry is a safe and effective tool to communicate with patients and the dental care team.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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"The 2011 IOM report on *Improving Access to Oral Health care for Vulnerable and Underserved Populations* described a number of strategies to address problems with access and oral health. (One of them being) Using telehealth systems to connect providers working in geographically distributed teams." written by Dr. Paul Glassman.

"An emerging delivery system concept is the 'Community-Engaged Dental Practice'. This refers to the idea of 'dental care systems without walls' and the potential to use telehealth-connected teams to engage currently underserved populations, intervene earlier in the disease process, expand oral health care business models and improve the oral health of the population." written by Dr. Paul Glassman.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D0190**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

Supportive Resources:

Namakian M, Subar P, Glassman P, Quade R, Harrington M. In-person versus "virtual" dental examination: congruence between decision-making modalities. J Calif Dent Assoc. 2012 Jul;40(7):587-95. PubMed PMID: 22916380.

Queyroux A, Saricassapian B, Herzog D, Müller K, Herafa I, Ducoux D, Marin B, Dantoine T, Preux PM, Tchalla A. Accuracy of Teledentistry for Diagnosing Dental Pathology Using Direct Examination as a Gold Standard: Results of the Tel-e-dent Study of Older Adults Living in Nursing Homes. J Am Med Dir Assoc. 2017 Jun 1;18(6):528-532. doi: 10.1016/j.jamda.2016.12.082. Epub 2017 Feb 22. PubMed PMID: 28236609.

Fricton J, Chen H. Using teledentistry to improve access to dental care for the underserved. Dent Clin North Am. 2009 Jul;53(3):537-48. doi: 10.1016/j.cden.2009.03.005. PubMed PMID: 19482128.

Using Teledentistry to Maintain Services and Contact with Patients During this COVID-19 Physical Distancing: April 5, 2020 by Dr. Paul Glassman, California Northstate University College of Dental Medicine.

Critical Trends Affecting the Future of Dentistry: Assessing the Shifting Landscape

http://www.ada.org/~/media/ADA/Member%20Center/FIles/Escan2013_Diringer_Full.ashx

https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry

http://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf

https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry

https://www.ada.org/en/publications/ada-news/2020-archive/april/code-maintenance-committee-approves-new-codes-associated-with-vaping

Expanding Oral Health: Teledentistry sponsored by DentaQuest Partnership for Oral Health Advancement

https://www.dentaquestpartnership.org/system/files/DQ_Whitepaper_Teledentistry%20%289.19%29.pdf

Telehealth is the Future and the Future has Arrived

https://www.medicaleconomics.com/view/telehealth-future-and-future-has-arrived

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0191**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
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     - 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	**assessment of a patient**
2b) Descriptor	A limited clinical inspection that is performed via in-person or by electronic communications, to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

3. 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.

As suggested by the US Department of Health and Human Services in their Healthy People 2030 report, oral health in America has reached a pivotal moment. Innovative technology and a shift in patient mindset are helping shape the future of dentistry and have placed prevention and convenience at the forefront.

Throughout the COVID-19 shutdown and recovery, there exist strategies that, when implemented, can immediately improve the health and safety of the for both the patient and the dental provider. One simple strategy is to incorporate telecommunication technology language into new and existing CDT codes.

- In 2015 the ADA first adopted a policy on teledentistry. In 2018 the first teledentistry-specific codes were published in the Code on Dental Procedures and Nomenclatures. Teledentistry is on the rise; however, further clarification is needed.
- Findings from the ADA's Health Policy Institute from July 28, 2020 reported between 24-58% of dentists were using teledentistry during the COVID-19 shutdown, a time when most dental practices were unable to provide routine in-office services.
- On August 3, 2020, the White House issued an Executive Order on improving telehealth access, indicating the expansion of telehealth services may become a permanent feature in the healthcare delivery system.

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- Research shows teledentistry is a safe and effective tool to communicate with patients and the dental care team.

"The 2011 IOM report on *Improving Access to Oral Health care for Vulnerable and Underserved Populations* described a number of strategies to address problems with access and oral health. (One of them being) Using telehealth systems to connect providers working in geographically distributed teams." written by Dr. Paul Glassman.

"An emerging delivery system concept is the 'Community-Engaged Dental Practice'. This refers to the idea of 'dental care systems without walls' and the potential to use telehealth-connected teams to engage currently underserved populations, intervene earlier in the disease process, expand oral health care business models and improve the oral health of the population." written by Dr. Paul Glassman.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D0191**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

Supportive Resources:

Namakian M, Subar P, Glassman P, Quade R, Harrington M. In-person versus "virtual" dental examination: congruence between decision-making modalities. J Calif Dent Assoc. 2012 Jul;40(7):587-95. PubMed PMID: 22916380.

Queyroux A, Saricassapian B, Herzog D, Müller K, Herafa I, Ducoux D, Marin B, Dantoine T, Preux PM, Tchalla A. Accuracy of Teledentistry for Diagnosing Dental Pathology Using Direct Examination as a Gold Standard: Results of the Tel-e-dent Study of Older Adults Living in Nursing Homes. J Am Med Dir Assoc. 2017 Jun 1;18(6):528-532. doi: 10.1016/j.jamda.2016.12.082. Epub 2017 Feb 22. PubMed PMID: 28236609.

Fricton J, Chen H. Using teledentistry to improve access to dental care for the underserved. Dent Clin North Am. 2009 Jul;53(3):537-48. doi: 10.1016/j.cden.2009.03.005. PubMed PMID: 19482128.

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https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry

http://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf

https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-teledentistry

https://www.ada.org/en/publications/ada-news/2020-archive/april/code-maintenance-committee-approves-new-codes-associated-with-vaping

Expanding Oral Health: Teledentistry sponsored by DentaQuest Partnership for Oral Health Advancement

https://www.dentaquestpartnership.org/system/files/DQ_Whitepaper_Teledentistry%20%289.19%29.pdf

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9997**

2. 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	**dental case management – patients with special health care needs**
2b) Descriptor	Special treatment considerations for individuals with physical, medical, developmental, or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services. Services may include daily oral hygiene assistance.

3. 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.

- Definition of incapacitation:
  Being made incapable of some function, act, or strength. This may be purely physical or intellectual or both.
- Oral health is often neglected in nursing homes or hospitals, or not part of a care plan.
- "Policies and practices that support the maintenance of good oral health are needed to lessen the disease burden and promote healthful aging for this growing population [42]. Health care professionals need to reduce the obvious service fragmentation and collaborate, especially since the most severe oral problems are usually found in the older patients" Oral Care of Hospitalized Older Patients in the Acute Medical Setting, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3683489/
- Attention has been focused on oral care as the evidence accumulates to support an association between the bacteria in the mouth and those respiratory pathogens that cause pneumonia. Ames NJ. Evidence to support tooth brushing in critically ill patients. *American Journal of Critical Care*. 2011;20(3):242–250.
- Comorbid conditions such as diabetes, CHF, and renal disease are a risk factor for the need of hospitalization that can results in long-stays and decreasing health conditions leaving patients unable to provide basic oral care needs. Many require long term care.

NOTICE TO PREPARER AND SUBMITTER:

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- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D9997**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**dental case management – specialized oral care services for an incapacitated patient**
2b) Descriptor	Specialized support services for patients/individuals who are incapacitated and unable to provide adequate oral self-care. Services may include daily oral hygiene assistance depending on the degree of incapacitation.

3. 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.

- There is currently no CDT procedure code that addresses oral care for an incapacitated patient
- Incapacitated patients may be in hospital, long-term or in home care situation.
- Improving oral care reduces incidence of ventilator acquired pneumonia
- *Role of oral care to prevent VAP in mechanically ventilated Intensive Care Unit patients* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4760051/
- "The rapid potentially pathologic charges that occur in the ventilated patients' oral environment make oral care a critical component of Hospital Acquired Pneumonia."
- "It has been found that incorporation of routine oral hygiene may reduce VAP by as much as 60%.[4] Such practices should include brushing teeth, gums, and tongue at least twice a day with a soft pediatric toothbrush and moistening oral mucosa and lips every 2-4 h. They also recommend the use of 0.12% oral chlorhexidine to rinse the oral cavity twice daily and to suction oral cavity/pharynx in addition to brushing use oral swabs with 1.5% hydrogen peroxide to clean plaque from mouth."

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**None**	
b) Procedure technical description		
Licensed dental professionals should be able to provide customized care, including basic oral care for incapacitated individuals. This may include bacterial and biofilm reduction procedures to reduce risk of co-morbidity and bacteria associated pneumonia.		
c) Clinical scenario		
1). Licensed dental professional provides customized and basic oral care procedures for an individual in a care facility. The dentist or hygienist provides an evaluation and biofilm reduction procedure, which may include basic daily oral care procedures. 2). Licensed dental provider to screen individuals in a hospital setting and provide biofilm reduction services to reduce risk of oral bacteria associated pneumonia.		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

This proposal to be considered in the event revision of D9997 is not approved.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**pre-visit patient screening**
2b) Descriptor	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.

3. 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.

The COVID-19 National Health Emergency prompted a new protocol for managing patient's access to a dental practice prior to delivery of their necessary dental services. This is an administrative protocol that includes capture and documentation of patient's health status and body temperature to determine the signs or symptoms (i.e., possibility of pathogen infection) on the date of service. Findings are a factor in determining whether there is a risk to practice staff if the patient enters the practice, and if it would be prudent for the patient to reschedule their appointment.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D9999**	

b) Procedure technical description

Detailed descriptions of applicable protocols are in the ADA's "Return to Work Interim Guidance Toolkit" available online at www.ADA.org/virus. Since these protocols evolve as more information and experience on pre-service patient screening is acquired any technical description included in this CDT Code Action Request may become dated. The submitter recommends that current literature available from the ADA and the Centers for Disease Control concerning pre-service patient screening be the primary source for the procedure's technical description.

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Practice staff contact the patient prior to the scheduled appointment 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 the individual's body temperature is recorded. The information then captured determines whether the patient will be permitted entry and receive services, or if other action is appropriate (e.g., appointment rescheduling).

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D2971**

2. 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	**additional procedures to modify ~~construct~~ a ~~new~~ crown to fit under an existing partial denture framework**
2b) Descriptor	This procedure is ~~To be reported~~ in addition to the separate ~~a~~ crown procedure documented with its own code.

3. 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.

The current nomenclature and descriptor do not clearly describe the procedure's nature and scope. This procedure involves modification of a crown so that it can be retrofitted to (e.g., modified to accept the clasp) an existing denture.

Without revision the current code entry's ambiguity enables incorrect procedure coding, inaccurate patient records and claim adjudication errors.

This revision reflects the following *CDT 2021 Companion* D2971 coding guidance –

- When a crown is constructed to fit an existing partial denture the code for a regular crown is selected based on the material from which it is fabricated. The additional procedures required to allow the crown to accommodate the existing clasp are coded using **D2971**.
- Is there a code for retrofitting a new crown to an existing partial denture?

  The code is **D2971 additional procedures to construct new crown under existing partial denture framework** and should be reported in addition to the crown.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

b) Procedure technical description

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation:

CDT code D2791 was first published in CDT 2005 and effective January 1, 2005.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**sleep apnea appliance fabrication and placement**
2b) Descriptor	None

3. 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.

This addition fills a CDT Code gap.

When a dentist fabricates and places a sleep apnea appliance the only available CDT code for this procedure is "D5899 unspecified maxillofacial prosthesis, by report." Such a code is not readily stored, reported or processed electronically as a supporting narrative is required. A unique CDT code for this procedure and other pertinent information captured by the dentist in the patient's dental record supports accurate record-keeping and information processing.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D5899**	

b) Procedure technical description

The dentist fabricates, and subsequently places, the sleep apnea appliance on the basis of information included in the physician's prescription and the dentist's judgment on the clinical condition of the patient's oral cavity and oral pharynx.

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

A patient, diagnosed with obstructive sleep apnea by their physician, has been referred to the dentist for fabrication and placement of an appliance that maintains a more open airway when the patient is asleep.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**rebase hybrid prosthesis**
2b) Descriptor	Rebase by replacing the base material married to the connector bar.

3. 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.

There is no explicit CDT code for this procedure, which must now be reported with an "Dx999 unspecified procedure by report" code. Acceptance of this action request will fill a code set gap, thereby enabling accurate documentation and reporting of the procedure with data that can be stored and processed electronically without manual intervention.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D6199** or **D6999**

b) Procedure technical description

Placement of new base material (e.g., acrylic) to the prosthesis' connecting bar.

c) Clinical scenario

A patient reports discomfort with a previously placed implant supported hybrid prosthesis. The dentist determines that the existing base material in no longer functional and needs replacement. Appropriate steps are taken (e.g., prosthesis removal, fitting base material, prosthesis re-installation) to restore form, function and patient comfort.

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	

2. 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	**soft liner for complete or partial removable denture – indirect**
2b) Descriptor	A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated.

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.

There is a CDT Code gap that would be filled with this new code.

An "unspecified procedure by report" code is the only available CDT code currently available to document this procedure. A unique, specific CDT code will enable accurate procedure documentation and reporting, and such codified information can be stored and processed electronically without manual intervention.

3. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D5899**

b) Procedure technical description

The liner is laboratory processed using an impression of the dental ridge taken by the dentist from the tissue side of the denture. The denture with the soft liner is returned to the dentist for delivery to the patient.

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario
Patient presents with a complaint that the denture does not fit well or is uncomfortable. The dentist determines that better retention or comfort is possible with a soft liner. Dental appliance retention or comfort, as well as the appliance's form and function, can be improved by placement of the soft liner on the complete or partial denture base.

Part 3 – Additional Information

4. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

5. Additional Comment or Explanation:

This procedure is delivered when clinically indicated, and the date of service may be on the same, or different, date of any rebase or reline procedure. The dentist's clinical judgment determines the appropriate soft liner material for the patient's denture.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6100**

2. 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	**surgical removal of implant body** ~~**removal, by report**~~
2b) Descriptor	~~This procedure involves the surgical removal of an implant. Describe the procedure.~~

3. 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.

The current nomenclature and descriptor wordings contain redundancies and the proposed revisions bring clarity and simplicity. Details of the removal procedure are captured in the patient record. Elimination of "…by report" enables automated claim adjudication and mandatory inclusion of a supporting narrative.

The implant removal procedure CDT code was first published in CDT-1 (as 06100) and effective January 1, 1990. Available records suggest that the nomenclature wording, unchanged since then, refers to removal of an osseo-integrated implant body (aka "post").

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

This submission is presented for consideration at the same time as a request for a new code ("remove interim implant component") pertaining to removal of a component such as an interim abutment or provisional implant crown. Both requested actions should be considered independently as each pertains to a separate and distinct procedure.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	August 16, 2020
Name:	Andrew M. Janiga		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**deep margin elevation**
2b) Descriptor	Placement of a restorative material to elevate a subgingival margin to a supragingival or equigingival location prior to completing the definitive restoration.

3. 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.

The benefits of conservative, minimally invasive dentistry have gained popularity in recent years due to the fact that more natural tissue is preserved. One concept in minimally invasive dentistry that is frequently utilized is the principle of "deep margin elevation." In this procedure, a restorative material is placed to elevate a subgingival margin on natural tooth structure to a new equigingival or supragingival location prior to completing a direct or indirect restoration. Subgingival margins have historically been managed using surgical options (gingivectomy, osseous surgery, etc), however the use of deep margin elevation offers a new, conservative method of managing subgingival margins that does not require the removal of soft and hard tissue.

Various studies performed globally in both private practice settings and academic institutions on deep margin elevation have shown the long term success and predictability of this procedure. Dietschi and Spreafico first described the concept of deep margin elevation in 1998. This procedure gained notoriety in 2012 when Magne published his paper "Deep Margin Elevation: A Paradigm Shift" which showed clinical outcomes over 10 years post-operatively where margin elevation was utilized for indirect restorations. Since Magne's paper in 2012, multiple other papers have been published on this topic, including Sarfati's review of the concept in 2018 and Juloski's review of the literature on deep margin elevation in 2018.

This procedure takes time and skill to complete properly, and currently there is no code to reflect the time and effort required to perform this procedure. As a result deep margin elevation would be an ideal candidate for an addition to the CDT code.

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**D**	

b) Procedure technical description

The application of a restorative material to the subgingival aspect of a natural tooth in order to relocate the margin to an equigingival or supragingival location. This leads to the creation of a new margin for a definitive direct or indirect restoration.

c) Clinical scenario

1) A 18 year old patient presents with subgingival caries ~2mm from the crest of bone on the mesial aspect of #19. Instead of removing bone through an osseous surgery procedure, deep margin elevation is performed to relocate the margin to a supragingival position while preserving the alveolar bone. A direct restoration (MO composite) is then placed using this new supragingival margin

2) A 65 year old patient with a history of bisphosphonate use presents for a crown on #18 due to a fractured cusp and recurrent decay. Caries extends subgingivally on the mesial aspect, approximately 2mm from the crest of bone. No biologic width violation is evident. Due to the risk of BRONJ, every effort is made to avoid surgically removing bone to expose the subgingival margin. Deep margin elevation is performed on the mesial aspect to relocate the margin to a equigingival position. The crown preparation is completed utilizing the area of deep margin elevation as part of the finish line for the margin. The crown is fabricated and delivered with an equigingival margin location.

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - All material **must** be submitted in electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☒		Yes >	☒		Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10-30-2020
Name:	Elizabeth S. Perry DMD				
B. 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 >	☐	American Association of Endodontists	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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**"
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  - 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	**decoronation or submergence**
2b) Descriptor	Removal of coronal tooth structure for preservation of the root and surrounding bone.

3. 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.

This code is requested to address a gap in the CDT. The coronectomy code – D7251 – is intended for use "when a neurovascular complication is likely if the entire impacted tooth is removed." Its specific reference to impacted teeth and neurovascular complications restricts its use in other applications. The requested endodontic code will address the intentional removal of the coronal tooth structure when preserving the root will facilitate maintenance or continued development of the bone around ankylosed or fractured teeth. It also applies when extraction is contraindicated due to the risk of medication (examples include but are not limited to Bisphosphonate or other antiresorptive medication, and anticoagulants) or radiation-related osteonecrosis. No CDT code currently applies to these procedures. See 4 b) and 4 c) below for additional explanation of the procedure.

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D7251**

b) Procedure technical description

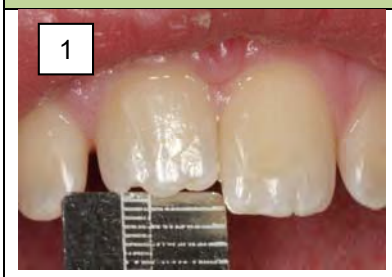
Decoronation is the removal of the clinical crown of ankylosed teeth due to trauma, or the removal of ankylosed primary molars. In teeth diagnosed with replacement root resorption (lack of a vital PDL), the root is expected to completely resorb within a few years following the decoronation. Once the patient's growth is complete, the ridge will be ready to receive an implant-based rehabilitation.

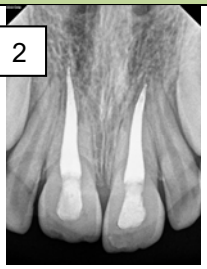
Decoronation is also used following endodontic treatment when extraction is contraindicated due to the risk of medication (examples include but are not limited to Bisphosphonate or other antiresorptive medication, and anticoagulants) or radiation related osteonecrosis.

Submergence is a treatment option for teeth that cannot be saved due to crown-root fractures. In this case, the PDL is normal and vital and replacement root resorption is not expected to occur. Once the patient completes growth, the submerged root will still be present and would require extraction prior to the placement of an implant.

To keep the CDT entry concise, a single code is offered for both procedures since the description of the procedure is almost identical.

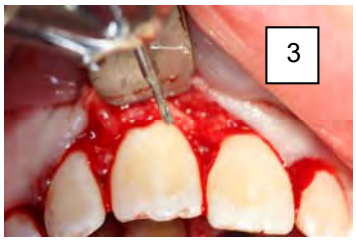
c) Clinical scenario

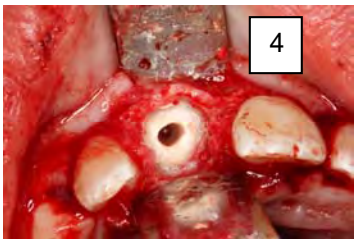




1 10 year-old boy. History of dental trauma and avulsion 2 years prior Tooth #8 developed replacement root resorption and ankyloses. Note the 2mm infra-position.

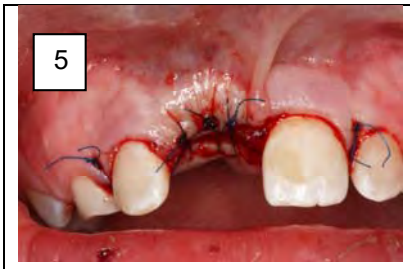
2 Radiographic evidence of advanced replacement root resorption on tooth #8. Tooth deemed non savable and treatment planned for decoronation to retain root and preserve ridge height and width until patient reaches suitable age for implant placement.

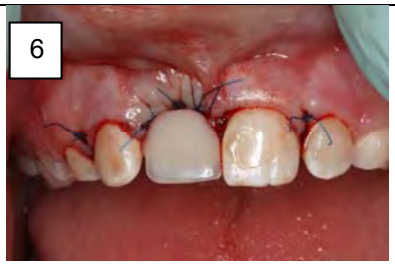




3 Mucosal flap and decoronation.

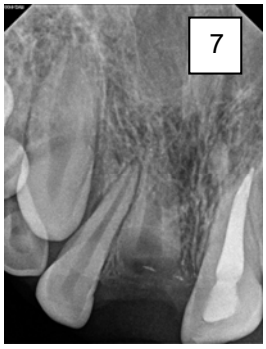
4 Removal of root canal obturation material to facilitate osseous integration





5 Flap reapproximation and suturing

6 Patient with temporary esthetic prosthesis in place.



7 Post treatment radiograph. Note the root is still present.

Part 3 – Additional Information

5. Supporting documentation or literature:
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a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/30/2020
Name:	Elizabeth S. Perry DMD				
Yes >	☒	No >	☐	American Association of Endodontists	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**intraorifice barrier**
2b) Descriptor	Not to be used as a final restoration.

3. 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.

Successful endodontic treatment requires a coronal seal to prevent re-contamination of the canal system. The best time to place the permanent restoration is immediately after obturation; while the tooth is still isolated under a rubber dam. However, this is not always practical and many times a temporary restoration is placed.

Recontamination of such teeth can occur if:

1) Placement of the permanent restoration is delayed (> 2 weeks);

2) The temporary restoration or crown breaks down;

3) The surrounding tooth structure fractures; or

4) No rubber dam isolation is present during placement of the permanent restoration.

An immediate line of defense against coronal leakage can be achieved with an intraorifice barrier.

A permanent restorative material (flowable composite, resin-modified glass ionomer cement or bioceramic restorative material) is placed directly over the canal obturation material and canal orifice in the floor of the chamber. This is not the same as closure of the access opening by a core buildup or a composite. A temporary restoration may be placed over the orifice barrier to be removed by the restoring dentist and the core buildup or restoration is completed over the orifice barrier.

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The goals of a canal orifice barrier are to prevent the ingress of microbes into the canal system. The orifice barrier does not take the place of the final restoration.

Currently, there is a gap in the CDT codeset as it does not address placement of an intraorifice barrier when the permanent restoration is not placed immediately upon completion of the root canal. The question of whether the intraorifice barrier is considered part of root canal therapy has been raised. The AAE explored this matter.

After a thorough review, revision to the AAE White Paper on Treatment Standards was proposed and adopted by the AAE Board, which states, "Endodontic treatment is considered complete following obturation of the root canal. However, failure is inevitable in an improperly restored tooth. Coronal leakage and fracture can occur with any incompletely restored tooth. It is suggested that when possible, the definitive restoration of the access opening or placement of the core buildup be performed upon completion of the root canal therapy and under the rubber dam. The additional procedure of the placement of an intraorifice barrier following obturation has been proposed to minimize these risks in case of unforeseen delays in obtaining a definitive coronal restoration. Additionally, intraorifice barriers may reinforce intracoronal cracks to minimize the chances of propagation into root structure before a full coverage restoration can be placed. The procedure for the intraorifice barrier involves the placement of a flowable composite, resin-modified glass ionomer cement or bioceramic restorative material directly over the canal obturation material within the canal orifice followed by a temporary restoration, to allow for a bonded seal when placement of a core buildup or definitive access opening restoration cannot be placed immediately." The AAE has surveyed endodontists on their use of an intraorifice barrier, finding that only 50% of respondents always or usually place an intraorifice barrier when a permanent restoration is not immediately placed, while 9% of respondents never place an intraorifice barrier. Among those respondents who always or usually place an intraorifice barrier, more than 70% indicated that a new code was needed for placement of an intraorifice barrier. Therefore, while not part of the root canal therapy, an intraorifice barrier should become the standard of care following root canal therapy when a permanent restoration is not be immediately placed.

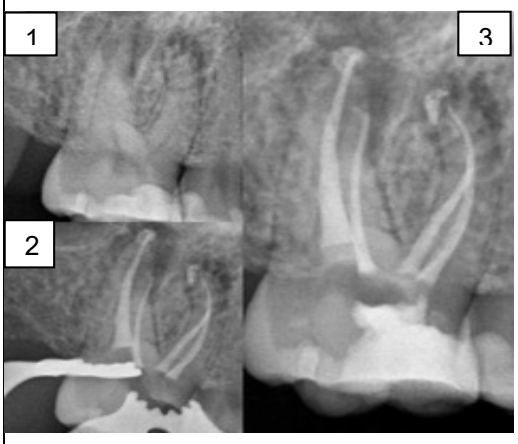
4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**None**

b) Procedure technical description

A permanent restorative material is placed over the root canal obturation material in the coronal 2-4mm of the canal and in the floor of the pulp chamber. A temporary restoration is subsequently placed over the intraorifice barrier. The intraorifice barrier prevents ingress of bacterial contaminants into the canal if the coronal temporary restoration is dislodged or placement of the permanent restoration is delayed. The intraorifice barrier does not take the place of the final restoration.

c) Clinical scenario



Radiographic illustration:

1. Pre-op

2. Post-obturation

3. Intraorifice barrier placed followed by temporization. Restoring dentist subsequently places final restoration.

CDT CODE ACTION REQUEST
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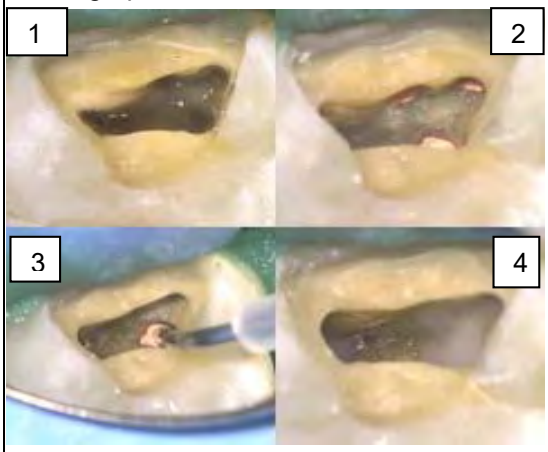
Photographs:



1. Pulpal floor, four canals
2. Post-obturation
3. BC Liner Orifice barrier placement over each canal orifice
4. 2mm BC Liner placement prevents coronal leakage

Part 3 – Additional Information

5. Supporting documentation or literature:
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	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**evaluation of baseline metabolic indicators**
2b) Descriptor	Vital signs are measurements of the body's basic functions specifically heartbeat, breathing rate, temperature, blood pressure and oxygen saturation levels.

3. 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.

Vital signs provide real time statistics before, during and after patient treatment; the status of the body's vital functions.

- Measurements like blood pressure can prevent issues while providing local anesthesia or connect a patient with health care professionals in a timely manner.
- Pulse and respirations may relate to airway or breathing issues.
- In the event of a medical emergency in the dental setting and first responders are called, the dental professionals will be able to provide baseline readings with which to compare.
- These measurements provide value in a true medical emergency as well as screening patients for other related health conditions. Dental professionals can connect the links between oral and overall health expanding beyond the oral cavity.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	None	

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b) Procedure technical description

Prior to any procedure, the dental professional will take, document, and evaluate the various indicators (vital signs). By evaluating the patient's readings, the dental professional will be able to determine and manage any contraindications to proceeding with treatment.

c) Clinical scenario

These metabolic indicators (vital signs) include:

- Heartrate – pulse
- Breathing – respirations
- Blood pressure – using blood pressure measuring device
- Body temperature – using thermometer
- Oxygen saturation levels – using appropriate recording instrument

Examples of clinical scenarios would be:

- Document readings taken at the beginning of every general assessment of the patient
- Document readings taken prior to and after local anesthesia administration
- Document readings taken prior to, during and after the administration of sedatives

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions; "b)" and "c)" are completed when indicated.
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a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

* Studies support vital signs help with chairside decision making support system
Toward Implementing Primary Care at Chairside: Developing a Clinical Decision Support System for Dental Hygienists, Russel,S., et.al J Evid Based Dent Pract. 2015 December; 15(4): 145–151. doi:10.1016/j.jebdp.2015.08.003.

* Documentation to populate electronic health records to coordinate with referral support in overall patient health
Toward Implementing Primary Care at Chairside: Developing a Clinical Decision Support System for Dental Hygienists, Russel,S., et.al J Evid Based Dent Pract. 2015 December; 15(4): 145–151. doi:10.1016/j.jebdp.2015.08.003.

* Studies show vital signs impact patient deterioration knowledge
Brekke, I. J., Puntervoll, L. H., Pedersen, P. B., Kellett, J., & Brabrand, M. (2019). The value of vital sign trends in predicting and monitoring clinical deterioration: A systematic review. *PloS one*, *14*(1), e0210875. https://doi.org/10.1371/journal.pone.0210875

Medicine currently uses CPT code 99211 "for the evaluation and management of an established patient wen documenting vital signs.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, MS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**in-office pre-procedural mouth rinse**
2b) Descriptor	This procedure is indicated to reduce salivary load of oral microbes before treatment.

3. 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.

- Rationale for this request is to help reduce salivary microbes in the oral cavity, to prevent their entry to underlying tissues, which could cause bacteremia, septicemia, or local harmful infection, and prevent cross-contamination while providing the safest environment possible for patients and providers. This also reduces the number of microorganisms that may escape a patient's mouth during dental care through aerosols, spatter, or direct contact."[2]
- "The use of an antimicrobial mouth rinse by the patient before dental procedures is based on a similar principle of reducing the number of oral microorganisms. This reduction also decreases the number of microorganisms that may escape a patient's mouth during dental care through aerosols, spatter, or direct contact."[1,2]
- Elevate protection for all clinical staff in the office and boost patient confidence.

Reference Citations:

1. Amber Ather, BDS, DDS et al. (2020, May). Coronavirus Disease 19 (COVID-19): Implications for Clinical Dental Care, Journal of Endodontics, 46 (5). Retrieved from https://cdn.shopify.com/s/files/1/0296/3636/2324/files/JOE_Coronavirus_Disease_19_COVID-19_Implications_forClinical_Dental_Care.pdf?v=1589040058
2. Infection Control Pre-procedural mouth rinse: October 2000 (Accessed July 2020): https://www.oralhealthgroup.com/features/infection-control-preprocedural-mouthrinses/
3. Y.F.Ren et al. (2020, April). Dental Care and Oral Health under the Clouds of COVID-19, Journal of Dental Research, 5(3). Retrieved from https://journals.sagepub.com/doi/10.1177/2380084420924385
4. Matthias Zimmerman, Emeka Nkenke (2020, May). Approaches to the management of patients in oral and maxillofacial surgery during COVID-19 pandemic, Journal of Craniomaxillofacial Surgery 48(5). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7128256/

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	None

b) Procedure technical description

The use of an antimicrobial mouth rinse by the patient before dental procedures reduces the number of oral microorganisms that may escape a patient's mouth during dental care through aerosols, spatter, or direct contact thus protecting clinicians.

c) Clinical scenario

Prior to any clinical procedure, the patient will "swish" with an antimicrobial mouth rinse for a certain amount of time based on current research and product recommendations. After the recommended amount of time, the patient will spit out the rinse either into a sink or paper cup.

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**implant-maintenance procedures without the removal of prosthesis which includes cleansing of prosthesis and all accessible aspects of the implant system**
2b) Descriptor	This procedure includes the disruption of sulcular biofilm, removal of dental plaque, calculus and stain for the maintenance of healthy peri-implant mucosa and supporting peri-implant bone.

3. 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.

The existing D6080 code represents implant maintenance procedures that include the removal of the prosthesis; and not all patients will have the superstructure removed.

The American College of Prosthodontics 2016 position paper on *Maintenance of Full-Arch Implant Restorations* states that "*based upon the present literature, it is the position of the American College of Prosthodontists that removal of full-arch, implant-supported restorations at regular maintenance intervals is discouraged unless adequate professional hygiene is not possible with the superstructure in place or the restoration presents with mechanical complications.*[1] This makes management of biofilm on and around the accessible aspects of the implant system imperative for peri-implant disease prevention and maintenance.

This presents the need for NEW coding that accurately reflects the treatment provided to the patient with full arch implant restorations in the maintenance phase of dental implant care when the prosthetic is not removed.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	None	

NOTICE TO PREPARER AND SUBMITTER:

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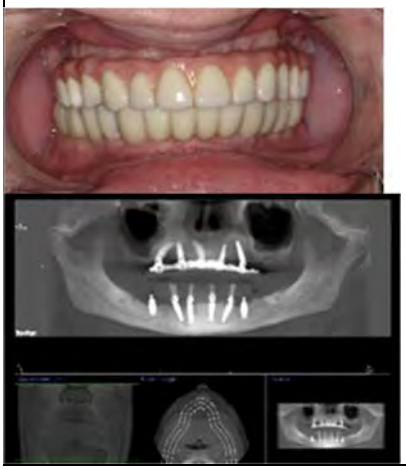
CDT CODE ACTION REQUEST
(Version – 2019Dec01)

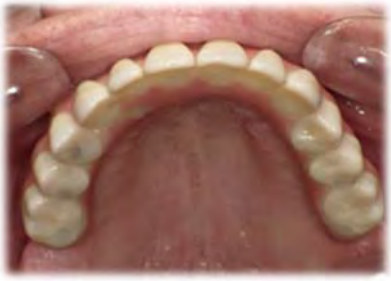
b) Procedure technical description

Dental implant evaluation will include thorough inspection of all accessible aspects of the implant system and peri-implant mucosa through visual inspection, manual palpation of peri-implant mucosa, probing, and assessment of occlusal forces. Other procedures include mechanical disruption of biofilm, removal of dental plaque, calculus and stains from of all accessible aspects of the implant system and restoration, patient motivation and oral hygiene education.

c) Clinical scenario

Preventive and/or maintenance services would be performed for patients presenting with a fixed implant-borne superstructure exhibiting *no evidence of active peri-implant disease*.





Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

STATEMENT: that "based upon the present literature, it is the position of the American College of Prosthodontists that removal of full-arch, implant-supported restorations at regular maintenance intervals is discouraged unless adequate professional hygiene is not possible with the superstructure in place or the restoration presents with mechanical complications.

American College of Prosthodontists (2016, October 6). Maintenance of Full-Arch Implant Restorations [Position Statement]. Retrieved September 3, 2020.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**scaling in the presence of localized gingival inflammation – full mouth, after oral evaluation**
2b) Descriptor	The removal of plaque, calculus, and stains from supra- and subgingival tooth surfaces when there is localized gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, localized suprabony pockets, and localized bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

3. 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.

This submission will bridge the 'diagnostic gap' between the existing prophylaxis codes and the D4346, without changing D4346 or the prophylaxis codes. By specifying that this procedure code would be utilized for patients presenting with 'localized gingivitis' it would provide clarity for providers treating healthy, to localized gingivitis cases, to generalized gingivitis cases, to periodontitis. This would close the 'diagnostic gap' between prophylaxis and D4346 patients.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐
a) CDT Code currently used to report the procedure	**None**	

b) Procedure technical description

The removal of plaque, calculus and stains from supra- and subgingival tooth surfaces when there is localized gingival inflammation in the absence of periodontitis. May include polishing as indicated.

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

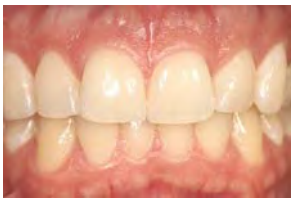
Patient presents with localized plaque-induced gingivitis. The patient requires 'therapeutic care' for their localized gingival inflammation; however, a prophylaxis falls under 'preventive care' in the CDT manual.

That can be confusing for providers and patients alike. Patients who 'qualify' for routine prophylaxis today based on existing descriptors rarely understand the true nature of their gingival disease status.

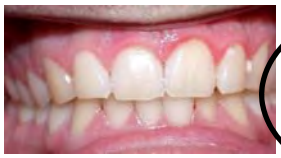
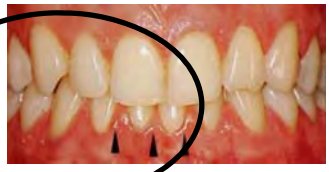
This new procedure code, like D4346, would be a necessary change to further identify disease at an earlier stage; hence allowing for a more proactive approach to treatment and patient education.

Sample clinical scenarios based on procedure code to visualize our submission:

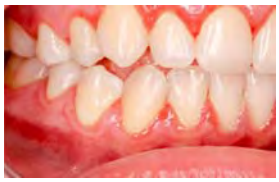
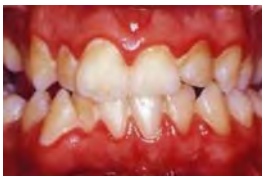
D1120 / D1110 (Child Prophylaxis/Adult Prophylaxis):

New Submission: Scaling in the presence of localized gingival inflammation

D4346: Scaling in the presence of generalized moderate or severe gingival inflammation

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions; "b)" and "c)" are completed when indicated.
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   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	9-14-2020
Name:	Philip Uffer, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	x	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
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- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**closure of (endodontic) access opening**
2b) Descriptor	This is to be used for closing an (endodontic) access opening in a crown, tooth, or existing restoration. This may also be used to close a screw access hole in an implant.

3. 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.

There is not a good code that describes the above procedure. The suggested alternatives (single surface filling or build up) frequently flag for non-payment if the restoration is treated prior to its next replacement cycle. For instance, if an Occlusal restoration is placed and then needs endodontic treatment within a year, the insurance company will state that a restoration has already been placed and is too soon to be covered again. This is especially true if a crown needs to be filled back in after endodontic access was created and it is sooner than its approved replacement interval. This could also be used as a code to close up a screw access in an implant

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D**

b) Procedure technical description

Closure of (endodontic) access opening in a crown, tooth, or existing restoration.

NOTICE TO PREPARER AND SUBMITTER:

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c) Clinical scenario
This code would be used when closing an endodontic access opening in a crown, tooth, or existing restoration. It would also be applicable to closing over a screw hole in an implant.

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - All material **must** be submitted in electronic format.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	3/4/2020
Name:	Emerson G Crawford				
B. 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 >	☐	East Carolina University School of Dental Medicine Greenville, NC	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**extraction, erupted tooth or exposed root (elevation and/or forceps removal) – each additional**
2b) Descriptor	Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.

3. 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.

Since I retired from the practice of Oral Surgery in Greenville, NC several years ago, the East Carolina School of Dental Medicine was built here and I was asked to participate as a part-time Oral Surgery instructor. Early in my clinical teaching activities I was surprised at some CDT changes that had been made since I retired, and I question their reason and functionality. I have worked with these inequities in the student clinics for several years now, and would like to see some balance return, to benefit both our patients and our educational mission.

Many of our patients in the student clinic are of limited means, and although they need multiple extractions often get only the one most painful tooth removed because of finances. I soon learned that both CDT codes D7110 (extraction of tooth, simple) and D7120 (extraction of tooth, additional) had been removed and replaced with only D7140, allowing only one fee per extraction, instead of allowing reduction of the fee for additional extractions. This is most unfortunate not only in the student clinics, but in the private sector as well. The overhead cost of the extraction is in the supplies, anesthesia, and time of patient preparation and discharge instruction and varies little in time and supplies whether one or more extractions is performed. It is unfortunate that we cannot share the savings of multiple extractions with the patient as I did when I was in private practice. In our student clinic, many of our patients would opt for

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more extractions if additional extractions were less costly than the first. The patient would get more needed service, the student would get more experience, and the school would generate more income in virtually the same appointment time and overhead cost.

Benefits would be similar in the private sector for both patient and provider, and I am sure many private practitioners would appreciate the opportunity to help their patients even further. It is my opinion and that of several other practitioners and instructors that we need to bring back some fairness. This could be simply a CDT code similar to the old D7120, perhaps a D7150 – "extraction of tooth additional" to be used with the current D7140 – "extraction, erupted tooth or exposed root" or, alternatively, a code modification system, allowing the D7140 to have a subset modifier such as a D7140A to allow fee reduction for multiple extractions. Patients would benefit through cost savings and needed treatment, students through greater experience, and practicing dentists through a greater volume of service provided.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D7140**

b) Procedure technical description

Extraction, erupted tooth or exposed root, when multiple extractions are performed at one appointment

c) Clinical scenario

Multiple extractions of teeth at one appointment, offer savings in cost to patient

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2020
Name:	Greg Oppenhuizen		
Address (Line 1):	American Association of Orthodontists		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☐	Delete Entirely	☒	Affected Code (Revise or Delete only)	**D8690**

2. 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	~~**orthodontic treatment (alternative billing to a contract fee)**~~
2b) Descriptor	~~Services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement.~~

3. 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.

This action request concerns the deletion of D8690, as it is the position of the AAO that it is obsolete.

It is the AAO's position that "D8690 - orthodontic treatment (alternative billing to a contract fee)" does not represent a *service* that is distinct from those services already found in the CDT as Limited/Interceptive/Comprehensive Orthodontic Treatment. Rather, this code seeks to differentiate who is providing the service and the type of payment arrangement for said service. The actual services contemplated by D8690 are duplicative of the services represented by the aforementioned codes. Therefore, its intended purpose does not fit the purpose of the CDT, which is simply to report services that are provided to the patient. For example, if a patient in active orthodontic treatment transfers from one provider to another, the applicable Limited/Interceptive/Comprehensive Orthodontic Treatment code would still adequately describe the *services* that the patient is to receive at the new provider's office.

This action request is intended to bring clarity as well as eliminate ambiguity and redundancy within the Orthodontics category of service.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure		

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

b) Procedure technical description
Not applicable
c) Clinical scenario
Not applicable

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/29/2020
Name:	Spencer Bloom, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D0140**

2. 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	**limited oral evaluation – problem focused**
2b) Descriptor	An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc. D0140 is not to be used for a teledental encounter when the level of information available is not equivalent to that obtained in an in-office environment and the patient will be required to visit a dental home so that a dentist there can gather the needed data to perform a D0140 diagnosis of the problem and develop a treatment plan for the patient. See codes D0190 & D0191.

3. 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.

The 2020 ADA HOD approved a revised Policy on Teledentistry. It states, in part, "...services delivered via teledentistry must be consistent with how they would be delivered in-person. Examinations and subsequent interventions performed using teledentistry must be based on the same level of information that would be available in an in-person environment".

CDT Code D0140 is in the category of "Clinical Diagnostic Evaluations", while D0190 & D0191 are categorized as Pre-diagnostic Services.

As the ADA supports the growth and deveopment of the field of Teledentistry, it behooves the CDT codes to help guide dentists engaged in Teledentistry to use the available codes appropriately.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	X☐
a) CDT Code currently used to report the procedure	**D**	

NOTICE TO PREPARER AND SUBMITTER:

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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

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(Version – 2019Dec01)

b) Procedure technical description
c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

The field of Teledentistry holds promise to expand access to care. The growth and development of the field includes use of the ubiquitous cell phone camera. As useful as that may be for a remote dentist to FaceTime with a new patient who has a dental or oral concern, the ability of mobile dental encounters to be equivalent to in-office diagnostic encounters is very limited.

This is in contrast to Teledental encounters where the remote dentist is examining a patient's current data, whether synchronously or asynchronously, that was gathered directly from the patient by trained, calibrated dental team members, using intraoral camera and portable digital xrays and other charting means, within their scope of practice.

The distinction is important.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D1330**

2. 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	**oral hygiene instructions**
2b) Descriptor	This may include instructions and/or product recommendations for home care. Examples include but not limited to tooth brushing techniques, ~~flossing~~ interdental cleaning techniques, and use of special oral hygiene aids including prescription and over-the-counter products.

3. 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.

This submission broadens the descriptor to better align with current oral hygiene instructions (in many cases), to include product recommendations and instructions provided chairside. Eliminating the word 'flossing' aids in opening our minds to 'interdental cleaning techniques' beyond just string floss.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D1330**	
b) Procedure technical description		
c) Clinical scenario		

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D1351**

2. 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	**sealant – per tooth**
2b) Descriptor	~~Mechanically and/or chemically prepared enamel surface sealed to prevent decay.~~ Application of sealant systems applied to the surfaces of teeth to penetrate pits and fissures and form a physical barrier on the tooth surfaces to prevent dental caries.

3. 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.

The current descriptor is antiquated and, for clarity, needs to be more in line with not only modern-day terminology but be broad enough to encompass future approaches to sealant systems. Example: Some sealant systems no longer require 'chemically prepared' surfaces prior to sealant application.

This descriptor also aligns more closely with the ADA definition of a sealant: "Sealants are systems that can be applied to the occlusal surfaces of teeth to penetrate anatomic surface pits and fissures and form a physical barrier on the tooth surface."

In addition, the term "decay" does not represent what is truly being prevented. We are not preventing decay; **we are preventing the infection called dental caries.**

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D1351**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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c) Clinical scenario

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D1353**

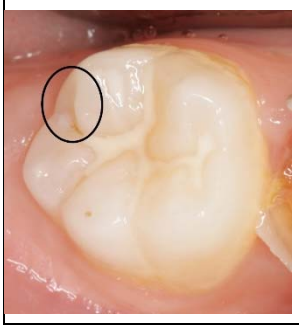
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **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	**sealant repair – per tooth**
2b) Descriptor	Re-application of sealant systems applied to the surfaces of teeth to penetrate partially sealed pits and fissures and form a physical barrier on the tooth surfaces to prevent dental caries.

3. 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.

There is currently no descriptor for this procedure. Often, dental professionals are 'repairing' partially lost, chipped sealants or voids in existing sealants with no procedure code to document. This is clearly a separate proedure from the initial placement with D1351.

D1353 would be the more appropriate code for such purposes. A descriptor would provide more clarity as well as metrics for determining the number of sealants having to be repaired or replaced after initial placement.



Patient presents with partially lost sealant on #31. If the newly exposed pits and fissures are not repaired the tooth will be subject to occlusal caries. Re-application of a sealant system of the provider's choice would be appropriate here (vs. D1351).

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D1353**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie Schweinebraten DMD				
Yes >	☒	No >	☐	American Academy of Periodontology	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4265**

2. 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	**biologic materials to aid in soft and osseous tissue regeneration, per site**
2b) Descriptor	Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.

3. 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.

Adding per site to the nomenclature makes it consistent with other bone regeneration codes (D4266, D4267), and clarifies how the material should be submitted when multiple teeth or sites are involved.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a)		
b) CDT Code currently used to report the procedure		

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie Schweinebraten DMD				
B. 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 >	☐	American Academy of Periodontology	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4276**

2. 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	**combined connective tissue and ~~double~~ pedicle graft, per tooth**
2b) Descriptor	Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

3. 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.

This code describes using a connective tissue graft with a double papilla pedicle graft for advanced gingival recession defects. A connective tissue graft can be combined with any pedicle graft (e.g. lateral pedicle or double papilla). Without this revision, the current code limits the use of a combined connective tissue graft only with a double papilla graft. The suggested change will better reflect the clinical application of this code for the associated procedures.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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c) Clinical scenario

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10-30-2020
Name:	Mark W. Casey, DDS, MPH		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4355**

2. 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	**full mouth debridement** ~~**to enable a comprehensive oral evaluation and diagnosis on a subsequent visit**~~
2b) Descriptor	Full mouth debridement involves the preliminary removal of plaque and calculus ~~that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180~~**.**

3. 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.

The requirement in the nomenclature and descriptor for the oral evaluation and diagnosis to be completed on a subsequent date of service removes the clinical decision-making authority from the treating dentist where it belongs. In addition, the need for a second appointment for all patients who have had a full mouth debridement creates an access barrier for the publicly insured many of whom have difficulty arranging for transportation to their appointments. Nomenclature and descriptor language that restricts a dentist's ability to make an appropriate clinical decision on what services should be rendered and when they should be rendered should be supported by evidence. I am not aware of studies that demonstrate the accuracy of oral evaluation and diagnosis on the same date of service as a full mouth debridement is adversely impacted in a population of patients when compared to another group of patients who had an oral evaluation and diagnosis done at a subsequent visit after a full mouth debridement.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions; "b)" and "c)" are completed when indicated.
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   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie Schweinebraten DMD				
Yes >	☒	No >	☐	American Academy of Periodontology	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D7953**

2. 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**"
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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**bone replacement graft for ridge preservation – per site**
2b) Descriptor	Graft is placed in an extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g. clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). ~~Does not include obtaining graft material.~~ This includes obtaining the bone or bone substitutes. Membrane, if used, should be reported separately.

3. 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.

In other augmentation codes (D7950, D7951, D7952), graft material is included. The same language is recommended for this code. If not revised, it specifies that the graft material should be billed separately and new codes would be necessary for both autogenous and non-autogenous graft materials.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure		
b) Procedure technical description		

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c) Clinical scenario

Part 3 – Additional Information

5. Supporting documentation or literature:
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   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9311**

2. 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	**consultation with a medical health care professional**
2b) Descriptor	Treating ~~dentist~~ licensed dental professional consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.

3. 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.

- Licensed dentists and hygienists routinely perform medical consultations.
- In the traditional private practice, hygienists routinely review patient medical histories including review of all medications the patients may be taking before providing dental services. The dentist/owner is usually busy with his or her own patient and unavailable for a medical consult if needed; therefore, the hygienist calls and consults with a medical health care provider if needed.
- 42 States currently allow dental hygienists to provide dental hygiene services directly to consumers. If a medical consult is warranted, these hygienists consult medical health care professionals directly.
- In alternative practice settings (public health clinics, school clinics, nursing homes) the dental hygienist or dental therapist is providing treatment in accordance with their state dental practice acts under various forms of supervision including direct access. Consultations with medical providers is the standard of care.
- The descriptor for the code should be inclusive of all licensed dental providers performing this procedure in accordance with their stated practice acts.

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D9311**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	10/7/2020
Name:	Marie Schweinebraten DMD				
Yes >	☒	No >	☐	American Academy of Periodontology	
If Yes, name the entity >					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9613**

2. 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	**infiltration of sustained release therapeutic drug, ~~single or multiple sites~~ per quadrant**
2b) Descriptor	Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.

3. 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.

These agents are costly, and one vial of material can be used in multiple areas. During oral surgery or periodontal surgery, for example, when four third molars are extracted or multiple quadrants of osseous surgery are performed, more than one vial may be needed to treat multiple teeth and/or quadrants. Adding "per quadrant" to the nomenclature allows for use of more than one vial when different areas of the mouth are treated.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D**	
b) Procedure technical description		

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
- Cells where information is entered have white backgrounds, which will automatically enlarge as needed.
- Mark cells with "check boxes" (☐) by moving the cursor over the box and making a "left-click".
- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

c) Clinical scenario

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2020
Name:	DentalCodeology Consortium		
Address (Line 1):	c/o Kathy S. Forbes, RDH, BS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D9630**

2. 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	**drugs or medicaments dispensed in the office for home use**
2b) Descriptor	Includes, but is not limited to oral antibiotics, ~~oral analgesics~~, remineralization products and topical fluoride; does not include writing prescriptions.

3. 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.

Deleting oral analgesics as it warrants its own procedure code in order to monitor metrics of dispensing oral analgesic products as well as being able to contact patients in the case of any withdrawn or recalled oral analgesic products they may have been given from the practice. (see additional submission)

Add remineralization products since these are products that are dispensed in the office for home use.

Remineralization products have the following properties:

- Restoring strength and function of tooth structure[1]
- Assisting in caries reduction
- Promoting natural repair process for non-cavitated tooth lesions[2]
- Maintaining equilibrium between the process of demineralization and remineralization in the oral cavity.[3]
- Neutralizing and sustaining the pH in the oral cavity

Remineralization products provide the following patient benefits:

- Extension of office therapy
- Decrease discomfort
- Stronger enamel structure

[1-3] González-Cabezas, C., & Fernández, C. E. (2018). Recent Advances in Remineralization Therapies for Caries Lesions. *Advances in dental research*, *29*(1), 55–59. https://doi.org/10.1177/0022034517740124

NOTICE TO PREPARER AND SUBMITTER:

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- Completed Request **must** be submitted in **unprotected MSWord® format** via email to dentalcode@ada.org.
- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

[4] Wilkins, E. M. (2017). *Clinical Practice of the Dental Hygienist* (Twelfth ed.). Philadelphia, PA: Wolters Kluwer, p. 437.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☒
a) CDT Code currently used to report the procedure	**D9630**	
b) Procedure technical description		
c) Clinical scenario		

Part 3 – Additional Information

5. 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.

a) Material submitted?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)				Date Submitted:	01/25/2021
Name:	David Kochman, Vice President				
Address (Line 1):	Henry Schein				
C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?					
Yes >	☒	No >	☐	Henry Schein is the distributor of several diagnostic tests, and is currently offering the "Cue Health Molecular COVID-19 Test Kit" for sale to dentists, among other products.	
If Yes, what is the benefit? **>**					

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	☒	Revise Current	☐	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D**

2. 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	**molecular testing for a public health related pathogen, including coronavirus**
2b) Descriptor	None

3. 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).

This proposed addition fills a CDT Code gap.

The need to identify patients who may be infected with SARS-CoV-2 (aka COVID-19) is important for the health of the patient as well as the dentist and other practice staff. Molecular diagnostics are highly sensitive and specific because they identify the actual presence of the virus. In contrast antigen diagnostic tests for health related pathogens detect the presence of a virus's protein coating, and are generally less sensitive and less specific.

Molecular diagnostic tests "…detect the virus' genetic material…" are a critical tool in the fight against the SARS CoV-2 virus, and dentists are essential health care workers in this battle. Highly sensitive and

NOTICE TO PREPARER AND SUBMITTER:

- **All requested information in Parts 1-3 is required**; limited exceptions are noted.
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- A submission will be returned for correction if it is: a) not an unprotected MS Word document; b) not on the current Action Request format; or c) it is missing required information in Parts 1-3.

specific molecular diagnostics are the most accurate form of testing available to detect viral presence. This information is also of value for epidemiological studies.

The CDT code set already contains entries for documenting Antigen and Antibody testing, both prompted by the COVID-19 Public Health Emergency and the proposed addition complements these codes, thereby increasing the code set's robustness.

4. Complete a) – c) **only** if Action Request is for a New CDT Code	Mark if Revise or Delete ["a) - c)" are not applicable]	☐

a) CDT Code currently used to report the procedure	**D0999**

b) Procedure technical description

The federal Food and Drug Administration describes the typical steps for delivery of a molecular testing procedure in the following online publication – https://www.fda.gov/consumers/consumer-updates/coronavirus-disease-2019-testing-basics – edited highlights of which are:

1. A dentist orders a COVID-19 test kit (prescription required).
2. A swab is used to collect mucus from the patient's nose or throat, and the swab is placed in a sterile container.
3. The swab is placed in a sealed sterile container and then tested either in the dental practice (if a CLIA waived test site) or transported to an external laboratory for completion of the test\.
4. A "positive" result for infection with SARS-CoV-2, the virus that causes COVID-19, is indicated when the special reagents (called primers and probes) bind to DNA during the test.

c) Clinical scenario

Dentist determines that there are either clinical reasons for delivering the test (e.g., patient cough; abnormal temperature) or the patient self-reports perceived signs or symptoms. The test is administered before delivery of any necessary dental procedures. The test outcome will enable the dentist to determine the next appropriate action(s) (e.g., referral to the patient's physician for appropriate medical care; delivery of necessary dental care if test results are negative).

Part 3 – Additional Information

5. 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.

a) Material submitted?	Yes >	☒	b) Protected by copyright? (If "a)" is "Yes")	Yes >	☒	c) Permission to reprint? (If "b)" is "Yes")	Yes >	☒
	No >	☐		No >	☐		No >	☐

6. Additional Comment or Explanation:

There are two supporting documents –

1) A letter from the Submitter dated January 22, 2021 that further describes the documentation and reporting needs that would be satisfied with the requested CDT Code addition.
2) A publication titled "Henry Schein Dental Informational Guide: Setting Up and Performing COVID-19 Diagnostic Testing in Your Dental Office" that describes how a dental practice would prepare for and deliver the molecular test.

The submitter notes that the CDT Code is a means to document and report services delivered. Further ADA publications recognize that reimbursements for procedures are determined by dental benefit plans, and therefore are not a factor in determining the need for a code to document services delivered to a patient. These points have been stated in the CDT manual's preface, as seen in this extract from CDT 2020's Preface (page v) published by the ADA.

Using the CDT Code

The following points should prove helpful when using the CDT Code for recording services provided on the patient record, and when reporting procedures on a paper or electronic claim submission.

1. The presence of a CDT Code does not mean that the procedure is:
   a. endorsed by any entity or is considered a standard of care
   b. covered or reimbursed by a dental benefits plan

2. General practitioners, specialists, and other individuals may report any of the listed CDT Codes as long as they are delivering procedures and services within the scope of their state law.

HENRY SCHEIN®

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David Kochman
Vice President, Corporate Affairs
and Deputy Chief of Staff

January 22, 2021

Dr. Randall Markarian
Chair, CDT Code Maintenance Committee
American Dental Association
211 E. Chicago Ave.
Chicago, IL 60611

Re: Inclusion of a CDT Code for Molecular Testing for a public health-related pathogen, including coronavirus

Dear Dr. Markarian,

I am writing on behalf of Henry Schein, Inc., the world's largest health care solutions provider to office-based dentists and physicians, concerning the adoption and implementation in 2021 of a CDT Code for molecular diagnostic testing.

As the ADA has recently promulgated diagnostic testing CDT Codes D0604 (antigen) and D0605 (antibody), we respectfully request the ADA also adopt and implement a corresponding molecular diagnostic testing CDT Code for the following reasons:

1. Molecular diagnostics "detect the virus's genetic material". *See* FDA website, https://www.fda.gov/consumers/consumer-updates/coronavirus-disease-2019-testing-basics.

2. Molecular diagnostics are highly sensitive and specific because they identify the actual presence of the virus. In contrast, antigen diagnostic tests detect the presence of a virus's protein coating, and are generally less sensitive and less specific.

    a. While there are many molecular diagnostic tests available, only a handful are currently authorized for a CLIA Waived environment. One such rapid point-of-care (POC) molecular test available to dentists now is the Cue Health system, which reports 99% sensitivity and 98% specificity. *See* Cue Health Instructions for Use, https://www.cuehealth.com/documentation/Cue_COVID-19_Test_Labeling/Cue_COVID-19_Test_Instructions_For_Use_(IFU).pdf. We anticipate additional molecular tests becoming available soon, including rapid POC tests with saliva collection.

3. It is of the utmost importance that the ADA adopt and implement a molecular diagnostic testing CDT Code because molecular tests are a critical tool in the fight against the SARS CoV-2 virus, and dentists are essential health care workers in this battle. Highly sensitive and specific molecular diagnostics are the most accurate form of testing available to detect viral presence, and we believe that dentists should be able to bill through CDT Codes for these tests just as they are able to bill for antigen and antibody tests.

HENRY SCHEIN®

4. Dentists are optimally positioned to play a meaningful role in the diagnostic arena because they see patients in-person (ideally twice a year), are skilled in using their hands and are comfortable administering procedures both simple and complex (ie, mandibular blocks; etc.), and are trusted, highly-trained health care workers who are present in every community (urban and rural; large and small) nationwide. Collecting samples for CLIA Waived testing and performing these diagnostics fall comfortably within the capabilities of our dental professionals, and by utilizing our dental workforce for diagnostics we can gather important patient health data that will ultimately improve patient outcomes at reduced costs.

   Henry Schein is committed to supporting the introduction of diagnostic testing to the dental profession, and would ideally like to advance this work in partnership with the ADA. Given our existing and long-standing presence in the Diagnostic and Point of Care space through our Medical division, we have the resources and knowledge to assist. *See, e.g.,* Henry Schein Dental Informational Guide: Setting Up and Performing COVID-19 Diagnostic Testing in Your Dental Office (pdf attached).

Want to thank the ADA for its careful consideration of this request, and would encourage you to contact me directly at (646) 526-0753 should you require any additional information.

Respectfully submitted,

David A. Kochman

CC: Dr. David Preble, Senior Vice President, Practice Institute
Dr. Krishna Aravamudhan, Senior Director, Center for Dental Benefits, Coding & Quality

HENRY SCHEIN® DENTAL | Rely on Us™

Setting Up and Performing COVID-19 Diagnostic Testing in Your Dental Office

Informational Guide

HENRY SCHEIN® DENTAL | Rely on Us™

Henry Schein's Comprehensive COVID-19 Testing Program for the Dental Market

Henry Schein has developed a comprehensive program to assist our valued customers in the dental community during this time of crisis. Challenged with reopening your practice in the middle of a pandemic, the prospect of returning to full capacity is daunting.

Henry Schein is here to help.

As a trusted partner to the dental community, we have heard your request and are responding to the overwhelming need and demand for on-site COVID-19 testing for patients and team members.

With a simple, fast, and easy-to-use point-of-care solution, testing your patients and team members who are likely to have been exposed to SARS-CoV-2 can help you reopen your practice safely, with confidence and security.

Rapid point-of-care COVID-19 testing – while following CDC guidelines and safety protocols – is an opportunity to demonstrate to your patients, team members, and community that, as a health care provider, you are doing everything possible to protect them.

This Informational Guide is designed to be a resource to assist you with the elements necessary to start testing in your facility. The information in this guide has been taken from published resources including the CDC, CMS, and FDA, along with the ADA.

Become even more engaged in your patient's total health and wellness.

Table of Contents

It is the dental practitioner's sole responsibility to accurately complete all necessary steps. Henry Schein representatives are available to provide information and support throughout the process; however, all steps and submissions must be taken by the dental practitioner. Each practitioner is obligated to verify the accuracy of all submissions, claims, and other information. Henry Schein provides no guarantees of practitioner eligibility, insurance coverage, or insurance payments.

Becoming a CLIA-waived Testing Site

The Clinical Laboratory Improvement Amendments of 1988 (CLIA) **established quality standards for clinical laboratory testing** to ensure that patient test results are accurate and reliable. The CLIA standards are jointly overseen by the Centers for Medicare & Medicaid Services (CMS), the Food & Drug Administration (FDA), and the Centers for Disease Control (CDC).

Unless excepted, a CLIA certificate is required for any facility performing testing of human specimens for health assessment or to diagnose, prevent, or treat disease. Testing is categorized by the level of complexity. As defined by CLIA, waived tests are categorized as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." The FDA determines which tests meet these criteria when it reviews manufacturers' applications for test system waivers. Emergency Use Authorizations issued by the FDA specify which types of CLIA certificates are required for entities performing the tests, and some tests can be performed by entities that hold a Certificate of Waiver.

Applications for a Certificate of Waiver are found on the CMS website for download:

How to Obtain a Certificate of Waiver (full info)

CMS Forms – CLIA application for waiver Form CMS-116 (form)

Quick Start Guide to CMS CLIA Certification

- Complete Form CMS-116, filling out Sections I – VI and IX – X, specific for waived testing.
- Submit the form to your local State Agency, along with any State-specific paperwork required. Additional fees may apply.
- Make sure there are no additional State-specific requirements for testing, aside from a CLIA waiver certificate **(CLIA List of State Contacts)**.
- After your application is approved, you will receive a coupon or an email assigning a CLIA number and an invoice for a $180 fee. Follow the instructions on the email/fee coupon for payment **(CLIA Certificate Fee Schedule)**.
- You can now pay online in many cases; some restrictions may apply (see Quick Start Guide in above link).

Expedited Process

There is an expedited process for waiver under the COVID-19 public health emergency. There are no changes to the information required in the expedited application process — only a timing shortcut. In its guidance, CMS highlights the **major components of the application process: (1) the identification of a qualified laboratory director and (2) a completed CMS -116 application**. Once the State Agency determines that it has received complete application information, it assigns a CLIA number to the approved laboratory.

Under normal circumstances, the approved laboratory cannot begin any testing that requires CLIA certification until a hard copy certificate arrives in the mail. Under the new guidance, the approved laboratory may begin such testing as soon as the CLIA number is assigned, if applicable CLIA requirements have been met. Initial indications are that State survey agencies have been very responsive to applications received under the expedited process. See **Guidance on expedited CLIA waiver** application process.

After your payment is received, a hard copy certificate will be mailed to you. You can pay online to expedite the process further.

Requirements for waived testing

> Enroll in the CLIA program by obtaining a certificate.

> Pay the certificate fee every two years.

> Follow the manufacturer's instructions for the waived tests you are performing.

> Notify your State Agency of any changes in ownership, name, address, or Laboratory Director within 30 days, or if you wish to add tests that are more complex.

> Note: Waived laboratories are not subject to Proficiency Testing, specific intervals of performing QC, personnel standards, or regular biennial inspections. However, CMS may inspect (approximately 2%) waived laboratories each year to see if waived certificate holders are following manufacturer guidelines or performing non-waived tests.

Utilizing "Good Laboratory Practice"

Recommended "Good Laboratory Practice" (GLP). CDC guidelines addressing common questions on the GLP regulations are intended to promote the use of good laboratory practice by providers of waived testing in a variety of CLIA-waived (CW) settings. They were developed based on recommendations and other resources that provided additional information for promoting patient safety and the quality of CW testing in laboratories. These recommendations address decisions that need to be made and steps to be taken as a facility begins offering waived testing or adds a new waived test. They also address developing procedures and training personnel in CW settings and describe recommended practices for each phase of the testing process, or path of workflow, including the important steps or activities before, during, and after testing. The activities that occur in each of these phases are critical to providing quality testing.

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5413a1.htm

> Designate management responsibility to oversee testing.

> Perform only waived tests.

> Follow all applicable state and local requirements.

> Follow regulations for safety and confidentiality.

> Perform testing in a stable and level area with adequate space for patient privacy while safely collecting samples and performing testing.

> Consider environmental issues, such as temperature and humidity.

> Have clean work surfaces and good lighting for sample collection and testing.

> Dispose of biohazard waste safely.

> Check the manufacturer's instructions for limitations, conditions, or restrictions that may apply to the use of the test.

> Consider sample requirements and restrictions.

> Choose skilled employees to perform patient testing. Make sure that all testing personnel are trained properly, understand and can perform the test correctly before they report patient results.

> Periodically assess and record the performance and competency of testing personnel.

> Consider writing procedures developed from the manufacturer's instructions that include specific instructions for your testing site.

> Quality assessment – Monitor, evaluate, and document to improve your current practices.

> Records and documentation to include: Test orders and written procedures specific to the CW site and current product inserts; records of testing materials used; test system and equipment function checks and maintenance; test results; QC testing results and corrective action taken; test system failures, troubleshooting and corrective action taken when problems are identified to include communication with testing personnel, personnel training and competency assessment.

See below link for detailed information, tools, and resources associated with "Good Laboratory Practice":

https://www.cdc.gov/labquality/waived-tests.html.

Ordering Process

Henry Schein is here to help guide you through an efficient account setup and smooth ordering process.

> First, complete the Purchase Agreement and email it to DentalDX@henryschein.com.
Click here to access the COVID-19 Test Kit Purchase Agreement.

> Our Customer Service Team will then review your form and verify your CLIA ID.

> If you do not have a Henry Schein account, one will be set up for you.

> Once the verification process is complete, your order will be placed and shipped.

Cue Health COVID-19 Test Supplies:

Ordering Information:

Product	**Item Code**	Price
Reader	**(138-7509)**	$400 Each
Test Cartridge	**(138-7511)**	$90 per Test (10 Tests per Box)
Controls	**(138-7516)**	$175 per Box (3 negative swabs, 3 positive swabs)

This test has not been FDA cleared or approved; this test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by Authorized Laboratories; this test has been authorized only for detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens; and this test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Food, Drug and Cosmetic Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

Setup, Training, and Test Administration

Henry Schein is working with Cue Health as an independent testing provider for the dental health setting. Cue Health has a molecular test that detects the nucleic acid (RNA) in the SARS CoV-2 virus, the microorganism responsible for COVID-19. The test is designed for use at the point-of-care and offers rapid results in an easy-to-use system, requiring minimal training and setup. The Cue Health test has high sensitivity and specificity **(see Instructions for Use)**.

Description of the Test: The Cue Health COVID-19 Test is a molecular test for the qualitative detection of nucleic acid from the SARS CoV-2 virus. The Test is authorized for use at CLIA-waived testing sites by an FDA EUA (Emergency Use Authorization). The test takes only 20 minutes to complete and results are automatically sent securely to the Cue Health Mobile Application on your mobile smart device. Sample collection is simple.

Description of Sample Collection: The Cue Sample Wand must be used with the Cue Health Monitoring System and the Cue COVID-19 Test Cartridge. To collect a direct nasal swab sample, both nostrils are swabbed with the same Cue Sample Wand by inserting the tip of the Cue Sample Wand into one nostril about 1 inch or up to the marker on the Wand. Keep gentle pressure on the outer wall of the nostril and rotate the Wand against the wall 5 times. Then, insert the same Cue Sample Wand into the other nostril about 1 inch or up to the marker on the Wand. Keep gentle pressure on the outer wall of the nostril and rotate the Wand against the wall 5 times **(see Instructions for Use)**.

Description of Device (138-7509): The Cue Health Monitoring System is an innovative in vitro diagnostic medical device for use with test-specific Cue Cartridge(s) and the Cue Health Mobile Application (Cue Health App). The app is downloaded from the Apple App Store and installed on an Apple® iPhone® 8 Plus or later with iOS 13 or later (not provided).

Description of Test Cartridge Pack (138-7511): The Cue Health COVID-19 Test Cartridge Pack contains one (1) single-use Cue COVID-19 Test Cartridge and one (1) single-use wrapped sterile Cue Sample Wand.

Description of Quality Control Material (138-7516): Control Swabs for the Cue Health COVID-19 Test are provided in the External Control Swab Pack, which contains three (3) Cue Health COVID-19 Test Positive Control Swabs and three (3) Cue Test Negative Control Swabs.

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Setup, Training, and Test Administration (continued)

To Get Started:

> Follow set-up instructions for easy installation and connection, as outlined in the Cue Health Monitoring System User Manual and Quick Start Guide.

> Refer to the User Manual to train testing personnel on proper operation of the system.

> Refer to the Instructions for Use (IFU) and the Quick Reference Instructions (QRI) to train testing personnel with sample collection and the testing process. Follow the test instructions, without modification.

> Provide patients with the Fact Sheet for Patients after testing for test information and result interpretation/implications.

> Review the Fact Sheet for Providers for test use and result interpretation/implications.

> Contact Cue Health for support at: support@cuehealth.com **or 833.CUE.TEST (833.283.8378)**.

Reference Materials

Monitoring System

- Quick Start Guide
- User Manual

Test Cartridges

- FDA Emergency Use Authorization Letter – Cue Health COVID-19 Test
- Instructions For Use – IFU, Professional
- Quick Reference Instructions – QRI, Professional
- Fact Sheet for Providers – Cue COVID-19 Test Cartridge
- Fact Sheet for Patients – Cue COVID-19 Test Cartridge

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Protocols and Reporting Test Results

The CDC and CMS offers extensive information regarding protocols for mitigation, testing, and counseling prior to and after testing. It is important to provide patients and team with appropriate information and material.

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html

https://www.cms.gov/files/document/counseling-checklist.pdf

Print resources for handouts to assist patients in stopping the spread of COVID-19 and managing symptoms.

https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc

https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html

There is specific guidance for dental settings from the CDC and the ADA.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

Refer to the Complete Guide and Toolkit from the American Dental Association on COVID-19 and resources for your practice, patients, and team (ADA members only).

ADA.org/virus

Protocols and Reporting Test Results (continued)

Reporting Test Results

There are federally mandated Laboratory Reporting Requirements when performing testing. All laboratories that perform or analyze any COVID-19 test (molecular, antigen, antibody, etc.) must report data, regardless of the type of CLIA certificate the laboratory has. In addition, all negative and positive test results, irrespective of method, must be reported. Any facility using point-of-care COVID-19 testing devices under a CLIA waiver is also ***required to report.***

Report **all** COVID-19 test results to the appropriate state agency in the timeframe as required by Federal law. Contact your State health department for more information and to find the best method to report results (portal or form) **https://www.aha.org/special-bulletin/2020-09-08-cms-releases-guidance-covid-19-reporting-requirements-laboratories-and.**

What to report

Complete laboratory data must include the following data elements for state and jurisdictional health departments.

- Test ordered – use harmonized **LOINC codes provided by CDC**
- Device Identifier
- Test result–use appropriate LOINC and SNOMED codes, as defined by the Laboratory In Vitro Diagnostics (LIVD) Test Code Mapping for SARS-CoV-2 Tests (see link above)
- Test Result date (date format)
- Accession #/Specimen ID
- Patient age
- Patient race
- Patient ethnicity
- Patient sex
- Patient residence zip code
- Patient residence county
- Ordering provider name and NPI (as applicable)
- Ordering provider zip
- Performing facility name and CLIA number
- Performing facility zip code
- Specimen Source – use appropriate LOINC, SNOMED-CT, or SPM4 codes, or equivalently detailed alternative **codes**
- Date test ordered (date format)
- Date specimen collected (date format)

The following additional demographic data elements should also be collected and reported to state or local public health departments.

- Patient name (Last name, First name, Middle Initial)
- Patient street address
- Patient phone number with area code
- Patient date of birth
- Ordering provider address
- Ordering provider phone number

To protect patient privacy, any data that state and jurisdictional health departments send to the CDC will be de-identified and will not include some patient-level information. The de-identified data shared with the CDC will contribute to understanding COVID-19's impact, positivity trends, testing coverage, and will help identify supply chain issues for reagents and other materials.

Reimbursement and Billing

The following is based on currently available guidance from the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA). Providers should consult with individual third-party payers for specific policies regarding coding and payment applicable to the test administered.

Disclaimer: This information is being provided by Henry Schein, Inc. as a reference, for informational purposes only, with no express or implied warranty and does not purport to provide legal or certified coding advice. Reimbursement information is gathered from third-party sources and is subject to change. Recent changes in applicable law, regulations and policies may not be reflected in the information contained herein. *It is the sole responsibility of the health care provider of service to verify reimbursement laws, regulations and policies, and select the appropriate charges and codes to accurately reflect patient condition(s) and testing procedure(s).*

> Utilize approved billing codes for point-of-care testing, depending on test type, to file for reimbursement as outlined by the Center for Medicare Services (CMS).

> Depending on the technique of the test and the type of code accepted by the third-party payer, COVID-19 POC molecular testing can be billed using **CPT code 87635** (Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique).

> Conversely, testing may also be billed with **HCPCS code U0002** (2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC.

> The Medicare payment rate for CPT code 87635 and for HCPCS code U0002 is **$51.31 per test**.

> Payers may allow other CPT codes to be billed on a claim with a CPT code for a COVID-19 POC test, depending on the other services provided to a patient at the time that the COVID-19 POC test is administered. For example, when a COVID-19 POC test is administered in a physician office in connection with an in-office **Evaluation & Management (E&M) visit, an E&M code (e.g., CPT codes 99201-99205 for a new patient or CPT codes 99212-99215 for an established patient)** may also be billed. In certain circumstances, specimen collection is included in an E&M visit, but in other circumstances, it may be separately billable. Relative to billing for consults, the current unadjusted Medicare reimbursement rates for various E/M codes are referenced in the documents below.

> Potential options when testing asymptomatic patients: (i) cash bill patient; (ii) bill insurance and balance bill patient; or (iii) bill insurance and absorb any unpaid amounts.

New Patients:	
CPT 99201 (10 minutes)	$46.56
CPT 99202 (20 minutes)	$77.23
CPT 99203 (30 minutes)	$109.35
CPT 99204 (45 minutes	$167.09
CPT 99205 (60 minutes)	$211.12

Established Patients:	
CPT 99211 (5 minutes)	$23.46
CPT 99212 (10 minutes)	$46.19
CPT 99213 (15 minutes	$76.15
CPT 99214 (25 minutes	$110.43
CPT 99215 (40 minutes)	$148.33

Resources with links for further information:

https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance

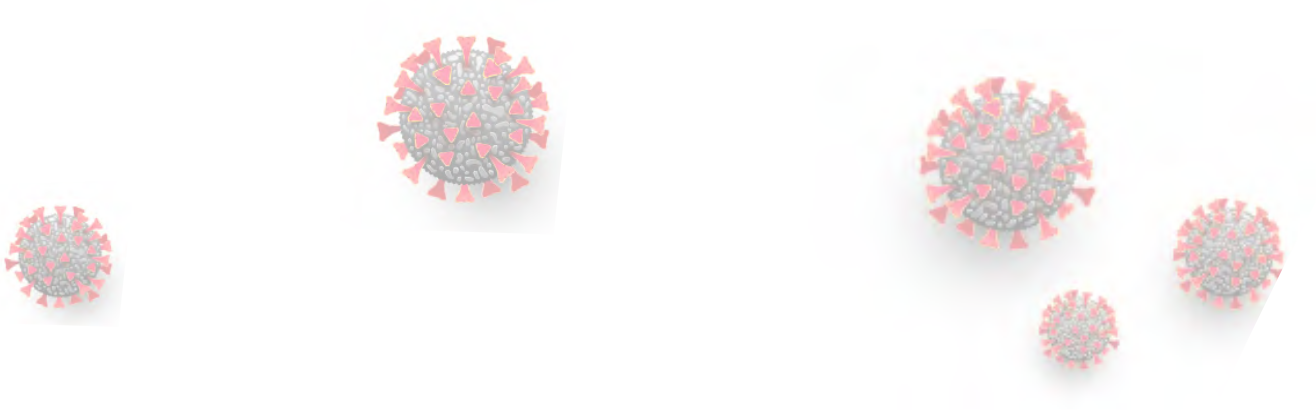
https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

It is the dental practitioner's sole responsibility to accurately complete all necessary steps. Henry Schein representatives are available to provide information and support throughout the process; however, all steps and submissions must be taken by the dental practitioner. Each practitioner is obligated to verify the accuracy of all submissions, claims, and other information. Henry Schein provides no guarantees of practitioner eligibility, insurance coverage, or insurance payments.

HENRY SCHEIN® DENTAL | Rely on Us™

To learn more about how to get started, reach out to Henry Schein today at **DentalDX@henryschein.com.**

We're Here To Support You Throughout This Process.



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