CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10-21-2022
Name:	American Association of Public Health Dentistry	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	stand – alone immunization counseling
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Dentists play an important roll in the promotion and administering of lifesaving vaccines by sharing their professional expertise and time. Patients and/or caregivers may not be aware of the benefits of vaccines, such as the impact of the HPV vaccination of reducing the incidence of oropharyngeal cancer. Others may be reluctant to obtain vaccinations and/or have questions about them and dentists Although dentists are authorized to administer vaccines, many may choose to provide counseling and refer to other health care professionals. New Vaccine Stand-alone Counseling Codes were released by the Centers for Medicaid and Medicare Services on June 9, 2022, and this action request mirrors these codes for medical providers.

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

b) Procedure technical description

Stand – Alone Immunization Counseling consists of a review of the patient's vaccine history, discussion of the vaccine benefits and risks of the vaccine, and consequences of not obtaining it. It also includes a discussion of questions and concerns the patient or family may have and suggestions on where the patient can obtain the vaccine.

c) Clinical scenario

A nine-year old child presents to the dental office for an examination. The dentist recommends the HPV vaccine to prevent HPV related cancers, addresses the parent's questions and concerns and makes a referral, since the dentist's state's Dental Practice Act does not allow for the administration of vaccines by a dentist.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

References:

Letter from the Department of Health and Human Services to State Health Officials. https://www.medicaid.gov/federal-policy-guidance/downloads/sho22002.pdf

HPV Vaccination Roundtable *Cancer Prevention Through HPV Vaccination: An Action Guide for Dental Health Care Provider***s**. Cancer Prevention Through HPV Vaccination: An Action Guide for Dental Health Care Provider: http://hpvroundtable.org/wp-content/uploads/2018/04/DENTAL-Action-Guide-WEB.pdf

Moss JL, Reiter PL, Rimer BK, Brewer NT. Collaborative patient-provider communication and uptake of adolescent vaccines. *Soc Sci Med.* 2016 June ; 159: 100–107. doi:10.1016/j.socscimed.2016.04.030. 2016. https://pubmed.ncbi.nlm.nih.gov/27176467/

Hswen Y, Gilkey, MB, Rimer BK, Brewer NT. Improving Physician Recommendations for Human Papillomavirus Vaccination: The Role of Professional Organizations. *Sex Transm Dis*. 2017 January ; 44(1): 42–47. doi:10.1097/OLQ.0000000000000543. https://pubmed.ncbi.nlm.nih.gov/27898573/

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium		

Part 2 – Submission Details

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

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

2a) Nomenclature	a visual and tactile, extraoral and intraoral evaluation
2b) Descriptor	This procedure includes a comprehensive evaluation of the head, neck, oral cavity, and oropharynx, to identify signs and/or symptoms associated with oral or oropharyngeal cancer or other conditions, and the potential need for referral for diagnosis and treatment.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

This submission is to be considered a pre-diagnostic service, separate from other oral evaluations.

- Used in private practice or public health clinical settings when a D0120, D0150, or D0180 is not being performed such as D4910, D1110, D1120, and follow-up evaluations on abnormalities previously identified.
- Outside of a clinical setting this procedure may also be performed at: public screening events, mission outreach, health fairs, medical/dental integration settings, and statistical data gathering.

By being able to perform this individual service outside the normal clinical setting and track the metrics, the dental professional will be conforming with the ADA Resolution 65H-2019 which amended the ADA policy on early detection and prevention of oral cancer to include oropharyngeal cancer and cover all patients, not just those previously thought to be at an increased risk because of tobacco and alcohol use. This revised policy aligns with the Center for Disease Control and Prevention guidelines. According to the ADA" Every patient should be screened by their dentist and dental hygienist for possible early signs and symptoms of oral cancer, including HPV-associated oropharyngeal ones."

Furthermore, the oral health care system is professionally liable to address the rising concern about oral and oropharyngeal cancer. Proper procedure codes with complete descriptors support valid documentation and is also mandated by law.

Testimony from practicing dentist Parul Dua Makkar DDS 295 N Broadway Jericho, NY, 11753
Email: Parul_dua@yahoo.com

Dear ADA Code Maintenance Committee,

I am a General Dentist in private practice, owner of PDM Family Dental in New York. I am currently a member of the American Dental Association, NY State Dental Society and the Nassau County Dental Society.

I write in full support for a code specific for Visual and Tactile, Extraoral, Intraoral, Evaluation/Oral Cancer Screenings. Oral Cancer is the 7th most common malignancy in the world according to the World Health Organization (WHO). There are over 54,000 cases being diagnosed in the United States Annually. Currently there are no specific test for detection of early cancer. Our best method of diagnosing suspicious lesions is doing a full exam using our tactile and visual skills to examine intra and extra orally. It is not only the examination of the oral cavity, but also a thorough exam of the head and neck region. This is also an investment of time with patients to know their social and medical histories and educating patients. This code also ensures that we monitor those patients with higher risks closely. Oropharyngeal cases have been on the rise especially due to the Human Papilloma Virus (HPV). This virus causes cervical cancer and with pap smears, leading to early detection, there are has been a decline in these types of cancers. Early detection is the key to more conservative treatments and better long-term prognosis of the patient. It helps ease the burden on our society financially and emotionally for the patient's family.

The biggest impact for me on a professional and personal level for more screenings aiding early detection of Oral Cancer is to save more lives. On March 2021, I lost my only and younger brother to Oral Cancer. My brother, Dr. Manu Dua, was also a Dentist. He had no traditional risk factors for Oral Cancer. He was 34 at the time of his death, and in his final days he wrote a series of essays which are now a book, *Life Interrupted, Dr. Dua's Survival Guide* (available on Amazon). There is also a podcast of the same name, Life Interrupted, Dr. Dua's Survival Guide, podcast companion available on iTunes, Amazon, iHeart, Spotify. The podcast is a discussion with Manu's friends who are all Doctors, Dentists or Dental Specialists dealing with loss due to Cancer. The book is unique because it is a first-hand experience as Manu himself battled the disease he was trained to diagnose. It gives a perspective of the impact of cancer on the patient and its aftermath on the family. I have been interviewed by the American, Canadian and British Dental Associations in regard to this book and the impact of Oral Cancer. Oral cancer doesn't just affect the one person who has it, but the village around him/her. Oral cancer is preventable and like with all other cancers, early detection is key. We as dental professionals are on the forefront of Oral care. There are numerous studies of the impact of Oral health and the whole body.

With a code for screenings, we would be able to better help and educate patients on the traditional risk factors and also encourage them in getting the HPV vaccinations. I am honored and privileged to be a small part in helping this code become something I can use in my office in the near future. Our medical colleagues have codes for screenings of other forms of cancer, and rightfully so, should we. This would also help ensure that Dentists and Dental Hygienists are compensated for the time that they spend in comprehensive exams and in patient education while building long term relationships with their patients. This biggest impact and my hope with increased screenings and early detection is that no family loses a loved one to Oral Cancer again. That cost is greater than any.

Sincerely,

Dr. Parul Dua Makkar

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

b) Procedure technical description

The dental professional will perform a comprehensive evaluation to include:

Extraoral evaluation: Palpate and/or visualize

Face, skin of the head and neck, eyes, ears, nose

Lymph nodes: Pre-auricular, Post-auricular, Submandibular, Submental, Occipital, Supraclavicular, Anterior cervical chain (along the sternocleidomastoid muscle), Posterior cervical chain (along the trapezius muscle)

Thyroid gland. Evaluate swallow for symmetry.

Parotid, submandibular, sublingual glands,

TMJ asses for deviation, pain, crepitus, popping on opening and closing.

Intraoral evaluation: Palpate and/or visualize

Lips: commissures, vermillion border.

Oral mucosa: labial, buccal, alveolar, Stenson's duct. gingiva,

Floor of mouth: Mandibular tori, sublingual folds, lingual caruncle, Wharton's duct, plica fimbriata, ankyloglossia.

Tongue: palpate and visualize lateral borders, ventral and dorsal surfaces, filiform, fungiform, circumvallate papillae, lingual tonsils, foliate papillae.

Maxillary and mandibular vestibules, hard palate, tori.

Oropharynx: soft palate, uvula, anterior and posterior tonsillar pillars, back wall of the throat, symmetry of palatine tonsils, posterior third base of tongue and lingual tonsils, glossotonsilar sulcus, pterygomandibular raphe, retromolar pad, maxillary tuberosity.

c) Clinical scenario

Photos supplied by Susan Cotten BSDH, RDH, OMT Oral Cancer Consulting, LLC

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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   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

CLINICIANS' TESTIMONIALS and SUPPORT:

To the ADA Code Maintenance Committee:

I am writing this letter in support of the DentalCodeology Consortium submitting to the ADA code maintenance committee, the request for a separate code for the visual and tactile, extraoral, intraoral evaluation. I own and operate a direct access dental hygiene practice here in Colorado and this new code would be very appropriate for use and much needed. I am daily performing a visual and tactile, extraoral/intraoral evaluation on every patient and we need a code for this specifically that is not tied to or embedded into other diagnostic codes. Please consider this request for a separate code.

Thank you, Kari Brennan, R.D.H.

White River Dental Hygiene, PLLC

Meeker, Colorado 970-878-9967 kari@wrdh.care

"As cases of oral diseases rise to epidemic proportions around the world, it is extremely important to adapt our clinical dental procedures and methodologies to what we know is here and also to what is coming down the line. The predicted increase of oral cancers is just one example of this necessary adaptation. The ability for oral health professionals to utilize a separate oral cancer screening code will help encourage and track the use of these screenings both inside and outside of the traditional dental practice model.
The American Mobile & Teledentistry Alliance (AMTA) fully supports this current submission draft to help increase the use of cancer screenings to prevent and identify potential oral diseases." **Sonya Dunbar, RDH, MA & Melissa Turner, BASDH, RDHEP, EFDA Founding Board Members, American Mobile & Teledentistry Alliance and Co-Founders, National Mobile & Teledentistry Conference**

ORGANIZATIONS AND DENTAL PROFESSIONALS IN SUPPORT:

Oral Cancer Foundation

https://oralcancerfoundation.org/

Jill Meyer-Lippert RDH Owner

Side Effect Support, Manitowoc, WI.

https://sideeffectsupport.com/

Richard A Simpson DMD FACD FICD

Diplomate, American Board of Pediatric Dentistry Fellow, American Academy of Pediatric Dentistry Immediate Past-Chair, Oral Health Coalition of Alabama.

Chief Clinical, Holland Healthcare. Children and Teen Dental Group, Tuscaloosa, Alabama.

Michelle Vacha RDH, BS

Founder and Executive Director – Community Dental Health

Colorado Springs, CO. and Pueblo, CO.

https://communitydentalhealth.org/

Jennifer Geiselhofer RDH

Founder and Owner of Dental at Your Door https://dentalatyourdoor.com/

and Deserving Dental Non-Profit. Denver, CO. https://deservingdental.org/

Janet Lucero Madrid RDH

Founder and Owner – Hope for Health Mobile Dentistry for Families. Castle Rock, CO.
https://hopeforhealthco.com/

Sarah Dic-Tanner RDH,

Founder and Owner Luxury Tooth Booth. Denver, CO.

https://www.luxurytoothboothinc.com/

Jameson Kuehl Owner

Custom Dental Solutions, Hartland, WI. Corey

https://customdentalsolutions.com/

ARTICLES/PUBLICATIONS:

https://seer.cancer.gov/statfacts/html/oralcav.html

At a Glance

Estimated New Cases of oral and oropharyngeal cancer in 2022 - 54,000

% of All New Cancer Cases 2.8%

Estimated Deaths in 2022 -11,230

% of All Cancer Deaths1.8%

https://oralcancerfoundation.org/facts/

In 2022 approximately 54,000 Americans will be diagnosed with oral or oropharyngeal cancer. Breaking down to 147.9 Americans diagnosed every day, and **6 Americans diagnosed every hour**. And in five years only a little more than half of those diagnosed will have survived.

https://pubmed.ncbi.nlm.nih.gov/31906785/

There will be a projected global cumulative loss of $535 billion US dollars (USD) in economic output due to head and neck cancer between 2018 and 2030.

https://www.cancer.net/cancer-types/head-and-neck-cancer/statistics

Head and neck cancer accounts for about 4% of all cancers in the United States. This year, an estimated 66,470 people (48,520 men and 17,950 women) will be diagnosed with head and neck cancer. It is estimated that 15,050 deaths (10,940 men and 4,110 women) from head and neck cancer will occur in the United States this year.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8529297/

Nov. 2021

This article has great information on opportunistic screening in dental practices.

VOE-visual and oral exam.

Screening has been defined as “the identification of unrecognized disease by the application of a test to people who are asymptomatic, in order to identify those who probably have the disease and to distinguish them from those who probably do not.

Resolution 65H-2019 amended the ADA policy on early detection and prevention of oral cancer to include oropharyngeal cancer and cover all patients, not just those previously thought to be at an increased risk because of tobacco and alcohol use.

The American Dental Association recommends dentists conduct routine visual and tactile examinations for oral and oropharyngeal cancer for all patients, according to a resolution passed by the ADA House of Delegates on Sept. 9. ADA Expands Policy on Oral Cancer Detection to include Oropharyngeal Cancer, The ADA News, Oct. 2019.

https://velscope.com/ada-oral-cancer-policy-practice-and-patients/

Article from Velscope on ADA policy statement above.

Jan 2020

-To put it in simpler terms, **HPV-related oropharyngeal cancer has risen by 225%** over the past two decades, while oral cancer linked to the historical etiologic pathways of tobacco and alcohol use has declined by 50% over the same time period.

-The high-risk anatomical areas present their challenge to our profession as we possess limited visual acuity in the posterior third or oropharynx. No, we do not have an endoscope, and we are not having our patients perform a barium swallow, but *what we do have are our hands, our eyes and our ears*. Our hands to effectively perform an extraoral examination of lymph nodes that may be related to the presence of a tumor in the oropharynx, our eyes to evaluate asymmetry and tissue changes and ears to listen to our patient’s subjective symptoms which may lead us to making a referral. A simple change such as a patient relaying the fact that they “are having difficulty swallowing or certain foods are getting caught in their throat” may be that first symptom of a tumor at the posterior base of the tongue.

-What does this policy amendment mean to your practice and your patients? It means ‘good enough’ is not enough anymore. It means increased responsibility and the opportunity to positively impact the people who place their lives in our care. People are dying due to knowledge gaps both within society and our profession. Stand up for your patients and perform effective and opportunistic oral and oropharyngeal cancer screenings.

https://www.rdhmag.com/pathology/oral-pathology/article/14173677/the-state-of-oral-and-oropharyngeal-cancer-screening-in-dental-hygiene

While most cancers are on the decline, this cancer is continually on the rise and has reached epidemic numbers as a result of HPV-16. The OCF states that “historically the death rate of this cancer is particularly high not because it is hard to discover or diagnose, but due to the cancer being routinely discovered late in its development.” Screenings are still not done often or equitably enough. April 2020

https://www.aaom.com/clinical-practice-statement--oral-cancer-screening

Great read; Support from other organizations-2016

In addition to the American Academy of Oral Medicine, a number of national organizations and institutes describe such oral cancer evaluations on their websites, including the National Cancer Institute, the National Institute of Dental and Craniofacial Research, the American Cancer Society, the American Dental Association, and the Oral Cancer Foundation (see references).

https://jada.ada.org/article/S0002-8177(17)30701-8/fulltext?_ga=2.156141304.2108040372.1661782251-363998188.1661479558

2017 policy. Key words: PMD -Potentially Malignant Disorders AND CVTE-Conventional Visual and Tactile Examination

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	11-1-2022
Name:	American Academy of Oral Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
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   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	labial minor salivary gland biopsy for the diagnosis of autoimmune diseases
2b) Descriptor	Several minor salivary glands are harvested intact through an incision in the lower labial mucosa for histopathological examination.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised CDT Code.
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There is a CDT Code gap. Labial minor salivary gland biopsy is used as a part of the diagnostic workup for suspected Sjögren's syndrome. The proposed new code for a labial minor salivary gland biopsy requires excision of intact salivary gland organs through an incision. D7286, the current CDT code for an incisional biopsy of soft tissue, is not an appropriate code to document a labial minor salivary gland biopsy as, according to its descriptor, D7286 is a procedure that removes an architecturally intact specimen that does not entail an excision.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D7286 Incisional biopsy of oral tissue-soft**	

b) Procedure technical description

Lip biopsy of the labial minor salivary glands involves application of local anesthesia to the lower labial mucosa; a vertical or horizontal incision along the lip's long axis of 1 to 1.5cm length lateral to the midline while lip is stretched by an assistant, often with use of a chalazion ophthalmic clamp (Fox 1985; Wijaya et al 2019) superficial to the lip muscle and just under the epithelium, the surgeon identifies the minor salivary glands by their lobular nature and by blunt dissection and release from surrounding fascia removes several (4 to 6) entire glands/lobules. The surgeon must take care to avoid damage to sensory nerves and leaving any partially resected glands that can result in postoperative mucocele formation. The removed glands are placed in formalin and delivered to the pathologist for microscopic examination. The incision is closed with several interrupted sutures to reapproximate edges.

c) Clinical scenario

Patients are often referred to oral medicine specialists or other dentists and oral surgeons for a labial minor salivary gland biopsy as part of the diagnostic workup of Sjogren's syndrome or other autoimmune disorders where lymphocytic infiltrate quantification comprises one of the diagnostic criteria.

Confirmation of diagnosis of Sjogren's syndrome or other autoimmune conditions is important to physicians and oral healthcare providers as it impacts their choice of therapies for non-sicca manifestations, management of sicca-related oral complications, may define the presence of alternative sicca-mimicking diagnoses such as sarcoidosis or amyloidosis, and informs disease prognosis with higher focus score being associated with disease severity and with increased risk of later development of lymphoma.

Part 3 – Additional Information

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

6. Additional Comment or Explanation (enter "None" if applicable):

The focus score of > or equal to 1 foci/4 mm squared resulting in a diagnosis of focal lymphocytic sialadenitis using protocol by Daniels et al (2011) in minor salivary gland biopsy is one of the revised classification criteria for primary Sjögren's syndrome accepted by the American College of Rheumatology (ACR) Board for Directors and the European League Against Rheumatism (EULAR) Executive Committee. (Shiboski et al 2017) and the American-European Consensus Group (Vitali et al 2002).

References

Shiboski CH, Shiboski SC, Seror R, Criswell LA, Labetoulle M, Leitman TM, et al. 2016 American College of Rheumatology / European League Against Rheumatism Classification Criteria for Primary Sjogren's syndrome. Arthritis Rheum 2017;69(1): 35-45.

Daniels TE, Cox D, Shiboski CH, Schiodt M, Wu A, Lanfranchi H, et al. Associations between salivary gland histopathologic diagnoses and phenotypic features of Sjogren's syndrome among 1,726 registry participants. Arthritis Rheum 2011;63:2021–30.

Vitali C, Bombardieri S, Jonsson R, Moutsopoulos HM, Alexander EL, Carsons SE, Daniels TE, Fox PC, Fox RI, Kassan SS, Pillemer SR, Talal N, Weisman MH, European Study Group on Classification Criteria for Sjögren's Syndrome. Classification criteria for Sjögren's syndrome: a revised version of the European criteria proposed by the American-European Consensus Group. Ann Rheum Dis 2002;61(6):554.

Wijaya C, Ramli RR, Khoo SG. Dry surgical field minor salivary gland harvest using a chalazion clamp for sicca syndrome. J Laryngol Otol 2019;133(5):419-23.

Fox PC. Simplified biopsy technique for labial minor salivary glands. Plast Reconstr Surg 1985;75(4): 592-3.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	11-1-2022
Name:	American Academy of Oral Medicine		

Part 2 – Submission Details

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2a) Nomenclature	medical-dental integration evaluation prior to a planned medical/surgical procedure - new or established patient
2b) Descriptor	Initial evaluation, diagnosis, and treatment planning for improved oral health status based on a referral request by a medical provider related to a medical condition that requires management with a planned medical/surgical procedure such as head and neck radiation therapy, chemotherapy, bone-modifying (antiresorptive) therapy, immunosuppressive therapies, or surgical procedures such as heart valve repair/replacement or hematopoietic stem cell or solid organ transplantation. The planned medical/surgical procedure is associated with potential adverse outcomes for oral health or increased medical morbidity from untreated oral disease.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
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There is a CDT Code gap.

The proposed new code for Medical-Dental Integration Evaluation Prior to Medical/Surgical Procedure-New or Established Patient reflects the additional time involvement for the dental provider to acquire essential information from the referring physician to allow coordination of care at the onset of a physician/surgeon-planned medical therapy/surgical procedure (such as radiation to the head and neck region or medical oncology care, heart valve repair/replacement or organ transplantation) that has potential side effects that may worsen oral health or medical outcomes.

Existing code D0150 Comprehensive Oral Evaluation – new or established patient is not appropriate because descriptor "Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer, the evaluation and recoding of the patients dental and medical history and a

general health assessment. It may include evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (included periodontal screening and/or charting), hard and soft tissue anomalies, etc." does not specify referral for an evaluation from a physician prior to a specific medical/surgical procedure, the need for direct review of the patient's medical health records, consultation with the referring medical provider and coordination of dental care with medical care plan.

Further none of the Dental Case Management codes D9992-D9997 are appropriate for use for medical-dental integration evaluation prior to medical/surgical procedures on referral from a physician.

Further, D9311 consultation with a medical health care professional is not an appropriate code. Its descriptor is: "Treating dentist consults with a medical health care professional concerning medical issues that may affect the patient's planned dental treatment." This does not include the primary directionality of the request for medically integrated dental care from the physician planning a surgical/medical procedure to the dentist evaluating and creating recommendations for maximal oral health status and management for the patient as he/she prepares for the surgical/medical therapy intervention.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D0150**	

b) Procedure technical description

Medical-Dental Integration Evaluation prior to a planned medical/surgical procedure includes:

1. Retrieving review of clinical information in the patient's medical health records, including review of medical scans/images, laboratory and other diagnostic tests, physician documented diagnostic findings relevant to clinical decision making for treatment planning
2. Assessment of oral hard and soft tissues and clinical decision making
3. Initial management of pertinent orofacial conditions, diseases, and disorders that are essential for patient to undergo the medical/surgical procedure with reduced risk from an oral standpoint
4. Assessment and Dental Treatment planning with necessary modifications to provide essential oral health care for patient's stability to safely undergo the medical/surgical treatments
5. Coordination of care with the referring provider and their team

c) Clinical scenario

Typical Clinical scenarios include:

1) Radiation oncologist requests oral health evaluation commonly referred to as "clearance" evaluation for the patient with head and neck cancer prior to initiation of radiation therapy to the jaws.
2) Medical oncologist requests oral health evaluation (clearance) prior to initiation of myelosuppressive chemotherapy, bone-modifying therapy with a bisphosphonate or RANKL inhibitor, or stem cell transplantation initiation for management of a malignancy.
3) Cardiac surgeon requests oral health evaluation (clearance) prior to cardiac valve repair/replacement.
4) General surgeon or physician requests oral health evaluation (clearance) prior to solid organ transplantation and subsequent immunosuppressive therapy.

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

6. Additional Comment or Explanation (enter "None" if applicable):

Preface to this requested code set should be:

Management of medically complex dental patient integrating medical information to provide oral healthcare. The following codes need to be linked to pertinent medical diagnosis codes (ICD-10-CM].

Comments:

Integration and interoperability of medical and dental record systems is slowly increasing and of value to the safety of patient care considering it can close the gap created by the common (15-30%) misrepresentation of patient's health conditions to their dentists (Adibi et al 2020).

Enhanced Medical-dental integration is an important aspect of the future of healthcare in the U.S. (NIH, 2021) and is an initiative of the ADA (Medical-dental integration emphasizes mouth-body connection | American Dental Association (ada.org)) that can be partially supported by this new code set.

References

Adibi S, Li M, Farach-Carson MC. Medical and dental electronic health record reporting discrepancies in integrated patient care. JDR Clin Trans Res 2020;5(3):278-83.

National Institutes of Health. Oral health in America: advances and challenges. Bethesda (MD): US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research; 2021. Accessed October 27, 2022. https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	11-1-2022
Name:	American Academy of Oral Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	medical-dental integration revaluation during medical procedure/therapy - established patient
2b) Descriptor	Follow-up evaluation of prognosis, medication management, modification to treatment as per scheduled recall or as required based on referring provider or patient's condition during ongoing therapy.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

There is a CDT Code gap.

The proposed new code for Medical-Dental Integration Reevaluation During Medical Procedure/Therapy-Established Patient reflects the additional time involvement for the dental provider to acquire essential information from the referring physician to allow ongoing coordination of care during an episode of physician-planned medical therapy (such as radiation to the head and neck region or medical oncology care) that has potential side effects that may worsen oral health or medical outcomes.

Existing code D0120 Periodic Oral Evaluation –established patient is not appropriate because descriptor "An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately" does not specify the return evaluation is to access oral health impact of ongoing medical therapy, the need for direct review of the patient's medical health records, consultation with the medical provider supervising the medical therapy episode, where needed and coordination of dental care with medical care plan.

Further none of the Dental Case Management codes D9992-D9997 are appropriate for use for medical-dental integration reevaluation during medical procedures/therapy on referral from a physician.

Further, D9311 consultation with a medical health care professional is not an appropriate code. Its descriptor is: "Treating dentist consults with a medical health care professional concerning medical issues

that may affect the patient's planned dental treatment." This does not include the primary directionality of the request for medically integrated dental care from the physician prescribing and managing a medical procedure/therapy to the dentist evaluating oral health in the context of the new medical therapy for medical therapy side effects/adverse events and creating recommendations for maximal oral health status and management for the patient as he/she progresses through the medical therapy intervention.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D0120**	

b) Procedure technical description

Medical-Dental Integration Reevaluation during an ongoing medical procedure/therapy includes:

1. Retrieving health records and review of clinical information including review of medical scans/images, laboratory and other diagnostic tests, physician documented diagnostic findings relevant to clinical decision making for ongoing treatment planning
2. Assessment of oral hard and soft tissues and clinical decision making
3. Modification to the management of pertinent orofacial conditions, diseases, and disorders based on clinical prognosis
4. Coordination of care with the referring provider and their team

c) Clinical scenario

Typical Clinical scenarios include:

1) Radiation oncologist requests or patient's condition warrants oral health reevaluation for the patient with head and neck cancer during the typical 5-7 week course of radiation therapy to the jaws to assess and manage oral complications of radiation or chemoradiation therapy such as: exposed bone, mucositis, salivary gland dysfunction, oral candidiasis, odontogenic infections, or complaints of oral neuropathies/pain.
2) Medical oncologist requests or patient's condition warrants oral health reevaluation to assess and manage oral complications during treatment of malignancy with myelosuppressive chemotherapy, immunosuppressive therapy or bone-modifying therapy with bisphosphonates or RANKL inhibitors, biologic targeted therapy and immune checkpoint inhibitors, and stem cell transplantation and engraftment. Typical oral complications of medical oncology-delivered therapy managed by oral health care providers include: exposed/necrotic jaw bone, oral mucositis, salivary gland dysfunction, oral candidiasis, complaints of oral neuropathies/pain, odontogenic infections, graft versus host disease oral manifestations.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

Preface to this requested code set should be:

Management of medically complex dental patient integrating medical information to provide oral healthcare. The following codes need to be linked to pertinent medical diagnosis codes [ICD-10-CM].

Comments: Integration and interoperability of medical and dental record systems is slowly increasing and of value to the safety of patient care considering it can close the gap created by the common (15-30%) misrepresentation of patient's health conditions to their dentists (Adibi et al, 2020).

Enhanced Medical-dental integration is an important aspect of the future of healthcare in the U.S. (NIH, 2021) and is an initiative of the ADA (Medical-dental integration emphasizes mouth-body connection | American Dental Association (ada.org)) that can be partially supported by this new code set.

Head and neck cancer patients receiving radiation therapy and other patients with solid organ tumors or hematologic malignancies receiving chemotherapy commonly develop treatment-related oral complications that impact quality of life, cost and health outcomes. For example, oral mucositis is common (mean incidence 53.6% with 15.8% cases being severe in a recent systematic review) during chemotherapy for solid and hematologic tumors (Docimo et al, 2022). For U.S. patients treated for oral and oropharyngeal cancer, involvement of dentists in oral complications management resulted in lower costs of acute complications and subsequent dental caries, and shorter duration of acute and chronic care complications (Choi et al, 2021).

In the past 15 years, biological targeted therapies and immune checkpoint inhibitors have been released to the U.S. market as novel therapy to treat malignancy and have created oral toxicities in over 20% of patients leading to significant morbidity and oral health management requirements that otherwise might impair patient adherence to cancer treatment and affect quality of life (Vigarios et al, 2017).

Medication-related osteonecrosis of the jaws (MRONJ) has been a serious adverse sequela of bone-modifying agents for over 20 years and requires optimized oral health to reduce its occurrence and oral health surveillance and use of various non-operative and operative management techniques depending on the stage of MRONJ disease (Ruggiero et al, 2022).

References

Adibi S, Li M, Farach-Carson MC. Medical and dental electronic health record reporting discrepancies in integrated patient care. JDR Clin Trans Res 2020;5(3):278-83.

National Institutes of Health. Oral health in America: advances and challenges. Bethesda (MD): US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research; 2021. Accessed October 27, 2022. https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf

Docimo R, Anastasio MD, Bensi C. Chemotherapy-induced oral mucositis in children and adolescents: a systematic review. Eur Arch Paediatr Dent 2022;23(4): 501-11.

Choi SE, Choudhary A, Sonis S, Villa A. Benefits of involvement of dentists in managing oral complications among patients with oral cavity and oropharyngeal cancer: An analysis of claims data. JCO Oncol Pract 2021;17(11):e1668-77.

Vigarios E, Epstein JB, Sigaud V. Oral mucosal changes induced by anticancer targeted therapies and immune checkpoint inhibitors. Support Care Cancer 2017;25(5):1713-39.

Ruggiero SL, Dodson TB, Aghaloo T, Carlson ER, Ward BB, Kademani D. American Association of Oral and Maxillofacial Surgeons' Position Paper on Medication-Related Osteonecrosis of the Jaws-2022 Update. J Oral Maxillofac Surg 2022;80(5):920-43.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/27/2022
Name:	American Association of Oral and Maxillofacial Surgeons	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	3D printing of a 3D dental surface scan
2b) Descriptor	3D printing of a 3D dental surface scan to obtain a physical model.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

There is currently no CDT code available to describe 3D printing of a 3D dental surface scan

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

b) Procedure technical description

After a dental surface scan is obtained, the file is transmitted to a 3D printer to allow the fabrication of model.

c) Clinical scenario

Patient presents for a palatal expander. A 3D dental surface scan is obtained of the maxilla. The file is transmitted to a 3D printer in office or at the lab to allow the printing of a 3D model and the fabrication of the palatal expander.

Part 3 – Additional Information

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/26/2022
Name:	John Kneeland		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**alteration of tooth enamel by laser irradiation, that is strongly absorbed by the mineral, to inhibit demineralization for caries prevention**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Although caries management utilizing fluoride treatment or sealants has markedly reduced the prevalence and incidence of dental caries, these treatments have proven insufficient to control cavity formation in many patients, especially those at high caries risk. The prevalence of dental caries in adults is more than 90%. There is a need for innovative methods beyond the current standard-of-care for the prevention, inhibition of progression, or reversal of dental caries.

The use of specifically designed 9.3-µm wavelength carbon dioxide (CO_2) laser irradiation provides an additional method to reduce demineralization and to inhibit caries formation. This laser wavelength is very important as it is strongly absorbed by the phosphate groups in the enamel mineral rapidly transforming the soluble carbonated hydroxyapatite mineral to an almost insoluble form of hydroxyapatite. For best effect, other laser parameters, such as pulse duration, must also be optimized. Not only does this method markedly inhibit demineralization on its own, but it also is additive to fluoride, with the two together being especially effective. The efficacy of this unique treatment has been demonstrated in laboratory and clinical studies over the past decades.

Clinicals: A clinical study in humans titled, "*Fissure Caries Inhibition Study with CO_2-9.3µm short-pulsed laser – A randomized, single blind, prospective, split mouth controlled, clinical trial,*" was completed at the University of California San Francisco to evaluate whether the use of a 9.3-µm CO_2 laser in addition to fluoride therapy increases the caries resistance of occlusal pits and fissures in comparison to fluoride therapy alone. The randomized, single-blind, prospective, split-mouth controlled clinical trial was executed over 12 months with 60 participants. It demonstrated that the use of 9.3-µm CO_2 short-pulsed laser irradiation in addition to fluoride increases the caries resistance of occlusal pit and fissure surfaces.

A total of 22% of the participants in the control group (fluoride alone) developed caries, while 0% of the participants in the test group (treated with 9.3-µm CO_2) developed caries.

Regulatory: It is very important to note that Convergent Dental recently received U.S. Food and Drug Administration 510(k) clearance for its 9.3-µm CO_2 laser (Solea) for a new indication for use that states: **Aiding in the reduction of mineral loss in dental enamel** (510(k) number K221761, written communication to Convergent Dental from the FDA dated September 14, 2022. It is the first clearance for any laser treatment for inhibition of demineralization. The FDA reviewed extensive laboratory and clinical data in making this determination.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

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

b) Procedure technical description

This procedure requires the use of a specially designed 9.3-µm CO_2 laser with optimized laser parameters, including pulse duration, to alter tooth enamel in such a way as to render it more acid-resistant. As listed in 4c below, the specific laser irradiation is applied to caries-susceptible tooth surfaces via a specially designed delivery system that includes a handpiece that allows rapid and precise irradiation directly to the particular surface. This technique has been well-investigated over the past several decades and shown to be very effective and safe in inhibiting demineralization both in laboratory and clinical settings. The key to the success of 9.3-µm CO_2 laser irradiation in reducing enamel solubility (inhibiting demineralization) is the wavelength, which is highly absorbed by the phosphate groups in carbonated hydroxyapatite mineral in teeth. This allows for rapid, safe and controlled superficial heating to the necessary temperature to remove carbonate groups and convert the mineral to an almost insoluble form of hydroxyapatite, without damaging the enamel structure or unsafely raising pulpal temperature. These effects are specific to wavelengths that are highly absorbed by the phosphate groups in enamel mineral and not to other lasers.

The procedure involves irradiation of dental enamel via low-level 9.3-µm CO_2 laser energy (such as 1.0J/cm^2) to remove the acid-soluble carbonate groups from the carbonated hydroxyapatite enamel mineral. The system and method of energy delivery are designed to allow for a clinically relevant application in terms of treatment speed, efficiency and safety.

The laser beam is scanned over a tooth surface at a rate of 15mm^2 per 1 sec.

c) Clinical scenario

The application can be used for multiple different clinical scenarios, including, but not limited to:

- **Treatment of high caries risk areas:** For example, pits and fissures of the occlusal surfaces account for 90% of dental caries and are not well responsive to current caries preventive or inhibition methods.[i]
- **Treatment of early carious lesions:** Initial stages of decay often appear as white spot lesions or discolored areas. If untreated, these lesions will likely turn into cavities and require a restoration.
- **Treatment prior to placement of orthodontic brackets:** Orthodontic patients often experience dental decay on the facial surfaces of their teeth surrounding the orthodontic brackets or appliances, due to plaque accumulation in these areas.

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

6. Additional Comment or Explanation (enter "None" if applicable):

This new, unique method of caries prevention, arrest and inhibition provides an additional tool for the clinician to beneficially alter tooth mineral and inhibit demineralization. It does not require patient compliance for success. The laser treatment described here provides additional and separate caries prevention/inhibition therapy that is additive to fluoride therapy and promises to make a major contribution to caries management.

Supporting Documentation:

Featherstone JDB, Fried D. Fundamental Interactions of Lasers with Dental Hard Tissues. *Med Laser Appl*. 2001;16(3):181-194. doi:http://dx.doi.org/10.1078/1615-1615-00022

Rechmann P, Kubitz M, Chaffee BW, Rechmann BMT. Fissure caries inhibition with a CO 2 9.3-µm short-pulsed laser-a randomized, single-blind, split-mouth controlled, 1-year clinical trial. *Clin Oral Investig*. 2021;25(4):2055-2068. doi:10.1007/S00784-020-03515-X

Rechmann P, Rechmann BMT, Groves WH, et al. Caries inhibition with a CO_2 9.3 µm laser: An in vitro study. *Lasers Surg Med*. 2016;554(February):1-9. doi:10.1002/lsm.22497

Badreddine AH, Couitt S, Donovan J, Cantor-Balan R, Kerbage C, Rechmann P. Demineralization Inhibition by High-Speed Scanning of 9.3 µm CO 2 Single Laser Pulses Over Enamel. *Lasers Surg Med*. 2021;53(5):703-712. doi:10.1002/LSM.23340

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/31/2022
Name:	Jeremy Horst Keeper DDS, MS, PhD *Director of Clinical Innovation*		

Part 2 – Submission Detail

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**guided enamel hydroxyapatite-regenerating medicament – per tooth**
2b) Descriptor	Conservative treatment of an active initial caries lesion by mechanical and/or chemical preparation of enamel surfaces and topical application of an enamel hydroxyapatite-templating scaffold and/or active process without mechanical removal of tooth structure.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

A new procedure has come into use that is not described in the CDT. This approach is scientifically valid, it is taught in dental education programs, it is performed by dental teams, and it is distinct from topical fluorides. There are a range of materials coming into use for this procedure.

Description: The material currently used for guided enamel hydroxyapatite regeneration is a peptide which soaks into a porous "initial caries lesion" (current ADA term for non-cavitated demineralization that reaches as deep as the outer third of dentin), assembles into fibrils that bridge across the pores of the lesion, and then guides calcium and phosphate from the saliva to catalyze hydroxyapatite formation to fill the lesion. The molecular mechanism is highly similar to natural enamel formation by Amelogenin.

Range of materials: 1 peptide is currently in use in the U.S., while 6 more peptides and 1 machine are being developed for clinical use now. The first material for guided enamel hydroxyapatite regeneration was approved as generally regarded as safe and effective (GRASE) under the anti-caries monograph by the FDA in 2019 (P_{11}-4 / Curodont Repair, vVARDIS). A recent paper in Decisions in Dentistry described 2 more peptides currently being studied clinically (H5 and QP5), while 2 others are planning clinical studies (ADP5, PILP). The 2022 Forsyth DenTech conference highlighted 2 more startups with peptide-based guided enamel hydroxyapatite regeneration medicaments entering human trials (HysensBio and Mussel Polymers). Other technologies for this procedure, such as Electrically Assisted Enhanced Remineralization (Reminova), are expected to be marketed soon.

Scientific validity: A systematic review performed by an internationally recognized team of experts analyzed 6 randomized clinical trials and concluded that guided enamel hydroxyapatite regeneration arrests and shrinks initial caries lesions, and prevents progression to cavitation and restoration.

Taught in dental programs: At least 49 pediatric dental residencies, 12 GPRs, and 7 prosthodontic residencies have been taught about guided enamel hydroxyapatite regeneration. For example: Columbia, Nationwide and Nicklaus Childrens, UC San Francisco, U. Maryland, U. Washington, and U. Michigan.

When asked if this procedure was taught in her dental school, a leading U.S. cariologist said: "Yes, of course. We teach… about any product available… with clinical evidence behind it, particularly if in the form of [randomized controlled trials]."

Performed by dental teams: CareQuest runs clinical deployment programs across the U.S. to improve oral health for all by increasing the adoption of non-invasive caries therapeutics, such as silver diamine fluoride, guided enamel hydroxyapatite regeneration (presently with Curodont Repair), and glass ionomer sealants. In our programs alone, guided enamel hydroxyapatite regeneration has been performed over 12,000 times in over 2,700 patients across 9 states.

Distinction from topical fluorides: Although these materials can include fluoride, the mechanism of action is to restore the tooth by directly regenerating hydroxyapatite within the porosity of an initial caries lesion. They do not employ the indirect pathways of fluoride, which simply lower the demineralization pH. Unlike fluoride varnish (D1206) and caries arresting (D1354) or preventive medicaments (D1355), which require repeated application for effect, this procedure is intended as a single application treatment.

Existing CDT codes are not appropriate as they do not address the process, indication, or mechanism of this procedure. D1354 describes simply brushing on a medicament and stopping the lesion, while this procedure additionally involves 1. preparation of the tooth similar to a dental sealant, 2. significant time for absorption (e.g. 5 minutes), and 3. rebuilding the lost tooth structure. D1355 is for prevention of new lesions in high-risk surfaces (where there is no caries lesion).

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D2999, D1999**	

b) Procedure technical description

This procedure is selected to treat diagnosed initial caries lesions through informed consent as part of comprehensive care. The affected teeth are isolated with cotton. The lesions are cleaned with pumice. With some materials: sodium hypochlorite can be applied to remove plaque and pellicle, and then rinsed; acid etchant can be applied to open pores in the surface enamel that may be closed from superficial remineralization, and then rinsed. The hydroxyapatite regeneration guiding material is applied to the lesion and allowed to absorb for at least 3 to 5 minutes, then excess is wiped away. It may be covered with a dental varnish. Nutrition and hygiene modification, home care instructions, and other materials may also be prescribed for follow-up home use. The procedure is compatible with, but not a substitute for, topical fluorides.

c) Clinical scenario

White spots (initial caries lesions) are identified under and around orthodontic appliances in the esthetic zone. The dental team explains to the patient that hydroxyapatite can be regenerated in this lesion to shrink and arrest it, thus avoiding progression to cavitation and indication for restoration.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	9/19/2022
Name:	Brooke Willis		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**permanent digital model storage**
2b) Descriptor	A scan is taken on a patient of record within a practice, then uploaded to our cloud and attached to the Practice and Patient record on file, where it will be stored for lifetime access to patients and partnered doctors.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

We are requesting a code for "permanent model storage". We all know that technology is shaping the way that Dental Professionals diagnose and treat their patients, as well as run their offices. Giving them and their patients access to permanent digital model storage for future access and ease of use offers convenience to all parties and allows for the Dental field to continue to grow with technology and use it in all capacities. Being able to retain a digital model permanently gives additional piece of mind to the doctors and patients for their current and future needs.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

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

b) Procedure technical description

The doctor or staff member uploads the digital models, and they are stored for life. Access is granted for the use of those models by the doctor or patient. If a new scan is needed, it would be uploaded to replace the existing scan on file or stored in conjunction with the existing scan on file depending on the needs of the doctor and patient.

c) Clinical scenario
By request of the patient, doctor, or clinician the patient is scanned, and that scan is uploaded by a member of the practice staff and retained for life until further future use is necessary.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

We all know that technology is shaping the way that Dental Professionals diagnose and treat their patients, as well as run their offices. Giving them and their patients access to permanent digital model storage for future access and ease of use offers convenience to all parties and allows for the Dental field to continue to grow with technology.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/31/2022
Name:	American College of Prosthodontists		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**determine restorability of a tooth**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, the CDT does not have a code to capture the provider's time spent in determining the restorability of a tooth, if it is deemed unrestorable. If the tooth is restorable, there are CDT codes used to capture the restoration, hence, the provider's time. However, in those situations in which the tooth is extracted, there are not any codes that can capture the provider's time in determining the restorability. Determining the restorability of a tooth is not part of the extraction. Hence, a new code is needed to capture the provider's time.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2999**	

b) Procedure technical description

Many times, it is not known if a tooth is restorable. This code encompasses those situations in which time is spent excavating decay to determine restorability of a tooth.

c) Clinical scenario

A patient presents with tooth #3 with questionable prognosis. The decay is excavated to determine the amount of sound tooth structure that is left after excavation. If the tooth is restorable, the appropriate restorative code can be used. However, if tooth is unrestorable, how do you capture your time spent in the excavation? Therefore, a new code is needed.

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**D2000-D2999 III. Restorative** **Resin-Based Composite Restorations - Direct**
2b) Descriptor	Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration. ~~Glass ionomers, when used as restorations, should be reported with these codes.~~ If pins are used, they should be reported separately (see D2951).

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

The chemical composition of various glass ionomer products may be similar to resin-based composites but has certainly evolved into another dimension of restorative materials since first introduced into this category in CDT-2 published in 1995 (27 years ago). In addition, the process for placing glass ionomer restorations is different than both resin-based composites and amalgam. The preparation and bonding mechanism are also different and should be documented differently.

There should be a mechanism for tracking the frequency of this procedure being done compared to resin-based composites and amalgams, especially when it comes to retention. To document glass ionomer restorations as resin-based composites is inaccurate and misleading.

Craig's Restorative Dental Materials (Thirteenth Edition) 2012 also describes "Glass ionomers are water-based, self-adhesive restorative materials in which the filler is a reactive glass called fluoroaluminosilicate glass and the matrix is polymer or copolymer of carboxylic acids."

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions

- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Glass Ionomer vs. Composite Fillings: Which One is Right for You? By Naenae Dental Clinic, December 19, 2018

https://naenaedentalclinic.co.nz/blog/glass-ionomer-vs-composite-fillings-which-one-is-right-for-you/#:~:text=Glass%20ionomer%20fillings%20are%20not,decay%2C%20chips%20and%20worn%20teeth.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D**	
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 **>**	☐	b) Protected by copyright? (If "a)" is "Yes")	Yes **>**	☐	c) Permission to reprint? (If "b)" is "Yes")	Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	D2000-D2999 III Restorative Glass Ionomer Restorations - Direct
2b) Descriptor	Glass ionomer refers to a category of glass polyalkenoate cements including glass ionomers, resin-modified glass ionomers, and glass carbomers. Tooth preparation, conditioning (including cavity conditioners, etches, or bonding agents), and curing are included as part of the restoration.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

The chemical composition of various glass ionomer products may be similar to resin-based composites but has certainly evolved into another dimension of restorative materials since first introduced into this category in CDT-2 published in 1995 (27 years ago). In addition, the process for placing glass ionomer restorations is different than both resin-based composites and amalgam. The preparation and bonding mechanism are also different and should be documented differently.

There should be a mechanism for tracking the frequency of this procedure being done compared to resin-based composites and amalgams, especially when it comes to retention. To document glass ionomer restorations as resin-based composites is inaccurate and misleading.

Craig's Restorative Dental Materials (Thirteenth Edition) 2012 also describes "Glass ionomers are water-based, self-adhesive restorative materials in which the filler is a reactive glass called fluoroaluminosilicate glass and the matrix is polymer or copolymer of carboxylic acids."

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

Glass Ionomer vs. Composite Fillings: Which One is Right for You? By Naenae Dental Clinic, December 19, 2018 https://naenaedentalclinic.co.nz/blog/glass-ionomer-vs-composite-fillings-which-one-is-right-for-you/#:~:text=Glass%20ionomer%20fillings%20are%20not,decay%2C%20chips%20and%20worn%20teeth.

Glass Ionomer Cement Sealants By Dr. Jeanette MacLean, published in Dentaltown, July 2022 http://www.dentaltown.com/magazine/article8683/glass-ionomer-cement-sealants

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**glass ionomer – placement of a one surface restoration, anterior**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2330**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**glass ionomer – placement of a two surface restoration, anterior**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2331**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario
Glass Ionomer products may be used for, but not limited to • Restoration of deciduous teeth • Restoration of Cl. III & V carious lesions • Abrasion & erosion cavities • Tunnel restorations • Combined with resin composites to create laminate or 'sandwich' technique • As a temporary filling material • Luting cement

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**glass ionomer – placement of a three surface restoration, anterior**
2b) Descriptor	None

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

a) CDT Code currently used to report the procedure	**D2332**

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario
Glass Ionomer products may be used for, but not limited to • Restoration of deciduous teeth • Restoration of Cl. III & V carious lesions • Abrasion & erosion cavities • Tunnel restorations • Combined with resin composites to create laminate or 'sandwich' technique • As a temporary filling material • Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	glass ionomer – placement of a four or more surface restoration or one involving the incisal angle (anterior)
2b) Descriptor	Incisal angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2335**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	glass ionomer – placement of a one surface restoration, posterior
2b) Descriptor	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2391**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario
Glass Ionomer products may be used for, but not limited to • Restoration of deciduous teeth • Restoration of Cl. III & V carious lesions • Abrasion & erosion cavities • Tunnel restorations • Combined with resin composites to create laminate or 'sandwich' technique • As a temporary filling material • Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**glass ionomer – placement of a two surface restoration, posterior**
2b) Descriptor	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2392**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**glass ionomer – placement of a three surface restoration, posterior**
2b) Descriptor	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2393**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	glass ionomer – placement of a four or more surface restoration, posterior
2b) Descriptor	Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently, glass ionomer products are bundled into "resin-based composite restorations" and are directed to be reported with those codes even though

(1) the composition of the various glass ionomer products may be different and

(2) the technique for placement may be different.

Due to the technique-sensitive nature of placing resin-based composites, the cost to patients and insurance carriers is high when compared to the relative ease of placing a smaller and easier-placed glass ionomer restoration. **The cost savings to both patients and insurance carriers would be considerable.**

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D2394**	

b) Procedure technical description

The procedure's technical description will depend on the product's manufacturer recommendations and their instructions for their product.

c) Clinical scenario

Glass Ionomer products may be used for, but not limited to

- Restoration of deciduous teeth
- Restoration of Cl. III & V carious lesions
- Abrasion & erosion cavities
- Tunnel restorations
- Combined with resin composites to create laminate or 'sandwich' technique
- As a temporary filling material
- Luting cement

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	Dental Codeology Consortium		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**assessment of a patient**
2b) Descriptor	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease (including an oral cancer examination), malformation, or injury and the potential need for referral for diagnosis and treatment.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

The current descriptor is vague when it comes to oral cancer examination. The CMC has made it clear at the 2021 committee meeting that "an oral cancer examination is a component of any oral evaluation." This addition to the descriptor makes it clear this should be performed as part of D0191.

By being able to perform this service as part of the patient assessment and track the metrics, the dental professional will be conforming with the **ADA Resolution 65H-2019** which amended the ADA policy on early detection and prevention of oral cancer to include oropharyngeal cancer and **cover all patients**, not just those previously thought to be at an increased risk because of tobacco and alcohol use. This revised policy aligns with the Center for Disease Control and Prevention guidelines. According to the ADA" Every patient should be screened by their dentist and dental hygienist for possible early signs and symptoms of oral cancer, including HPV-associated oropharyngeal ones."

Furthermore, the oral health care system is professionally liable to address the rising concern about oral and oropharyngeal cancer. Proper procedure codes with complete descriptors support valid documentation and is also mandated by law.

CDT CODE ACTION REQUEST
(Version – 2022May20)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D**	
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?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):
NA

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	31 Oct 2022
Name:	ADA / Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D2335**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**resin-based composite – four or more surfaces ~~or involving incisal angle~~ (anterior)**
2b) Descriptor	~~Incisal Angle to be defined as one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

The full CDT code entry for D2335 has caused confusion within the dental community for the following reasons:

1) Within the CDT Code's "Resin-Based Composite Restorations – Direct" subcategory the D2335 nomenclature is the only entry with an "or" notation; all other nomenclatures only cite the number of tooth surfaces involved in the procedure.
2) Incisal angle is not a tooth surface and a dental claim submission (ADA paper; HIPAA 837D electronic) does not have a specified field for codified reporting this information.
3) The current descriptor does not contain information that addresses how the procedure is delivered.
4) The CDT manual's "Explanation of Restorations" table provides the following definition of an anterior tooth four or more surface restoration – "Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial-Incisal-Lingual-Facial (or Labial)."
5) Inconsistency with the four or more surface posterior tooth restoration procedure code does not contain a nomenclature "or" statement or any descriptor – "D2394 resin-based composite – four or more surfaces, posterior"
6) When a restoration involves the incisal angle the procedure is appropriately reported with the current code that indicates the number of surfaces involved in the procedure.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
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:
   - "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?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

The ADA Glossary of Dental Clinical Terms definition of incisal angle follows:

> **incisal angle**: One of the angles formed by the junction of the incisal and the mesial or distal surfaces of an anterior tooth; called the mesioincisal and distoincisal angle respectfully.

Guidance for Coding:

> The Incisal surface may incorporate the Incisal Edge (analogous to the Occlusal surface of posterior teeth for reporting purposes). An incisal angle restoration will include multiple surfaces. However the size of the affected area and the anatomy of the tooth will dictate the number of surfaces involved in the restoration.
>
> > For example, a small fracture involving the angle could be perceived clinically as two surface restoration (e.g., M-I; D-I). A larger fracture involving the angle that requires restoring a greater portion of the tooth would require a multi-surface restoration (e.g., M-I-F-L; D-I-F-L). The clinician determines what type of restoration was placed, and the code to report the procedure delivered to the patient.
>
> There is no need for a separate incisal angle restoration procedure code.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	31 Oct 2022
Name:	ADA / Council on Dental Benefit Programs		

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D4910**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**periodontal maintenance** **therapy for preserving the health of the periodontium**
2b) Descriptor	This procedure is instituted following periodontal therapy and does not involve delivery of other procedures reported with their own discrete codes, including but not limited to therapeutic (e.g., SRP) and diagnostic (e.g., oral evaluation). ~~continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

The ADA Glossary of Dental Clinical Terms definition of periodontal maintenance follows:

maintenance, periodontal: Therapy for preserving the state of health of the periodontium.

Wording in the descriptor's first sentence (italics) can be construed as a standard of care – "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*." Community standards of care must not be included in a CDT code entry according to "must not" evaluation guideline #3.

Further, CDT code D4910 is does not describe a discrete procedure as the descriptor cites separate procedures that may be reported with their own unique codes. These procedures are cited in the following descriptor extracts –

1) "This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist".

There are several oral evaluation procedure codes that a dentist may select from when documenting and reporting a clinical evaluation (e.g., D0120, D0140, D0170, D0171).

2) It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth.

Scaling and Root Planing (SRP) procedures may be reported with the code applicable to the number of teeth involved (D4341 / 4 or more teeth per quadrant; D4242 / 1 to 3 teeth per quadrant).

Note: SRP is an "as indicated" part of the D4190 procedure, which implies that SRP does not need to be delivered every time a patient presents for "periodontal maintenance."

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
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:
   - "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?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

None.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10-24-2022
Name:	Alan E Friedel, DDS		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**application of full mouth periodontal disease medication directly into sulci and periodontal pockets**
2b) Descriptor	FDA approved, for destruction of pathological bacteria

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

The material is new in concept, creating a new generation of treatment, and does not comfortably fit into existing codes. The material has very little contact time, beginning to work within the first ten seconds. It only affects pathological bacteria cells and cells that were previously normal but have been affected by bacteria. It has no effect on normal anatomical cells. When placed into periodontal pockets, it kills all pathogens that cause tissue shrinkage, returning the oral environment to a normal state. Full mouth treatment kills all pathological bacteria and slows any return of bacteria, which differentiates its action from that of any existing code. D4381 does not really apply because the new material's effectiveness is full mouth. D4921 is per quadrant and is used for lavage, not full mouth bacteria removal. D4999 is used for a variety of procedures but does not track with the specific use of this product.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D4381 localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth** Or **D4921 gingival irrigation, per quadrant**	

b) Procedure technical description
The material is applied via a canula to the entire mouth by placing the material in the sulcus and in any periodontal pockets. The material works by dehydrating unhealthy cells and eradicating bacteria, returning the mouth to a healthy state. Since the material dehydrates the biofilm layer, it also makes calculus easier to remove.
c) Clinical scenario
Patient with periodontal disease presents for a hygiene appointment. A clinician uses a canula to apply the material to the entire mouth by placing the material in the sulcus and in any periodontal pockets. The material eradicates bacteria, leaving the oral environment bacteria free so healing begins immediately.

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

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/31/2022
Name:	American College of Prosthodontists		

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D5876**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**add metal substructure to acrylic full denture (per arch)**
2b) Descriptor	Use of metal substructure in removable complete dentures without a framework.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

This is the use of a metal substructure in complete denture prostheses for strength. It is not to be used in combination with a metal framework. There has been cases where this code is being used for a metal addition to the framework. This code should only be used for the use of a metal substructure in a removable complete denture. It should not be used for a substructure for a fixed implant/abutment supported denture

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒

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

b) Procedure technical description

N/A

c) Clinical scenario

N/A

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

6. Additional Comment or Explanation (enter "None" if applicable):

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	Oct. 20, 2022
Name:	Arlene O'Brien, DMD, FAGD		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**retorquing implant screw per screw**
2b) Descriptor	Retorquing of a loose screw which is a component of an implant prosthesis.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently there is not a code that accurately describes retorquing of a screw within an implant prosthesis. Implants are extremely common and maintenance of implant prostheses is required. A maintenance that needs to be documented with a code is that of retorquing a loose screw. One important reason is to record the number of times a screw is retorqued, so this can be taken into consideration when deciding if it can be retorqued or if it needs to be replaced. Allowing for a location of the prosthesis to be linked to the code allows for accurate record keeping.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐

a) CDT Code currently used to report the procedure	D6999

b) Procedure technical description

Retorquing of an existing screw in an implant prosthesis which can include but is not limited to an implant supported crown or bridge, an abutment supported restoration and intermediary abutment screws.

c) Clinical scenario

Patient presents with a loose implant supported crown and removal of the access opening materials is needed to locate the screw and for retorquing.

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	8/22/22
Name:	Paul M. Hertz DMD		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**surgical placement of accessory implants**
2b) Descriptor	Accessory implant used to secure a final prosthetic and placed through the prosthetic. May be one of several implants used in an individual tooth space.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Currently CDT Code allows for the placement of one implant per tooth location. This technique replaces a tooth's roots and not just the placement of one implant per tooth. There is no code available if additional or accessory implants in a single tooth location. This technique uses a multitude of divergently placed, small diameter implants through the final dental prosthetic (which also acts as the surgical drill guide). The additional implants function to stabilize the prosthetic while distributing and dispersing the forces of function so that no single implant receives forces greater than those that would allow osteointegration.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6013, D6199**	

b) Procedure technical description

A final tooth replacement prosthetic is created through which a multitude of small diameter implants are placed to secure the prosthetic. his is a one step procedure where the patient leaves with immediately loaded final tooth replacement.

c) Clinical scenario

A patient who is unable to wear removable prosthetics and is unable to afford conventional implant supported prosthetics for health, financial or time limitations can be treated with this type of fixed tooth replacement. In one visit and with limited training for the delivering Dentist, a low cost, minimally invasive implant supported prosthetic is delivered in one visit.

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

6. Additional Comment or Explanation (enter "None" if applicable):

The system is undergoing FDA 510k review. We expect seamless acceptance because all concepts and materials being used are currently used with excellent track records and are just being used in a different manner. This difference is what has alerted us to the need for a new CDT Code.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/21/2022
Name:	Dental Codeology Consortium		

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6080**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**implant maintenance procedures, ~~when~~ with or without the removal of the prostheses, ~~are removed and reinserted,~~ including cleansing of prostheses and abutments and reinsertion of the prosthesis when removed**
2b) Descriptor	This procedure includes a prophylaxis to provide active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). ~~This is not a per implant code and is indicated for implant supported fixed prostheses.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

It is the position of the American College of Prosthodontists (ACP) that removal of full-arch, implant-supported restorations at regular maintenance intervals is discouraged ***unless*** adequate professional hygiene is not possible with the superstructure in place, or the restoration presents with mechanical complications.

- The existing **D6080** code represents implant maintenance procedures that include the removal of the prosthesis; and not all patients will have the superstructure removed, per the ACP 2016 position paper on Maintenance of Full Arch Implant Restorations.
- The ADA defines this code as a "procedure (that) includes a prophylaxis to provide active debriding of the implant and examination of all aspects of the implant system."
- Providers are required to use the code that most accurately describes the treatment in both third-party claims and for their electronic health records.
- Providers need a code that accurately reflects the treatment provided to the patient with full arch implant restorations in the maintenance phase of dental implant care when the prosthetic *is not* removed.
- Furthermore, the oral health care system is ethically liable to address the rising concern around peri-implantitis. Proper codes to support valid documentation is also mandated by law.

CDT CODE ACTION REQUEST
(Version – 2022May20)

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D6080**	
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?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes **>**	☐		Yes **>**	☐		Yes **>**	☐
	No **>**	☒		No **>**	☐		No **>**	☐

6. Additional Comment or Explanation (enter "None" if applicable):

This amended code nomenclature and descriptor will bring the procedure code in alignment with the American College of Prosthodontists' position for appropriate patient care.

STATEMENT: Not all patients will have the superstrauture removed at each maintenance interval as the American College of Prosthodontics states that the removal of a fixed, screw-retained implant prosthesis for evaluation is not needed unless there are signs of peri-implantitis, a demonstrated inability to maintain adequate oral hygiene, or there are mechanical complications that require removal.

Bidra AS, Daubert DM, Garcia LT, et al: Clinical practice guidelines for recall and maintenance of patients with tooth-borne and implant-borne dental restorations. J Prosthodont 2016;25 Suppl 1:S32-40

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information	Date Submitted:	10/21/2022
Name:	DentalCodeology Consortium	

Part 2 – Submission Details

1. Code Action (Mark **one** only)	Add New	☐	Revise Current	☒	Delete Entirely	☐	Affected Code (Revise or Delete only)	**D6081**

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure**
2b) Descriptor	~~This procedure is not performed in conjunction with D1110, D4910 or D4346.~~

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

Peri-implant disease is a global concern with an emphasis on maintenance. The growth in the number of dental implants placed over the years can contribute to the prevalence of diseases. Dental implants have become the standard of care, yet there is a significant gap in our current CDT treatment codes. Furthermore, the nomenclature for D1110 (Prophylaxis-Adult) now contains "and implants" in the descriptor but D1110 is considered a "preventive service" and implants that present with mucositis need "therapeutic" treatment.

- Why make the patient return to have inflammation or mucositis of a single implant treated when they are already in the chair?
- What biological rational is there for making the patient return at a future date?
- What rationale could be explained in a court of law for making the patient return at a future date?

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☒
a) CDT Code currently used to report the procedure	**D6081**	
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?			b) Protected by copyright? (If "a)" is "Yes")			c) Permission to reprint? (If "b)" is "Yes")		
	Yes >	☐		Yes >	☐		Yes >	☐
	No >	☒		No >	☐		No >	☐

6. Additional Comment or Explanation (enter "None" if applicable):

https://www.youtube.com/watch?v=nnhjAbdLodY

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10/27/2022
Name:	American Association of Oral and Maxillofacial Surgeons		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**dynamic robotic assisted or navigation guided implant osteotomy and placement**
2b) Descriptor	A prefabricated stock guide is stabilized to the teeth and/or the bone to allow for virtual guidance of implant osteotomy and fixture placement.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

There is currently no CDT code available to describe the robotic assisted or navigation guided surgery. Code D6190 relates more to conventional and static guides, such as where the implant osteotomy is performed through the guide. The robotic and navigation guides are prefabricated stock guides that cannot be used for radiographic planning and the osteotomy is carried virtually and not through the guide.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D6190**	

b) Procedure technical description

A prefabricated stock guide is stabilized to the teeth or the bone to allow for virtual guidance of implant osteotomy and fixture placement.

c) Clinical scenario

Patient presents for implant placement in the area 30. A prefabricated stock guide is placed on the teeth in the lower left quadrant. The restoration and implant position is virtually planned. Then the osteotomy and implant placement is virtually guided by the robotic or navigation unit.

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	31 Oct 2022
Name:	ADA / Council on Dental Benefit Programs		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**fabrication of a custom removable clear plastic appliance**
2b) Descriptor	Clear plastic appliance for achievement of varied clinical objectives that include but are not limited to space maintenance, orthodontic retention, and temporary esthetic preservation. This unique appliance procedure is not a duplicate of other appliance procedures that are documented with their own unique codes.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

There is a CDT Code gap.

This type of appliance (e.g., space maintainer) is often referred to as an "Essix retainer" that is the trade name of a material (Essix®) used in fabrication. There is no consistent type of a removable clear plastic appliance since attributes vary depending on the dentist's decision on the necessary physical characteristics of the appliance (e.g., the teeth covered by the appliance; the extent gingiva is covered).

There is no specific CDT code for this custom fabrication procedure, therefore documenting the service currently requires a "by report" code, e.g. –

D1999 unspecified preventive procedure, by report
Used for a procedure that is not adequately described by a codes. Describe the procedure.

Although the appliance's physical characteristics may vary based on the patient's clinical condition and dentist's clinical decision-making process, the fabrication procedure is identical in all cases. For this reason none of the current CDT codes for passive space maintenance appliances that are designed to prevent tooth movement (listed below) are appropriate to document fabrication of a custom removable clear plastic appliance (e.g., space maintainer) as described herein.

D1520 space maintainer – removable, unilateral – per quadrant

D1526 space maintainer – removable – bilateral, maxillary

D1527 space maintainer – removable – bilateral, mandibular

Neither would the following CDT code be appropriate as the custom removable clear plastic appliance procedure described herein is not limited to prosthodontics.

D5899 unspecified removable prosthodontic procedure, by report
Used for a procedure that is not adequately described by a codes. Describe the procedure.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D1999; D9999**	

b) Procedure technical description

The current fabrication technique involves creating a positive cast of the arch where the space maintainer will be placed. A clear plastic material selected by the dentist or the outside laboratory is heated, placed over the cast and then molded to the form by applying a vacuum.

c) Clinical scenario

The patient presents with a fractured tooth and the dentist determines that immediate extraction is necessary as the first step in the treatment plan that will result in a definitive restorative procedure involving an implant supported prosthesis. For immediate tissue protection and to maintain space until the implant post is placed the dentist determines that fabrication and placement of a removable clear plastic space maintainer is clinically and aesthetically appropriate for this patient.

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

6. Additional Comment or Explanation (enter "None" if applicable):

The fabrication procedure technical description in 3.a) should not be considered the sole methodology. Use of other fabrication technologies and materials (e.g., 3-D printing) that achieve the same end would also be within this procedure's scope.

The clinical scenario in 3.b) is a single illustration. A dentist's clinical experience and treatment plan accepted by the patient may include other scenarios where fabrication of a removable clear plastic space appliance is indicated.

As noted in the proposed code's descriptor this "custom clear plastic appliance" procedure code would not be appropriate to document procedures for the following types of appliances as each has their own unique CDT code:

D7880 occlusal orthotic device, by report

D9941 fabrication of athletic mouthguard

D9944 occlusal guard – hard appliance full arch; D9945 occlusal guard – soft appliance full arch; and D9946 occlusal guard – hard appliance partial arch

D9947 custom sleep apnea appliance fabrication and placement

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	31 Oct 2022
Name:	ADA / Council on Dental Benefit Programs		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**placement of a custom removable clear plastic appliance**
2b) Descriptor	Clear plastic appliance for achievement of varied clinical objectives that include but are not limited to space maintenance, orthodontic retention, and temporary esthetic preservation. This unique appliance procedure is not a duplicate of other appliance procedures that are documented with their own unique codes.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

There is a CDT Code gap when there is a specific code for the appliance fabrication procedure.

This is type of appliance (e.g., space maintainer) is often referred to as an "Essix retainer" that is the trade name of a material (Essix®) used in fabrication. There is no specific CDT code for this placement procedure, therefore documenting the service requires a "by report" code, e.g. –

D1999 unspecified preventive procedure, by report
Used for a procedure that is not adequately described by a codes. Describe the procedure.

Although the appliance's physical characteristics may vary based on the patient's clinical condition and dentist's clinical decision-making process placement procedure is identical in all cases. For this reason none of the current CDT codes for passive space maintenance appliances that are designed to prevent tooth movement (listed below) are appropriate to document placement of a custom removable clear plastic appliance (e.g., space maintainer).

D1520 space maintainer – removable, unilateral – per quadrant

D1526 space maintainer – removable – bilateral, maxillary

D1527 space maintainer – removable – bilateral, mandibular

Neither would the following CDT code as use of the custom removable clear plastic space appliance is not limited to prosthodontics.

D5899 unspecified removable prosthodontic procedure, by report
Used for a procedure that is not adequately described by a codes. Describe the procedure.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D1999; D9999**	

b) Procedure technical description

After the clear plastic material selected by the dentist or the outside laboratory has cooled the formed clear plastic appliance is trimmed of excess material before placement in the patient's oral cavity by the dentist.

c) Clinical scenario

The patient presents with a fractured tooth and the dentist determines that immediate extraction is necessary as the first step in the treatment plan that will result in a definitive restorative procedure involving an implant supported prosthesis. For immediate tissue protection and to maintain space until the implant post is placed the dentist determines that fabrication and placement of a removable clear plastic space maintainer is clinically and aesthetically appropriate for this patient.

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

6. Additional Comment or Explanation (enter "None" if applicable):

This appliance is removed as the first step of the subsequent definitive treatment procedure.

The clinical scenario in 3.b) is a single illustration. A dentist's clinical experience and treatment plan accepted by the patient may include other scenarios where placement of a removable clear plastic appliance is indicated.

As noted in the proposed code's descriptor this "custom clear plastic appliance" procedure code would not be appropriate to document procedures for the following types of appliances as each has their own unique CDT code:

D7880 occlusal orthotic device, by report

D9941 fabrication of athletic mouthguard

D9944 occlusal guard – hard appliance full arch; D9945 occlusal guard – soft appliance full arch; and D9946 occlusal guard – hard appliance partial arch

D9947 custom sleep apnea appliance fabrication and placement

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	04/21/2022
Name:	Dr. Ryan Davis		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
- For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
- For "Revise Current" mark-up 2a) and 2b) as follows:
  - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**interim orthodontic band stabilization – "bahn belt"**
2b) Descriptor	A well-fitting orthodontic band, typically cemented around a molar tooth after a multiwall restoration has been placed. To be serve as an interim means to add support and resistance to fracture until a patient is ready for a full cuspal coverage restoration. Most appropriate for pre-orthodontic age patients. An interim restorative technique for those with special health care needs.

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).

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

b) Procedure technical description

Placement of well-fitting orthodontic band after caries excavation that extends beyond preparation circumferentially. Tooth is restored with orthodontic band serving as matrix. Orthodontic band is then removed and then reseated with cement for long term provisional use.

NOTICE TO PREPARER AND SUBMITTER:

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

c) Clinical scenario
A 7 year old patient presents with a large carious lesion on tooth #19. Caries excavation leaves minimal robust walls and a high likelihood for fracture. Tooth is restored with choice resin using orthodontic band for a matrix. Orthodontic band is removed and reseated with RMGI cement. Band is not in occlusion and improves resistance to fracture.

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

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	10//21/2022
Name:	P. Francesca Pratt		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**orthodontic treatment of the transitional, adolescent, or adult dentition**
2b) Descriptor	Ongoing orthodontic treatment.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

A change in insurance carrier or a new insurance coverage during active orthodontic treatment currently has no accurate way to be filed. Actual service claims for ongoing treatment for D8070, D8080 or D8090 are denied because the banding date, which is required for all orthodontic claims, is prior to the start of the new coverage. Code D8670 is denied because many companies are autopay for orthodontics and will not accept any claims for periodic treatment visits with code D8670.

4. Complete a) – c) **only** if Request is for a New CDT Code	Mark if Revise or Delete **>>** [if marked, do not complete "a) - c)"]	☐
a) CDT Code currently used to report the procedure	**D8070, D8080, D8090 D8670**	
b) Procedure technical description		

Initial orthodontic treatment claim submission after a patient is already in active orthodontic treatment.

c) Clinical scenario

Patient 1: Group policy had a benefit increase during active orthodontic treatment. Additional benefit was not paid automatically. Claim submitted for additional benefit with D8670. Claim denied automatically without consideration because "it is not necessary to submit monthly orthodontic claims."

Patient 2: Employer group changed insurance companies. Actual services paper claim submitted with large red note at the top stating "Treatment in progress-takeover claim-see remarks." Note indicates that it is a takeover from a prior carrier and monthly claims should be processed from this carriers starting date of coverage. Claim denied stating banding date was prior to the starting date of coverage.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation (enter "None" if applicable):

Current claim processing methods often involve claims being scanned into a computer and processed automatically, making no allowances for this type of claim to be processed correctly the first time. Takeover claims and orthodontic treatment in progress are special circumstances and having a specific orthodontic treatment in progress code would flag all treatment in progress claims for review. All additional necessary information needed to process the claim correctly can be noted in the remarks section, such as initial banding date, total treatment fee, monthly fee and estimated treatment time.

Many insurance companies refer to this type of claim as a "balance as of" or "takeover claim" when it is filed due to a carrier change. Supporting information for patient 3 shows that insurance companies often send an autogenerated form asking for additional information when the requested information was already on the original claim. A specific orthodontic treatment in progress code could help eliminate that extra step, making this code beneficial for insurance companies as well as orthodontic providers.

After calling various insurance companies to ask them for the best way to submit an orthodontic treatment in progress claim, none of the suggested methods avoided claim denials. A senior claims representative at one of the largest dental insurers in the United States confirmed that their current processing system has zero chance of processing orthodontic treatment in progress claims correctly to be paid on first submission, whether the claim is submitted electronically, by paper or by submission directly from their website.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	2-25-2022
Name:	Jodi Kodish-Stav, D.D.S.		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
- For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
- For "Revise Current" mark-up 2a) and 2b) as follows:
  - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
- For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**removal of fixed orthodontic retainer**
2b) Descriptor	Includes removal of bonding material, smoothing and polishing of enamel surfaces.

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).

On occasion a patient presents with a fixed lingual retainer and requests to have it removed. Most often the retainer was placed by a different dentist who completed the orthodontic treatment, but sometimes it is a patient who several years post-treatment is requesting to have the fixed retainer removed, preferring to have removable retainers instead. Alternatively, there may be a situation where one of the bonded teeth requires extraction. CDT codes currently exist for sectioning of a fixed partial denture and removal of fixed space maintainers.

Removing fixed retainers requires significant chair time by the dentist because the composite resin needs to be removed from each tooth with highspeed handpiece and then the enamel surfaces need to be smoothed and polished.

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	**D8999**	

b) Procedure technical description

Removal of bonded fixed retainer using highspeed handpiece to remove composite resin, followed by polishing of enamel surfaces.

NOTICE TO PREPARER AND SUBMITTER:

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

c) Clinical scenario
Patient presents with a fixed lingual retainer and requests to have it removed. Possible reasons include difficulty cleaning; history of frequent debonding; need for extraction/replacement of one of the bonded teeth.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation:

None

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/27/2022
Name:	American Academy of Dental Sleep Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**sleep apnea test**
2b) Descriptor	Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as allowed by applicable laws. Also to help the dentist in defining the optimal position of the mandible.

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).

Sleep apnea testing, as allowed by law and regulation, is an important component of oral appliance therapy. Qualified dentists may order or dispense home sleep apnea testing devices for a number of reasons: to gather objective data to be used along with clinical findings for a physician diagnosis, to help the dentist determine the therapeutic position of the mandible for optimal treatment, to gather objective data to help the treating physician determine treatment efficacy. Sleep apnea testing is unique to treatment of obstructive sleep apnea and should be reflected as such in the CDT 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]	☐
a) CDT Code currently used to report the procedure	**D9999**	

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.

b) Procedure technical description

After determination that the patient is an appropriate candidate or upon order of a referring medical provider, the qualified dentist will dispense or otherwise provide a home sleep apnea test to the patient. This could include a pre-test questionnaire, instructions or demonstration of the use of the device, setup of the device, downloading of the device data, and retrieval or disposal of the device. Data may be interpreted by the referring medical provider or a third-party qualified physician, often in conjunction with a device associated computed algorithm. A report of the sleep study should be provided to the patient's medical provider.

c) Clinical scenario

Patient presents with a previous diagnosis of OSA or is deemed to be high risk for OSA. The HSAT is used in conjunction with the patient's medical provider to confirm or update their OSA diagnosis. The updated OSA status can be beneficial to the fabrication and management of an oral appliance (OA) for OSA. The patient who is currently wearing an oral appliance for OSA with symptomatic improvement will have an HSAT in confirming efficacy of the OA or titrating the OA to its most efficacious position.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation:

Included for review:

- Levine M, Cantwell M, Postol K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. *J Dent Sleep Med.* 2022;9(4) Copyright held by AADSM and permission granted for reprint.
- Schwartz D, Levine M, Adame M, et al. American Academy of Dental Sleep Medicine Position on the scope of practice for dentists ordering or administering home sleep apnea tests. *J Dent Sleep Med*. 2020;7(4). Copyright held by AADSM and permission granted for reprint.
- Sheats R, Essick G, Grosdidier J, et al. Identifying the appropriate therapeutic position of an oral appliance. *J Dent Sleep Med*. 2020;7(4). Copyright held by AADSM and permission granted for reprint.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/27/2022
Name:	American Academy of Dental Sleep Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**dental sleep medicine evaluation**
2b) Descriptor	Comprehensive examination that includes visualization and descriptive assessment of the craniofacial complex including the upper airway to identify key physical features associated with sleep related breathing disorders.

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Special Notes – Deletion Requests:
   - Specify another code that is the alternative (may not be a "Dx999" unspecified procedure code)
   - The alternative may be an accompanying request for a new CDT Code.
   - Explain why – a) there is no alternative to the requested deletion, or b) why the procedure currently documented with the requested deletion is believed to be no longer delivered (e.g., obsolete).

This new code would fill a CDT Code gap created by the CDT 2022 addition of sleep apnea appliance codes. These codes currently address only the fabrication, titration, and repair or relining of the appliance itself. A custom fabricated oral appliance for the treatment of obstructive sleep apnea or snoring requires specific clinical evaluation of key physical features associated with sleep apnea and snoring, including assessment of the craniofacial complex and upper airway to determine whether OAT is appropriate for the patient and which of the hundreds of FDA-cleared appliances are most appropriate for that patient.

Currently, DSM evaluations can be recorded under dental codes, but these codes describe evaluations that are not specific to the structure and purpose of a DSM evaluation.

OSA is a medical diagnosis, and oral appliances for sleep apnea are a medical treatment, not dental. This as well is a rationale for a specific CDT code.

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	**D0160**	

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.

b) Procedure technical description

The qualified dentist reviews the patient's medical and sleep history, reviews the patient's dental and temporomandibular joint history, performs a comprehensive examination of the patient's craniofacial complex and upper airway, and performs a clinical examination of the patient's temporomandibular joint. If oral appliance therapy is suitable for the patient, both intraoral and extraoral photographs may be obtained as a record of the patient's pre-treatment dentition, and conventional dental impressions or digital scans are obtained.

c) Clinical scenario

After or during a screening examination for a patient presenting with previous diagnosis of OSA or deemed to be at high risk for OSA, the dental assistant has the patient complete a medical and sleep history form, including history of any sleep problems such as snoring, witnessed apneas, nocturia, morning headaches, or hypersomnolence. The dentist reviews any findings from the medical history related to cardiovascular disease, metabolic or neurologic disorders, or family history of sleep disorder and the patient's current medications. In addition to a complete dental history and examination, the dentist performs a clinical assessment that includes an assessment of the maxillomandibular relationship, posterior pharyngeal crowding, tongue size, signs of sleep bruxism, mouth breathing, nasal patency, and gastroesophageal reflux disease. The dentist may also obtain intraoral and extraoral images at this time as well as impressions of the patient's dentition if treatment with an oral appliance is anticipated.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation:

Included for review are:

- Levine M, Cantwell M, Postol K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. *J Dent Sleep Med*. 2022;9(4) Copyright held by AADSM and permission granted for reprint.
- Gianoni-Capenakas S, Gomes AC, Mayoral P, Miguez M, Pliska B, Lagravere M. Sleep-Disordered Breathing: The dentists' role – A systematic review. *J Dent Sleep Med*. 2020;7(1) Copyright held by AADSM and permission granted for reprint.
- Schwartz D, Levine M, Adame M, et al. American Academy of Dental Sleep Medicine Position on the scope of practice for dentists ordering or administering home sleep apnea tests. *J Dent Sleep Med*. 2020;7(4). Copyright held by AADSM and permission granted for reprint.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/27/2022
Name:	American Academy of Dental Sleep Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**screening for sleep related breathing disorders**
2b) Descriptor	Screening activities, performed alone or in conjunction with another exam, to identify signs and symptoms of sleep-related breathing disorders.

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).

Screening for sleep related breathing disorders is encouraged by the ADA through the Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders. Screening for SRBDs includes the use of validated screening tools as well as key physical features and the patient's medical history and clinical findings related to obstructive sleep apnea and snoring. Competency in screening for sleep related breathing disorders is not typically developed in dental school programs and requires ongoing CE in order to require and maintain the skills and knowledge necessary.

Examinations performed by general dentists and in some specialties do not necessarily include the components of an effective SRBD screening process. Additional elements are required, such as the administration of validated questionnaires, recording baselines for BMI, blood pressure, and neck circumference, elicitation of history of sleep problems such as witnessed apneas and hypersomnolence, HPI, medication history, and clinical oral findings that may be indicative of sleep problems.

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	**D0160**	

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.

b) Procedure technical description

The validated SRBD questionnaires, medications and History of Present Illness (HPI) are completed by the patient and reviewed with the patient. The patient's weight, height, neck circumference and blood pressure is recorded and reviewed with the patient. A clinical exam including decay present, periodontal health, Angles Molar classification, skeletal and dental midlines, tooth mobility, abrasion, attrition, and abfractions. Mallampati classification, range of motion, TMJ evaluation are recorded and discussed with the patient.

c) Clinical scenario

The validated SRBD questionnaire, HPI and medication form, BP, height, weight and neck circumference are completed by the patient and dental assistant and later reviewed by the dentist. The clinical exam is completed by the dentist, recorded by the dental assistant and reviewed with the patient. If appropriate, the patients is referred to a medical provider for diagnosis.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation:

Included for review:

- Gianoni-Capenakas S, Gomes AC, Mayoral P, Miguez M, Pliska B, Lagravere M. Sleep-Disordered Breathing: The dentists' role – A systematic review. *J Dent Sleep Med.* 2020;7(1) - Copyright held by AADSM and permission granted for reprint.
- Levine M, Cantwell M, Postol K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. *J Dent Sleep Med.* 2022;9(4) – Copyright held by AADSM and permission granted for reprint.
- ADA Adopts Policy on Dentistry's Role in Treating Obstructive Sleep Apnea, Similar Disorders. American Dental Association. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/the-role-of-dentistry-in-sleep-related-breathing-disorders.pdf. Accessed October 26, 2022.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/27/2022
Name:	American Academy of Dental Sleep Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**oral appliance therapy (OAT) follow-up visit**
2b) Descriptor	Post-delivery visits for titration of a mandibular advancement device and to subsequently evaluate the patient's response to treatment, integrity of the device, and management of side effects.

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).

Patients using OAT should have periodic recall examinations specific to this therapy. The purpose of these visits is to verify the effectiveness of ongoing therapy, making sure the patient is continuing to maintain the improvement in their SRBD symptoms. These visits also include an evaluation of the appliance itself, to check that it is still functioning properly, as well as an evaluation of the patient's occlusion and any side effects they may be experiencing, and an evaluation of the patient's compliance with treatment. As part of these visits, follow-up communications are sent to the appropriate medical provider(s) and general dentist (if not the dentist providing oral appliance therapy).

These recall visits are very specific to the provision of dental sleep medicine and must be tailored to the patient's condition, symptoms, compliance, and any comorbidities.

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

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

b) Procedure technical description

Clinical evaluation of the TMJ, tooth mobility, bite changes and gum irritation. Assessment of appliance integrity and % of protrusion.

NOTICE TO PREPARER AND SUBMITTER:

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

c) Clinical scenario

The dental assistant has the patient complete the validated SRBD questionnaire, checks the current position of the dental appliance, calibration (# of turns, strap # etc.), and questions the patient on improvements in snoring and fatigue. The dentist reviews this information and checks for the appliance integrity, the patient's % of protrusion with the appliance in the mouth and makes adjustments, repairs and recommendations to the patient to maximize efficacy and comfort.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation:

Included for review:

- Sheats RD, Schell TG, Blanton AO, et al. Management of side effects of oral appliance therapy for sleep-disordered breathing. *J Dent Sleep Med.* 2017;4(4):111–125 - Copyright held by AADSM and permission granted for reprint.
- Levine M, Cantwell M, Postol K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. *J Dent Sleep Med.* 2022;9(4) Copyright held by AADSM and permission granted for reprint.
- Sheats R, Essick G, Grosdidier J, Katz S, Kim C, Levine M, Patel I. Identifying the appropriate therapeutic position of an oral appliance. *J Dent Sleep Med.* 2020;7(4) Copyright held by AADSM and permission granted for reprint.
- Radmand R, Chiang H, Di Giosia M, et al. Defining and measuring compliance with oral appliance therapy. *J Dent Sleep Med.* 2021;8(3) Copyright held by AADSM and permission granted for reprint.

CDT CODE ACTION REQUEST
(Version – 2020Nov06)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	10/27/2022
Name:	American Academy of Dental Sleep Medicine		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~**red strike-through**~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~**red strike-through**~~

2a) Nomenclature	**oral appliance therapy (OAT) morning repositioning device**
2b) Descriptor	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.

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).

For OAT to be effective, the qualified dentist providing this therapy must also monitor the patient and help manage any side effects that may develop. As such, morning repositioning devices are a common measure that can be taken to maximize the patient's comfort and reduce the risk of dental changes and other side effects.

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

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

b) Procedure technical description

The morning occlusal guide is fabricated or 3D printed chairside or by a laboratory and is often made of hard acrylic, thermoplastic, or compressible materials. The guide must be adapted to the patient's maxillary and mandibular teeth in habitual occlusion or to dental casts in maximum intercuspation.

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.
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CDT CODE ACTION REQUEST
(Version – 2019Dec01)

c) Clinical scenario

Based on a clinical exam, patients may be provided a morning occlusal guide prior to or upon delivery of the oral appliance. The morning occlusal guide is fabricated chairside by the dentist or dental assistant. The thermoplastic wafer is softened in a water bath (160-degree Fahrenheit) and adapted to the patient's maxillary and mandibular teeth in habitual intercuspation and/or the casts and bite can be sent to a laboratory to be fabricated in hard acrylic.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions.
   - "5.b)" and "5.c)" are completed only when "5.a)" is marked "Yes."
   - Written authorization to reprint and distribute **must** be provided for all supporting documentation or literature that is protected by copyright.
   - All material **must** be submitted in an unprotected electronic format.

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

6. Additional Comment or Explanation:

Included for review:

- Sheats RD, Schell TG, Blanton AO, et al. Management of side effects of oral appliance therapy for sleep-disordered breathing. *J Dent Sleep Med.* 2017;4(4):111–125. Copyright held by AADSM and permission granted for reprint.
- Levine M, Cantwell M, Postol K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. *J Dent Sleep Med.* 2022;9(4) Copyright held by AADSM and permission granted for reprint.

CDT CODE ACTION REQUEST
(Version – 2022May20)

Part 1 – Submitter's (Action Requestor's) Information

A. Contact Information		Date Submitted:	11/1/22
Name:	Ashley Grill		

Part 2 – Submission Details

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

2. Instructions for completing 2a) Nomenclature and 2b) Descriptor for the indicated Code Action.
   - For "Add New" – 2a) is required with text in **blue**; 2b) is optional, but in **blue** text when present [or "**None**"]
   - For "Revise Current" mark-up 2a) and 2b) as follows:
     - added text – **blue underline**; deleted text – ~~red strike-through~~; unchanged text – **black**
   - For "Delete Entirely" mark-up 2a) and 2b) all text as ~~red strike-through~~

2a) Nomenclature	**providing oral care support(s)**
2b) Descriptor	Providing oral care support(s) – enabling people to obtain oral care needs either with providing oral care support(s) by preforming oral care (removal of soft plaque and debris), or by recommending and tracking people's oral care routines, including power toothbrushes, power toothbrushes with pressure sensors, water flossing, interdental cleaning, oral hygiene coaching supports, oral care trackers to support the unique oral care needs of individuals with gingival and other oral conditions that may harm oral and/or overall health without support(s).

3. Rationale for this request – your persuasive argument for CMC acceptance.
   Notes – Deletion Requests only:
   - 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 or revised 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., clinically obsolete).

If a patient goes to the hospital for a knee injury, they will be able to access equipment (crutches) to support their walking. In dentistry, if a person is struggling dental caries or gingival conditions due to plaque and bacteria, they need assistance to manage and remove plaque and bacteria, too. There is a need for the addition of dental nomenclature to support benefit development to address oral care needs of members. Especially among special populations. Please consider adding procedure codes for providing oral care support(s) including – engagement with patients care routines power toothbrushes, power toothbrushes with pressure sensors, water flossers, interdental cleaning products, oral hygiene coaching supports, oral care trackers to support the unique oral care needs of individuals with gingival and other oral conditions that may harm oral and/or overall health without support(s).

New technologies are evolving to send actual patient engagement data about oral care to the dental provider to determine any changes needed in oral care engagement. Until now, doctors had to trust patients about their self-reported oral care practices. Today, we have new knowledge, and need to address patient engagement and manage patients by providing oral care support(s). The doctor can now know how, when, where, and what teeth patient's brushed. If patients are able to clean their teeth they may experience improved wellness. Patients may benefit from enhanced engagement codes that provide oral care support.

CDT CODE ACTION REQUEST
(Version – 2022May20)

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

b) Procedure technical description

Providing Oral Care Management and Support(s) includes (direct= providing oral care support in the patient's mouth or indirect=observing the patient's mouth receiving oral care) removal of soft plaque and debris, and it may include oral care equipment to support the unique oral care needs of individuals with gingival and other oral conditions that may harm oral and/or overall health without support(s).

c) Clinical scenario

Gingival inflammation diagnosed as generalized gingivitis case. Example: A 41 year old patient reports with gingival inflammation including bleeding upon probing of 40% and is diagnosed as a generalized gingivitis case. This patient has moderate plaque accumulation, bleeding upon probing >10%, or Eastman Interdental Bleeding Index (EIBI) score that matches case type information. A dental professional removes all soft plaque and debris by Providing Oral Care Support, and sends the patient home with an engagement program to track and observe oral care, thereby supporting the patient.

Gingival inflammation on a reduced periodontium. Example: A 55 year old patient diagnosed with localized gingivitis (15% bleeding) and a reduced periodontium case, moderate plaque accumulation. A dental professional removes all soft plaque and debris by Providing Oral Care Support, and sends the patient home with an engagement program to track and observe oral care, thereby supporting the patient.

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

6. Additional Comment or Explanation (enter "None" if applicable):

Trombelli et all 2017.