

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	4/12/21
Name:	Philip Uffer		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	close endodontic access opening							
2b) Descriptor	Filling in an access opening by removing temporary filling material and replacing with a permanent filling material.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>There are times when a root canal is done through an existing crown, (or through a recently placed filling.) The insurance providers will deny subsequent restorative procedures on teeth where restorations were recently placed.--The alternative codes of a 1 surface filling or a buildup are likely to not be covered to close that access opening. There is also ambiguity of which code to use when closing an access opening (do I use a 1 surface restoration or a buildup code?)</p> <p>Creation of "close access opening" would remove all ambiguity.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete ["a) - c)" are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							None	
b) Procedure technical description								
There is no current code to report the procedure. Procedure is for closing an endodontic access opening. This would be covered regardless of age of the filling								

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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c) Clinical scenario

- 1) A tooth has a large filling placed. After 2 weeks, the pulp becomes inflamed and endo must be performed. The access opening is filled with a temporary material until the restorative dentist can replace it with a permanent one. There is still cost of time and materials to the restorative dentist to fill in the access opening. This procedure should be covered under this new code.
- 2) A tooth with a crown (less than 5 years old) needs a root canal. Access is gained through the crown to perform the endo. This access hole must be filled with a permanent restoration.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	X		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The idea that an existing code can be used for this creates ambiguity. (is it a buildup or a 1 surface filling)
Insurance providers will deny restorations unless a certain amount of time passes. The dentist should not be penalized because a tooth needed a root canal. This code would eliminate that problem and remove ambiguity of which code to use.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	replacement of restorative material used to close an access opening of a screw-retained implant supported crown or implant supported FPD retainer							
2b) Descriptor	Per tooth location of the screw-retained implant supported crown or implant supported FPD retainer. Not to be used at the time of initial implant restoration placement or in place of D6080.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 new code would be for the first replacement or subsequent replacement of the restorative material but not as part of the initial implant restoration placement procedure. Current codes D6080, D6090 or D6199 do not adequately describe this procedure. Most dental claims systems do not acknowledge a DXX99 code (by report) and that code could represent a wide variety of potential procedures not adequately covered by existing codes. This potential code may alleviate coding errors and resubmissions that commonly occur between dental providers and dental plans.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete ["a) - c)" are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D2330 or D2391		
b) Procedure technical description								
This procedure involves the removal of any remaining restorative materials in the screw-retained implant access opening. Placement of retentive aspects could be added as part of this procedure. Composite restorative material is placed, shaped and cured, based on material directions. Restoration is polished.								
c) Clinical scenario								

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This submission responds to a not too uncommon scenario whereby a provider needs to access the screw hole of a screw-retained dental implant restoration (crown or FPD) for inspection or screw replacement and submits a D2330 (anterior implant site) or D2391 (posterior implant site) to fill that access opening back in. Dental claims system may deny the claim submission as these two codes reference restorations done on natural teeth, not teeth now replaced by an implant or implants

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted: November 20, 2020
Name: David I. Liberman	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <u>Note:</u> 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.								
<p>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.</p> <p>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.</p> <p>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.</p>								

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(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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		None	
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			
<p>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</p> <p>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.</p>			

Part 3 – Additional Information

5. Supporting documentation or literature:								
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a) Material submitted?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	06-20-2021
Name:	Dr. Allen Finkelstein		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	tele-brushing – asynchronous tooth brushing monitoring utilizing short-range wireless technology by exchanging data from enhanced mechanical toothbrush							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
The request for a new code that supports using a connected toothbrush that can track frequency, duration, and coverage areas for tooth brushing while prescribing specific instruction and evaluation.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							None	
b) Procedure technical description								
Improve patient oral health outcomes by using smart technology to create unique individualized toothbrushing while monitoring quality of patient oral hygiene with oversight by the dentist and staff.								
c) Clinical scenario								
<ul style="list-style-type: none"> establish a home evaluation and management program for quality oral home care assist in creating an oral health disease management program design quality reports for individual toothbrush instruction 								

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

Part 3 – Additional Information

5. Supporting documentation or literature:

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	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

- Care provider can review brushing results, progress by tracking this key preventive activity 100% remotely. Dentist can intervene directly through the app to support the patient's home care.
- The goal is to correct toothbrush habits that can keep the patient healthy for a longer period.
- The code is needed to support the increase in telemedicine advances by bridging the gap for oral health monitoring and prevention in order to achieve better health care outcomes

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	Sandy Macdonald		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	review of patient at-home brushing							
2b) Descriptor	Provider review of patient's at-home brushing data, in combination with their oral health data, for the sake of patient coaching that links the current state with their daily routine.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>Henry Schein One has developed integration with leading smart toothbrushes that weave patient brushing data into their practice management software clinical record. Historical periodontal records are aligned with daily brushing data to correlate oral health with the daily routine.</p> <p>Providers can now efficiently reference detail on the patient's daily routine in combination with the rich pool of clinical data stored in their practice management software to provide data-based patient coaching. Establishing current oral health as an outcome of the daily routine. Historically, providers have been limited to what they observe during an annual or bi-annual patient appointment with no visibility into daily habits.</p> <p>This type of activity tracking is established in other areas of healthcare such as to fitness tracking, etc. and being driven by technology giants like Apple and Google.</p> <p>D-1330 broadly covers oral hygiene instruction but is so broad that it is not typically reimbursed by payers. A new specific CDT code is required to facilitate reimbursement for this specific patient coaching and drive this outcome-based approach to patient education.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete ["a) - c)" are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							D1330	

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CDT CODE ACTION REQUEST

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b) Procedure technical description

Patient coaching by a dental provider that is supported by the correlation of the patient's at-home brushing data (brushing frequency and duration) and their oral health data (current and historic) for the sake of delivering outcome-based education.

c) Clinical scenario

During a patient's regular appointment their dental hygienist devotes time to discussing their at-home brushing routine. How long they brush, how frequently they brush, areas of the mouth the patient is reaching or missing and the resulting advance or resolution of periodontal disease as a consequence. This is particularly important for an at-risk patient. And, while in the past this would have been a theoretical conversation, today's hygienist has access to this data from within the clinical record of the practice management software they have been running for years. The dental provider can clearly show the patient the correlation between oral hygiene habits/compliance and oral health outcomes over time. With this new technology breakthrough patients and providers can work as a team to drive positive oral health outcomes. Education is now more effective because it is more personal.

Part 3 – Additional Information

5. Supporting documentation or literature:

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a) Material submitted?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

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, 2021
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	reline custom sleep apnea appliance (indirect)							
2b) Descriptor	Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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.								
<p>This new code would fill a CDT Code gap created by the CDT 2022 addition of sleep apnea appliance codes which included codes only for initial placement, repair and adjustment. This type of appliance may also be relined, but there is not code for this distinct procedure.</p> <p>The suggested nomenclature describes the procedure's nature and scope and includes the following terms defined in the ADA Glossary of Dental Clinical and Administrative Terms –</p> <p>indirect: A procedure that involves activity that occurs away from the patient, such as creating a restorative prosthesis. An indirect procedure is also known as a laboratory procedure, and the laboratory's location can be within or separate from the dentist's practice.</p> <p>reline: Process of resurfacing the tissue side of a removable prosthesis with new base material.</p> <p>(Note: The glossary definition of prosthesis is "Artificial replacement of any part of the body.)</p> <p>(https://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-terms#p)</p>								

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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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D9999	
b) Procedure technical description			
<p>All existing appliance base material is removed in accordance with the product recommendations (e.g., mechanical; chemical) and replaced with equivalent new material.</p> <p>The relined appliance is test-fit to ensure appropriate material placement and patient comfort.</p>			
c) Clinical scenario			
<p>Patient presents with complaint that the previously placed custom sleep apnea appliance is no longer comfortable while being worn. Upon inspection the dentist observes that retention is not adequate and that the base material requires relining so that retention is maintained.</p>			

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a) Material submitted?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
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, 2021
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D9110
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	palliative (emergency) treatment of dental pain—minor procedure							
2b) Descriptor	<u>Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes. This is typically reported on a "per-visit" basis for emergency treatment of dental pain.</u>							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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.								
<p>The proposed revisions clarify the procedure's nature and scope.</p> <p>Current nomenclature and descriptor wordings include terms that are not defined (e.g., emergency; minor procedure; dental pain); one is defined in the ADA Glossary of Dental Clinical and Administrative Terms –</p> <p align="center">palliative: Action that relieves pain but is not curative.</p> <p align="center">https://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-terms#p</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete ["a) - c)" are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure						None		
b) Procedure technical description								
N/A								
c) Clinical scenario								
N/A								

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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- 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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

A CDT code for this procedure (09110 palliative (emergency) treatment of dental pain, minor procedures) was included in first published version of the code set (1969). In CDT-1 (1990) a descriptor was added (“May be reported in conjunction with 00130” [emergency oral examination]) and then removed in CDT-2 (1995) when the 00130 entry was deleted from the code set.

The current entry (code, nomenclature and descriptor) was first published in CDT-3 (2000) and has continued unchanged. Available files do not document either the reasons for including the current descriptor or the nomenclature’s change from the plural (...minor procedures) to singular (...minor procedure) form as seen therein.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	October 6, 2021
Name:	American Academy of Pediatric Dentistry		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1355
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	caries preventive medicament application – per tooth							
2b) Descriptor	For primary prevention or remineralization. Medicaments applied do not include topical fluorides or silver diamine fluoride (SDF) .							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>D1355 became effective with the implementation of CDT 2021. The rationale for the creation of the D1355 code included the potential usage of silver diamine fluoride, silver nitrate, and chlorhexidine as potential medicaments for primary prevention of dental caries. After an in-depth review by the American Academy of Pediatric Dentistry (AAPD) of the primary prevention of caries, the AAPD issued the following guidance in March 2021:</p> <p>With the release of the CDT-2021 dental coding manual on January 1, 2021, the CDT code D1355 – caries preventive medicament application, per tooth --was approved. A recent analysis by experts from the AAPD’s Councils on Clinical and Scientific Affairs, and Committee on Dental Benefit Programs concluded that, although Silver Diamine Fluoride (SDF) has proven efficacy as a secondary preventive agent (i.e., arrest of carious lesions) in numerous clinical studies, evidence of its efficacy as a primary preventive agent on children is insufficient at present. Therefore, without solid scientific evidence, the AAPD does not support the use of the code D1355 for use of SDF as a primary preventive agent in children. Accordingly, the AAPD recommends D1354 as the appropriate code for SDF when used as a caries arresting agent on cavitated carious lesions in primary teeth.</p> <p>Based on the lack of evidence of primary prevention of dental caries, the AAPD is recommending that the D1355 code description be revised to disallow the usage of silver diamine fluoride.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
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

N/A

c) Clinical scenario

N/A

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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input checked="" type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input checked="" type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

Included for review are:

- AAPD’s clinical practice guideline on “Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including those with Special health Care Needs” Pediatric Dentistry V39(5) Sep/Oct 2017
- AAPD Silver Diamine Fluoride Policy and Fact Summary (2021)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	October 6, 2021
Name:	American Academy of Pediatric Dentistry		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D1355
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	carries preventive medicament application – per tooth							
2b) Descriptor	For primary prevention or remineralization. Medicaments do not include topical fluorides.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>D1355 became effective with the implementation of CDT 2021. The rationale for the creation of the D1355 code included the potential usage of silver diamine fluoride, silver nitrate, and chlorhexidine as potential medicaments for primary prevention of dental caries. After an in-depth review by the American Academy of Pediatric Dentistry (AAPD) of the primary prevention of caries, the AAPD issued the following guidance in March 2021:</p> <p>With the release of the CDT-2021 dental coding manual on January 1, 2021, the CDT code D1355 – caries preventive medicament application, per tooth --was approved. A recent analysis by experts from the AAPD's Councils on Clinical and Scientific Affairs, and Committee on Dental Benefit Programs concluded that, although Silver Diamine Fluoride (SDF) has proven efficacy as a secondary preventive agent (i.e., arrest of carious lesions) in numerous clinical studies, evidence of its efficacy as a primary preventive agent on children is insufficient at present. Therefore, without solid scientific evidence, the AAPD does not support the use of the code D1355 for use of SDF as a primary preventive agent in children. Accordingly, the AAPD recommends D1354 as the appropriate code for SDF when used as a caries arresting agent on cavitated carious lesions in primary teeth.</p> <p>Rapid reviews were completed by the American Academy of Pediatric Dentistry (AAPD) Council on Clinical Affairs and the Council on Scientific Affairs regarding the preventive properties of silver nitrate and chlorhexidine. Results of the reviews are as follows:</p> <p>Results of a rapid review on “Chlorhexidine” and “dental caries”. Pubmed search (with no delimiters) revealed 972 articles that met this criteria. Almost all studies reported no effect of chlorhexidine on dental caries increment, but some found reductions in mutans streptococci levels. There was one systematic review-- James, Parnell, Whelton, “The caries-preventive effect of chlorhexidine varnish in children and adolescents: a systematic review”, Caries Research 2010, 44: 333-340. This systematic review identified 12 trials examining the effect of chlorhexidine on</p>								

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

dental caries increment. Most studies reported no effect. One study on primary teeth, however, showed a reduction in caries increment with Chlorhexidine, but no greater than fluoride varnish.

Results of a rapid review on “silver nitrate” and “dental caries”. Pubmed search (with no delimiters) revealed 93 results, but most actually referred to silver diamine fluoride and/or caries arrest, with none examining caries increment. However, it should be noted that there was a well-conducted randomized clinical trial showing that silver nitrate followed by sodium fluoride application produced a similar caries arrest as silver diamine fluoride. Gao et al. “Randomized trial of silver nitrate with sodium fluoride for caries arrest”. JDR C&Trans Res. 2019: 4:126-134.

This rapid review did not find effectiveness of silver nitrate or chlorhexidine as primary caries preventive medicaments.

Based on the lack of evidence of primary prevention of dental caries of the three potential agents listed in the rationale of the original D1355 code request, the AAPD is recommending that the D1355 code be deleted.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure			
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature:								
<ul style="list-style-type: none"> “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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input checked="" type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input checked="" type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
<p>Included for review are:</p> <ul style="list-style-type: none"> AAPD’s clinical practice guideline on “Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including those with Special health Care Needs” Pediatric Dentistry V39(5) Sep/Oct 2017 AAPD Silver Diamine Fluoride Policy and Fact Summary (2021) 								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/18/2021
Name:	Jeremy Horst DDS, PhD		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D2990
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	resin infiltration of a material incipient smooth surface into an initial caries lesions							
2b) Descriptor	Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>As the CDT describes dental <i>procedures</i>, not products, D2990 needs updating to address the multiple approaches to treat an initial caries lesion with an infiltrating material. Other materials have been developed since the code was originally established. Like all restorative procedures, infiltration is a single treatment per tooth and not repeated.</p> <p>The current code nomenclature and descriptor are specific to one product. Other infiltration approaches to treat an initial caries lesion by restoring the tooth to its natural form are currently taught in dental education programs and used by dental professionals.</p> <p>The language limiting this code to smooth surfaces only is also inappropriate. Clinical trials show that infiltration is effective in pits and fissures. Also, the proposed revised terminology for caries lesions is reflective of the ADA Caries Classification System.</p> <p>Other existing CDT codes are not appropriate as they do not address the processes or indications of initial caries lesion infiltration treatments. D1354 describes “caries arresting or inhibiting” but does not describe strengthening and stabilizing through material infiltration. D1355 is for prevention of new lesions in high-risk surfaces, where there is no caries lesion.</p> <ul style="list-style-type: none"> The procedures for both D1354 and D1355 are only simple topical application after drying. The procedure for infiltration is much more involved: the tooth is cleaned, treated with an etchant and a second liquid (hypochlorite or alcohol), rinsed, and dried; the product is applied and protected for at least 3 minutes to enable infiltration through the lesion, then excess is removed. The procedure is the same across resin and other infiltration materials. 								

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.

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]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure			
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input checked="" type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input checked="" type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
<p>Examples of infiltration treatments for an initial caries lesion include: Icon (DMG), which has been in the U.S. since 2008; and Curodont Repair Fluoride Plus (Credentis), which has been in the U.S. since 2019. Other technologies, such as Electrically Assisted Enhanced Remineralization (Reminova), are expected to be marketed. Although these materials may employ low levels of fluoride, the mechanisms of action are to restore the small pores of initial caries lesions and do not employ the remineralization pathways of fluoride.</p> <p>This is not intended to be used for one-step caries arresting medicaments.</p>								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D4240
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant							
2b) Descriptor	A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption . Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
With development of D3471 – surgical repair of root resorption – anterior, D3472 – surgical repair of root resorption – premolar, and D3473 – surgical repair of root resorption – molar, this part of the descriptor for a gingival flap is no longer relevant and should be deleted. Treatment of root resorption is reported by the above mentioned codes.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete ["a) - c)" are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure							D	
b) Procedure technical description								
N/A								

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

c) Clinical scenario

N/A

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/21/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D4241
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant							
2b) Descriptor	A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption . Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
With development of D3471 – surgical repair of root resorption – anterior, D3472 – surgical repair of root resorption – premolar, and D3473 – surgical repair of root resorption – molar, this part of the descriptor for a gingival flap is no longer relevant and should be deleted. Treatment of root resorption is reported by the above mentioned codes.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
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

N/A

c) Clinical scenario

N/A

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D4266
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	guided tissue regeneration, <u>natural teeth</u> – resorbable barrier, per site							
2b) Descriptor	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal <u>defects around natural teeth</u> and peri-implant defects .							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
If codes are added for barriers used for guided tissue regeneration related to peri-implantitis and implant placement in the implant category, this code should be revised to apply only for periodontitis around natural teeth, which clarifies its use and the procedure performed.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure								
b) Procedure technical description								
Bone is placed in defects resulting from periodontitis when regeneration will result in a more acceptable periodontal anatomy. A membrane is then placed to completely cover the bone graft. The procedure is performed when the defects require additional retention of the material and also prevents intrusion of epithelium during healing.								

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

N/A

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

Currently there is no consistency, and in some cases are no codes, to document this procedure when delivered to treat periodontitis, peri-implantitis, or augmentations. Distinct procedure codes for utilization of membranes in each of these distinct types of treatments enables clear definition and documentation of the service provided. Acceptance of these action requests would result is a suite of codes for documenting and reporting the use of bone grafts and membranes with great specificity.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	guided bone regeneration, edentulous area – resorbable barrier, per site							
2b) Descriptor	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Presently there is confusion when using a barrier membrane for bone regeneration in edentulous areas. This code would be used when surgical procedures such as ridge augmentation, or sinus lifts require barrier membranes. It could also be used when a tooth is extracted and bone grafting is necessary for ridge preservation. Consistency is also provided, set by the precedence in the endodontic category when a membrane is placed. It is appropriate for separate codes for these procedures requiring a membrane since, although the membrane does not change, the procedure for varying situations such as periodontitis, implant placement, and peri-radicular surgery can be different. In addition, terminology was corrected to indicate bone regeneration rather than tissue regeneration since regeneration of cementum and periodontal ligament occur only around natural teeth.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a” - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							D4266	

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.

CDT CODE ACTION REQUEST

(Version – 2019Dec01)

b) Procedure technical description

Bone is placed to enhance vertical or horizontal dimension of a ridge. A membrane is then placed to completely cover the bone graft. A membrane can also be used to close the window created when doing a sinus lift. The procedure is performed when grafts require additional retention of the material. Membranes also prevent intrusion of epithelium during healing.

c) Clinical scenario

See 4.b)

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The submitted suite of action requests includes new codes and revisions for current codes for the use of membranes during regenerative procedures. Currently, there is no consistency, and in some cases lack of codes, in how these procedures are addressed dependent on their use to treat periodontitis, peri-implantitis, or augmentations. By including membrane codes in each of these distinct categories, utilization of membranes is clearly described for each procedure and clearly defined. What would result is a suite of codes indicating the use of bone grafts and membranes, in the implant category as well as the periodontal category, similar to those currently in the endodontic area.

There is also presently no code that can be correctly used, to describe placement of a membrane in an edentulous area when ridge augmentation or a sinus lift is performed. By adding two new codes for membranes in the oral surgery category, this gap would be resolved.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	guided bone regeneration – resorbable barrier, per implant							
2b) Descriptor	This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Presently there is confusion when using a barrier membrane for bone regeneration around an implant that has osseous defects due to peri-implantitis. The code used currently is in the periodontal category not in the implant category. This is also true in instances where an implant is placed and bone grafting must be done as well as a membrane placed. This new code would cover both cases if a membrane is used in instances when an implant is being treated. This also results in consistency set by the precedence set in the endodontic category when a membrane is placed. It is appropriate for separate codes for these procedures requiring a membrane since, although the membrane does not change, the procedure for varying situations such as periodontitis, implant placement, and peri-radicular surgery are different. In addition, terminology was corrected to indicate bone regeneration rather than tissue regeneration since regeneration of cementum and periodontal ligament occur only around natural teeth.								
4. Complete a) – c) only if Action Request is for a New CDT Code						Mark if Revise or Delete ["a" - c) " are not applicable]		<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D4266		

NOTICE TO PREPARER AND SUBMITTER:

- All requested information in Parts 1-3 is required;** limited exceptions are noted.
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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)

b) Procedure technical description

Bone is placed in vertical defects around an implant or in voids created when placing an implant. A membrane is then placed to completely cover the bone graft. The procedure is performed when the defects require additional retention of the material and also prevents intrusion of epithelium during healing.

c) Clinical scenario

See 4.b)

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The submitted suite of action requests includes new codes and revisions for current codes for the use of membranes during regenerative procedures. Currently, there is no consistency, and in some cases lack of codes, in how these procedures are addressed dependent on their use to treat periodontitis, peri-implantitis, or augmentations. By including membrane codes in each of these distinct categories, utilization of membranes is clearly described for each procedure and clearly defined. What would result is a suite of codes indicating the use of bone grafts and membranes, in the implant category as well as the periodontal category, similar to those currently in the endodontic area.

There is also presently no code that can be correctly used, to describe placement of a membrane in an edentulous are when ridge augmentation or a sinus lift is performed. By adding two new codes for membranes in the oral surgery category, this gap would be resolved.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D4267
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	guided tissue regeneration, <u>natural teeth</u> – non-resorbable barrier, per site (includes membrane removal)							
2b) Descriptor	This procedure does not include flap entry and closure, or, when indicated wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal <u>defects around natural teeth</u> and peri-implant defects .							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
If codes are added for barriers used for guided tissue regeneration related to peri-implantitis and implant placement in the implant category, this code should be revised to apply only for periodontitis around natural teeth, which clarifies its use and the procedure performed.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure								
b) Procedure technical description								
Bone is placed in defects resulting from periodontitis when regeneration will result in a more acceptable periodontal anatomy. A membrane is then placed to completely cover the bone graft. The procedure is performed when the defects require additional retention of the material and also prevents intrusion of epithelium during healing.								

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”.
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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

c) Clinical scenario

N/A

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

Currently there is no consistency, and in some cases are no codes, to document this procedure when delivered to treat periodontitis, peri-implantitis, or augmentations. Distinct procedure codes for utilization of membranes in each of these distinct types of treatments enables clear definition and documentation of the service provided. Acceptance of these action requests would result is a suite of codes for documenting and reporting the use of bone grafts and membranes with great specificity.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	guided bone regeneration, edentulous area – non-resorbable barrier, per site (includes membrane removal)							
2b) Descriptor	This procedure does not include flap entry and closure, or, when indicated wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Presently there is confusion when using a barrier membrane for edentulous areas which require bone regeneration. This code would be used when surgical procedures such as ridge augmentation, or sinus lifts require barrier membranes. It could also be used when a tooth is extracted and bone grafting is necessary for ridge preservation. Consistency is also provided, set by the precedence in the endodontic category when a membrane is placed. It is appropriate for separate codes for these procedures requiring a membrane since, although the membrane does not change, the procedure for varying situations such as periodontitis, implant placement, and peri-radicular surgery can be different. In addition, terminology was corrected to indicate bone regeneration rather than tissue regeneration since regeneration of cementum and periodontal ligament occur only around natural teeth.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D4267	
b) Procedure technical description			
Bone is placed to enhance vertical or horizontal dimension of a ridge. A membrane is then placed to completely cover the bone graft. A membrane can also be used to close the window created when doing a sinus lift. The procedure is performed when grafts require additional retention of the material. Membranes also prevent intrusion of epithelium during healing.			
c) Clinical scenario			
See 4.b)			

Part 3 – Additional Information

5. Supporting documentation or literature:								
<ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
<p>The submitted suite of action requests includes new codes and revisions for current codes for the use of membranes during regenerative procedures. Currently, there is no consistency, and in some cases lack of codes, in how these procedures are addressed dependent on their use to treat periodontitis, peri-implantitis, or augmentations. By including membrane codes in each of these distinct categories, utilization of membranes is clearly described for each procedure and clearly defined. What would result is a suite of codes indicating the use of bone grafts and membranes, in the implant category as well as the periodontal category, similar to those currently in the endodontic area.</p> <p>There is also presently no code that can be correctly used, to describe placement of a membrane in an edentulous are when ridge augmentation or a sinus lift is performed. By adding two new codes for membranes in the oral surgery category, this gap would be resolved.</p>								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/20/2021
Name:	American Academy of Periodontology		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	guided bone regeneration – non-resorbable barrier, per implant (includes membrane removal)							
2b) Descriptor	This procedure does not include flap entry and closure, or, when indicated wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Presently there is confusion when using a barrier membrane for bone regeneration around an implant that has osseous defects due to peri-implantitis. The code used currently is in the periodontal category not in the implant category. This is also true in instances where an implant is placed and bone grafting must be done as well as a membrane placed. This new code would cover both cases if a membrane is used when an implant is being treated. This also results in consistency set by the precedence in the endodontic category when a membrane is placed. It is appropriate for separate codes for these procedures requiring a membrane since, although the membrane does not change, the procedure for varying situations such as periodontitis, implant placement, and peri-radicular surgery are different. In addition, terminology was corrected to indicate bone regeneration rather than tissue regeneration since regeneration of cementum and periodontal ligament occur only around natural teeth.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D4267	
b) Procedure technical description			
<p>Bone is placed in vertical defects around an implant or in voids created when placing an implant. A membrane is then placed to completely cover the bone graft. The procedure is performed when the defects require additional retention of the material and also prevents intrusion of epithelium during healing.</p>			
c) Clinical scenario			
See 4.b)			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
<p>The submitted suite of action requests includes new codes and revisions for current codes for the use of membranes during regenerative procedures. Currently, there is no consistency, and in some cases lack of codes, in how these procedures are addressed dependent on their use to treat periodontitis, peri-implantitis, or augmentations. By including membrane codes in each of these distinct categories, utilization of membranes is clearly described for each procedure and clearly defined. What would result is a suite of codes indicating the use of bone grafts and membranes, in the implant category as well as the periodontal category, similar to those currently in the endodontic area.</p> <p>There is also presently no code that can be correctly used, to describe placement of a membrane in an edentulous are when ridge augmentation or a sinus lift is performed. By adding two new codes for membranes in the oral surgery category, this gap would be resolved.</p>								

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	31 October, 2021
Name:	American Dental Association		
Address (Line 1):	Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D4921
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	gingival irrigation – per quadrant							
2b) Descriptor	Irrigation of gingival pockets with <u>a prescription</u> medicinal agent. Not to be used to report use of <u>over the counter (OTC)</u> mouth rinses or non-invasive chemical debridement.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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.								
<p>The proposed descriptor revision clarifies the type of medicinal agent delivered with this procedure and provides guidance to the dentist in selection of the agent used.</p> <p>Wording of the current D4921 descriptor is as written in the Action Request accepted by the CMC when presented for inclusion in CDT 2014. The descriptor includes the term “mouth rinses” that is not clearly defined. The accepted Action Request’s rationale for adding this CDT code (below) suggests that the medicinal agent used in this procedure is not an OTC product –</p> <p>“Gingival irrigation is used by many practitioners to assist in periodontal treatment protocols. The procedure delivers a medicinal agent into instrumented gingival pockets to help control periodontal disease and inflammation.”</p>								

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]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D N/A	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
This CDT code entry was added to the CDT 2014 version of the code set, and has continued unchanged since then.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/21
Name:	American Association of Oral and Maxillofacial Surgeons		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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-surgical removal of implant body not requiring bone removal nor flap elevation							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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 is a request to address a CDT code gap created by revisions to D6100. Previously, D6100 did not specify the technique used to remove the implant body. It was also a “by report” code which enabled the provider to report this code when removed surgically or non-surgically when accompanied by a narrative explaining the technique used. With the approved revisions, there is no longer a way to report a “non-surgical” removal of an implant body that does not require bone removal or flap elevation.								

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”.
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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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D6100	
b) Procedure technical description			
An implant body is removed by the dentist or dental specialist using a technique that does not require bone removal nor flap elevation.			
c) Clinical scenario			
Patient presents with an implant placed by another OMS two years ago. The patient states they have started smoking again and has recently developed diabetes. The implant has developed peri-implantitis and is extremely loose. Due to the mobility and lack of bone structure, the OMS is able to remove the implant non-surgically by simply rotating the implant out of the bone with forceps.			

Part 3 – Additional Information

5. Supporting documentation or literature:								
<ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
This submission is presented for consideration as a request for a new code to describe an implant body removed non-surgically without the need of bone removal or flap elevation. In 2021, the CMC approved revisions to the nomenclature and deletion of the code descriptor to D6100 and added "surgical removal" and removed "by report" to the nomenclature. This left a gap in addressing non-surgical removal of on an implant body.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/2021
Name:	American Association of Oral and Maxillofacial Surgeons		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	marsupialization of odontogenic cyst							
2b) Descriptor	Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Currently, there is no code to describe marsupialization of an odontogenic cyst with placement of drain to aid in decompression in the mandible or maxilla.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D7999	
b) Procedure technical description			
The procedure involves an incision into a large maxillary or mandibular cystic lesion making a window, typically removing a portion of the cyst for biopsy, and creating a long-term opening from the outside similar to a pouch, allowing for decompression or drainage.			
c) Clinical scenario			
<p>Example 1</p> <p>Patient has Basal Cell Nevus Syndrome and has multiple odontogenic keratocysts. Treatment indicated requires marsupialization of several odontogenic cysts of the mandible.</p> <p>Example 2</p> <p>Patient has a large cyst in need of decompression prior to a tooth extraction. Tooth will be extracted and then a partial cystectomy for biopsy with the insertion of a long term drain to keep the cyst open and decompress over a six month period will be performed.</p>			

Part 3 – Additional Information

5. Supporting documentation or literature:								
<ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/21
Name:	American Association of Oral and Maxillofacial Surgeons		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D7251
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	coronectomy – intentional partial tooth removal, impacted teeth only							
2b) Descriptor	Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
With the addition of the new code for decoronation or submergence of an erupted tooth, it is recommended that the word “impacted” be added to D7251 so that it is clear this procedure affects only an impacted tooth.								

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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]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis – complete series of radiographic images							
2b) Descriptor	A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing tomosynthesis images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to produce tomosynthetic radiographs for the purposes of conducting a radiographic survey. Use of existing procedure code “D0210 – complete series of radiographic images” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
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

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy and may utilize an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

An adult patient presents for a routine dental exam. Based on the dentist's professional judgment, a complete series of radiographic images utilizing s-IOT is performed to aid in the evaluation and diagnosis of their clinical findings.

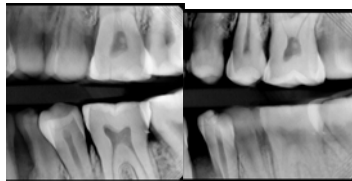


Image A

Image B

Shown above are two slices from a bitewing s-IOT radiographic exam containing 23 image slices 0.5 mm apart.

Image A is a slice 14.5mm from the x-ray sensor. In this image tooth #19 is in focus revealing enamel abrasion on the distal contact. In addition, a vertical fracture in the crown of tooth #14 is revealed on the lingual side.

Image B is a slice 19mm from the x-ray sensor. In this image tooth #21 is in focus revealing a fractured mesial cusp.



For comparison purposes the left premolar conventional 2D bitewing radiograph of the same anatomy fails to show the vertical fracture in #14 and visualize the distal surfaces of teeth #19 and #21.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis periapical first radiographic image							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to produce tomosynthetic radiographs to capture periapical images. Use of existing procedure code “D0220 – intraoral – periapical first radiographic image” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
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

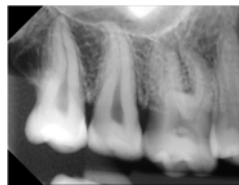
s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy utilizes an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

An adult patient presents with severe pain on tooth #2. Following the clinical exam, the clinician prescribes a periapical s-IOT radiograph of the affected area.



Shown above is a slice from a periapical s-IOT radiographic exam containing multiple image slices 0.5 mm apart. In this image, a vertical fracture extending from the crown to the canal in tooth #2 is clearly visible.



For comparison the conventional 2D bitewing radiograph of the same anatomy is shown above. The image does not show tooth #2 with the same degree of detail as the tomosynthesis slice.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis periapical each additional radiographic image							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to produce tomosynthetic radiographs to capture additional periapical images. Use of existing procedure code “D0230 – periapical each additional radiographic image” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							None	

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)

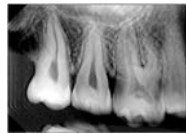
b) Procedure technical description

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy utilizes an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

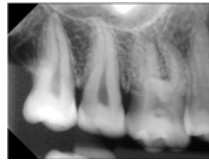
c) Clinical scenario

The number of periapicals necessary to aid in the diagnosis of a dental condition are determined by the affected teeth and the clinician's judgment. The sample scenario given for one image below can be very easily changed by including other area of the anatomy therefore requiring additional images for the evaluation.

An adult patient presents with severe pain on tooth #2 and #5. Following the clinical exam, the clinician prescribes two periapical s-IOT radiographs. A single periapical the shows #2 was acquired plus a periapical covering #5. We use the example below to show the results from 1 periapical and posit that an additional periapical of #5, (not shown) would yield the same benefit.



Shown above is a slice from a periapical s-IOT radiographic exam containing multiple image slices 0.5 mm apart. In this image a vertical fracture extending from the crown to the canal in tooth #2 is clearly visible.



For comparison the conventional 2D bitewing radiograph of the same anatomy is shown above. The image does not show tooth #2 with the same degree of detail as the tomosynthesis slice.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis bitewing – single radiographic image							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to capture a single bitewing. Use of existing procedure code “D0270 – bitewing – single radiographic images” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							None	

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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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

b) Procedure technical description

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy and may utilize an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

An adult patient presents for a routine dental exam. Based on the dentist's professional judgment, a single bitewing utilizing s-IOT is performed to aid in the evaluation and diagnosis of their clinical findings.

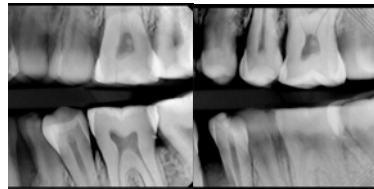


Image A

Image B

Shown above are two slices from a bitewing s-IOT radiographic exam containing 23 image slices 0.5 mm apart.

Image A is a slice 14.5mm from the x-ray sensor. In this image tooth #19 is in focus revealing enamel abrasion on the distal contact. In addition, a vertical fracture in the crown of tooth #14 is revealed on the lingual side.

Image B is a slice 19mm from the x-ray sensor. In this image tooth #21 is in focus revealing a fractured mesial cusp.



For comparison purposes the left premolar conventional 2D bitewing radiograph of the same anatomy fails to show the vertical fracture in #14 and visualize the distal surfaces of teeth #19 and #21.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis bitewings – two radiographic images							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to capture two bitewings. Use of existing procedure code “D0272 – bitewings – two radiographic images” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
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

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy and may utilize an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

An adult patient presents for a routine dental exam. Based on the dentist's professional judgment, two bitewings utilizing s-IOT is performed to aid in the evaluation and diagnosis of their clinical findings.

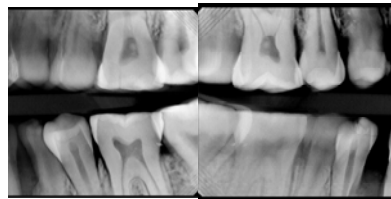


Image A

Image B

Shown above are two slices from a bitewing s-IOT radiographic exam containing 23 image slices 0.5 mm apart.

Image A is a slice 14.5mm from the x-ray sensor. In this image tooth #19 is in focus revealing enamel abrasion on the distal contact. In addition, a vertical fracture in the crown of tooth #14 is revealed on the lingual side.

Image B is a slice 19mm from the x-ray sensor. In this image tooth #21 is in focus revealing a fractured mesial cusp.



For comparison purposes the left premolar conventional 2D bitewing radiograph of the same anatomy fails to show the vertical fracture in #14 and visualize the distal surfaces of teeth #19 and #21.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis bitewings – three radiographic images							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to capture three bitewings. Use of existing procedure code “D0273 – bitewings – three radiographic images” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
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

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy and may utilize an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

An adult patient presents for a routine dental exam. Based on the dentist's professional judgment, three bitewings utilizing s-IOT are performed to aid in the evaluation and diagnosis of their clinical findings.

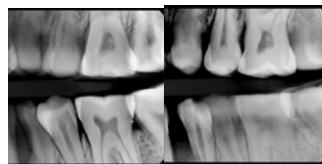


Image A

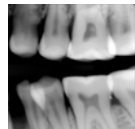


Image B

Shown above are two slices from a bitewing s-IOT radiographic exam containing 23 image slices 0.5 mm apart.

Image A is a slice 14.5mm from the x-ray sensor. In this image tooth #19 is in focus revealing enamel abrasion on the distal contact. In addition, a vertical fracture in the crown of tooth #14 is revealed on the lingual side.

Image B is a slice 19mm from the x-ray sensor. In this image tooth #21 is in focus revealing a fractured mesial cusp.



For comparison purposes the left premolar conventional 2D bitewing radiograph of the same anatomy fails to show the vertical fracture in #14 and visualize the distal surfaces of teeth #19 and #21.

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.
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a) Material submitted?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis bitewings – four radiographic images							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to capture four bitewings. Use of existing procedure code “D0274 – bitewings – four radiographic images” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a” - c) are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							None	

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

b) Procedure technical description

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy and may utilize an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

An adult patient presents for a routine dental exam. Based on the dentist's professional judgment, four bitewings utilizing s-IOT are performed to aid in the evaluation and diagnosis of their clinical findings.

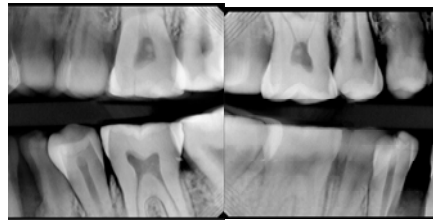


Image A

Image B

Shown above are two slices from a bitewing s-IOT radiographic exam containing 23 image slices 0.5 mm apart.

Image A is a slice 14.5mm from the x-ray sensor. In this image tooth #19 is in focus revealing enamel abrasion on the distal contact. In addition, a vertical fracture in the crown of tooth #14 is revealed on the lingual side.

Image B is a slice 19mm from the x-ray sensor. In this image tooth #21 is in focus revealing a fractured mesial cusp.



For comparison purposes the left premolar conventional 2D bitewing radiograph of the same anatomy fails to show the vertical fracture in #14 and visualize the distal surfaces of teeth #19 and #21.

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."
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a) Material submitted?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Elizabeth Sullivan		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	stationary intraoral tomosynthesis vertical bitewing – 7 to 8 radiographic images							
2b) Descriptor	This does not constitute a full mouth intraoral radiographic series.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The introduction of dental x-ray systems capable of performing stationary intraoral tomosynthesis (s-IOT) has resulted in a gap in the CDT.</p> <p>Currently, there is no code to reflect the use of s-IOT to capture vertical bitewings. Use of existing procedure code “D0277 – vertical bitewings – 7 to 8 radiographic images” does not reflect the new equipment and techniques required to produce s-IOT images and analyze the output. s-IOT requires specialized x-ray imaging equipment to digitally capture multiple low dose base projection radiographs. Specialized software and hardware process the captured digital images to produce a tomosynthetic reconstruction that approximate a 3D volume. The dental clinician reviews the high-resolution reconstructions through a layer-by-layer virtual dissection of the targeted anatomy. Tomosynthetic radiographs are able to provide additional diagnostic information that standard intraoral radiographs are unable to provide.</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							None	

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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)

b) Procedure technical description

s-IOT utilizes a specialized x-ray system to produce tomosynthetic radiographs. A digital sensor is placed intraorally depending on the target anatomy. s-IOT requires precise alignment with the target anatomy and may utilize an alignment aid that physically mates the receptor holder to the tube head. Multiple low-dose intraoral radiographs of the target anatomy are captured over a fixed angular span. A reconstruction algorithm processes the resulting digital images to produce a tomosynthetic reconstruction. The reconstruction provides a high-resolution 3D volume of the target anatomy. The clinician reviews the resulting images layer-by-layer by scrolling through the generated slices of the targeted anatomy. The resulting images add additional information not provided in conventional intraoral radiography.

c) Clinical scenario

Patient presents with poor oral hygiene, gum recession, sensitive gums, and bleeding. The clinician orders s-IOT vertical bitewings to determine the periodontal status. Images are taken with the long axis of the sensor parallel to the long axis of the teeth to better visualize the periodontal structures.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

The FDA has cleared the PORTRAY System, an x-ray system, capable of performing stationary intraoral tomosynthesis as described in this request. (510(k) reference K211014)

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10-25-2021
Name:	Doyle Williams, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D9630
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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, <u>single product</u>							
2b) Descriptor	Includes but is not limited to oral antibiotics, <u>antimicrobials, enamel remineralization products</u> , oral analgesics, and topical fluoride; does not include writing prescriptions.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>When more than one drug or medicament is dispensed it often causes software programs to mark as a duplicate causing an appeal to be filed. The CMC suggested using the units box but no carriers recognized the information in this box over the past year. This revision goes with an addition for a second code describing when an additional product is dispensed. This follows same protocol used in codes D9610 and D9612, D4273 and D4283, D4263 and D4264, D3428 and D3429, D3425 and D3426, D2954 and D2957, etc</p>								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure							D9630	
b) Procedure technical description								
N/A								

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

When multiple products are given to patients for home use, this would identify the first product. An additional submission would be used for each additional product. **These products all have different costs and different fee submissions.**

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

This follows same protocol used in codes D9610 and D9612, D4273 and D4283, D4263 and D4264, D3428 and D3429, D3425 and D3426, D2954 and D2957, etc.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10-25-2021
Name:	Doyle Williams, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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, each additional							
2b) Descriptor	Includes but is not limited to oral antibiotics, antimicrobials, enamel remineralization products, oral analgesics, and topical fluoride; does not include writing prescriptions.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
When more than one drug or medicament is dispensed it often causes software programs to mark as a duplicate causing an appeal to be filed. The CMC suggested using the unit’s box for multi products, but no carriers have recognized that box over the past year. This new code goes with a revision to code D9630 describing when an additional product is dispensed. This follows same protocol used in codes D9610 and D9612, D4273 and D4283, D4263 and D4264, D3428 and D3429, D3425 and D3426, D2954 and D2957, etc								
4. Complete a) – c) only if Action Request is for a New CDT Code						Mark if Revise or Delete [“a) - c)” are not applicable]		<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D9630		
b) Procedure technical description								
N/A								

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”.
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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

c) Clinical scenario

When multiple products are given to patients for home use, this would identify the first product. An additional submission would be used for each additional product. **Each product sent home has a different cost and so, a different fee.**

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.”
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a) Material submitted?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

This follows same protocol used in codes D9610 and D9612, D4273 and D4283, D4263 and D4264, D3428 and D3429, D3425 and D3426, D2954 and D2957, etc.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Robert Thorup, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	N/A – Requested action affects the “D2000-D2999 Restorative” Category of Service descriptor							
2b) Descriptor	Local anesthesia is usually considered to be part of Restorative procedures.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>Codes D9210, D9211, D9212, and D9215 are separate billable services according to the CDT Code book of the ADA. However, we have noticed that the insurance companies have and continue to “bundle” the anesthesia codes with other services, stating that they are “inclusive”, even though the term at the beginning of each category is “usually”. When we call the insurance companies to clarify coverage and how we bill, we are told that they allow/disallow services in accordance to the ADA CDT code book (which they reference to by page number), and they have referenced to the CDT code book wording that “anesthesia is usually included”, as stated above in the nomenclature. However, let me be clear on this point; when they reference the ADA’s statement, they leave out the word “usually”, and state that it is “always” to be included. I do have recorded conversations with dental insurance agents arguing this point available upon request.</p> <p>The verbiage on the top of each of those sections is being misconstrued by the insurance companies and as a result, many dental offices are being misled about what they can and cannot bill for. The offices that are not educated on billing for anesthetic are “writing off” that service as a result. After an investigation, we have noticed that the terms used on the top of each section mentioned above in the nomenclature alludes to the “bundling” of services, which, according to the American Dental Association, is “considered to be potentially fraudulent” (https://ebusiness.ada.org/assets/docs/2201.PDF?OrderID=339016: page 18 under “bundling”), which we agree.</p> <p>As a dental office, we are required to bill for services rendered, and it is frustrating to experience “bundling” by the insurance companies. We would like the above statements removed so that we don’t give the insurance companies any more opportunities to do so in regards to anesthesia.</p> <p>In addition, under the “Oral and Maxillofacial Surgery” section, we would like “Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)” to be removed from the CDT code book as well. This can be found in blue/bold near the top of page 69 in the 2019 CDT Code book. There are 3 points to our argument for these changes to be made:</p>								

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)

1. It's clear that dental insurances have done their best to force us to "bundle" services. We are in agreement with the ADA that the bundling of procedures is potentially fraudulent and the way in which third-party payers can increase their revenue by not having to pay for benefits. Whether insurance pays or the patient pays for services, the doctor/practice should not pay for said services. If a patient is in need of suturing after an extraction (let alone the delivery of anesthetic), those two procedures carry with them costs of goods and time to deliver. It is well-known that when dentists extract teeth (aside from third-molars), that they are in a negative cashflow when compared to the direct operating costs per hour as it relates to the time needed to perform the procedure. Please see attachment "A".
2. It's a known-fact that medical facilities bill for anesthetic. Why the discrimination towards dentistry? Enough said.
3. When considering the "direct operating cost" of a dental practice as it relates to the cost of goods, it's clearly evident that dental practices cannot and should not be forced, coerced, or bullied by third-party payers into providing services for free. The cost of being in private practice clearly show this fact to be true.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a" - c)" are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Attachment "A" is the table of direct costs cited in the "Rationale" for this requested action. Please see attached list (Excel format) of additional dentists that support this request.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Robert Thorup, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	N/A – Requested action affects the “D3000-D3999 Endodontics” Category of Service descriptor							
2b) Descriptor	Local anesthesia is usually considered to be part of Endodontic procedures.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>Codes D9210, D9211, D9212, and D9215 are separate billable services according to the CDT Code book of the ADA. However, we have noticed that the insurance companies have and continue to “bundle” the anesthesia codes with other services, stating that they are “inclusive”, even though the term at the beginning of each category is “usually”. When we call the insurance companies to clarify coverage and how we bill, we are told that they allow/disallow services in accordance to the ADA CDT code book (which they reference to by page number), and they have referenced to the CDT code book wording that “anesthesia is usually included”, as stated above in the nomenclature. However, let me be clear on this point; when they reference the ADA’s statement, they leave out the word “usually”, and state that it is “always” to be included. I do have recorded conversations with dental insurance agents arguing this point available upon request.</p> <p>The verbiage on the top of each of those sections is being misconstrued by the insurance companies and as a result, many dental offices are being misled about what they can and cannot bill for. The offices that are not educated on billing for anesthetic are “writing off” that service as a result. After an investigation, we have noticed that the terms used on the top of each section mentioned above in the nomenclature alludes to the “bundling” of services, which, according to the American Dental Association, is “considered to be potentially fraudulent” (https://ebusiness.ada.org/assets/docs/2201.PDF?OrderID=339016: page 18 under “bundling”), which we agree.</p> <p>As a dental office, we are required to bill for services rendered, and it is frustrating to experience “bundling” by the insurance companies. We would like the above statements removed so that we don’t give the insurance companies any more opportunities to do so in regards to anesthesia.</p> <p>In addition, under the “Oral and Maxillofacial Surgery” section, we would like “Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)” to be removed from the CDT code book as well. This can be found in blue/bold near the top of page 69 in the 2019 CDT Code book. There are 3 points to our argument for these changes to be made:</p>								

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

1. It's clear that dental insurances have done their best to force us to "bundle" services. We are in agreement with the ADA that the bundling of procedures is potentially fraudulent and the way in which third-party payers can increase their revenue by not having to pay for benefits. Whether insurance pays or the patient pays for services, the doctor/practice should not pay for said services. If a patient is in need of suturing after an extraction (let alone the delivery of anesthetic), those two procedures carry with them costs of goods and time to deliver. It is well-known that when dentists extract teeth (aside from third-molars), that they are in a negative cashflow when compared to the direct operating costs per hour as it relates to the time needed to perform the procedure. Please see attachment "A".
2. It's a known-fact that medical facilities bill for anesthetic. Why the discrimination towards dentistry? Enough said.
3. When considering the "direct operating cost" of a dental practice as it relates to the cost of goods, it's clearly evident that dental practices cannot and should not be forced, coerced, or bullied by third-party payers into providing services for free. The cost of being in private practice clearly show this fact to be true.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a" - c" are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Attachment "A" is the table of direct costs cited in the "Rationale" for this requested action. Please see attached list (Excel format) of additional dentists that support this request.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Robert Thorup, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	N/A – Requested action affects the “D4000-D4999 Periodontics” Category of Service descriptor							
2b) Descriptor	Local anesthesia is usually considered to be part of Periodontal procedures.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>Codes D9210, D9211, D9212, and D9215 are separate billable services according to the CDT Code book of the ADA. However, we have noticed that the insurance companies have and continue to “bundle” the anesthesia codes with other services, stating that they are “inclusive”, even though the term at the beginning at each category is “usually”. When we call the insurance companies to clarify coverage and how we bill, we are told that they allow/disallow services in accordance to the ADA CDT code book (which they reference to by page number), and they have referenced to the CDT code book wording that “anesthesia is usually included”, as stated above in the nomenclature. However, let me be clear on this point; when they reference the ADA’s statement, they leave out the word “usually”, and state that it is “always” to be included. I do have recorded conversations with dental insurance agents arguing this point available upon request.</p> <p>The verbiage on the top of each of those sections is being misconstrued by the insurance companies and as a result, many dental offices are being misled about what they can and cannot bill for. The offices that are not educated on billing for anesthetic are “writing off” that service as a result. After an investigation, we have noticed that the terms used on the top of each section mentioned above in the nomenclature alludes to the “bundling” of services, which, according to the American Dental Association, is “considered to be potentially fraudulent” (https://ebusiness.ada.org/assets/docs/2201.PDF?OrderID=339016: page 18 under “bundling”), which we agree.</p> <p>As a dental office, we are required to bill for services rendered, and it is frustrating to experience “bundling” by the insurance companies. We would like the above statements removed so that we don’t give the insurance companies any more opportunities to do so in regards to anesthesia.</p> <p>In addition, under the “Oral and Maxillofacial Surgery” section, we would like “Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)” to be removed from the CDT code book as well. This can be found in blue/bold near the top of page 69 in the 2019 CDT Code book. There are 3 points to our argument for these changes to be made:</p>								

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

1. It's clear that dental insurances have done their best to force us to "bundle" services. We are in agreement with the ADA that the bundling of procedures is potentially fraudulent and the way in which third-party payers can increase their revenue by not having to pay for benefits. Whether insurance pays or the patient pays for services, the doctor/practice should not pay for said services. If a patient is in need of suturing after an extraction (let alone the delivery of anesthetic), those two procedures carry with them costs of goods and time to deliver. It is well-known that when dentists extract teeth (aside from third-molars), that they are in a negative cashflow when compared to the direct operating costs per hour as it relates to the time needed to perform the procedure. Please see attachment "A".
2. It's a known-fact that medical facilities bill for anesthetic. Why the discrimination towards dentistry? Enough said.
3. When considering the "direct operating cost" of a dental practice as it relates to the cost of goods, it's clearly evident that dental practices cannot and should not be forced, coerced, or bullied by third-party payers into providing services for free. The cost of being in private practice clearly show this fact to be true.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a) - c)" are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Attachment "A" is the table of direct costs cited in the "Rationale" for this requested action. Please see attached list (Excel format) of additional dentists that support this request.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Robert Thorup, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	N/A – Requested action affects the “D6000-D6199 Implant Services” Category of Service descriptor							
2b) Descriptor	Local anesthesia is usually considered to be part of Implant Services.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>Codes D9210, D9211, D9212, and D9215 are separate billable services according to the CDT Code book of the ADA. However, we have noticed that the insurance companies have and continue to “bundle” the anesthesia codes with other services, stating that they are “inclusive”, even though the term at the beginning of each category is “usually”. When we call the insurance companies to clarify coverage and how we bill, we are told that they allow/disallow services in accordance to the ADA CDT code book (which they reference to by page number), and they have referenced to the CDT code book wording that “anesthesia is usually included”, as stated above in the nomenclature. However, let me be clear on this point; when they reference the ADA’s statement, they leave out the word “usually”, and state that it is “always” to be included. I do have recorded conversations with dental insurance agents arguing this point available upon request.</p> <p>The verbiage on the top of each of those sections is being misconstrued by the insurance companies and as a result, many dental offices are being misled about what they can and cannot bill for. The offices that are not educated on billing for anesthetic are “writing off” that service as a result. After an investigation, we have noticed that the terms used on the top of each section mentioned above in the nomenclature alludes to the “bundling” of services, which, according to the American Dental Association, is “considered to be potentially fraudulent” (https://ebusiness.ada.org/assets/docs/2201.PDF?OrderID=339016: page 18 under “bundling”), which we agree.</p> <p>As a dental office, we are required to bill for services rendered, and it is frustrating to experience “bundling” by the insurance companies. We would like the above statements removed so that we don’t give the insurance companies any more opportunities to do so in regards to anesthesia.</p> <p>In addition, under the “Oral and Maxillofacial Surgery” section, we would like “Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)” to be removed from the CDT code book as well. This can be found in blue/bold near the top of page 69 in the 2019 CDT Code book. There are 3 points to our argument for these changes to be made:</p>								

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)

1. It's clear that dental insurances have done their best to force us to "bundle" services. We are in agreement with the ADA that the bundling of procedures is potentially fraudulent and the way in which third-party payers can increase their revenue by not having to pay for benefits. Whether insurance pays or the patient pays for services, the doctor/practice should not pay for said services. If a patient is in need of suturing after an extraction (let alone the delivery of anesthetic), those two procedures carry with them costs of goods and time to deliver. It is well-known that when dentists extract teeth (aside from third-molars), that they are in a negative cashflow when compared to the direct operating costs per hour as it relates to the time needed to perform the procedure. Please see attachment "A".
2. It's a known-fact that medical facilities bill for anesthetic. Why the discrimination towards dentistry? Enough said.
3. When considering the "direct operating cost" of a dental practice as it relates to the cost of goods, it's clearly evident that dental practices cannot and should not be forced, coerced, or bullied by third-party payers into providing services for free. The cost of being in private practice clearly show this fact to be true.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a" - c" are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Attachment "A" is the table of direct costs cited in the "Rationale" for this requested action. Please see attached list (Excel format) of additional dentists that support this request.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/26/2021
Name:	Robert Thorup, DDS		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	N/A – Requested actions affect: a) the “D7000-D7999 Oral and Maxillofacial Surgery” Category of Service descriptor; and b) the “Extractions” subcategory of service title							
2b) Descriptor	a) Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical Procedures. b) Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care).							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>Codes D9210, D9211, D9212, and D9215 are separate billable services according to the CDT Code book of the ADA. However, we have noticed that the insurance companies have and continue to “bundle” the anesthesia codes with other services, stating that they are “inclusive”, even though the term at the beginning at each category is “usually”. When we call the insurance companies to clarify coverage and how we bill, we are told that they allow/disallow services in accordance to the ADA CDT code book (which they reference to by page number), and they have referenced to the CDT code book wording that “anesthesia is usually included”, as stated above in the nomenclature. However, let me be clear on this point; when they reference the ADA’s statement, they leave out the word “usually”, and state that it is “always” to be included. I do have recorded conversations with dental insurance agents arguing this point available upon request.</p> <p>The verbiage on the top of each of those sections is being misconstrued by the insurance companies and as a result, many dental offices are being misled about what they can and cannot bill for. The offices that are not educated on billing for anesthetic are “writing off” that service as a result. After an investigation, we have noticed that the terms used on the top of each section mentioned above in the nomenclature alludes to the “bundling” of services, which, according to the American Dental Association, is “considered to be potentially fraudulent” (https://ebusiness.ada.org/assets/docs/2201.PDF?OrderID=339016: page 18 under “bundling”), which we agree.</p> <p>As a dental office, we are required to bill for services rendered, and it is frustrating to experience “bundling” by the insurance companies. We would like the above statements removed so that we don’t give the insurance companies any more opportunities to do so in regards to anesthesia.</p>								

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”.
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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

In addition, under the “Oral and Maxillofacial Surgery” section, we would like “Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)” to be removed from the CDT code book as well. This can be found in blue/bold near the top of page 69 in the 2019 CDT Code book. There are 3 points to our argument for these changes to be made:

1. It's clear that dental insurances have done their best to force us to “bundle” services. We are in agreement with the ADA that the bundling of procedures is potentially fraudulent and the way in which third-party payers can increase their revenue by not having to pay for benefits. Whether insurance pays or the patient pays for services, the doctor/practice should not pay for said services. If a patient is in need of suturing after an extraction (let alone the delivery of anesthetic), those two procedures carry with them costs of goods and time to deliver. It is well-known that when dentists extract teeth (aside from third-molars), that they are in a negative cashflow when compared to the direct operating costs per hour as it relates to the time needed to perform the procedure. Please see attachment “A”.
2. It's a known-fact that medical facilities bill for anesthetic. Why the discrimination towards dentistry? Enough said.
3. When considering the “direct operating cost” of a dental practice as it relates to the cost of goods, it's clearly evident that dental practices cannot and should not be forced, coerced, or bullied by third-party payers into providing services for free. The cost of being in private practice clearly show this fact to be true.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure	D		
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • “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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Attachment “A” is the table of direct costs cited in the “Rationale” for this requested action. Please see attached list (Excel format) of additional dentists that support this request.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/2021
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	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
<p>2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	crown preparation							
2b) Descriptor	The procedure for preparing a tooth where there is not enough tooth structure to support a restoration (amalgam, resin, or other dental material); therefore, a crown (full coverage or ¾ coverage) must be placed to support the remaining tooth structure.							
<p>3. Rationale for this request – your persuasive argument for CMC acceptance.</p> <p><u>Special Notes – Deletion Requests:</u></p> <ul style="list-style-type: none"> 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). <p>The introduction of this new code and the deletion of traditional “crown prep” codes (see accompanying code deletion requests) will simplify how dental professionals select specific procedure codes. <u>The current codes do not actually describe a “procedure” but a material or product.</u></p> <p>Examples listed in the procedure codes state “resin with noble metal” or “porcelain fused to noble metal” or “porcelain fused to titanium and titanium alloys” or “¾ porcelain/ceramic” or “titanium and titanium alloys”, etc. These are all materials/products, not procedures.</p> <p>Simplifying the selection of this procedure is in alignment with past CMC proceedings. One example: In 2019, when 4 qualifiers/modifiers to D1110 Adult Prophylaxis were submitted to be in alignment with the 2018 AAP Classifications, they were rejected since it “would be disruptive as it would duplicate a well understood and established CDT code entry.” The explanations given during the proceedings were “a prophyl, is a prophyl, is a prophyl” no matter the qualifiers/modifiers.</p> <p>Another example: Amendments to D9972-D9975 were submitted replacing “bleaching” with the term “whitening”. The rationale included discussion that “<u>bleaching</u>” implied a product and “<u>whitening</u>” was considered a procedure. The rejection stated, “the requested revisions are changes that would be disruptive to a series of well understood and established CDT code entries.”</p> <p>This same logic can be applied to crown preparations. And has been stated many times during past proceedings, these are procedure codes, NOT product or material codes.</p>								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D2710 - D2794, p. 18 CDT 2021	
b) Procedure technical description			
<p>Simply stated:</p> <ol style="list-style-type: none"> 1. Remove old restorative material and any decay. 2. Make depth cuts on the occlusal table. 3. Remove pieces of tooth which are visible between the depth cuts. 4. Continue onto facial and lingual surfaces, cutting in two planes. 5. Smooth and refine margins. 6. Break contact between interproximal areas and follow gingival contours. 7. Rough finish margins and round off any immediate edges/ledges. 8. Then, refine and smooth margins and preparation. <p>(Adapted from <u>Ten Essential Steps to Posterior Crown Prep</u> by Dr. Jeff Lineberry with Spear Education.)</p>			
c) Clinical scenario			
 <p>From: <u>Ten Essential Steps to Posterior Crown Prep</u> Spear Education Techniques and Materials November 5, 2015</p>			

Part 3 – Additional Information

5. Supporting documentation or literature:								
<ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
<p>Although the design of crown preparations may vary depending on the type or size of the crown material/product to be placed, it is still a crown prep.</p> <p>With the Code Maintenance Committee's leaning toward simpler (or even amended or deleted) descriptors for a variety of dental procedures, it just makes sense to consolidate all crown preparations into one procedure code, especially with the advancement of dental materials which may not be included in the current manual. This will also make it easier for business and clinical staff members remembering one procedure code and third party carriers providing reimbursement.</p>								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/2021
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 <input type="checkbox"/>	Revise Current <input type="checkbox"/>	Delete Entirely <input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	See list in "2a)" below
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	D2710 crown – resin-based composite (indirect) D2712 crown – ¾ resin-based composite (indirect) D2720 crown – resin with high noble metal D2721 crown – resin with predominantly base metal D2722 crown – resin with noble metal D2740 crown – porcelain/ceramic D2750 crown – porcelain fused to high noble metal D2751 crown – porcelain fused to predominantly base metal D2752 crown – porcelain fused to noble metal D2753 crown – porcelain fused to titanium and titanium alloys D2780 crown – ¾ cast high noble metal D2781 crown – ¾ case predominantly base metal D2782 crown – ¾ cast noble metal D2783 crown – ¾ porcelain/ceramic D2790 crown – full cast high noble metal D2791 crown – full cast predominantly base metal D2792 crown – full cast noble metal D2794 crown – titanium and titanium alloy				
2b) Descriptor	The following two CDT codes requested for deletion have descriptors – D2712 crown – ¾ resin-based composite (indirect) This procedure does not include facial veneers. D2783 crown – ¾ porcelain/ceramic This procedure does not include facial veneers.				

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

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).

These current “crown prep” procedures codes do not actually describe a procedure but a product/material from which the crown will be fabricated. Although the design of crown preparations may vary depending on the type or size of the crown to be placed, **it is still a crown prep, a single procedure.**

Simplifying the selection of this procedure is in alignment with past CMC proceedings. One example: In 2019, when 4 qualifiers/modifiers to D1110 Adult Prophylaxis were submitted to be in alignment with the 2018 AAP Classifications, they were rejected since it “would be disruptive as it would duplicate a well understood and established CDT code entry.” The explanations given during the proceedings were “a prophy, is a prophy, is a prophy” no matter the qualifiers/modifiers.

Another example: Amendments to D9972-D9975 were submitted replacing “bleaching” with the term “whitening”. The rationale included discussion that “bleaching” implied a product and “whitening” was considered a procedure. The rejection stated, “the requested revisions are changes that would be disruptive to a series of well understood and established CDT code entries.”

This same logic can be applied to crown preparations. And has been stated many times during past proceedings, these are procedure codes, NOT product or material codes.

Therefore, deleting these 18 procedure codes and accepting a single “crown preparation” code, will be more in line with the simplification of procedures which the CMC has been supporting.

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

NA

c) Clinical scenario

NA

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

NA

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/2021
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	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1110
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 prophylaxis – adult							
2b) Descriptor	Disruption of oral biofilm and the Removal of plaque, calculus and stains from the tooth structures and implants fixed prosthetics in the permanent and transitional dentition. It is intended to control local irritational factors.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). <p>The term “prophylaxis” can apply to many different procedures, especially within the medical community. By adding “Oral” to the nomenclature, it is more in line with not only the type of prophylaxis but is in line with the <u>American Academy of Periodontology’s terminology</u> in their Glossary of Periodontal Terms which describes the procedure as “Prophylaxis, Oral”.</p> <p>Oral biofilm is currently the most appropriate term for the “community of microorganisms that adhere to each other and a surface and are encased in an extracellular matrix.” (American Academy of Periodontology Glossary of Periodontal Terms). In fact, the current 13th Edition of <u>Clinical Practice of the Dental Hygienist</u> by Esther Wilkens, et al, titled Chapter 17 as Dental Soft Deposits, Biofilm, Calculus and Stains. No mention of the word “plaque”. It is time that the CDT procedure codes reflect current terminology.</p> <p>Removing “and transitional” will take away the confusion which exists when the prophylaxis codes (adult or child) currently <u>both</u> include transitional dentition. Transitional should only be included in D1120 which will make it <u>more efficient for third party carriers</u> to handle claims as well as clinical and business staff to select the correct procedure code for the patient.</p>								

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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]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D1110	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation: <p>From <u>American Academy of Periodontology Glossary of Periodontal Terms</u>:</p> <p>Biofilm (entire definition): A multi-species community of microorganisms that adhere to each other and a surface and are encased in an extracellular matrix. The extracellular matrix is a complex polymeric substance and protects the microorganisms from environmental stresses. Bacteria living in a biofilm have a different physiology from free-living bacteria and are more difficult to eradicate with antibiotics. Dental plaque is the prototypical example of biofilm.</p> <p>From <u>American Dental Hygienists' Assn</u>, 2021 Policy Manual:</p> <p>Oral Biofilm consists of a mixed community of supra (aerobic organism) and the deeper layers of subgingival (anaerobic organism), a more resistant layer is a more complex, highly organized, three-dimensional communal 6 arrangement of virulent microorganisms that adhere to a surface where moisture and nutrients are available.</p> <p>Recent Articles targeting Biofilm:</p> <p><u>The Game Changer: Biofilm Removal for Systemic Health</u> by Janis Spiliadis, CRDH; RDH Magazine; August 13, 2021</p> <p><u>Inflammation and Biofilm</u>, Dentistry IQ 4-21-2021</p> <p><u>Oral Microbiome: Unveiling the Fundamentals</u>, Journal of Oral and Maxillofacial Pathology; 2019 Jan-Apr; 23(1); 122-128</p> <p><u>Progress in Oral Microbiome Related to Oral & Systemic Diseases: An Update</u>: MDPI (Multidisciplinary Digital Publishing Institute); July 16, 2021</p> <p>https://www.mdpi.com/2075-4418/11/7/1283/htm</p>								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/2021
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	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1120
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	<u>oral</u> prophylaxis – child							
2b) Descriptor	<u>Disruption of oral biofilm and the</u> Removal of plaque, calculus and stains from the tooth structures and implants <u>fixed prosthetics</u> in the primary and transitional dentition. It is intended to control local irritational factors.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The term “prophylaxis” can apply to many different procedures, especially within the medical community. By adding “Oral” to the nomenclature, it is more in line with not only the type of prophylaxis but is in line with the <u>American Academy of Periodontology’s terminology</u> in their Glossary of Periodontal Terms which describes the procedure as “Prophylaxis, Oral”.</p> <p>Oral biofilm is currently the most appropriate term for the “community of microorganisms that adhere to each other and a surface and are encased in an extracellular matrix.” (American Academy of Periodontology Glossary of Periodontal Terms). In fact, the current 13th Edition of <u>Clinical Practice of the Dental Hygienist</u> by Esther Wilkens, et al, titled Chapter 17 as Dental Soft Deposits, Biofilm, Calculus and Stains. No mention of the word “plaque”. It is time that the CDT procedure codes reflect current research.</p> <p>It is <u>generally</u> NOT recommended to place implants in a primary or transitional dentition. Much depends on the growth cycle and jaw growth of the individual. The World Health Organization and Center for Disease Control and Prevention have developed growth charts which can assist practitioners in making determinations related to growth patterns in the facial regions. In addition, research has documented it is generally accepted that facial growth is complete, and implants can be placed in females at approximately 17 years of age and in males at approximately 21-22 years of age. Those patients would then be best receiving an Oral Prophylaxis – Adult, D1110.</p> <p>Therefore, it would be more correct to use “fixed prosthetics”.</p>								

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]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D1120	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
<p>From <u>American Academy of Periodontology Glossary of Periodontal Terms</u>:</p> <p>Biofilm (entire definition): A multi-species community of microorganisms that adhere to each other and a surface and are encased in an extracellular matrix. The extracellular matrix is a complex polymeric substance and protects the microorganisms from environmental stresses. Bacteria living in a biofilm have a different physiology from free-living bacteria and are more difficult to eradicate with antibiotics. Dental plaque is the prototypical example of biofilm.</p> <p>From <u>American Dental Hygienists' Association</u>, 2021 Policy Manual:</p> <p>Oral Biofilm consists of a mixed community of supra (aerobic organism) and the deeper layers of subgingival (anaerobic organism), a more resistant layer is a more complex, highly organized, three-dimensional communal arrangement of virulent microorganisms that adhere to a surface where moisture and nutrients are available.</p> <p>Recent Articles targeting Biofilm:</p> <p><u>The Game Changer: Biofilm Removal for Systemic Health</u> by Janis Spiliadis, CRDH; RDH Magazine; August 13, 2021</p> <p><u>Inflammation and Biofilm</u>, Dentistry IQ 4-21-2021 <u>Oral Microbiome: Unveiling the Fundamentals</u>, Journal of Oral and Maxillofacial Pathology; 2019 Jan-Apr; 23(1); 122-128</p> <p><u>Progress in Oral Microbiome Related to Oral & Systemic Diseases: An Update</u>: MDPI (Multidisciplinary Digital Publishing Institute); July 16, 2021</p> <p>https://www.mdpi.com/2075-4418/11/7/1283/htm</p>								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/25/2021
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 <input type="checkbox"/>	Revise Current <input checked="" type="checkbox"/>	Delete Entirely <input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Clinical Oral Evaluations				
2b) Descriptor	The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist clinical oral evaluations, including diagnosis and treatment planning, are to be performed by qualified healthcare providers as determined by their state practice acts. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedure separately.				
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 					
<p>This 2018 submission was rejected for the following reason: “The requested revision was not accepted by the Code Maintenance Committee as a dental diagnosis and treatment plan can only be provided by a dentist by virtue of her or his education and training.”</p> <p>Since that time, several submissions have come before the CMC in 2019 and 2020 asking that specific codes be amended to add “a licensed dental professional acting in accordance with their state practice act” (instead of just the dentist) be added. These have consistently been rejected BUT the reason provided was “The term ‘dentist’ is already inclusive of any provider delivering service within the scope of their state licensure (ref: CDT Manual preface), and such licensure determines the ability of any practitioner to deliver any dental procedure.”</p> <p>The CMC has obviously altered its stance on ‘who’ is considered a dentist and now we are suggesting that the paragraph in question that contradicts the CDT Manual preface should be amended to reflect that change. Many non-dentists can provide dental services in accordance with their state practice acts including physicians, physician’s assistants, nurses, nurse practitioners, dental hygienists, dental therapists, and other health care providers who can perform specific procedures identified in the CDT manual.</p>					

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

Another consideration are healthcare providers who submit claims for procedures which specifically list “dentist” in the descriptor. . . Technically, even though those providers may submit claims, it could be considered a fraudulent act since most of the third party carriers do NOT consider the “Preface” of the CDT manual when they adjudicate claims and determine reimbursement.

These are some examples of diagnostic dental procedures non-dentists can and do lawfully perform without a dentist being responsible for delegating, examining, diagnosing, and care or treatment planning:

- * D0190 screening of a patient
- * D0191 assessment of a patient
- * D0120 periodic oral evaluation – established patient
- * D0140 limited oral evaluation – problem focused
- * D0180 comprehensive periodontal evaluation new or established patient.

These are all procedures identified in the Clinical Oral Evaluation section of the CDT Manual. It is time to update the opening paragraph of the diagnostic section of the CDT Manual to acknowledge all qualified healthcare providers and to eliminate the contradiction between the Manual and other statements in procedure code nomenclature and descriptions as well as in the preface.

It is simply not true that diagnosis and care or treatment planning is the sole responsibility of a dentist. Currently, it *is true* that many states are allowing others besides general dentists and dental specialists to provide certain dental procedures to their patients – including oral evaluations, diagnosis, and care planning.

It is the purpose of the CDT procedure code manual to name, define, describe and codify dental procedures; not identify specific providers.

Further, declaring that the definition of the term “dentist” includes “agents of the dentist” assumes a relationship that may or may not exist. Many dental procedures *are* performed *outside* of dentists’ offices, without a dentist’s examination, diagnosis, delegation, and treatment plan – but that doesn’t mean that a diagnosis and care plan were not performed. It just means that someone other than a dentist evaluated the patient, diagnosed a problem, planned the care, and then provided the needed care or made a referral to another provider

The stepwise PROCESS OF CARE is a principle that is applied across numerous professions and includes some version of:

- Assessment (AKA evaluation, inspection)
- Diagnosis (AKA problem identification, findings, opinions)
- Planning (AKA solutions, list of remedies)
- Implementation (AKA actions taken)
- Evaluation (of outcomes) (AKA – success or failure, partial or complete resolution of problem, re-evaluation of initial problem)
- Documentation (AKA the legal dental record – electronic or otherwise)

Regulated healthcare providers who follow the process of care (ADPIED) include:

- Dentists
- Dental hygienists
- Dental therapists
- Medical doctors
- Nurses
- Nurse Practitioners

Any description of limitations or restrictions as to who is or isn’t “responsible for” diagnosing and planning care is the purview of state legislatures and regulatory agencies and shouldn’t be part of the CDT Code Manual.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

N/A

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

We are calling for the CDT manual to expand the acknowledgement of who is “responsible for” diagnosis and treatment (or care) planning (or any *other* dental procedure for that matter) to include any healthcare provider that is lawfully providing dental services in the state where they are practicing. Currently, only two types of providers are acknowledged in the opening paragraph – general practitioners and specialists.

Just as medicine has recognized licensed health care professionals other than physicians who can provide various medical services based on state practice acts, IT IS TIME for dentistry to do the same and update the language not only in this section but the entire manual (12 examples from other sections/procedure codes as of CDT 2021).

Page	Procedure Code/Paragraph	Content
Where the word “dentist” appears		
v.	Using the CDT Code Item #4	“Unspecified . . . procedure, by report” codes are used when, in the opinion of the dentist , there is no other CDT Code entry that accurately describes the services provided to the patient.
vi	Required Statement at end of chart	If there is more than one code in this edition that consists of a procedure and a dentist submits a claim under one of these codes, the payor may process the claim under any of these codes that is consistent with the payor’s reimbursement policy.
3	Opening paragraph of Clinical Oral Evaluations	The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist . As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists . Report additional diagnostic or definitive procedures separately.
3	D0150 comprehensive oral evaluation – new or established patient	Used by a general dentist and/or a specialist when evaluation a patient comprehensively. Etc.
5	D0190 screening of a patient	A screening, including state or federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis.
5	Opening paragraph of Diagnostic Imaging	Should be taken only for clinical reasons as determined by the patient’s dentist . Etc.

CDT CODE ACTION REQUEST

(Version – 2019Dec01)

33	D4910 periodontal maintenance	This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. ETC.
79	D9310 consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.
79	D9311 consultation with a medical health care professional	Treating dentist consults with a medical health care professional concerning medical issues that may affect patient's planned dental treatment.
79	D9420 hospital or ambulatory surgical center call	Care provided outside the dentist's office to a patient who is in a hospital or ambulatory surgical center. Services delivered to the patient on the date of service are documented separately using the applicable procedure codes.
The following do not specify what type of "doctor" or "anesthetic provider"		
78	D9222 deep sedation/general anesthesia – first 15 minutes	Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.
78	D9239 intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D0351
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	3D-photographic image							
2b) Descriptor	This procedure is for diagnostic purposes. Not applicable for a CAD/CAM procedure.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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 action is submitted in concert with the separate requests for new codes with the following nomenclatures/descriptors: <ul style="list-style-type: none"> <u>3D dental image scan – direct</u> <u>3D facial image scan – direct</u> <u>3D dental image scan – indirect</u> <u>An image scan of a diagnostic cast</u> <u>3D facial image scan – indirect</u> <u>An image scan of constructed facial features</u> <p>Acceptance of the above additions would render the current D0351 redundant.</p> <p>In the current evolution of a digital imaging, an image may be acquired using photographic or video processes that may utilize one or lace many images together to create a 3D image. It is more accurate and understandable to call the process an ‘image scan’ rather than a 3D photographic image. The image can also be acquired directly or indirectly. Deleting the current language and replacing it with the term ‘image scan’ clarifies what is actually occurring today.</p>								

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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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	3D dental image scan – direct							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with the separate requests for the deletion of D0351 and the addition of new codes with the following nomenclatures/descriptors:</p> <ul style="list-style-type: none"> <u>3D dental image scan – direct</u> <u>3D facial image scan – direct</u> <u>3D dental image scan – indirect</u> <u>An image scan of a diagnostic cast</u> <u>3D facial image scan – indirect</u> <u>An image scan of constructed facial features</u> <p>Acceptance of this request and the other additions above would render the current D0351 redundant.</p> <p>In the current evolution of a digital imaging, an image may be acquired using photographic or video processes that may utilize one or lace many images together to create a 3D image. It is more accurate and understandable to call the process an ‘image scan’ rather than a 3D photographic image. The 3D image can be acquired directly via scanning the patient’s mouth. Updating the language with the term ‘image scan’ clarifies what is actually occurring today.</p>								

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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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D0351	
b) Procedure technical description			
Utilizing a digital scanning device intraorally, an image is created of a specific intraoral structure or multiple structures.			
c) Clinical scenario			
An appropriately trained and qualified operator directly scans, with a digital scanner, a desired intraoral structure or structures to create a 3D image file of the structure(s).			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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. 								
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	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

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Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	3D facial image scan – direct							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with the separate requests for the deletion of D0351 and the addition of new codes with the following nomenclatures/descriptors:</p> <ul style="list-style-type: none"> <u>3D dental image scan – direct</u> <u>3D facial image scan – direct</u> <u>3D dental image scan – indirect</u> <u>An image scan of a diagnostic cast</u> <u>3D facial image scan – indirect</u> <u>An image scan of constructed facial features</u> <p>Acceptance of this request and the other additions above would render the current D0351 redundant.</p> <p>In the current evolution of a digital imaging, an image may be acquired using photographic or video processes that may utilize one or lace many images together to create a 3D image. It is more accurate and understandable to call the process an ‘image scan’ rather than a 3D photographic image. The 3D image can be acquired directly via scanning extraoral facial structures. Updating the language with the term ‘image scan’ clarifies what is actually occurring today.</p>								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D0351	
b) Procedure technical description			
Utilizing a digital scanning device extraorally, an image is created of an extraoral structure or multiple structures.			
c) Clinical scenario			
An appropriately trained and qualified operator directly scans, with a digital scanner, a desired extraoral structure or structures to create a 3D image file of the structure(s).			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	3D dental image scan – indirect							
2b) Descriptor	An image scan of a diagnostic cast.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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 action is submitted in concert with the separate requests for the deletion of D0351 and the addition of new codes with the following nomenclatures/descriptors: <ul style="list-style-type: none"> <u>3D dental image scan – direct</u> <u>3D facial image scan – direct</u> <u>3D dental image scan – indirect</u> <u>An image scan of a diagnostic cast</u> <u>3D facial image scan – indirect</u> <u>An image scan of constructed facial features</u> <p>Acceptance of this request and the other additions above would render the current D0351 redundant.</p> <p>In the current evolution of a digital imaging, an image may be acquired using photographic or video processes that may utilize one or lace many images together to create a 3D image. It is more accurate and understandable to call the process an ‘image scan’ rather than a 3D photographic image. The 3D image can be acquired indirectly via scanning a model of an intraoral structure or multiple structures. Updating the language with the term ‘image scan’ clarifies what is actually occurring today.</p>								

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)

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a) - c)" are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D0351	
b) Procedure technical description			
Utilizing a digital scanning device, an image is created from a model of a specific intraoral structure or multiple structures.			
c) Clinical scenario			
An appropriately trained and qualified operator scans, with a digital scanner, a model of a desired intraoral structure or structures to create a 3D image file of the structure(s).			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	3D facial image scan – indirect							
2b) Descriptor	An image scan of constructed facial features.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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 action is submitted in concert with the separate requests for the deletion of D0351 and the addition of new codes with the following nomenclatures/descriptors: <ul style="list-style-type: none"> 3D dental image scan – direct 3D facial image scan – direct 3D dental image scan – indirect An image scan of a diagnostic cast 3D facial image scan – indirect An image scan of constructed facial features <p>Acceptance of this request and the other additions above would render the current D0351 redundant.</p> <p>In the current evolution of a digital imaging, an image may be acquired using photographic or video processes that may utilize one or lace many images together to create a 3D image. It is more accurate and understandable to call the process an ‘image scan’ rather than a 3D photographic image. The 3D image can be acquired indirectly via scanning a model of an extraoral structure or multiple structures. Updating the language with the term ‘image scan’ clarifies what is actually occurring today.</p>								

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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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D0351	
b) Procedure technical description			
Utilizing a digital scanning device, an image is created from a model of a specific extraoral structure or multiple structures.			
c) Clinical scenario			
An appropriately trained and qualified operator scans, with a digital scanner, a model of a desired extraoral structure or structures to create a 3D image file of the structure(s).			

Part 3 – Additional Information

5. Supporting documentation or literature:								
<ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST

(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D0393
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	<u>virtual</u> Treatment simulation using 3D image volume							
2b) Descriptor	The use of 3D image volumes for Virtual simulation of treatment including, but not limited to, dental implant placement, prosthetic reconstruction , orthognathic surgery and orthodontic tooth movement. <u>The simulation may be used for CAD/CAM design.</u>							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The revision request clarifies the processes that are occurring in dentistry today. Virtual has come to mean: 'existing, seen, or happening online or on a computer screen, rather than in person or in the physical world'. While it may seem redundant the term virtual further clarifies the process that is occurring.</p> <p>A clinician or technician can manipulate virtual 3D images volumes to perform all manner of dentofacial analysis and appliance construction. A virtual process is becoming a greater and greater aspect of all manner of diagnosis, treatment planning, appliance and prosthetic construction in dentistry. Adding prosthetic reconstruction is an important delineates this in the descriptor.</p> <p>While it may be possible to divide the virtual process of simulation and subsequent CAD/CAM design into 2 codes, one code appropriately covers both aspects of what may occur depending on the specific situation and this possibility should appropriately be added to the descriptor.</p>								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	N/A
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	D8000-D8999 Dentition							
2b) Descriptor	<p>Primary Dentition: Teeth developed and erupted first in order of time. <u>All of these teeth will exfoliate and be replaced by permanent teeth.</u></p> <p>Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging. <u>The dentition comprised of both primary and permanent teeth.</u></p> <p>Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.</p> <p>Adult<u>Permanent</u> Dentition: The <u>final</u> dentition that is present after the cessation of growth that would affect orthodontic treatment <u>transition from primary teeth to non-developmentally replaced teeth.</u></p> <p>All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one interceptive procedure or more than one limited procedure depending on their problems<u>s.</u></p>							

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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

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).

The requested change is to clarify and simplify the dentition definitions to: Primary, Transitional and Permanent dentition.

In the primary dentition, adding the exfoliation language further clarifies this dental state. In normal, typical dental development, the additional language clarifies what is and what occurs.

In the transitional dentition, the requested language expands and simplifies the definition.

The adolescent and adult dentition definitions only occur in the orthodontic section of the CDT. The requested change will make the orthodontic section match other areas of the CDT. The AAO after surveying its membership believes that many members are confused about the differences between adult and adolescent dentitions. Removing the Adolescent category and changing the Adult definition to Permanent will simplify the orthodontic code, make coding more accurate and consistent, and match the language in the rest of the CDT.

This action is submitted in concert with the separate requests for revising or deleting the codes related to these definitions:

- ~~D8030 limited orthodontic treatment of the adolescent dentition~~
- D8040 limited orthodontic treatment of the ~~adult~~ permanent dentition
- ~~D8080 comprehensive treatment of the adolescent dentition~~
- D8090 comprehensive treatment of the ~~adult~~ permanent dentition

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.
- "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D8030
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 of the adolescent dentition							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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 action is submitted in concert with the separate requests for revising the “D8000 -D8999 XI. Orthodontics Dentition” definitions in the Orthodontics section and revising or deleting the codes related to those definitions: <ul style="list-style-type: none"> D8030 limited orthodontic treatment of the adolescent dentition D8040 limited orthodontic treatment of the adult <u>permanent</u> dentition D8080 comprehensive treatment of the adolescent dentition D8090 comprehensive treatment of the adult <u>permanent</u> dentition If the requested change in the D8000 -D8999 XI. Orthodontics Dentition definitions deletes the adolescent dentition category, then D8030 is no longer a legitimate code.								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D8040
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 of the adult <u>permanent</u> dentition							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with the separate requests for revising the “D8000 -D8999 XI. Orthodontics Dentition” definitions in the Orthodontics section and revising or deleting the codes related to those definitions:</p> <ul style="list-style-type: none"> D8030 limited orthodontic treatment of the adolescent dentition D8040 limited orthodontic treatment of the adult <u>permanent</u> dentition D8080 comprehensive treatment of the adolescent dentition D8090 comprehensive treatment of the adult <u>permanent</u> dentition <p>If the requested change in the D8000 -D8999 XI. Orthodontics Dentition definitions changes ‘adult’ dentition to ‘Permanent’ dentition, then D8040 must reflect the change to the new definition.</p>								

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.

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D8080
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 treatment of the adolescent dentition							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with the separate requests for revising the “D8000 -D8999 XI. Orthodontics Dentition” definitions in the Orthodontics section and revising or deleting the codes related to those definitions:</p> <ul style="list-style-type: none"> D8030 limited orthodontic treatment of the adolescent dentition D8040 limited orthodontic treatment of the adult permanent dentition D8080 comprehensive treatment of the adolescent dentition D8090 comprehensive treatment of the adult permanent dentition <p>If the requested change in the D8000 -D8999 XI. Orthodontics Dentition definitions deletes the adolescent dentition category, then D8080 is no longer a legitimate code.</p>								

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
(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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D8090
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 treatment of the adult permanent dentition							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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 action is submitted in concert with the separate requests for revising the “D8000 -D8999 XI. Orthodontics Dentition” definitions in the Orthodontics section and revising or deleting the codes related to those definitions: <ul style="list-style-type: none"> D8030 limited orthodontic treatment of the adolescent dentition D8040 limited orthodontic treatment of the adult permanent dentition D8080 comprehensive treatment of the adolescent dentition D8090 comprehensive treatment of the adult permanent dentition <p>If the requested change in the D8000 -D8999 XI. Orthodontics Dentition definitions changes ‘adult’ dentition to ‘Permanent’ dentition, then D8090 must reflect the change to the new definition.</p>								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D8704
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	replacement of lost or broken retainer – mandibular							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with a separate request to revise D8703, the corresponding “maxillary” code. Together, the deletion and revision would combine the two codes into a single revised code.</p> <p>Deletion of D8704 in conjunction with revising D8703 simplifies the code for a retainer. The arch designation can/should still be indicated in the insurance form.</p> <p>Adding a descriptor to the language in D8703 covers the spectrum of retainers or situations other than the retainers that are a part of Comprehensive or Limited orthodontic treatment. The maxillary (or mandibular) arch designation becomes irrelevant with the new descriptor language. Conceptually, multiple maxillary or mandibular retainers could be coded for a myriad of reasons. The arch designation can/should still be indicated in the insurance form</p>								

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)

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a) - c)" are not applicable]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D8703
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	replacement of lost or broken retainer – maxillary							
2b) Descriptor	<u>Retainer which is a lost or broken replacement, supplemental, or is not part of orthodontic therapy or provided by dentist that did not perform the orthodontic therapy.</u>							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with a separate request to delete D8704, the corresponding “mandibular” code. Together, the deletion and revision would combine the two codes into a single revised code.</p> <p>Revision of D8703 in conjunction with revising D8704 simplifies the code for a retainer. Adding a descriptor to the language covers the spectrum of retainers or situations other than the retainers that are a part of Comprehensive or Limited orthodontic treatment. The maxillary (or mandibular) arch designation becomes irrelevant with the new descriptor language. Conceptually, multiple maxillary or mandibular retainers could be coded for a myriad of reasons. The arch designation can/should still be indicated in the insurance form.</p>								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D8697
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	repair of orthodontic appliance – mandibular							
2b) Descriptor	Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with a separate request to revise D8696, the corresponding “maxillary” code. Together, the deletion and revision would combine the two codes into a single revised code.</p> <p>The D8696 revision request is intended to cover repair of all ancillary, adjunctive or extrinsic appliances to an orthodontic system making this code moot. Some appliances attach to both arches and it is not accurate to delineate the specific arch.</p>								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D8696
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	repair of orthodontic appliance—maxillary							
2b) Descriptor	Does not include bracket-and standard fixed orthodontic appliances (brackets, arch wires). It does include functional appliances and palatal expanders <u>fixed or removable adjunctive appliances</u> .							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action is submitted in concert with a separate request to delete D8697, the corresponding “mandibular” code. Together, the deletion and revision would combine the two codes into a single revised code.</p> <p>This revision request is intended to cover repair of all ancillary, adjunctive or extrinsic appliances to an orthodontic system. Some appliances attach to both arches and it is not accurate to delineate the specific arch. The language clarifies that repair of fixed appliances intrinsic to an orthodontic system are not covered, repair of anything else is included.</p>								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/22/2021
Name:	American Association of Orthodontists		
Address (Line 1):	Council on Orthodontic Healthcare (Attn: Andrew Wiltsch)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D9450
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	case presentation, subsequent to detailed and extensive treatment planning							
2b) Descriptor	Established patient. Not performed on same day as evaluation.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>The requested change takes the language in the descriptor and puts it into the code with more flexibility on presentation timing. The case presentation is done when you have gathered the information and spent some time determining what is the most appropriate course of treatment: such as a complete diagnosis and treatment plan encompassing a myriad of issues.</p> <p>While the presentation may be given on another day, it doesn't have to be. The language would permit that you studied the information sufficiently to establish a reasoned treatment plan and presented it subsequent to gathering the data.</p>								

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]	<input checked="" type="checkbox"/>
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: <ul style="list-style-type: none"> • "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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	Oct. 26, 2021
Name:	Dr. Ervin Weiss / John L Scott		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 antimicrobial treatment; for inhibiting demineralization at tooth – restoration interface and potential reduction of secondary caries							
2b) Descriptor	None							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This action request addresses a CDT Code gap as no designation addresses the use of;</p> <p>Therapeutic Antimicrobial procedures for inhibiting demineralization at tooth-restoration interface.</p> <p>It is recognized that several dental diseases include, as one of the critical steps in their pathogenesis, undesirable microbial accumulation and biofilm formation on/ within the tooth and its surrounding structures. It is also recognized, that bonded or cemented tooth-restorative interfaces, in vivo are not stable and long lasting: debonding, gap formation and bacterial leakage is the number reason for restoration failures.</p> <p>As CDT codes do not provide the necessary specificity to document Therapeutic Antimicrobial procedures for managing local microbial diseases, we request a new class of codes.</p> <p>a. CDT Code D9999 Unspecified Adjunctive Procedure does not address specific treatment with restoratives that prevents demineralization by usage of durable, non-leachable antimicrobial materials (see 4b) and is not machine-readable,</p> <p>b. CDT Code D1999 Unspecified Preventive Procedure is not specific about</p> <p>Therapeutic Antimicrobial procedure for actively inhibiting demineralization, and is not machine-readable,</p> <p>c. From a clinical perspective, to be able to differentiate patients treated with non-leachable antimicrobial treatment procedure that actively inhibits demineralization & also works to prevent secondary caries vs. traditional restoration procedures.</p>								

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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d. Having a code for a Therapeutic Antimicrobial procedure for actively inhibiting demineralization by using antimicrobial materials will allow for a metric that is part of the procedures performed on that patient. Chart notes cannot effectively track essential procedures done on each patient.

This procedure is the only restorative procedure that copes with the primary etiology of secondary caries. The use of therapeutic restoratives and respective adhesive systems containing non-leaching, long-lasting antibacterial components reduces demineralization at the tooth-restoration interface, which is the initial driver of the caries-formation process.

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 therapeutic procedures for actively inhibiting demineralization using antimicrobial products will need more years to establish the extent to which they help improve the patient's oral health. However, short-term in situ and in vitro studies indicate the efficacy of the therapeutic procedure for inhibiting demineralization at the tooth-restoration interface.

We request a new code to clarify the current codes that describe the use of any dental polymeric materials that do not incorporate antimicrobial activity. A code for a therapeutic procedure for inhibiting demineralization, which is part of the caries-formation process, by using non-leachable antimicrobial 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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D9999	
b) Procedure technical description			
<p>In order to minimize the learning curve, Therapeutic Antimicrobial Restorative Treatment Procedures will have technical steps similar to some other dental procedures but will include a unique durable, non-leachable antimicrobial QASi technology that prevents demineralization and secondary caries. So, it combines both a restorative procedure with a secondary preventative procedure.</p> <p>For example, for a direct restoration, the dentist / dental professional would first clean, isolate, prepare the disease area/ cavity. Then rinse and air dry. Then self-etch or total etch, wash & dry the area to be restored. Use the Antimicrobial bonding agent (6th Generation), prime + bond, air dry & light cure. Then restores the disease area/ cavity using an Antimicrobial composite as needed – i.e. Flowable, Universal, &/ or Bulk Fill Flowable. The antimicrobial restoration will contain the QASi technology that now provides a durable restoration and a non-leaching therapeutic antimicrobial surface that will help maintain neutral pH, kill the bacteria, reduces demineralization for an extended period, resulting in less recurrent decay, longer-lasting restorations.</p>			
c) Clinical scenario			
<p>As within most practices, there are patients that are medium to high risk for caries, secondary caries, or even rampant caries due to low salivary flow (like Xerostomia), poor home care, high carbohydrates diet, destructive lifestyles habits, diabetes, chronic use medicines and other issues. Root caries of the elderly, is yet another severe dental condition with no effective clinical procedure or treatment. Given this, there is a large need for Therapeutic Antimicrobial Restorative Treatments using Antimicrobial materials to prevent the presence of metabolically active bacteria and inhibit tooth demineralization. With the introduction of novel concept of Antimicrobial therapeutic procedures, it will help these medium to high risk patients by preventing the demineralization of their teeth for an extended period, resulting in less recurrent decay, longer-lasting restorations, and less natural tooth loss. So, given the confusion on how these procedures are to be classified, this is why we are requesting a new set of procedural codes that identifies both the restorative and secondary prevention aspect of Therapeutic Antimicrobial Restorative Treatment Procedures.</p> <p><u>Therapeutic Antimicrobial Restorative Treatment Procedures with Antimicrobial Composites & Bonding Agent</u></p> <p>A. Therapeutic Antimicrobial Direct Restorations:</p> <p>A-1. Clean tooth structure & Isolation - Clean & Isolate tooth and prepare the cavity. Rinse with water and air dry.</p> <p>A-2. Acid etching - Use a 2-Step 6th generation Antimicrobial Universal Prime & Bond system as</p>			

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manufacturer's direction. Since this should be a self-etching prime and bond system, there is no need for etching enamel or dentin. However, it is not contraindicated. If there is a need for placing resin over uncut enamel, apply phosphoric acid dental etch to the uncut enamel for 20 seconds, wash with water, and then dry. Etch enamel and dentin with phosphoric acid according to manufacturer's instructions. Rinse with water and leave surface slightly moist (non-desiccated) surface.

A-3. Tooth surface treatment - Shake the bottle of the Primer prior to opening. Dispense the Primer into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Primer to the entire cavity wall with a disposable brush tip. Leave it in place for 20 seconds if not etched (if etched apply for 10 seconds). Use caution not to allow saliva or gingival exudate to contact the treated surfaces. After conditioning the tooth surface, evaporate the volatile ingredients with a mild oil-free, dry air stream. Avoid pooling of Primer. Avoid touching the treated surface. If the treated surface is contaminated, wash it with water, dry, or clean with alcohol, and treat with Primer again.

A-4 Bonding Agent - Shake bottle of the Antimicrobial Bonding Agent prior to opening. Dispense the Bonding Agent into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Bonding Agent to the entire surface of the cavity with a disposable brush tip. After applying, create a uniform bonding Agent film using a gentle oil-free dry air flow. Avoid pooling of Antimicrobial Bonding Agent. Use caution not to allow saliva or gingival exudate to contact the treated surfaces. Light-cure the Bonding Agent for 10 seconds with a dental LED curing light (at least 1000 mW/cm² in the 430-490nm range).

A-5. Placement of the proper Antimicrobial Composite – Universal Composite, Flowable or Bulk Fill Flowable Composite (high depth of cure) and light cure for 10 sec. or 20 sec. (according to manufacturers' instructions) with a dental LED curing light.

B. Therapeutic Antimicrobial Indirect Restorations:

B-1. Tooth Preparation - Complete tooth preparation, rinse with water for 10 – 20 seconds leaving preparation slightly moist.

B-2. Air dry - Air dry to remove excess solution. Do Not Desiccate

B-3. Place Provisional restoration - Proceed with placement of provisional restoration.

B-4. Patient returns for final restoration - When patient returns for final restoration appointment, remove provisional restoration.

B-5. Clean tooth & preparation - Clean the preparation with a slurry of pumice and water, or micro-etch, rinse and dry.

B-6. Either B-6a or B-6b:

a. Acid etching - Shake the bottle and use a phosphoric acid etchant to etch the enamel and dentin for 15-20 seconds or according to manufacturer's instructions. Rinse with water for 10 – 20 seconds and leave preparation slightly moist (non-desiccated).

b. Using a 2-step 6th Generation Antimicrobial Universal Prime & Bond System - Shake the bottle and use the Self-etch Antimicrobial Primer for 20 seconds and rinse with water for 5 seconds and leave preparation slightly moist (non-desiccated).

B-7. Tooth surface treatment - Shake the bottle of the Antimicrobial Primer prior to opening. Dispense the Primer into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Primer to the entire cavity wall with a disposable brush tip. Leave it in place for 20 seconds if not etched (if etched apply for 10 seconds). Use caution not to allow saliva or gingival exudate to contact the treated surfaces. After conditioning the tooth surface, evaporate the volatile ingredients with a mild oil-free dry air stream. Avoid pooling of Primer. Avoid touching the treated surface. If the treated surface is contaminated, wash it with water, dry, or clean with alcohol, and treat with Primer again.

B-8 Bonding Agent - Shake bottle of the Antimicrobial Bonding Agent prior to opening. Dispense the Bonding Agent into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Bonding Agent to the entire surface of the cavity with a disposable brush tip. After applying, create a uniform bonding Agent film using a gentle oil-free air flow. Avoid pooling of Antimicrobial Bonding Agent. Use caution not to allow saliva or gingival exudate to contact the treated surfaces. Light-cure the Bonding Agent for 10 seconds with a dental LED curing light (at least 1000 mW/cm² in the 430-490nm range).

B-9. Apply Adhesive/ Cementation - Apply an adhesive & continue cementation of indirect restoration according to manufacturer's instructions.

Therapeutic Antimicrobial Restorative Treatment Procedures with Antimicrobial Bonding Agent

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A. Direct restorations, cavity sealing and treatment of hypersensitive teeth or exposed root surfaces using light-cured Antimicrobial composite resin

A-1. Clean tooth structure – Be sure the disease area/ cavity is adequately cleaned.

A-2. Moisture control/ & Isolation – For optimal results, avoid contamination of the treatment area from saliva or blood. A rubber dam is recommended to keep the tooth clean and dry.

A-3. Cavity preparations - Remove any infected dentin and prepare the cavity in the usual manner.

A-4. Pulp protection - Any actual or near pulp exposure could be covered with a hard setting calcium hydroxide material. There is no need for cement lining or basing. Do not use eugenol materials for pulp protection.

A-5. Acid etching uncut enamel – Use a Universal Antimicrobial Bonding Agent that is a self-etching prime and bond system. There is no need for etching enamel or dentin. However, it is not contraindicated. If there is a need for placing resin over uncut enamel, apply phosphoric acid dental etch to the uncut enamel for 20 seconds, wash with water, and then dry.

A-6. Tooth surface treatment - Shake the bottle of the Primer prior to opening. Dispense the Primer into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Primer to the entire cavity wall with a disposable brush tip. Leave it in place for 20 seconds if not etched (if etched apply for 10 seconds). Use caution not to allow saliva or gingival exudate to contact the treated surfaces. After conditioning the tooth surface, evaporate the volatile ingredients with a mild oil-free dry air stream. Avoid pooling of Primer. Avoid touching the treated surface. If the treated surface is contaminated, wash it with water, dry, or clean with alcohol, and treat with Primer again.

A-7 Bonding Agent - Shake bottle of the Antimicrobial Bonding Agent prior to opening. Dispense the Bonding Agent into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Bonding Agent to the entire surface of the cavity with a disposable brush tip. After applying, create a uniform bonding Agent film using a gentle oil-free dry air flow. Avoid pooling of Antimicrobial Bonding Agent. Use caution not to allow saliva or gingival exudate to contact the treated surfaces. Light-cure the Bonding Agent for 10 seconds with a dental LED curing light (at least 1000 mW/cm² in the 430-490nm range).

A-8. Either A-8a or A-8b

A-8a. Direct restorations using light-cured Antimicrobial composite resin - Use an Antimicrobial composite, light-cure, finish and polish according to the manufacturer's instructions.

A-8b. Cavity sealing and treatment of hypersensitive teeth or exposed root surfaces - Apply a thin coat of an Antimicrobial Flowable Composite to the tooth. Light cure the composite according to its' Instructions for use. Remove any un-polymerized resin with a cotton gauze moistened with alcohol or apply glycerin gel on the finished restoration and light cure it again.

B. Intraoral repairs of fractured crowns/bridges made of porcelain, hybrid ceramics or composite resin using light cured Antimicrobial composite resin

B-1. Preparation of fractured surfaces -

- a. Facing material surfaces (non-metal): Using a diamond point, remove a layer of the fractured surface, and place a bevel at the marginal area.
- b. Metal surface: Roughen the metal surface with a diamond point.

B-2. Acid etching of facing material surface - Apply hydrofluoric acid etching gel to the facing material surface and leave it in place according to the manufacturers' instruction before washing and drying. If the adherent surface extends to uncut enamel, apply phosphoric acid etching gel syringe to the enamel surface and leave it in place for 20 seconds before washing and drying.

B-3. Precious metal surface - When precious metal is used, apply metal primer (pretreatment agent for conditioning metal) according to the manufacturer's instructions.

B-4 Silane treatment - Use silane primer, according to the manufacturer's instructions.

B-5. Bonding Agent - Shake bottle of the Antimicrobial Bonding Agent prior to opening. Dispense the Bonding Agent into a well of the mixing dish. Apply Bonding Agent to the entire planned surface with a disposable brush tip. After applying Bonding Agent, create a uniform bond film using a gentle oil-free dry air flow. Light-cure the Bonding Agent for 10 seconds with a dental LED curing light (at least 1000 mW/cm² in the 430-490nm range).

B-6. Light-cured Antimicrobial composite resin filling - Apply Antimicrobial composite resin into the cavity, light-cure, finish and polish according to the manufacturer's instructions.

Note: Use opaque resin for metal surface to prevent metal shine through

C. Treatment of prosthetic appliances

Silanating treatment of prosthetic appliances made of esthetic materials (porcelain, hybrid ceramics or composite resin) can be accomplished using a primer in conjunction with porcelain bond activator.

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C-1. Acid etching of adherent surface - Apply acid etching gel to the adherent surface and leave it in place according to manufacturers' instructions before washing and drying.

C-2 Silane treatment - Use the same procedure described in B-4.

C-3. Cementing - Cement the prosthetic appliance using adequate cement according to the manufacturer's instructions.

D. Core build-ups using light-cured or dual cured composite resin

D-1. Cleaning tooth structure - Be sure the disease area/ cavity is adequately cleaned.

D-2. Moisture control - For optimal results, avoid contamination of the treatment area from saliva or blood. A rubber dam is recommended to keep the tooth clean and dry.

D-3. Tooth preparations - Remove existing restorations and/or caries and place pin, post or matrix as needed.

D-4. Application of Primer - Shake the bottle of the Antimicrobial Primer prior to opening. Dispense the Primer into a well of the mixing. Close the bottle immediately. Apply Primer to all the tooth surfaces with a disposable brush tip. Leave it in place for 20 seconds. Use caution not to allow saliva or exudate to contact the treated surfaces for at least 20 seconds. After conditioning all the tooth surfaces for 20 seconds, evaporate the volatile ingredients with a mild oil-free dry air stream. Avoid pooling of Primer. Do not wash after applying Primer. Observe the drying method and treatment time to ensure optimum adhesion. Avoid touching the treated surface.

If the treated surface is contaminated, wash it with water, dry, or clean with alcohol, and treat with Primer again.

D-5. Bonding Agent - Shake the bottle of the Antimicrobial Bonding Agent prior to opening. Dispense the Bonding Agent into a well of the mixing dish immediately before application. Close the bottle immediately. Apply Bonding Agent to all the tooth surfaces with a disposable brush tip. After applying Bonding Agent, create a uniform bond film using a gentle oil-free dry air flow. Avoid pooling of Antimicrobial Bonding Agent. Use caution not to allow saliva or gingival exudate to contact the treated surfaces. Light-cure the Bonding Agent for 10 seconds with a dental LED curing light (at least 1000 mW/cm² in the 430-490nm range).

D-6. Core build-ups - Place light-cured or dual-cured Antimicrobial composite resin for core-build up, using a hand instrument, or according to the manufacturer's recommendation. Light-cure the core material according to the manufacturer's instructions.

E. Cavity sealing under amalgam restorations

E-1. Cleaning tooth structure

E-2. Moisture control

E-3. Cavity preparations - Prepare the cavity in the normal manner for an amalgam restoration.

E-4. Pulp protection

E-5. Acid etching uncut enamel

E-6. Tooth surface treatment

E-7. Antimicrobial Bonding Agent - Use the same procedures described in A-1 to A-7 for the above steps.

E-8. Amalgam filling - Mix amalgam powder and mercury, condense the mixture into the cavity, finish and polish according to the manufacturer's instructions.

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 >	<input type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>

6. Additional Comment or Explanation:

Metabolically active bacteria use sugar to generate acids causing demineralization, leading to cavitated caries lesions. Once clinically restored, the primary cause of premature failure is recurrent caries around the fillings. Controlled randomized studies revealed that composite fillings, twice as likely to fail compared with amalgam at posterior teeth, secondary caries being the primary cause of failure.^{1,2} The phase-down of dental amalgam (recommended by 'Minamata Convention on Mercury') led to a decline in amalgam use while potentially increasing the overall failure rate of posterior restorations. As a result, patients at moderate or high risk for caries³ have no active protection for lesion progression around their composite restorations.

In 2020, a consensus report by the European Organization for Caries Research (ORCA) and the cariology research group of the International Association for Dental Research (IADR) unanimously agreed and defined dental caries as: " *biofilm mediated, diet modulated, multifactorial, non-communicable, dynamic disease resulting in net mineral*

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loss of dental hard tissues". There is also a consensus that the aim is "to interfere with mineral loss at all stages of caries disease, including non-operative and operative interventions and treatments", over an extended period.

It was shown that incorporating antibacterial filler into composite exerts a long-lasting, significant in vivo antibiofilm activity, including a potent broad-spectrum antibacterial activity against salivary bacteria.^{4,5} Non-leaching antibacterial composite will kill bacteria only by contacting the surface; thus, metabolically inactivated bacteria at the surface stop generating acids and demineralization. This was clinically proven, started in an in-situ study showing that such an antibacterial composite exhibited a demineralization-inhibition, therapeutic effect;⁶ Two-thirds less enamel demineralization occurred at a less-than-perfect tooth-restoration interface.⁶ Taken altogether, the FDA approved that using this kind of antibacterial restorative reduces or inhibits demineralization in vivo, which is the first step in the caries process [Infinix, FDA 5109(K)].

Thus, currently there is not code for the proposed novel category of therapeutic antimicrobial restorative treatment. This therapeutic treatment procedure may be indicated for patients with medium to high caries risk, which prevents demineralization for an extended period, resulting in less recurrent decay, longer-lasting restorations, and less natural tooth loss.

1. Rasines Alcaraz MG, Veitz-Keenan A, Sahrmann P, Schmidlin PR, Davis D, Iheozor-Ejiofor Z. Direct composite resin fillings versus amalgam fillings for permanent or adult posterior teeth. Cochrane Database of Systematic Reviews 2014,

2. Worthington HV, Khangura S, Seal K, Mierzwinski-Urban M, Veitz-Keenan A, Sahrmann P, Schmidlin PR, Davis D, Iheozor-Ejiofor Z, Rasines Alcaraz MG. Direct composite resin fillings versus amalgam fillings for permanent posterior teeth. Cochrane Database of Systematic Reviews 2021.

3. JDB Featherstone and BW Chaffee. The Evidence for Caries Management by Risk Assessment (CAMBRA®) Advances in Dental Research 2018, Vol. 29(1) 9 –14 International & American Associations for Dental Research, 2018

4. Nurit Beyth, Ira Yudovin-Farber, Michael Perez-Davidi, Abraham J. Domb, and Ervin I. Weiss

Polyethyleneimine nanoparticles incorporated into resin composite cause cell death and trigger biofilm stress in vivo. PNAS December 21, 2010 107 (51) 22038-22043

5. Supporting Information, Beyth et al. PNAS 10.1073/pnas.1010341107 1-6, 2010

6. Peter Rechmann, Charles Q. Le Benjamin W. Chaffee and Beate M.T. Rechmann Demineralization prevention with a new antibacterial restorative composite containing QASi nanoparticles: an in situ study. Clinical Oral Investigations volume 25, pages5293–5305 (2021)

Attachment: ADA CMC CDT Code – Antimicrobial Treatment Cover Letter (V5) – 10.26.21.docx

CDT CODE ACTION REQUEST

(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11/1/2021
Name:	Barry Taylor, DMD, Executive Director, Oregon Dental Association		
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 >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>
If Yes, name the entity >		The Oregon Dental Association The American Association of Public Health Dentistry Oregon Health and Science University, School of Dentistry	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 – human papillomavirus							
2b) Descriptor	Gardasil 9 0.5mL intramuscularly vaccine injection.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>In 2019, the Oregon Dental Association (ODA) passed HB 2220, groundbreaking legislation authorizing dentists to administer vaccines to their patients. The legislation was broader than regulations in other states, authorizing dentists to administer any vaccine to any patient of record, with no limitations on vaccine type or age of patient. Since the passage of Oregon's bill, many other states have followed suit, passing laws and rules allowing dentists to administer vaccines. As of May of 2021, 43 states now allow dentists to administer the COVID-19 vaccine, and some, like Oregon, have a larger allowable scope (Source 1).</p> <p>HB 2220 requires Oregon dentists to take a Board of Dentistry approved continuing education course on the administration of vaccines. The curriculum has also been integrated into Oregon Health and Science University's School of Dentistry curriculum ensuring that all new graduates have this skill set upon graduation. Even more, the OHSU School of Dentistry has worked with trainers around the state to bring the vaccine administration CE to providers outside of the Portland metro area, ensuring that rural providers have access to this new, critical, scope of practice. Over 850 dentists and dental students have completed the training so far and are ready to administer vaccines to their patients. At OHSU School of Dentistry, current students are administering COVID-19 and flu vaccines to the community at large.</p>								

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.

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The excitement and desire for dental vaccinators is far reaching in the state. In one healthcare system located in Oregon, 49 dentists have administered 2,436 total vaccines.

Despite these achievements, without a specific CDT code in place, limiting consistent documentation and reporting, and limiting billing, many dentists and systems are unable to fully integrate this new scope of practice into their daily practices. Pediatric dentists have access to a young population, many who might not otherwise seek out oral healthcare in a primary care medical setting. A discrete CDT code is critical to enable practitioners across all practice settings: public health, private practice, educational institutions providing clinical care, and even large corporations, to document and report delivery of lifesaving vaccines to their patients at the time when those patients are accessible, many of whom are underserved.

As the country moves to a more integrated healthcare delivery system, utilizing dentists to screen for basic health conditions and provide preventive services such as vaccines makes increasingly more sense. As highly trained practitioners, dentists are well-positioned to administer a broad range of immunizations, from flu shots to the HPV vaccine. Oregon may lead this approach to healthcare, but we are not alone. In October 2020, the American Dental Association passed a resolution prioritizing the importance of this scope for providers:

Resolved, that it is the position of the American Dental Association that dentists with the requisite knowledge and skills should be allowed 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 (Source 2).

The COVID-19 pandemic has showcased the important role dentists have in administering vaccines to a large-scale population, with providers volunteering at local vaccine clinics, discussing the importance of the vaccine with their patients, and directly administering this life-saving vaccine. As discussed earlier, all but seven states allow dentists to provide COVID-19 vaccines. In addition, several state licensing boards, including Louisiana, Mississippi, and New Hampshire, have determined that providing vaccines in general is within the scope of the practice of dentistry. Indiana recently passed new legislation allowing dentists to provide vaccinations and many other states are considering similar legislation (Source 1).

The HPV vaccine, in particular, fits well within a dentists' current workflow and patient health priorities. According to the Centers for Disease Control and Prevention (CDC), 70 percent of oropharyngeal cancers in the United States are caused by HPV (Source 3). Other papers list the association of HPV-16 and HPV-18 with oropharyngeal cancers at over 85 percent (Source 4). Of the estimated 51,000 new cases of oral and oropharyngeal cancer in 2018, it is estimated that over 16,000 of the cases will be HPV-associated oropharyngeal cancer (Source 5). A vaccine for prevention of HPV-16 and HPV-18, the two most prevalent types that may result in oropharyngeal cancer has been approved by the Federal Drug Administration (FDA) for over ten years (since 2006). In 2020, the FDA approved adding the indication of head and neck cancer prevention to the vaccine indication. The newest version of the vaccine, Gardasil 9, protects against seven types associated with head and neck cancers (Source 6).

Dentists are often the first provider to see signs of oropharyngeal cancer, which has been identified as the fastest rising cancer among young white men in the U.S. (Source 7). HPV is linked to 70% of oropharynx cancers (Source 8), and oropharyngeal cancer is now the most prevalent HPV related cancer in the United States, surpassing cervical cancer (Source 9). Additionally, many teens and pre-teens do not regularly see a primary care provider (PCP) for well care. In 2018, 7 million children and adolescents ages 6-17 had a dentist visit but not a medical visit. (Source 10). Studies show only 31% of children 6-11 and only 29% of adolescents 12-17 see a PCP annually for well care (Source 11). Dentists have a unique opportunity to access this population who might otherwise be left untreated, filling a potential gap during the most advantageous window for HPV vaccination.

Dentists are being encouraged to discuss HPV with their patients and the importance of the vaccine—why not have it accessible at the same time? Just as oral health care professionals are committed to preventing periodontal disease and caries, we should prevent oropharyngeal cancer through vaccination rather than identifying and treating this debilitating and life-threatening disease.

Dental providers are trained to and routinely screen patients for HPV symptoms within the mouth. Given the disease's potential impact on oral health, dental providers are already trained to discuss the importance of the vaccine. In states like Oregon, dentists may already be administering this vaccine and require a CDT code to bill appropriately, since many dentists are not positioned to bill using medical codes. On the other hand, many medical plans offer dental services. This convergence will lead to an increased need for CDT codes that can be billed to insurance for services provided by a dentist that are normally reimbursed through health care plans, including Medicaid. A unique CDT HPV vaccination code will enable clear, unambiguous, and consistent documentation across providers, payers, and practice settings.

References

Source 1: <https://success.ada.org/en/practice-management/patients/covid-19-vaccine-regulations-for-dentists-map>

Source 2: <https://www.ada.org/en/advocacy/current-policies>

Source 3: <https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/about/key-statistics.html>

CDT CODE ACTION REQUEST

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Source 4: <https://www.ada.org/en/member-center/oral-health-topics/cancer-head-and-neck>Source 5: <https://shotofprevention.com/2018/04/06/what-yourdentist-should-be-telling-you-about-oral-cancerand-hpv/>Source 6: https://www.merck.com/product/usa/pi_circulars/g/gardasil_9/gardasil_9_pi.pdfSource 7: <https://www.cancer.gov/news-events/cancer-currents-blog/2017/hpv-vaccine-oral-infection>

Source 8:

https://www.cdc.gov/cancer/hpv/basic_info/hpv_oropharyngeal.htm#:~:text=HPV%20can%20infect%20the%20mouth,cancers%20in%20the%20United%20States.Source 9: <https://www.cdc.gov/cancer/uscs/pdf/USCS-DataBrief-No18-September2020-h.pdf>Source 10: https://meps.ahrq.gov/data_files/publications/st537/stat537.pdfSource 11: <https://www.uspharmacist.com/article/healthrelated-office-visits-by-children-and-adolescents>4. Complete a) – c) **only** if Action Request is for a New CDT CodeMark if Revise or Delete
[“a) - c)” are not applicable]

a) CDT Code currently used to report the procedure

D1999

b) Procedure technical description

Administering an FDA approved HPV vaccine with oral instructions on potential adverse reactions and protocols for addressing them. The combination of a procedure code and date of service identifies appropriate dose in vaccination series.

Per CDC (<https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>):

“HPV vaccines are administered as a two-dose series (0, 6-12 months) for most persons who initiate vaccination at ages 9 through 14 years, and a three-dose series (0, 1-2, 6 months) for persons who initiate at ages 15 through 45 years, and for immunocompromised persons.

The CDC recommends routine vaccination of preteens at ages 11 or 12.

HPV vaccines should be administered intramuscularly in the deltoid region of the upper arm or in the higher anterolateral area of the thigh. The preferred site of administration is the deltoid region of the upper arm. Do not administer this product intravenously, intradermally, or subcutaneously.

9-valent HPV vaccine (Gardasil® 9) is the only HPV vaccine available in the United States since 2016. It protects against HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58.

AAHS: 500 µg amorphous aluminum hydroxyphosphate sulfate

Contraindicated for people with immediate hypersensitivity to yeast.”

c) Clinical scenario

Three potential clinical scenarios include:

- 1.) 12-year-old female presents at dental office for routine preventative care. Dentist checks patient's electronic health record and notices that she is due for her HPV series. Dentists initiates a PARQ on the vaccine and upon parental consent, administers HPV vaccine.
- 2.) 18-year-old male presents a community clinic for dental care and has not received the HPV vaccine. Patient does not have a primary care provider, but is willing to return to community clinic for follow up vaccine dosage. Dentist initiates a PARQ on the vaccine and upon consent, administers HPV vaccine and schedules patient for the next two dosages at appropriate dates.
- 3.) Mother comes into dental clinic with her 9-year-old daughter. Dentist asks about child's vaccine status. Mother believes daughter is all caught up on vaccines. Dentist looks up child in vaccine database and confirms that she is missing the HPV series. Dentist and mother have discussion about importance of HPV in preventing oropharyngeal and other types of cancers. Mother consents to vaccine, and dentist administers.

CDT CODE ACTION REQUEST

(Version – 2019Dec01)

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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input checked="" type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

If the CDC requires granular reporting on HPV dosage, we recommend that the following nomenclature be used:

Vaccine Administration- Human Papillomavirus Dose 1

Vaccine Administration- Human Papillomavirus Dose 2

Vaccine Administration- Human Papillomavirus Dose 3

See attached letter of support/co-sponsorship from American Association of Public Health Dentistry

See attached email indicating letter of support/co-sponsorship from Oregon Health and Science University, School of Dentistry

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		
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 >	<input checked="" type="checkbox"/>	No >	<input checked="" type="checkbox"/>
		National Association of Dental Plans (NADP)	
If Yes, name the entity >		American Academy of Oral and Maxillofacial Radiology (AAOMR)	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D0210
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	intraoral – completecomprehensive series of radiographic images							
2b) Descriptor	A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images or intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
<p>This revision is requested to update the code description to reflect current coding practice. As acknowledged by the ADA in "Top 10 Claims Concerns: ADA, NADP Share Views on Dentists' Concerns" (June 20, 2007), it has become commonly accepted to combine various combinations of radiographic images for the purpose of coding as a full mouth radiographic image under CDT code D0210:</p> <p>"[B]ecause radiographs are individualized, it is understood that the number of films to adequately view what is defined in a complete series will vary from patient to patient. Thus, payers may establish benefit guidelines that multiple intraoral films on the same date of service will be considered a complete series of intraoral radiographs or will be limited to the maximum reimbursement of an FMX. These guidelines should be available to both dentists and patients.</p> <p>It is a fairly common occurrence for insurers to receive a panoramic film and bitewings from pediatric dentists and general dentists as their full mouth series. Payers recognize that panorex films alone are not considered sufficient for the diagnosis of decay, and must be accompanied by a set of bitewing X-rays if they are to be used as an aid for full diagnostic purposes. The combination of a set of bitewings and a panoramic film is particularly useful for those patients who are to be referred for orthodontic consult and for extraction of wisdom teeth."</p>								

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)

This revision will revise the definition of a whole-mouth radiographic image to reflect current market practice, focusing on the utility of the radiographic imaging as “intended to display the crowns and roots of all teeth, periapical areas and alveolar bone,” recognizing that the number or types of films “to adequately view what is defined... will vary from patient to patient[,]” and based on the circumstances of the patient visit. This will provide clear and consistent guidance to both dentists and payers as to the appropriate use of CDT code D0210.

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • “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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
This revision is filed on behalf of the American Academy of Oral and Maxillofacial Radiology (AAOMR) and NADP.								

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D3333
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	internal root repair of perforation defects							
2b) Descriptor	Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider filing claim .							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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.								
Revision to remove the reference to “filing claim” as the procedure terminology is about capturing the procedure and not about reimbursement processes.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure						D		
b) Procedure technical description								
N/A								
c) Clinical scenario								
N/A								

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)

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D5725
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Replacing the base material connected to the framework.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 creates greater granularity for recording in the dental record and documentation. This submission is related to two other submissions; one for a new code to indicate “mandibular” and one to indicate “maxillary.”								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure								
b) Procedure technical description								
N/A								
c) Clinical scenario								
N/A								

NOTICE TO PREPARER AND SUBMITTER:

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CDT CODE ACTION REQUEST

(Version – 2019Dec01)

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 - maxillary							
2b) Descriptor	Replacing the base material connected to the framework.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 creates greater granularity for recording in the dental record and documentation. This submission is related to two other submissions; one for another new code to indicate "mandibular" and one to delete D5725.								
4. Complete a) – c) only if Action Request is for a New CDT Code						Mark if Revise or Delete ["a) - c)" are not applicable]		<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D5725		
b) Procedure technical description								
Placement of new base material (e.g., acrylic) to the prosthesis' connecting bar specific to maxillary.								
c) Clinical scenario								
A patient reports discomfort with a previously placed implant supported hybrid prosthesis. The dentist determines that the existing base material is 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?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 - mandibular							
2b) Descriptor	Replacing the base material connected to the framework.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 creates greater granularity for recording in the dental record and documentation. This submission is related to two other submissions; one for another new code to indicate “maxillary” and one to delete D5725.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D5725		
b) Procedure technical description								
Placement of new base material (e.g., acrylic) to the prosthesis’ connecting bar specific to mandibular.								
c) Clinical scenario								
A patient reports discomfort with a previously placed implant supported hybrid prosthesis. The dentist determines that the existing base material is 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?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)	Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input checked="" type="checkbox"/>	Affected Code (Revise or Delete only)	D5765
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 creates greater granularity for recording in the dental record and documentation. This submission is related to two other submissions; one for a new code to indicate “mandibular” and one to indicate “maxillary.”								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a) - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure								
b) Procedure technical description								
N/A								
c) Clinical scenario								
N/A								

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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, maxillary							
2b) Descriptor	A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 creates greater granularity for recording in the dental record and documentation. This submission is related to two other submissions; one for another new code to indicate “mandibular” and one to delete D5765.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete [“a” - c)” are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D5765		
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 specific to maxillary. The denture with the soft liner is returned to the dentist for delivery to the patient.								
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.								

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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2019Dec01)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-01-2021
Name:	National Association of Dental Plans (NADP)		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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, mandibular							
2b) Descriptor	A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated.							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Note:</u> 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 creates greater granularity for recording in the dental record and documentation. This submission is related to two other submissions; one for another new code to indicate "maxillary" and one to delete D5765.								
4. Complete a) – c) only if Action Request is for a New CDT Code							Mark if Revise or Delete ["a) - c)" are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure						D5765		
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 specific to mandibular. The denture with the soft liner is returned to the dentist for delivery to the patient.								
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.								

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?	Yes >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>

6. Additional Comment or Explanation:

None.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	November 1, 2021
Name:	American Association of Public Health Dentistry		
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 >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>
If Yes, name the entity >		American Association of Public Health Dentistry Oregon Dental Association	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1701
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Pfizer-BioNTech Covid-19 vaccine administration – first dose; adults 12 yrs and older							
2b) Descriptor	SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Since this code was adopted, additional COVID vaccinations have been recommended. The addition of this add description will provide additional clarity.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Verbiage has been provided by the Centers for Disease Control and Prevention.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	November 1, 2021
Name:	American Association of Public Health Dentistry		
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 >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>
If Yes, name the entity >		American Association of Public Health Dentistry The Oregon Dental Association	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1702
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Pfizer-BioNTech Covid-19 vaccine administration – second dose; <u>adults 12 yrs and older</u>							
2b) Descriptor	SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Since this code was adopted, additional COVID vaccinations have been recommended. The age description will provide additional clarity.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure	D		
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Verbiage has been provided by the Centers for Disease Control and Prevention.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)			Date Submitted:	November 1, 2021
Name:		American Association of Public Health Dentistry		
Yes >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>	
If Yes, name the entity >		American Association of Public Health Dentistry The Oregon Dental Association		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1703
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Moderna Covid-19 vaccine administration – first dose; <u>adults 18 yrs and older</u>							
2b) Descriptor	SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Since this code was adopted, additional COVID vaccinations have been recommended. The age description will provide additional clarity.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Verbiage has been provided by the Centers for Disease Control and Prevention.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	November 1, 2021
Name:	American Association of Public Health Dentistry		
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 >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>
If Yes, name the entity >		American Association of Public Health Dentistry The Oregon Dental Association	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1704
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Moderna Covid-19 vaccine administration – first dose; <u>adults 18 yrs and older</u>							
2b) Descriptor	SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Since this code was adopted, additional COVID vaccinations have been recommended. The age description will provide additional clarity.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • “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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Verbiage has been provided by the Centers for Disease Control and Prevention.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	November 1, 2021
Name:	American Association of Public Health Dentistry		
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 >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>
If Yes, name the entity >		American Association of Public Health Dentistry The Oregon Dental Association	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D1707
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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	Janssen Covid-19 vaccine administration; <u>adults 18 yrs and older</u>							
2b) Descriptor	SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE							
3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u> <ul style="list-style-type: none"> 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). 								
Since this code was adopted, additional COVID vaccinations have been recommended. The age description will provide additional clarity.								

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]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D	
b) Procedure technical description			
N/A			
c) Clinical scenario			
N/A			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • "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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If "a)" is "Yes")	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If "b)" is "Yes")	Yes >	<input type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>
6. Additional Comment or Explanation:								
Verbiage has been provided by the Centers for Disease Control and Prevention.								

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	November 1, 2021
Name:	American Association of Public Health Dentistry		
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 >	<input checked="" type="checkbox"/>	No >	<input type="checkbox"/>
If Yes, name the entity >		American Association of Public Health Dentistry The Oregon Dental Association	

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input checked="" type="checkbox"/>	Revise Current	<input type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D
2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action. <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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		<p>This is a request for the addition of 13 Covid-19 Vaccine Administration procedure codes – nomenclatures and descriptors for each follow.</p> <p>Pfizer-BioNTech Covid-19 vaccine administration – third dose; adults 18 yrs and older, Immunocompromised SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3</p> <p>Pfizer-BioNTech Covid-19 vaccine administration – booster dose; adults 18 yrs and older, 65 yrs older, or high risk category SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER</p> <p>Moderna Covid-19 vaccine administration – third dose; adults 18 yrs and older, Immunocompromised SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3</p> <p>Moderna Covid-19 vaccine administration – booster dose; adults 18 yrs and older, 65 yrs older, or high risk category SARSCOV2 COVID-19 VAC mRNA 50mcg/0.25mL IM DOSE BOOSTER</p> <p>Janssen Covid-19 Vaccine Administration - booster dose; adults 18 yrs and older SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER</p> <p>Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose – first dose; pediatric; adults 12 yrs and older SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL tris-sucrose IM DOSE 1</p>						

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.
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	<p>Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose – second dose; pediatric; adults 12 yrs and older SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL tris-sucrose IM DOSE 2</p> <p>Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose; children 5 yrs to <12 yrs SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 1</p> <p>Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose; children 5 yrs to <12 yrs SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 2</p> <p>Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose; children ? mos/hrs to <5 yrs SARSCOV2 COVID-19 VAC mRNA tris-sucrose dose/strength TBD</p> <p>Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose children ? mos/hrs to <5 yrs SARSCOV2 COVID-19 VAC mRNA tris-sucrose dose/strength TBD</p> <p>Moderna Covid-19 vaccine administration – first dose; Children 6 yrs to <12 yrs children ? mos/hrs to <5 yrs SARSCOV2 COVID-19 VAC mRNA dose/strength TBD</p> <p>Moderna Covid-19 vaccine administration – second dose; Children 6 yrs to <12 yrs SARSCOV2 COVID-19 VAC mRNA dose/strength TBD</p>		
2b) Descriptor	Descriptors for each requested new code are in 2a) above (in regular font, not bold face)		
<p>3. Rationale for this request – your persuasive argument for CMC acceptance. <u>Special Notes – Deletion Requests:</u></p> <ul style="list-style-type: none"> 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). 			
<p>Since the March 2021 Code Maintenance Committee, additional SARSCOV2 COVID-19 vaccinations have been proposed as detailed on this attached document provided by the Centers for Disease Control and Prevention.</p>			
4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete ["a) - c)" are not applicable]	<input type="checkbox"/>
a) CDT Code currently used to report the procedure		D1707 or D1999	
b) Procedure technical description			
See attached			

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c) Clinical scenario

Examples of clinical scenarios include:

- A 66 year old patient presents for dental care and has had the second dose of the, Pfizer-BioNTech Covid-19 vaccine more than 6 months ago.
- An adult patient in a high risk category who resides in a rural community presents for periodontal maintenance and is overdue for the booster dose.
- A 12 year child presents to the office for dental sealants and has yet to receive the COVID-19 vaccination.

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 >	<input checked="" type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input type="checkbox"/>		No >	<input checked="" type="checkbox"/>		No >	<input checked="" type="checkbox"/>

6. Additional Comment or Explanation:

Attached is the CDT Proposed Descriptor Codes and Updates document as of 10-19-2021 provided by the Centers for Disease Control. Revisions to the proposed nomenclature and descriptors are expected.

This link provides information on the latest dental vaccination regularly as reported to the ADA.

<https://success.ada.org/en/practice-management/patients/covid-19-vaccine-regulations-for-dentists-map>

Attached is a detailed map from October, 2021 detailing which states dentists may currently administer the COVID-19 vaccine from October, 2021.

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Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	11-1-2021
Name:	American Academy of Oral Medicine		

Part 2 – Submission Details

1. Code Action (Mark one only)	Add New	<input type="checkbox"/>	Revise Current	<input checked="" type="checkbox"/>	Delete Entirely	<input type="checkbox"/>	Affected Code (Revise or Delete only)	D4355
<p>2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.							
<p>3. Rationale for this request – your persuasive argument for CMC acceptance.</p> <p><u>Note:</u> 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.</p> <p>The nomenclature and descriptor of D4355 full mouth debridement, requiring a comprehensive oral evaluation and diagnosis at a subsequent visit:</p> <p>1. Restricts the dentist's clinical judgement and defines decision making or sequencing of care that is not appropriate. Patients with limited past dental care may present with significant dental accumulations of hard and soft material above and below the gumline precluding periodontal and caries diagnosis essential to appropriate treatment planning. No evidence is available to support the accuracy or inaccuracy of diagnosis made immediately after full mouth debridement compared to diagnosis at a subsequent appointment of any duration of time.</p> <p>2. Limits access to needed oral health care for vulnerable patient groups a). <u>Prior to medical/surgical procedures</u>; when patients oral health must be maximized quickly for a lifesaving medical therapy (example, prior to radiation therapy for head and neck cancer, prior to stem cell or organ transplantation, or prior to heart valve replacement); b). <u>Behavioral constraints</u>; when patients cannot tolerate or cooperate office/clinic care without adjunctive anesthesia due to phobia or neurodevelopmental, or other disabilities to treatment. General anesthesia adds to the overall health risk of dental treatment and for expediency and patient safety typically all diagnoses and needed, available treatments are accomplished in one setting (e.g. full mouth rehabilitation); c). <u>Patient burden</u>; for example, when patients, many being publicly insured, live in rural (severely dental underserved) communities, lack transportation, experience medical or physical frailty, or other material support for multiple return dental visits, as much assessment and care possible to accomplish in one visit is prudent.</p> <p>3. Is not in keeping with the scientific evidence to construe this CDT code is intended to allow full mouth probing to facilitate a comprehensive or periodontal exam the intent of which is to justify periodontal probing depths required to justify quadrant scaling to treat periodontitis. Evidence supports a periodontal therapeutic benefit of a full mouth debridement procedure itself. Evidence through clinical trials (Wennstrom et al 2005) and systematic reviews and meta-analysis (Fang et al 2016) supports a therapeutic benefit to full mouth debridement (full mouth disinfection or full-mouth ultrasonic debridement) in the treatment of adults with chronic periodontitis. Wennstrom et al 2005 concluded: "The results demonstrated that a single session of Fm-UD [full mouth ultrasonic debridement] is a justified initial treatment approach that offers tangible benefits for the chronic periodontitis patient." Fang et al 2016 conclude: "FMD</p>								

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[full mouth disinfection] had modest additional clinical benefits over Q-SRP [quadrant scaling and root planing], so we prefer to recommend FMD as the first choice for the treatment of adult chronic periodontitis.”

References:

Wennström JL, Tomasi C, Bertelle A, Dellasega E. Full-mouth ultrasonic debridement versus quadrant scaling and root planing as an initial approach in the treatment of chronic periodontitis. J Clin Periodontol. 2005 Aug;32(8):851-9. doi: 10.1111/j.1600-051X.2005.00776.x.PMID: 15998268

Fang H, Han M, Li QL, Cao CY, Xia R, Zhang ZH. Comparison of full-mouth disinfection and quadrant-wise scaling in the treatment of adult chronic periodontitis: a systematic review and meta-analysis. J Periodontal Res. 2016 Aug;51(4):417-30. doi: 10.1111/jre.12326. Epub 2015 Oct 19.PMID: 26477533

4. Complete a) – c) only if Action Request is for a New CDT Code		Mark if Revise or Delete [“a” - c)” are not applicable]	<input checked="" type="checkbox"/>
a) CDT Code currently used to report the procedure		Not applicable	
b) Procedure technical description			
Not applicable			
c) Clinical scenario			
Not applicable			

Part 3 – Additional Information

5. Supporting documentation or literature: <ul style="list-style-type: none"> • “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 >	<input type="checkbox"/>	b) Protected by copyright? (If “a)” is “Yes”)	Yes >	<input type="checkbox"/>	c) Permission to reprint? (If “b)” is “Yes”)	Yes >	<input type="checkbox"/>
	No >	<input checked="" type="checkbox"/>		No >	<input type="checkbox"/>		No >	<input type="checkbox"/>
6. Additional Comment or Explanation:								
None.								