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<th>National Association of Dental Plans (NADP)</th>
<th>Date</th>
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<tbody>
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<td>Anatomical crown exposure – four or more contiguous teeth or bounded tooth spaces per quadrant</td>
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Rationale for Editorial Action:
This revision will make the language of D4230 consistent with language in D4210, D4211, D4240, D4241, D4260 and D4261.

**Code Maintenance Committee Action (e.g., Motion to accept action request)**

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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited above.
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<td>CDT Code Entry</td>
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<td>Anatomical crown exposure – one to three teeth or bounded tooth spaces per quadrant</td>
<td>Anatomical crown exposure – one to three teeth or <em>tooth</em> bounded <em>tooth</em> spaces per quadrant</td>
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**Rationale for Editorial Action:** This revision will make the language of D4231 consistent with language in D4210, D4211, D4240, D4241, D4260 and D4261.

**Code Maintenance Committee Action** (e.g., Motion to accept action request)

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</table>

**Remarks / Rationale for “Decline” / Explanation of “Other”**

* = CMC accepted the requested action on the basis of the submitter’s “Rationale...” cited above.
Code Maintenance Committee Action:

Through a number of motions the CMC amended the nomenclature, as illustrated below –

From  **blood glucose level test: in-office using a glucometer**

To  **blood glucose level test – in-office using a glucose meter**

There were no motions to amend the proposed descriptor.

Motion to accept submission as amended:

**Dxxxx blood glucose level test – in-office using a glucose meter**

This procedure provides an immediate finding of a patient’s blood glucose level at the time of sample collection for the point-of-service analysis.

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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

---

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor) [Date Submitted: 10/12/2017]

| Name: | Dr. Gary D. Hack |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > | ☒ | If Yes, Name: The University of Maryland School and Dentistry and the Maryland State Office of Oral Health |
| No >  | ☐ |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > | ☐ | If Yes, describe: |
| No >  | ☒ |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > | ☒ | If No, explain: |
| No >  | ☐ |
Part 2 – Submission Details

1. Action (Mark one only)  
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</table>

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)  
   - Nomenclature Required for all “New”  
     blood glucose level test: in-office using a glucometer
   - Descriptor Optional for “New”; enter “None” if no descriptor  
     This procedure provides an immediate finding of a patient’s blood glucose level at the time of sample collection for the point-of-service analysis.

3. Rationale for this request; your persuasive argument for CMC acceptance  
   (Required for any type of requested action – New; Revise; Delete)

As diabetes is one of the most common chronic diseases, practicing dentists are likely to encounter it frequently. If a diabetic dental patient is about to undergo a long complex procedure, it is essential to know what their blood sugar level is at that moment. Even though the patient’s A1C percentage may be at an acceptable control level, the patient’s actual blood sugar level at that moment may actually be very low, and heading toward a hypoglycemic event. By checking their current blood sugar level with a glucometer (which cannot be obtained via an A1C test), prior to a complex procedure, it might be realized that the patient’s blood sugar level is below 70mg/dl, and the procedure should not be initiated at that time, as a hypoglycemic event is likely to occur during the procedure, putting the patient at great risk. On the other hand, the patient’s current blood sugar level may be over 300 mg/dl, even though their A1C level is at an acceptable percentage. Any elective surgical procedures should be avoided at that time, as such a high level of blood glucose could lead to delayed healing of the surgical site and severe infection. Glucometer testing would also be utilized for individuals who have risk factors for diabetes, but who have not been diagnosed with either pre-diabetes or diabetes. Moreover, staff should be trained to recognize the signs of hypoglycemia and treat patients who become hypoglycemic.

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

This procedure involves acquiring a small sample of the patients’ blood, either by finger-stick with a lancet, or by obtaining gingival crevicular blood, and analysis of the blood sample using a glucometer and test strip.
c) Clinical scenario

Glucometer testing would be utilized for individuals who have risk factors for diabetes, but who have not been diagnosed with either pre-diabetes or diabetes. Additionally, the glucometer reading should be obtained prior to beginning a complex dental procedure on any known diabetic patient to avoid a hypoglycemic event which could be life-threatening. The findings must be documented in the patient’s medical record and provided to the patient, and an appropriate medical referral as indicated based upon the results.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
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6. Additional Comment or Explanation:

The below comments, presented as a series of key points, are fully explained in the supporting documentation noted in the response to “5”. Also, please note the accompanying letters of support from the Maryland State Office of Oral Health and the University of Maryland School of Dentistry:

- 70% of the U.S. adult population will visit a dental office at least once per year.
- 30 million Americans will see a dentist in a given year and not visit a physician.
- It is estimated that up to 27.8% of patients presenting to a dental office have undiagnosed diabetes or prediabetes.
- Diabetes is the only systemic chronic disease that has a bidirectional relationship to periodontal disease.
- 50% of known diabetics do not adequately control their blood sugar levels.
- A number of published studies have demonstrated that screening for prediabetes and diabetes is feasible in the dental office, with significant acceptance by patients, staff, and dentists.
- CDT Code action Request for HbA1c in-office point of service testing was recently approved by the ADA (see Appendix A).

It is predicted that the diabetes epidemic will bankrupt our healthcare system without intervention.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

D0100-D0999  I. Diagnostic Codes

The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. Clinical oral evaluations, including diagnosis and treatment planning, are to be performed by qualified healthcare providers as determined by their state practice acts. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revision was not accepted by the Code Maintenance Committee as a dental diagnosis and treatment plan can only be provided by a dentist by virtue of her or his education and training.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)   Date Submitted: 10/3/2017

Name: Dental Hygienists’ Coding Focus Group

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ➡ ☐   If Yes, Name:

No ➡ ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ➡ ☐   If Yes, describe:

No ➡ ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ➡ ☒   If No, explain: Will be included

No ➡ ☐
**Part 2 – Submission Details**

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<thead>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>Nomenclature Required for all &quot;New&quot;</th>
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<td>Descriptor Optional for &quot;New&quot;: enter &quot;None&quot; if no descriptor</td>
<td>The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. Clinical oral evaluations, including diagnosis and treatment planning, are to be performed by qualified healthcare providers as determined by their state practice acts. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.</td>
</tr>
</tbody>
</table>
3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

Current language states that “the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist”. This opening paragraph is not a designated code, or a descriptor of a code or “national terminology” as specified by HIPAA. It suggests these codes are “provider” codes and can only be selected/document/billed by one provider, the dentist. Yet, there are other providers, including dental hygienists (specifically direct access hygienists and potentially others such as dental therapists), who provide these services but are being told they cannot perform, document, report or be reimbursed for those services, even if their state practice regulations allow it.

The ADA’s CDT 2017 Coding Companion provides a definition of Evaluation which states “The systematic determination or judgment about a condition, disease or treatment.” No mention is made that it includes “diagnosis and treatment planning”; therefore, dental hygienists are and have been providing Evaluation procedures for patients.

This description parallels the medical profession and their use of CPT Codes where these codes are used to describe tests, surgeries, evaluations, and any other medical procedure performed by a healthcare provider on a patient. There is no designation as to which specific healthcare providers can perform a procedure/code and, in fact, these procedures/codes can apply to any qualified healthcare provider (including dentists and dental hygienists) if they are acting within the scope of their state law.

The ADA Accreditation Standards for Dental Hygiene Programs provide a solid basis for assuring quality education which allows dental hygiene students to learn and apply scientific principles of dental hygiene practice through didactic knowledge/application and clinical competency. Once licensed, they are more than capable of performing the evaluation procedures identified in the CDT manual in accordance with state practice acts. (see supporting docs)

The American Dental Hygienists’ Association’s Standards for Clinical Dental Hygiene Practice outline the components of the Dental Hygiene Process of Care (assessment, diagnosis, plan, implementation, evaluation, documentation), thus providing hygienists with the descriptions/suggestions for collecting data, analyzing results and determining a dental hygiene diagnosis and treatment plan. (see supporting docs)

And finally, from Aetna’s National Dental Director of Utilization Management: “The nation’s largest dental carriers (Aetna, BCBS, CIGNA, Delta, MetLife, etc) have been tracking their internal data for years. The preponderance of evidence suggests that it makes more economical sense to the patient, insurance carriers, and the employer purchasing the plan to pay for prevention rather than paying for the restoration or extraction of teeth. As a result, some of the nation’s largest dental plans are covering more preventive and diagnostic services in hopes of avoiding more costly and invasive restorative services in the future.”

Dental Hygienists have long been known as the “prevention specialists”. The language of the opening paragraph for Clinical Oral Evaluations must reflect the procedures performed, NOT who provides them.

4. Complete a) – c) only if Action Request is for a New CDT Code

Mark if Revise or Delete [*a) - c)* are not applicable] ☒

a) CDT Code currently used to report the procedure  D

b) Procedure technical description

N/A

c) Clinical scenario

N/A
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

<table>
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<th>a) Material submitted?</th>
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6. Additional Comment or Explanation:

Supporting Documents to include:

- **American Dental Association Accreditation Standards for Dental Hygiene Programs**: Standards which clearly provide justification for dental hygienists performing oral evaluations and developing diagnosis and dental hygiene treatment plans for patients.
- **American Dental Hygienists’ Association Standards for Clinical Dental Hygiene Practice**: Providing guidance on what is required for a complete oral evaluation, diagnosis and dental hygiene treatment plan
- **American Dental Hygienists’ Association Policy Statements** supporting dental hygienists having valid authority to perform an evaluation, determine a diagnosis and develop a dental hygiene treatment plan.
- **Medicaid Reimbursement Protocols** for 18 states where practice acts contain statutory or regulatory language allowing the state Medicaid department to directly reimburse dental hygienists for services rendered. For many of the services provided, an evaluation is needed before treatment can be rendered; therefore, the dental hygienist deserves to be compensated for his/her time and skill.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D0150 comprehensive oral evaluation – new or established patient**

*Used by a general dentist and/or specialist when evaluating a patient comprehensively.* This evaluation applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revision was not accepted by the Code Maintenance Committee as a dental diagnosis and treatment plan can only be provided by a dentist by virtue of her or his education and training.

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor)          Date Submitted: 10/3/2017

Name: Dental Hygienists' Coding Focus Group

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐  If Yes, Name:  
No > ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:  
No > ☒

D. "ADA Copyright Assignment Agreement" form signed and included with this Action Request?

Yes > ☒  If No, explain:  
No > ☐
## Part 2 – Submission Details

| 1. Action  
(Mark one only) | New ☐ | Revise ☒ | Delete ☐ | Affected Code  
(Revise or Delete only) | D0150 |
|-------------------|-------|----------|----------|-----------------------|-------|

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

| Nomenclature  
Required for all “New” | comprehensive oral evaluation – new or established patient |
|-------------------------|-----------------------------------------------------------|

| Descriptor  
Optional for “New”; enter “None” if no descriptor | Used by a general dentist and/or specialist when evaluating a patient comprehensively. This evaluation applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. 
This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient’s dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. |

3. Rationale for this request; your persuasive argument for CMC acceptance  
(Required for any type of requested action – New; Revise; Delete)

In medicine, there are many practitioners who use CPT codes to describe the medical procedures which they perform. CPT codes are used to describe tests, surgeries, evaluations, and any other medical procedure performed by a qualified healthcare provider for a patient. There is no designation as to which specific healthcare providers can perform a procedure/code and, in fact, these codes can apply to any qualified healthcare provider (including dentists and dental hygienists) if they are acting within the scope of their state law. 
The CDT codes for dental procedures should parallel those in medicine to avoid confusion within the profession as well as third party reimbursement plans. Deleting the reference to any specific provider when it comes to this code (and any others within the CDT Manual) would bring dentistry more in line with medicine.

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  
D0150

b) Procedure technical description

There is no technical description since this is a revision to an existing procedure code.

c) Clinical scenario

There is no clinical scenario since this is a revision to an existing procedure code.
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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

6. Additional Comment or Explanation:

   For all health care providers (including dentists), the CPT procedure codes are just that: procedure codes which can be performed and billed by qualified healthcare providers in accordance with their state practice acts. The CDT procedure codes should not be limited to only dentists for a variety of reasons:

   - State practices acts are regularly being updated and amended to include procedures that may be performed by health care providers other than dentists. Since dentists can perform and bill for procedures within the CPT system, it would make sense that qualified health care providers, whether within the medical or dental community, would be able to perform and bill for procedures within the CDT system. This could include physicians, nurses, dental hygienists, dental therapists. It would all be dependent on those providers’ scope of practice within their individual states.

   - The scope of practice in many states is being expanded to allow broader responsibilities to treat patients. For example, Colorado Revised Statutes 12-35-103 Definitions (4.5)
     "Dental hygiene diagnosis" means the identification of an existing oral health problem that a dental hygienist is qualified and licensed to treat within the scope of dental hygiene practice. The dental hygiene diagnosis focuses on behavioral risks and physical conditions that are related to oral health. A dentist shall confirm any dental hygiene diagnosis that requires treatment that is outside the scope of dental hygiene practice pursuant to sections.

   A dental hygienist in Colorado would be required to complete all the elements of the existing Comprehensive Oral Evaluation to determine a proper dental hygiene diagnosis; yet, the current definition limits their ability to bill for the procedure.

   - There are dental hygienists who ARE performing this procedure and other evaluations since their scope of practice defines their responsibilities to patients (and some third-party payers are reimbursing them for these procedures). From a legal point of view, are these hygienists committing insurance fraud by submitting this procedure code which currently states only a dentist can perform a comprehensive oral evaluation.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx prophylaxis**

Removal of plaque, calculus and stains from the tooth structures. A procedure intended to control local irritational factors.

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<tr>
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<td>X</td>
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**Remarks / Rationale for “Decline” / Explanation of “Other”**

The requested addition and related deletions are not accepted by the Code Maintenance Committee, which notes that the proposed actions are potentially problematic and not a workable solution to the problems postulated by the submitter.

**Part 1 – Submitter Information**

A. **Contact Information (Action Requestor)**

   **Date Submitted:** 10/27/17

   **Name:** American Academy of Pediatric Dentistry

B. **Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?**

   Yes ☒

   **If Yes, Name:** American Academy of Pediatric Dentistry

C. **Does the requestor or entity identified in item #1 or #2 receive any financial benefit?**

   Yes ☐

   **If Yes, describe:**

   No ☒

D. **“ADA Copyright Assignment Agreement” form signed and included with this Action Request?**

   Yes ☐

   **If No, explain:**

   No ☒

   **Not required. AAPD is a CMC member organization.**
Part 2 – Submission Details

1. Action (Mark one only)
   - New ☒
   - Revise ☐
   - Delete ☐
   - Affected Code (Revise or Delete only) D

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   Nomenclature
   - Required for all “New”:
     prophylaxis

   Descriptor
   - Optional for “New”; enter “None” if no descriptor:
     Removal of plaque, calculus and stains from the tooth structures. A procedure intended to control local irritational factors.

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)

   The current CDT prophylaxis codes (D1110 and D1120) are inherently problematic:
   a. The descriptors for both codes state the procedure is applicable to the transitional dentition, which means two codes exist to describe the same procedure.
   b. The term “transitional dentition” is itself ambiguous.
   c. Both descriptors describe the procedure with the same words – Removal of plaque, calculus and stains from the tooth structures. A procedure intended to control local irritational factors.”

   Replacement of the current two codes with a new single code as proposed has the following benefits:
   1. Eliminates the arbitrary determination by the practitioner of which prophylaxis procedure (child or adult) has been performed on the “transitional dentition” based on either the ratio or number of remaining primary to permanent teeth or on the patient’s chronological age (for which no common industry standard exists to define child or adult).
   2. Enables a third-party payer to impose patient age-based coverage policies and reimbursement to adjudicate claims consistently using information already on file (i.e., covered individual’s date of birth), and on the claim (i.e., date of service).
   3. Avoids COB processing issues when patient age is used to define child or adult prophylaxis and that criterion differs between the primary and secondary carrier. The primary and secondary dental benefit plan receives the same CDT code information and uses their own information on file (i.e., covered individual’s date of birth), and on the claim (i.e., date of service) to calculate benefit.
   4. Eliminates “wrong code submitted” as the basis for claim denials, the consequences of which may include: (a) a request for resubmission with the “correct” code; (b) additional adjudication time and cost to both the practitioner and the third party payer associated with resubmissions; and (c) information on the EOB regarding an “incorrect code” submission causing the patient to question the dentist’s competency or veracity.
   5. Allows accurate and identical record keeping and coding by both the dentist and the benefits carrier; assures the claim information on file is consistent with the patient chart.

   There are CDT Code precedents for the requested action:
   a. Different restorative codes for primary dentition and permanent dentition were eliminated with publication of CDT-4 in 2003 (e.g., “D2381 resin based composite – two surfaces, posterior-primary” and “D2386 resin based composite – two surfaces, posterior-permanent” were deleted and replaced with “D2392 resin-based composite – two surfaces, posterior”).
On January 1, 2013, the CDT Code eliminated different topical fluoride application codes (D1203-child and D1204-adult), replacing them with a single code (“D1208 application of topical fluoride — excluding varnish”).

Complete a) – c) only if Action Request is for a New CDT Code

a) CDT Code currently used to report the procedure

D1110 and D1120

b) Procedure technical description

Removal of plaque, calculus and stains from the tooth structures. A procedure intended to control local irritational factors.

c) Clinical scenario

Patient presents for oral evaluation and is observed to have plaque, calculus and stains on tooth structures. A prophylaxis (cleaning) procedure is delivered to remove these deposits, promote oral hygiene, reduce the likelihood of dental or periodontal disease, improve appearance, and enhance the patient’s general well-being.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   a) Material submitted?
      - Yes > ☐
      - No > ☒

   b) Protected by copyright? (If “a)” is “Yes”)
      - Yes > ☐
      - No > ☒

   c) Permission to reprint? (If “b)” is “Yes”)
      - Yes > ☐
      - No > ☒

6. Additional Comment or Explanation:

This action request provides a solution to a number of conundrums and conflicts faced by dentists and benefit plan payers that arise when documenting or adjudicating prophylaxis services using the current CDT codes:

i. Two codes (D1110 and D1120) currently exist describing the same procedure (prophylaxis) for the transitional dentition, a conflict that must be addressed.

ii. Commercial and public (state Medicaid and CHIP) dental benefit plan coverage provisions concerning the applicability of the two codes vary widely and arbitrarily (e.g., under the California Medicaid dental program, the child prophylaxis must be coded until the beneficiary reaches the age of 21; in New York the child prophylaxis code is a billable service only through age 12). The treatment code should reflect the service provided and not the state in which the patient resides or the dentist practices.

iii. Dental benefit plans are forced to use an arbitrary patient age, not the clinical state of the dentition, to determine whether a prophylaxis procedure should be reported as an “adult” service (D1110) or a “child” service (D1120). Most commercial dental benefit plans recognize a child prophy up to age 11, 12, or 14, with no recognizable consistent pattern among carriers as to which age limit will be applied.

iv. Some carriers internally reassign a reported prophylaxis code to match the policy’s age criteria, while other carriers return prophylaxis claims when the reported procedure does not match the plan’s patient age-related payment policy. This requires that the claim be resubmitted with the “correct” code to be considered for payment. In these cases the “correct” code for adjudication is inconsistent with the patient’s clinical record of the service provided and may be inconsistent with the
patient’s clinical condition (e.g., coding a child prophylaxis for an 11-year old with eruption of teeth #s 2-15 and 18-31 with no remaining primary teeth).

v. A dentist is placed into an ethical challenge when asked to submit (or resubmit) with the “correct” code required by the payer which does not meet the clinical condition of the patient or reflect the actual service provided (e.g., coding a child prophylaxis for an 11-year old with eruption of teeth #s 2-15 and 18-31 with no remaining primary teeth).

vi. Having to resubmit a claim for a prophylaxis procedure denied by reason that the patient’s age does not match the carrier’s age-related payment criteria is burdensome, costly, and aggravating to dental office staff.

vii. The EOB received by the patient that contains denial messages such as “Inappropriate code for patient’s age” implies a clerical or procedural error on the part of the treating dentist, which is an interference with the dentist-patient relationship.

This action request proposes a single CDT Code entry that:

a. Does not include the type of patient (adult or child) or the nature of the dentition (primary, transitional, or permanent).

b. Has as its descriptor the definition of prophylaxis as published in the online ADA Glossary of Dental Clinical and Administrative Terms

c. Replaces the two current overlapping prophylaxis codes D1110 and D1120

d. Expects that patient birth date information in payer enrollment records or on the claim submission can be used to determine patient age on the date of service reported for a procedure and allow claims processing consistent with policy coverage.

Note – Patient birth date is a data element on the current HIPAA standard electronic dental claim transaction (837Dv5010), and the ADA Dental Claim Form (©2012)
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D1110 prophylaxis—adult**

Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested addition and related deletions are not accepted by the Code Maintenance Committee, which notes that the proposed actions are potentially problematic and not a workable solution to the problems postulated by the submitter.

---

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor)  
**Name:** American Academy of Pediatric Dentistry

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒  
No ☐

If Yes, Name: American Academy of Pediatric Dentistry

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐  
No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☐  
No ☒

If No, explain: Not required. AAPD is a CMC member organization.
### Part 2 – Submission Details

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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

If the CMC approves the action request for a single new code “prophylaxis” this CDT code is no longer required for documentation and reporting.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
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<tr>
<th>a) CDT Code currently used to report the procedure</th>
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b) Procedure technical description

<table>
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<th>c) Clinical scenario</th>
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</tbody>
</table>

### Part 3 – Additional Information

5. Supporting documentation or literature:
- “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute **must** be provided
- All material **must** be submitted in electronic format.

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<th>c) Permission to reprint? (If “b”) is “Yes”)</th>
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6. Additional Comment or Explanation:

None
Inventory #: 06

CDT CODE ACTION REQUEST

Code Maintenance Committee Action:

Motion to accept action request as submitted.

D1120 prophylaxis – child

Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested addition and related deletions are not accepted by the Code Maintenance Committee, which notes that the proposed actions are potentially problematic and not a workable solution to the problems postulated by the submitter.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) Date Submitted: 10/27/17

Name: American Academy of Pediatric Dentistry

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒ No □

If Yes, Name: American Academy of Pediatric Dentistry

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes □ No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes □ No ☒

If No, explain: Not required. AAPD is a CMC member organization.
Part 2 – Submission Details

1. Action (Mark one only)
   - [☐] New
   - [□] Revise
   - [☒] Delete
   - Affected Code (Revise or Delete only) D1120

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)
   - **Nomenclature**: Required for all “New”
     - prophylaxis – child
   - **Descriptor**: Optional for “New”; enter “None” if no descriptor
     - Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)
   - If the CMC approves the action request for a single new code “prophylaxis” this CDT code is no longer required for documentation and reporting.

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

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.
   - a) Material submitted? Yes > [☐] No > [☒]
   - b) Protected by copyright? (If “a)” is “Yes”) Yes > [☐] No > [☐]
   - c) Permission to reprint? (If “b)” is “Yes”) Yes > [☐] No > [☐]

6. Additional Comment or Explanation:
   - None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D1110 prophylaxis – adult age 14 or greater**

Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revisions are not accepted by the Code Maintenance Committee, which notes that the proposed actions may create new unanticipated problems, and that the existing prophylaxis codes are understood by dentists and others in the dental community.

Part 1 – Submitter Information

1. Requestor Information

   Date Submitted: October 26, 2015

   Name: Dr. Kenneth Hammer - Benevis, LLC

2. Does this request represent the official position of: a) a dental organization or a recognized dental specialty; b) a third-party payer or administrator; or c) the manufacturer/supplier of the product?

   Yes >

   No > X

3. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

   Yes >

   No > X

4. Action

   Add

   Revise X

   Delete

   Affected Code (Revisions & Deletions) D1110

5. Full text of requested action (Additions & Revisions)

   **Nomenclature**

   prophylaxis – adult age 14 or greater

   **Description**

   Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.
6. Rationale for this request (e.g., reasons why existing procedure code is inadequate or no longer appropriate; description of technology inherent to procedure; dental schools where taught).

The current code nomenclature fails to define an adult or child as is commonly done by age. We would recommend that the code associated with an adult prophylaxis be age-defined that would closely align with the age that most patients would tend to have only permanent teeth present.

Presently, payors are defining an “adult” by local standards that require providers to use what is, by definition, a code without a standard. Two different payors on for the same patient age may have a different view of the code.

The outcome of a code without specified age limits is that providers must adjust coding on a payor-by-payor basis, which is not the intent of a HIPAA standardized code set. Accordingly, the proposed change will standardize code usage and nullify the inconsistency in coding.

Payors who wish to expand the benefit limits of a newly standardized code may still do so by seeing the D1110 on the claim form, then reading the value in FL-6 (patient age) and FL-24 (service date) to calculate a patient age at time of service. From that calculation, a payor who wishes to expand the benefit limits of the standardized code may do so.

Since the CDT codes are recognized by CMS as standardized code sets, this clarification will add efficiencies to the marketplace. This efficiency is in contrast to the ongoing reselection of codes to match a payor-defined standard that may not necessary match the intent of the dual codes.

“In August 2000 the CDT Code was designated by the federal government as the national terminology for reporting dental services on claims submitted to third-party payors, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).”

7. For Additions – a) current CDT Code used to report the proposed procedure; b) description of the procedure or clinical condition; and c) scenario describing the patient, materials, technique, etc.

8. Supporting documentation or literature: a) if protected by copyright, written authorization to reprint and distribute must be provided; and b) all material must be submitted in electronic format.

<table>
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<tr>
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9. Additional Comment/Explanation:

(see attached letter to Code Maintenance Committee of the ADA)
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D1120 prophylaxis – child age below 14**

Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revisions are not accepted by the Code Maintenance Committee, which notes that the proposed actions may create new unanticipated problems, and that the existing prophylaxis codes are understood by dentists and others in the dental community.

Part 1 – Submitter Information

1. Requestor Information
   - Name: Dr. Kenneth Hammer - Benevis, LLC
   - Date Submitted: October 26, 2015

2. Does this request represent the official position of: a) a dental organization or a recognized dental specialty; b) a third-party payer or administrator; or c) the manufacturer/supplier of the product?
   - Yes >
   - No > X

3. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?
   - Yes >
   - No > X

4. Action
   - Add
   - Revise X
   - Delete
   - Affected Code (Revisions & Deletions) D1120

5. Full text of requested action (Additions & Revisions)
   - **Nomenclature** prophylaxis – child age below 14
   - **Descriptor** Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.
6. Rationale for this request (e.g., reasons why existing procedure code is inadequate or no longer appropriate; description of technology inherent to procedure; dental schools where taught).

The current code nomenclature fails to define an adult or child as is commonly done by age. We would recommend that the code associated with a child prophylaxis be age-defined that would closely align with the age limit below which most patients will still have predominantly transitional dentition.

Presently, payors are defining a “child” by local standards that require providers to use what is, by definition, a code without a standard. Two different payors on for the same patient age may have a different view of the code.

The outcome of a code without specified age limits is that providers must adjust coding on a payor-by-payor basis, which is not the intent of a HIPAA standardized code set. Accordingly, the proposed change will standardize code usage and nullify the inconsistency in coding.

Payors who wish to expand the benefit limits of a newly standardized code may still do so by seeing the D1120 on the claim form, then reading the value in FL-6 (patient age) and FL-24 (service date) to calculate a patient age at time of service. From that calculation, a payor who wishes to expand the benefit limits of the standardized code may do so.

Since the CDT codes are recognized by CMS as standardized code sets, this clarification will add efficiencies to the marketplace. This efficiency is in contrast to the ongoing reselection of codes to match a payor-defined standard that may not necessarily match the intent of the dual codes.

“In August 2000 the CDT Code was designated by the federal government as the national terminology for reporting dental services on claims submitted to third-party payors, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).”

7. For Additions – a) current CDT Code used to report the proposed procedure; b) description of the procedure or clinical condition; and c) scenario describing the patient, materials, technique, etc.

8. Supporting documentation or literature: a) if protected by copyright, written authorization to reprint and distribute must be provided; and b) all material must be submitted in electronic format.

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9. Additional Comment/Explanation:

(see attached letter to Code Maintenance Committee of the ADA)
CDT CODE ACTION REQUEST

Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx  space maintainer – fixed – bilateral, mandibular

<table>
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Remarks / Rationale for "Decline" / Explanation of "Other"

* = CMC accepted the requested action on the basis of the submitter's "Rationale…" cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted:  10/10/2017

Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒  If Yes, Name: National Association of Dental Plans (NADP)

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:

No > ☒

D. "ADA Copyright Assignment Agreement" form signed and included with this Action Request?

Yes > ☒  If No, explain:

No > ☐
**Part 2 – Submission Details**

1. **Action** (Mark one only)
   - New [☒]
   - Revise [☐]
   - Delete [☐]
   - Affected Code (Revise or Delete only) [☐]

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   **Nomenclature**
   - Required for all “New”
   - space maintainer – fixed – bilateral, mandibular

   **Descriptor**
   - Optional for “New”; enter “None” if no descriptor
   - None

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)

   Current CDT Code D1515 is not specific for what arch is involved. In many cases claims are received for two code D1515’s. This leads to frustration for the provider as the Plan must request additional information so that it can be determined if it was an error, or if indeed it was performed on both arches. The request for information is via a manual process, which creates delays in payment for the provider. This new code would provide the needed clarity to auto-adjudicate the claim.

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 [D1515]
   - b) Procedure technical description
     - A bilateral fixed space maintainer is fabricated on the mandibular arch.
   - c) Clinical scenario
     - Bilateral missing teeth on the mandible require the placement of a fixed space maintainer. The current code is not specific to the arch in question. This leads to benefit plans delaying the claim to obtain the arch identification, and in some cases with both arches needing treatment, denial as duplicative claims has occurred. This code will define on which the arch the space maintainer is placed.

**Part 3 – Additional Information**

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   a) Material submitted?
      - Yes [☐]
      - No [☒]

   b) Protected by copyright?
      - Yes [☐]
      - No [☐]
      - (If “a)” is “Yes”)

   c) Permission to reprint?
      - Yes [☐]
      - No [☐]
      - (If “b)” is “Yes”)

6. Additional Comment or Explanation:
   - This code should be numbered in the D15XX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx space maintainer – fixed – bilateral, maxillary**

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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

---

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor) | Date Submitted: 10/10/2017

Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?  

Yes > ☒  If Yes, Name: National Association of Dental Plans (NADP)

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?  

Yes > ☐  If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?  

Yes > ☒  If No, explain:

No > ☐

---

**Part 2 – Submission Details**

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – **blue underline**; deleted text – *red strike-through*; unchanged text – **black**)

Nomenclature  

Required for all “New”  

space maintainer – fixed – bilateral, maxillary
<table>
<thead>
<tr>
<th>CDT CODE ACTION REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptor</strong></td>
</tr>
</tbody>
</table>

3. **Rationale for this request; your persuasive argument for CMC acceptance**

(Required for any type of requested action – New; Revise; Delete)

Current CDT Code D1515 is not specific for what arch is involved. In many cases claims are received for two code D1515’s. This leads to frustration for the provider as the Plan must request additional information so that it can be determined if it was an error, or if indeed it was performed on both arches. The request for information is via a manual process, which creates delays in payment for the provider. This new code would provide the needed clarity to auto-adjudicate the claim.

4. **Complete a) – c) only if Action Request is for a New CDT Code**

Mark if Revise or Delete [“a) - c)” are not applicable] □

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D1515</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td>Bilateral fixed space maintainer for the maxillary arch.</td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td>Bilateral missing teeth on the maxilla require the placement of a fixed space maintainer. The current code is not specific to the arch in question. This leads to benefit plans delaying the claim to obtain the arch identification, and in some cases with both arches needing treatment, denial as duplicative claims has occurred. This code will define on which the arch the space maintainer is placed.</td>
</tr>
</tbody>
</table>

**Part 3 – Additional Information**

5. **Supporting documentation or literature:**
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Protected by copyright? (If “a)” is “Yes”)</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>c) Permission to reprint? (If “b)” is “Yes”)</td>
<td>Yes □</td>
<td>No □</td>
</tr>
</tbody>
</table>

6. **Additional Comment or Explanation:**

This code should be numbered in the D15XX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D1515 space maintainer—fixed—bilateral**

<table>
<thead>
<tr>
<th>Vote</th>
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<tbody>
<tr>
<td>Yea</td>
<td>21</td>
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<tr>
<td>Nay</td>
<td>0</td>
</tr>
<tr>
<td>Abstain</td>
<td>0</td>
</tr>
<tr>
<td>Accept*</td>
<td>X</td>
</tr>
<tr>
<td>Decline</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

*= CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

---

**Part 1 – Submitter Information**

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted: 10/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: National Association of Dental Plans (NADP)</td>
<td>Date Submitted: 10/10/2017</td>
</tr>
<tr>
<td>Address (Line 1): 12700 Park Central Drive</td>
<td>Address: 972-458-6998</td>
</tr>
<tr>
<td>Address (Line 2): Suite 400</td>
<td>Email: <a href="mailto:tbrown@nadp.org">tbrown@nadp.org</a></td>
</tr>
<tr>
<td>City: Dallas</td>
<td>State: TX</td>
</tr>
<tr>
<td>Zip Code: 75251</td>
<td>Zip Code: 75251</td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > ☒ | If Yes, Name: National Association of Dental Plans (NADP) |
| No > ☐ | |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > ☐ | If Yes, describe: |
| No > ☒ | |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > ☐ | If No, explain: |
| No > ☐ | |
**CDT Code Action Request**

**Part 2 – Submission Details**

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
<th>New ☐</th>
<th>Revise ☐</th>
<th>Delete ☒</th>
<th>Affected Code (Revise or Delete only)</th>
<th>1515</th>
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</thead>
</table>

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
<tr>
<th>Nomenclature</th>
<th>space maintainer – fixed – bilateral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptor</td>
<td>None</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Deletion of this code would be in tandem with acceptance of two new codes adding arch designations; i.e. mandibular and maxillary.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>Mark if Revise or Delete [“a) - c)” are not applicable]</th>
<th>☒</th>
</tr>
</thead>
</table>

a) CDT Code currently used to report the procedure

b) Procedure technical description

c) Clinical scenario

**Part 3 – Additional Information**

5. Supporting documentation or literature:

- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt; ☐</th>
<th>b) Protected by copyright?</th>
<th>Yes &gt; ☐</th>
<th>c) Permission to reprint?</th>
<th>Yes &gt; ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No &gt; ☒</td>
<td>(If “a)” is “Yes”)</td>
<td>No &gt; ☐</td>
<td>(If “b)” is “Yes”)</td>
<td>No &gt; ☐</td>
</tr>
</tbody>
</table>

6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx space maintainer – removable – bilateral, mandibular

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yea 21</td>
<td>Abstain 0</td>
</tr>
<tr>
<td>Nay 0</td>
<td>Accept* 0</td>
</tr>
<tr>
<td>Abstain 0</td>
<td>Decline X</td>
</tr>
</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/10/2017

Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒ If Yes, Name: National Association of Dental Plans (NADP)

No ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐ If Yes, describe:

No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒ If No, explain:

No ☐

Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature Required for all “New”

space maintainer – removable – bilateral, mandibular
<table>
<thead>
<tr>
<th>Descriptor</th>
<th>None</th>
</tr>
</thead>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

Current CDT Code D1516 is not specific for what arch is involved. In many cases claims are received for two code D1516’s. This leads to frustration for the provider as the Plan must request additional information so that it can be determined if it was an error, or if indeed it was performed on both arches. The request for information is via a manual process, which creates delays in payment for the provider. This new code would provide the needed clarity to auto-adjudicate the claim.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D1525</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td>Bilateral removable space maintainer- mandibular arch</td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td>Bilateral missing teeth on the mandible require the placement of a removable space maintainer. The current code is not specific to the arch in question. This leads to benefit plans delaying the claim to obtain the arch identification, and in some cases with both arches needing treatment, denial as duplicative claims has occurred. This code will define on which the arch the space maintainer is placed.</td>
</tr>
</tbody>
</table>

5. Supporting documentation or literature:
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>b) Protected by copyright? (If “a” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>c) Permission to reprint? (If “b” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>No &gt;</td>
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<td>No &gt;</td>
<td>☐</td>
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</table>

6. Additional Comment or Explanation:

This code should be numbered in the D15XX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx space maintainer – removable – bilateral, maxillary

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
</tr>
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<tbody>
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<tr>
<td>Nay</td>
<td>1</td>
</tr>
<tr>
<td>Abstain</td>
<td>0</td>
</tr>
<tr>
<td>Accept*</td>
<td>X</td>
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<tr>
<td>Decline</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted: 10/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: National Association of Dental Plans (NADP)</td>
<td></td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > | ☒ If Yes, Name: National Association of Dental Plans (NADP) |
| No >  | ☐               |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > | ☐ If Yes, describe: |
| No >  | ☒                |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > | ☒ If No, explain: |
| No >  | ☐                |

Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

| Nomenclature Required for all “New” | space maintainer – removable – bilateral, maxillary |
### CDT Code Action Request

**Rationale for this request: your persuasive argument for CMC acceptance**  
(Required for any type of requested action – New; Revise; Delete)

Current CDT Code D1516 is not specific for what arch is involved. In many cases claims are received for two code D1516’s. This leads to frustration for the provider as the Plan must request additional information so that it can be determined if it was an error, or if indeed it was performed on both arches. The request for information is via a manual process, which creates delays in payment for the provider. This new code would provide the needed clarity to auto-adjudicate the claim.

**Complete a) – c) only if Action Request is for a New CDT Code**

- **a) CDT Code currently used to report the procedure**
  - D1525

- **b) Procedure technical description**
  - Bilateral removable space maintainer- maxillary arch

- **c) Clinical scenario**
  - Bilateral missing teeth on the maxilla require the placement of a removable space maintainer. The current code is not specific to the arch in question. This leads to benefit plans delaying the claim to obtain the arch identification, and in some cases with both arches needing treatment, denial as duplicative claims has occurred. This code will define on which the arch the space maintainer is placed.

### Part 3 – Additional Information

5. **Supporting documentation or literature:**  
   - "5.a) must be completed for all requested actions; "b)" and "c)" are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt; ☐</th>
<th>b) Protected by copyright? (If &quot;a)&quot; is &quot;Yes&quot;)</th>
<th>Yes &gt; ☐</th>
<th>c) Permission to reprint? (If &quot;b)&quot; is &quot;Yes&quot;)</th>
<th>Yes &gt; ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>No &gt; ☒</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

6. **Additional Comment or Explanation:**

This code should be numbered in the D15XX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D1525** space maintainer—removable—bilateral

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yea</td>
<td>Nay</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
</tr>
</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)    Date Submitted: 10/10/2017

Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒

If Yes, Name: National Association of Dental Plans (NADP)

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes □

If Yes, describe:

No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes □

If No, explain:

No □

Part 2 – Submission Details

1. Action (Mark one only) New [ ] Revise [ ] Delete ☒ Afected Code (Revise or Delete only) D1525

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature Required for all “New”

space maintainer — removable — bilateral
### CDT Code Action Request

<table>
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<tr>
<th>Descriptor</th>
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</table>

3. **Rationale for this request; your persuasive argument for CMC acceptance**  
(Required for any type of requested action – New; Revise; Delete)

Deletion of this code would be in tandem with acceptance of two new codes adding arch designations; i.e. mandibular and maxillary.

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

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
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</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td></td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td></td>
</tr>
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Part 3 – Additional Information

5. **Supporting documentation or literature:**  
- "5.a)" **must** be completed for all requested actions; "b)" and "c)" are completed when indicated.  
- If protected by copyright, written authorization to reprint and distribute **must** be provided  
- All material **must** be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>☒</th>
<th>b) Protected by copyright? (If &quot;a)&quot; is &quot;Yes&quot;)</th>
<th>Yes &gt;</th>
<th>☒</th>
<th>c) Permission to reprint? (If &quot;b)&quot; is &quot;Yes&quot;)</th>
<th>Yes &gt;</th>
<th>☒</th>
</tr>
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</table>

6. **Additional Comment or Explanation:**

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx permanent restoration to seal endodontic access cavity in an existing indirect restoration – amalgam**

Restoration performed following endodontic therapy when the intent is to maintain the existing indirect restoration.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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<tbody>
<tr>
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<td>Accept*</td>
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<tr>
<td>Decline</td>
<td>X</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry; that the cited claim auto-adjudication conundrum could be resolved through use of patient claim history.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 10/10/2017

| Name: National Association of Dental Plans (NADP) |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > ☒ | If Yes, Name: National Association of Dental Plans (NADP) |
| No > ☐ |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > ☐ | If Yes, describe: |
| No > ☒ |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > ☒ | If No, explain: |
| No > ☐ |
### Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
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<th>☐</th>
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<td></td>
</tr>
</tbody>
</table>

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
<tr>
<th>Nomenclature Required for all “New”</th>
<th>permanent restoration to seal endodontic access cavity in an existing indirect restoration - amalgam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Restoration performed following endodontic therapy when the intent is to maintain the existing indirect restoration.</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Currently teeth that were restored with an indirect restoration (crown, inlay or onlay) that require endodontic treatment, and are clinically sound except for the endodontic access cavity, are in most cases restored with a single surface amalgam. The majority of the time, the restoration is denied, due to the history of the indirect restoration. This code would provide the granularity to permit, by the procedure code alone, the restoration to be adjudicated without the need to either deny the restoration or to request additional information or narrative.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D2140, D2950 or D2999</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td></td>
</tr>
<tr>
<td>A tooth with an indirect restoration has endodontic treatment. The access is minimal and the indirect restoration is intended to be maintained (clinically acceptable function, fit and form), the dentist performs a restoration with an amalgam.</td>
<td></td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td></td>
</tr>
<tr>
<td>A tooth with an indirect restoration has endodontic treatment. The access is minimal and the indirect restoration is intended to be maintained (clinically acceptable function, fit and form), the dentist performs a restoration with an amalgam. This restoration is usually a larger in depth restoration than a simple one surface amalgam. The apical aspect of this restoration is usually the pulpal floor. The restoration of an endodontically treated tooth requires more materials than a standard one surface restoration. Many Benefit plans identify the tooth as having the history of the indirect restoration, and thus due to rules deny the restoration of the endodontic access. This proposed code would allow definitive clarity for the reason for the procedure.</td>
<td></td>
</tr>
</tbody>
</table>
### Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" **must** be completed for all requested actions; "b)" and "c)" are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided.
   - All material **must** be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>b) Protected by copyright? (If &quot;a)&quot; is &quot;Yes&quot;)</th>
<th>c) Permission to reprint? (If &quot;b)&quot; is &quot;Yes&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes &gt; ☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No &gt; ☒</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

6. Additional Comment or Explanation:

None
CDT CODE ACTION REQUEST

Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx  permanent restoration to seal endodontic access cavity in an existing indirect restoration – composite

Restoration performed following endodontic therapy when the intent is to maintain the existing indirect restoration.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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</thead>
<tbody>
<tr>
<td>Yea</td>
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<tr>
<td>Nay</td>
<td>Decline</td>
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<tr>
<td>Abstain</td>
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<tr>
<td>10</td>
<td>11</td>
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<tr>
<td>0</td>
<td>X</td>
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</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry; that the cited claim auto-adjudication conundrum could be resolved through use of patient claim history.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/10/2017

Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☐ No ☒

If Yes, Name: National Association of Dental Plans (NADP)

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐ No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☐ No ☒

If No, explain:
## CDT Code Action Request

### Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
<th>New ☒</th>
<th>Revise</th>
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<th>Affected Code (Revise or Delete only)</th>
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<tbody>
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<td>2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)</td>
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</tr>
<tr>
<td>Nomenclature Required for all “New”</td>
<td>permanent restoration to seal endodontic access cavity in an existing indirect restoration - composite</td>
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</tr>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Restoration performed following endodontic therapy when the intent is to maintain the existing indirect restoration.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Currently teeth that were restored with an indirect restoration (crown, inlay or onlay) that require endodontic treatment, and are clinically sound except for the endodontic access cavity, are in most cases restored with a single surface amalgam. The majority of the time, the restoration is denied, due to the history of the indirect restoration. This code would provide the granularity to permit, by the procedure code alone, the restoration to be adjudicated without the need to either deny the restoration or to request additional information or narrative.</td>
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</tbody>
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### Complete a) – c) only if Action Request is for a New CDT Code

<table>
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<th>☐</th>
</tr>
</thead>
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<tr>
<td>4. a) CDT Code currently used to report the procedure</td>
<td>D2391, D2950, D2999</td>
</tr>
<tr>
<td>b) Procedure technical description</td>
<td></td>
</tr>
<tr>
<td>A tooth with an indirect restoration has endodontic treatment. The access is minimal and the indirect restoration is intended to be maintained (clinically acceptable function, fit and form), the dentist performs a restoration with a composite.</td>
<td></td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td></td>
</tr>
<tr>
<td>A tooth with an indirect restoration has endodontic treatment. The access is minimal and the indirect restoration is intended to be maintained (clinically acceptable function, fit and form), the dentist performs a restoration with an composite. This restoration is usually a larger in depth restoration than a simple one surface amalgam. The apical aspect of this restoration is usually the pulpal floor. The restoration of an endodontically treated tooth requires more materials than a standard one surface restoration. Many Benefit plans identify the tooth as having the history of the indirect restoration, and thus due to rules deny the restoration of the endodontic access. This proposed code would allow definitive clarity for the reason for the procedure.</td>
<td></td>
</tr>
</tbody>
</table>
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>b) Protected by copyright? (If “a)” is “Yes”</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
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<td>No &gt;</td>
<td>☒</td>
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<td>No &gt;</td>
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<td></td>
</tr>
</tbody>
</table>

6. Additional Comment or Explanation:
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx access closure-post endodontic therapy**

The removal of temporary material and cotton pellet placed after RCT, cleansing of interior coronal area of tooth and access closure with appropriate filling material.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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</thead>
<tbody>
<tr>
<td>Yea</td>
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<tr>
<td>Nay</td>
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<tr>
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<tr>
<td>Accept*</td>
<td>X</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry; that the cited claim auto-adjudication conundrum could be resolved through use of patient claim history.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)

Name: Dawn Crandall, DDS

10/17/2017

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☐ No ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐ No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒ No ☐

If No, explain:

Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature Required for all "New" access closure-post endodontic therapy
<table>
<thead>
<tr>
<th>Descriptor</th>
<th>The removal of temporary material and cotton pellet placed after RCT, cleansing of interior coronal area of tooth and access closure with appropriate filling material.</th>
</tr>
</thead>
</table>

3. **Rationale for this request; your persuasive argument for CMC acceptance**  
(Required for any type of requested action – New; Revise; Delete)

There’s currently no procedure code for this process. A one surface filling or crown repair does not accurately describe the process being done.

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 2330 or 2391 or 2980 |
| b) Procedure technical description | These don’t adequately describe the actual procedure being done. The actual procedure necessary is more extensive than any of the current CDT codes being used. (surface filling O or L or crown repair) |
| c) Clinical scenario | Pt has RCT at endodontist and returns to regular DDS for removal of temporary material and cotton pellet and access closure. For example: We’re a Delta participating provider. When a patient of record has a RCT at an endodontic specialist and returns to us for access closure. Delta will not pay anything and the patient is not responsible for any of the fee either. It takes one hour of time and is more extensive than “just a filling.” Delta says it’s part of the RCT but we don’t do the RCT and the endodontic specialist does not do the access closure. |

**Part 3 – Additional Information**

5. **Supporting documentation or literature:**
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material must be submitted in electronic format.

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<th>a) Material submitted?</th>
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<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt; ☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
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<td>No &gt; ☒</td>
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<td>No &gt; ☒</td>
<td></td>
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</tbody>
</table>

6. **Additional Comment or Explanation:**

None
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

**Biomimetic Adhesive Bio-Base - A Foundation For An Indirect Restoration**

This is a restoration to create a foundation for and indirect adhesive biomimetic inlay, onlay, full onlay, partial onlay. Caries dye, nonionizing radiation (D0600), AA, MMP neutralization, IDS, resin coat (secure bond), fibers and deep margin elevation are used to create a strongly bonded composite foundation. Since the retention of the biobase is adhesive and not mechanical the final restoration is also adhesive and not mechanical. Enamel margins are then beveled and the composite margins are defined. Then an indirect impression is taken, or scan. There is no need for temporization because the dentin is sealed and protected. Block out could be bonded interproximally to prevent movement if the restoration is not fabricated at the time of as the adhesive bio-base. May also include Deep margin elevation (D0000).

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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<td>Yea</td>
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<tr>
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<tr>
<td>Accept*</td>
<td>X</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

**Part 1 – Submitter Information**

<table>
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<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted:</th>
<th>10/30/2017</th>
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<tbody>
<tr>
<td>Name: Scott D. Davis DDS</td>
<td></td>
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</tr>
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</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

- Yes > ☒
- No > ☐

If Yes, Name: The Academy of Biomimetic Dentistry
www.academyofbiomimeticdent.org

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

- Yes > ☐
- No > ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

- Yes > ☒
- No > ☐

If No, explain:
<table>
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<tr>
<th>1. Action (Mark one only)</th>
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<th>Affected Code (Revise or Delete only) D</th>
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<table>
<thead>
<tr>
<th>Nomenclature Required for all “New”</th>
<th>Biomimetic Adhesive Bio-Base - A Foundation For An Indirect Restoration</th>
</tr>
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<tbody>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>This is a restoration to create a foundation for and indirect adhesive biomimetic inlay, onlay, full onlay, partial onlay. Caries dye, nonionizing radiation (D0600), AA, MMP neutralization, IDS, resin coat (secure bond), fibers and deep margin elevation are used to create a strongly bonded composite foundation. Since the retention of the bio-base is adhesive and not mechanical the final restoration is also adhesive and not mechanical. Enamel margins are then beveled and the composite margins are defined. Then an indirect impression is taken, or scan. There is no need for temporization because the dentin is sealed and protected. Block out could be bonded interproximally to prevent movement if the restoration is not fabricated at the time of as the adhesive bio-base. May also include Deep margin elevation (D0000).</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Advanced adhesive biomimetic protocols require a new way of thinking. In the interview attached to the request for a new subcategory of Pascal Magne in the year 2012 printed in the British Dental Journal he stated that biomimetic protocols are the future of restorative dentistry. He stated that the model for biomimetic restoration is the tooth and the holy trinity “enamel, dentin and the DEJ.”

A bio-base is not a traditional core buildup therefore it needs a CDT code that documents the purpose which is unique to the biomimetic adhesive protocols, which takes into account the structure of the tooth and what tooth structures are missing and how to restore to biological function and appearance.

The attached interview and article from inside dentistry are important and require diligent study to acquire the knowledge necessary to make an informed judgement.

I personally have read the article on biomimetics more than 10 times in writing for the new subcategory and new biomimetic codes. I have also reviewed the references cited and in so doing came to the realization that I have read and studied many of them. Because of that I have come to the conclusion there is a need for biomimetic codes. I started taking biomimetic courses in 2007 and many of the references started in 2002, however the beginning research started as early 1982. As practitioners and academics such as P. Magne, D. Alleman, S. Deliperi and many others have taken the research and clinical data and formulate rational for biomimetic restorative dentistry, common sense tells me that it is time for biomimetic codes and thinking.

Second patients do not want more of their tooth removed and traditional codes lead to more tooth removal. Patient autonomy and to do no harm are the ethical asperations of the ADA code of ethics and biomimetic restorations more than satisfy that requirement.
4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>CDT CODE ACTION REQUEST</th>
</tr>
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<tbody>
<tr>
<td>a) CDT Code currently used to report the procedure</td>
</tr>
<tr>
<td>b) Procedure technical description</td>
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</table>

**D2949 Restorative foundation for an indirect restoration**
Placement of **restorative material** to yield more **ideal form**, including elimination of undercuts.

**D2950 core buildup, including and pins when required**
Refers to building up of corona structure when there is **insufficient retention** for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form or concave irregularity in a preparation.

**D2953 prefabricated post and core in addition to crown** Core is built around prefabricated post. This procedure includes the core material.

I find these codes based upon mechanical dentistry and not adhesive dental biomimetic protocols. That is why we would like to see a separate section for advanced adhesive biomimetic protocols.

: "A subgingival box margin needs to be bonded and raised to supra-gingival positions to obtain a biomimetic microtensile bond strength greater than 30 MPa. This deep margin elevation, in conjunction with immediate dentin sealing, resin coating and the composite “dentin replacement,” is referred to as the “bio-base”—a term used by the Academy of Biomimetic Dentistry for the stress-reduced, highly bonded foundation that the indirect or semi-direct inlay or onlay is bonded."

<table>
<thead>
<tr>
<th>c) Clinical scenario</th>
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</thead>
</table>
All tissues (enamel, dentin) are restored using materials that simulate each and the DEJ is created through adhesive protocols that allow the tooth to function as a natural tooth with no stress by using the stress reducing protocols.

The end result is a restored tooth with minimal tooth removal and that is bonded and sealed top to bottom, side to side and front to back.

**Part 3 – Additional Information**

5. Supporting documentation or literature:
- “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute **must** be provided
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<td>No &gt;</td>
<td>☒</td>
<td>(If “b)” is “Yes”)</td>
<td>No &gt;</td>
<td>☐</td>
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</tbody>
</table>

6. Additional Comment or Explanation:

The protocols mentioned in the request of a new subcategory came from this article:

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here is the link to the article.

<table>
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<th>CDT CODE ACTION REQUEST</th>
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</table>

Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy
Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

**Dxxxx air abrasion – import for increasing bond strength**
A technology that is used to improve the surface of dentin, ceramics, metals for improving the bond strength of the surface to which adhesives and composites are being bonded. Research shows that by doing this the bond strength is improved by 30%.

<table>
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<tr>
<th>Vote</th>
<th>Decision</th>
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<td>Yea</td>
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<td>Nay</td>
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<tr>
<td>Abstain</td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/26/2017

| Name:    | Scott D. Davis DDS |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > ☒ | If Yes, Name: The Academy of Biomimetic Dentistry |
| No > ☐   | www.academyofbiomimeticdent.org |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > ☐ | If Yes, describe: |
| No > ☒ | |

D. "ADA Copyright Assignment Agreement" form signed and included with this Action Request?

| Yes > ☒ | If No, explain: |
| No > ☐   | |
### Part 2 – Submission Details

<table>
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<td><strong>Nomenclature</strong> Required for all “New”</td>
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<td><strong>Descriptor</strong> Optional for “New”; enter “None” if no descriptor</td>
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<td></td>
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<td></td>
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<tr>
<td>“Air abrade composite surfaces for bonding/cementation. This will increase bond strength both normal and carious dentin. It will also change the failure mode to eliminate failures in the hybrid layer. When bonding composite base of a biomimetic restoration, air abrasion will maximize the composite to composite bond.”</td>
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</tr>
<tr>
<td>“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017</td>
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<tr>
<td>Here are the links to the article.</td>
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<tr>
<td>Footnotes from article supplied 19,42,12,43</td>
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<tr>
<td>4. Complete a) – c) only if Action Request is for a New CDT Code</td>
<td>Mark if Revise or Delete [“a) - c)” are not applicable]</td>
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<td>a) CDT Code currently used to report the procedure</td>
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<tr>
<td>b) Procedure technical description</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedicated Air Abrasion unit or a micro etcher. Aluminum Oxide 25-50 Microns, other powders like “Dental surface Silicating powders for creating silane bonds to various surfaces.</td>
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<tr>
<td>c) Clinical scenario</td>
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<tr>
<td>Air abraded surfaces have increased bond strength.</td>
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</table>
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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</table>

6. Additional Comment or Explanation:

The supporting documents with the request for a new subcategory contains the rational.

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here are the links to the article.


Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


Footnotes from article supplied 19,42,12,43
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

**Dxxxx caries dye (for precise removal of infected dentin)**

Caries dye is applied to infected dentin and the infected dentin is removed and the affected dentin can be left when it approaches creating an exposure into an asymptomatic pulp. However, healthy non-infected dentin should be obtained in the periphery of the preparation to assure a strong dentin bond. This technology allows a clinical end-point to caries removal that is visual and clinically significant to obtain a strong dentin bond.

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</tr>
</thead>
<tbody>
<tr>
<td>Yea</td>
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<tr>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott D. Davis DDS</td>
<td>10/26/2017</td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒  
No > ☐  

If Yes, Name: The Academy of Biomimetic Dentistry  
www.academyofbiomimeticdent.org

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  
No > ☒  

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  
No > ☐  

If No, explain:
Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
<th>New ☒</th>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>Nomenclature Required for all “New”</th>
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3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

The technology is old technology as it was developed by Fusayama and reported in the literature in 1988. With the increase in dentin adhesion this is a very important technology to be used and should be documented with a CDT code so that a clinical end-point to caries removal can be demonstrated.

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 D2999

   b) Procedure technical description

   There is not a code that describes this important clinical step. Biomimetic protocols require an end point to dentin caries removal so that sufficient bond strength to dentin can be obtained. The literature states that in caries there is infected dentin and affected dentin. All infected dentin should be removed in the periphery and only left if an exposure is certain in a vital tooth.

   c) Clinical scenario

   The use of caries dye allows the precise removal of infected dentin and enamel in the all important peripheral seal zone for improving dentin adhesion. Coupled with the use of nonionizing radiation (D0600) clean bondable dentin is produced.
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
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6. Additional Comment or Explanation:

The cited article and explanation in the request for a new subcategory for Biomimetic protocols for direct and indirect restorations. The 52 cited references at the end of the article and the associated footnotes for each protocol serve as documentation to the validity of the need for new codes to document precisely and clearly what is done. Last year I submitted documentation from Quintessence International which I had permission to reprint. Those sources should still be on file.

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Mathew A. Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


footnotes 18,19
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
   Passed, 13 Yea / 6 Nay / 2 Abstain
Motion to accept action request as submitted.

**Dxxxx crack removal in dentin**

Cracks into dentin horizontally and vertically need to be removed prior to restoring the tooth.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

Part 1 – Submitter Information

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<td>Name: Scott D. Davis DDS</td>
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B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒

If Yes, Name: Academy of Biomimetic Dentistry
www.academyofbiomimeticdent.org

No ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐

If Yes, describe:

No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒

If No, explain:

No ☐
CDT CODE ACTION REQUEST

Part 2 – Submission Details

1. Action (Mark one only) | New ☒ | Revise ☐ | Delete ☐ | Affected Code (Revise or Delete only) | D

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
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3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Historically cracked tooth syndrome has been problematic in that traditional mechanical solutions did not always work or solved the issue of the crack in dentin and or the symptoms. Cracks in enamel are biomimetic and natural and self-limiting because of the DEJ and are not a reason to do a crown or other invasive restorative options.

However!

Sharp pain to biting can be a symptom of a crack into dentin or a gap in an adhesive restoration at dentin-restoration interface. The solution is to think and act like a crack engineer trained in eliminating cracks. Structural cracks to a mechanical engineer is a symptom of stress and faulty design. From the dental side we create the stress by the design of our preparation the patient contributes because they chew and some brux. The solution to the crack is to remove the crack and to restore the tooth using biomimetic protocols and fibers. There is not another restorative system short of extraction that can solve the cracked tooth syndrome better than Advanced adhesive biomimetic protocols.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
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<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D2999</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td></td>
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</table>

"Remove dentin cracks completely within 2mm of the dentinoenamel junction. This area is referred to as the ‘peripheral seal zone.’ Remove all dentin cracks inside the peripheral seal zone to a depth of 5mm from the occlusal surface and to a depth of 3mm interproximally from the axial wall. If cracks into dentin are left under the restoration, micro-movements under function will allow the cracks to get longer (ie crack propagation). Larger cracks propagate with smaller forces than shorter cracks; therefore, it is recommended to remove as much of the cracked dentin as possible without exposing the pulp."

<table>
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<tr>
<th>c) Clinical scenario</th>
</tr>
</thead>
</table>

Protect the pulp and adhesively bond the tooth together either to create a bio-base for an indirect restoration, or SRDC as a final restoration.
Part 3 – Additional Information

5. Supporting documentation or literature:
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Last year I submitted documentation from Quintessence International which I had permission to reprint. Those sources should still be on file.

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Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Matthew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


footnotes 4,5,6,40
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –

Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

**Dxxxxx deep margin elevation**

Deep margin elevation can be used for direct and indirect restorations. Becomes necessary when a proximal area is below the gingival level due to caries or a previous deep restoration.

“A subgingival box margin needs to be bonded and raised to supra- gingival positions to obtain a biomimetic microtensile bond strength greater than 30 MPa. This deep margin elevation, in conjunction with immediate dentin sealing, resin coating and the composite dentin replacement” can be done direct to create a stress reduced direct composite or indirect adhesive restoration.

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**Remarks / Rationale for “Decline” / Explanation of “Other”**

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor)  
Date Submitted: 10/30/2017

Name: Scott D. Davis DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒  
No ☐

If Yes, Name: The Academy of Biomimetic Dentistry  
www.academyofbiomimeticdent.org

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐  
No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒  
No ☐

If No, explain:
Part 2 – Submission Details

1. Action (Mark one only)  New ☒  Revise ☐  Delete ☐

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature
Required for all “New”
deep margin elevation

Descriptor
Optional for “New”; enter “None” if no descriptor
Deep margin elevation can be used for direct and indirect restorations. Becomes necessary when a proximal area is below the gingival level due to caries or a previous deep restoration.

“A subgingival box margin needs to be bonded and raised to supra-gingival positions to obtain a biomimetic microtensile bond strength greater than 30 MPa. This deep margin elevation, in conjunction with immediate dentin sealing, resin coating and the composite dentin replacement” can be done direct to create a stress reduced direct composite or indirect adhesive restoration.

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

Advanced adhesive biomimetic protocols require a new way of thinking. In the interview attached to the request for a new subcategory of Pascal Magne in the year 2012 printed in the British Dental Journal he stated that biomimetic protocols are the future of restorative dentistry. He stated that the model for biomimetic restoration is the tooth and the holy trinity “enamel, dentin and the DEJ.”

Deep margin elevation requires a separate code because it is specific to deep defects due to decay or preparation. The purpose of an adhesive biomimetic restoration is to seal out disease and restore the tooth using methods and materials that mimic the tooth in function and appearance.

The attached interview and article from inside dentistry are important and require diligent study to acquire the knowledge necessary to make an informed judgement.

I personally have read the article on biomimetics more than 10 times in writing for the new subcategory and new biomimetic codes. I have also reviewed the references cited and in so doing came to the realization that I have read and studied most of them. Because of that I have come to the conclusion there is a need for biomimetic codes. I started taking biomimetic courses in 2007 and many of the references started in 2002, however the beginning research started as early 1982. As practitioners and academics such as P. Magne, D. Alleman, S. Deliperi and many others have taken the research and clinical data and formulated a rational for biomimetic restorative dentistry, common sense tells me that it is time for biomimetic codes and thinking.

Second patients do not want more of their tooth removed and traditional codes lead to more tooth removal. Patient autonomy and to do no harm are the ethical asperations of the ADA code of ethics and biomimetic restorations more than satisfy that requirement.

“What is the future for dentistry? The first term that comes to my mind is minimally-invasive.” Pascal Magne.

4. Complete a) – c) only if Action Request is for a New CDT Code

a) CDT Code currently used to report the procedure

D2999
b) Procedure technical description

“A subgingival box margin needs to be bonded and raised to supra-gingival positions to obtain a biomimetic microtensile bond strength greater than 30 MPa. This deep margin elevation, in conjunction with caries removal, MMP neutralization, AA, immediate dentin sealing, resin coating and the composite “dentin replacement and enamel replacement either direct or indirect.

c) Clinical scenario

All tissues (enamel, dentin) are restored using materials that simulate each and the DEJ is created through adhesive protocols that allow the tooth to function as a natural tooth with no stress by using the stress reducing protocols.

The end result is a restored tooth with minimal tooth removal and that is bonded and sealed top to bottom, side to side and front to back.

Part 3 – Additional Information

5. Supporting documentation or literature:
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6. Additional Comment or Explanation:

The protocols mentioned in the request of a new subcategory came from this article:

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here is the link to the article.

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Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


I have attached Dr. Pascal Magne interview also.
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

**Dxxxx ids (immediate dentin sealing)**

“The application and polymerization of dentin bonding agents at the time of preparation (and before the impression is taken) has numerous advantages and will ultimately increase the microtensile bond strength by 400% when compared to the traditional approach of bonding the dentin at the cementation appointment. This is fundamental to achieving maximum bond strength”.

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Remarks / Rationale for “Decline” / Explanation of “Other”

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Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/26/2017

| Name:       | Scott D. Davis DDS |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > | ☒ | If Yes, Name: The Academy of Biomimetic Dentistry |
| No >  | ☐ | www.academyofbiomimeticdent.org |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > | ☐ | If Yes, describe: |
| No >  | ☒ | |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > | ☒ | If No, explain: |
| No >  | ☐ | |
## CDT Code Action Request

### Part 2 – Submission Details

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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – **blue underline**; deleted text – **red strike-through**; unchanged text – **black**)

   - **Nomenclature**: Required for all “New”
     - ids (immediate dentin sealing)
   - **Descriptor**: Optional for “New”; enter “None” if no descriptor
     - “The application and polymerization of dentin bonding agents at the time of preparation (and before the impression is taken) has numerous advantages and will ultimately increase the microtensile bond strength by 400% when compared to the traditional approach of bonding the dentin at the cementation appointment. This is fundamental to achieving maximum bond strength”.

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)
   
   This is an import step even for traditional preparations but it is mandatory for a better biomimetic adhesive restoration. In reduces transudation and thus illuminates post-operative sensitivity.
   
   “The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

   This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

   Here are the links to the article.
   

   Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

   Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA

   Capt. David Scott Alleman DMD, Instructor Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia Italy. US army Dental Corps, Seoul, Republic of Korea

   Footnotes from article 19,46

4. Complete a) – c) only if Action Request is for a New CDT Code

   - a) CDT Code currently used to report the procedure
     - D2999

   - b) Procedure technical description
     - After caries removal and establishing clean peripheral seal zone, application of CHX, AA the next step in creating a strong bond is IDS (immediate dentin seal).
c) Clinical scenario

Stops transudation and minimizes postoperative sensitivity, which seals the dentin and protects the pulp. Also coupled with resin coat and AA increases bond strength for and indirect restoration.

**Part 3 – Additional Information**

5. Supporting documentation or literature:
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<tr>
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</tbody>
</table>

6. Additional Comment or Explanation:

Gold standard bonding systems should be employed. “The available data indicates that a three-step total etch dentin bonding system and a two-step self-etching dentin bonding system offers the best clinical performance.”

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here are the links to the article.


Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


The article reference with the request for a new subcategory the footnotes 19, 46, 17,18 are the references.
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
  Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

Dxxxx mmp neutralization

Matrix Metalloproteinases or MMPs have been shown to degrade dentin bonds over time and therefore they need to be neutralized.

<table>
<thead>
<tr>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

Part 1 – Submitter Information

A. Contact Information (Action Requestor) Date Submitted: 10/26/2017

<table>
<thead>
<tr>
<th>Name:</th>
<th>Scott D. Davis DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Line 1):</td>
<td>123 West Francis</td>
</tr>
<tr>
<td>Address (Line 2):</td>
<td>Suite 103</td>
</tr>
<tr>
<td>City:</td>
<td>Spokane</td>
</tr>
<tr>
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<tr>
<td>Telephone:</td>
<td>509-489-8005</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:scott-davis@comcast.net">scott-davis@comcast.net</a></td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒  No ☐

If Yes, Name: The Academy of Biomimetic Dentistry

www.academyofbiomimeticdent.org

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐  No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒  No ☐

If No, explain:
Part 2 – Submission Details

1. Action (Mark one only)
   - New ☒
   - Revise ☐
   - Delete ☐

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   **Nomenclature**
   - Required for all “New”
   - mmp neutralization

   **Descriptor**
   - Optional for “New”; enter “None” if no descriptor
   - Matrix Metalloproteinases or MMPs have been shown to degrade dentin bonds over time and therefore they need to be neutralized.

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)

   The rational is to limit bond degradation to dentin, so that bond strength will be maintained over time. The purpose of adhesive protocols is to increase bond strength and to decrease stress.

4. Complete a) – c) only if Action Request is for a New CDT Code
   - **a)** CDT Code currently used to report the procedure
     - D2999
   - **b)** Procedure technical description
     - Application of 2% CHX for 30 seconds to deactivate MMPs. Some adhesive systems have within their formulation molecules that also deactivate MMPs. Those systems are mentioned in the article supplied with the request for new subcategory
   - **c)** Clinical scenario
     - Deactivation of matrix metalloproteinases “prevents 25% to 30% of bond strength from being degraded.”

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   | a) Material submitted? | Yes > | ☒ | b) Protected by copyright? (If “a)” is “Yes”) | Yes > | ☐ | c) Permission to reprint? (If “b)” is “Yes”) | Yes > | ☒ | | No > | ☐ | No > | ☒ | No > | ☐ |
6. Additional Comment or Explanation:

The literature supplied with the request for new subcategory has the documentation in the references and thus the rational for a code.

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

Here are the links to the article.


Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA

Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
   Passed, 13 Yea / 6 Nay / 2 Abstain
Motion to accept action request as submitted.

**Dxxxx resin coating the IDS (secure bond)**

A microfil flowable composite .5mm placed on the IDS layer. This layer acts as a fail-safe mechanism to protect the bond and the tooth. It stops transudation and covers the air-inhibited layer of the dentin adhesive.

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0 21 0 x

Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

Part 1 – Submitter Information

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<tr>
<td>Name: Scott D. Davis DDS</td>
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B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒

If Yes, Name:

No ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐

If Yes, describe:

No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒

If No, explain:

No ☐
Part 2 – Submission Details

1. **Action** (Mark one only)
   - New ☒
   - Revise ☐
   - Delete ☐

2. **Affected Code** (Revise or Delete only)

3. **Rationale for this request; your persuasive argument for CMC acceptance**
   (Required for any type of requested action – New; Revise; Delete)

   The purpose of the protocol is to maximize bond strength and to protect the bond to dentin. Second it protects the pulp and the tooth. At the time of bonding the indirect restoration the resin coat is air abraded and primed for adhesive bonding of the restoration.

   Bonds are so strong that if the adhesive ceramic restoration is bonded to the bond and the restoration fails the bond would not fail the tooth would fracture. Creating a secure bond allows for a manageable repair.

   USC teaches this. Mentioned in the literature reference attached. It makes sense to protect the bond and the tooth so that if there is a restoration failure the tooth remains restorable.

   There is not a CDT code for this adhesive benefit. Therefore, it would be prudent to create and advanced adhesive biomimetic section with all these new codes. Biomimetic restoration are not new but there is not adequate codes to communicate what was done. All these procedures are evidence based and clinically relevant.

   "The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach" Inside Dentistry June 2017

   This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

   Here is the link to the article.


   Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

   Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


   Footnotes 13, 47-49

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

   a) **CDT Code currently used to report the procedure**
      - D2999
### CDT CODE ACTION REQUEST

b) A

c) Clinical scenario

IDS is protected, pulp is protected, the tooth is protected and the final restoration is bonded and tooth is bonded top to bottom and side to side. Coupled with the patient’s excellent home care future disease in reduced or illuminated.

---

### Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

<table>
<thead>
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6. Additional Comment or Explanation:

Cited article

“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here is the link to the article.


Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA


Footnotes 13, 47-49
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
   Passed, 13 Yea / 6 Nay / 2 Abstain
Motion to accept action request as submitted.

**Dxxxx srdc (stress reduced direct composite)**

An advanced adhesive restoration that is stress reduced using the science of modern adhesives and materials that can be done instead of a traditional mechanically retained crown. The protocol uses caries die, laser fluorescence, MMP neutralization, AA, IDS, secure bond, fibers, incremental placement to control C-factor stresses, Bonding and restoring dentin first incrementally and then allowing those bonds to mature or decoupling with time and then restoring the enamel incrementally usually on cusp at a time without connecting to the other cusps to decrease the C-factor stresses. The benefit of a SRDC is a tooth may never need a crown or onlay.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor) | Date Submitted: 10/27/2017

Name: Scott D Davis

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒ No ☐

If Yes, Name: Academy of Biomimetic Dentistry

www.academyofbiomimeticdent.org

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐ No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒ No ☐

If No, explain:
Part 2 – Submission Details

1. Action (Mark one only)  
   - New ☐  
   - Revise ☐  
   - Delete ☐  

2. Affected Code (Revise or Delete only)  
   - D  

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature
- srdc (stress reduced direct composite)

Descriptor
- An advanced adhesive restoration that is stress reduced using the science of modern adhesives and materials that can be done instead of a traditional mechanically retained crown. The protocol uses caries die, laser fluorescence, MMP neutralization, AA, IDS, secure bond, fibers, incremental placement to control C-factor stresses, Bonding and restoring dentin first incrementally and then allowing those bonds to mature or decoupling with time and then restoring the enamel incrementally usually on cusp at a time without connecting to the other cusps to decrease the C-factor stresses. The benefit of a SRDC is a tooth may never need a crown or onlay.

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Currently there are codes for core build up D2950, D2949 Restorative foundation for and indirect restoration. Then the Traditional 1,2,3,4 or more, of the 5 surfaces without interruption. All the codes are based on the tradition of mechanical retention even though in the descriptor says bond and adhesion.

This restoration SRDC, really has a sixth surface the adhesive surface.

The rational then is based up the fact that if coded for one of the above core codes they will be denied without a crown placement as a limitation to the benefit. A SRDC is really a crown replacement restoration because of the strong bonds and the care taken to reduce polymerization stress due to shrinkage. (caries removal(caries dye), nonionizing radiation D0600 – to create peripheral seal zone, AA, MMPs neutralization, IDS, resin coat, fiber placement, incremental layering to dentin, enamel replacement one cusp at a time, occlusion verticalized.

This restoration uses all of the protocols for increasing bond strength and decreasing Stress. Because this restoration takes time and precise operative skill it deserves a separate code to document the end result which should be acknowledge that a crown was avoided and tooth structure was conserved and restored to function like a tooth. Bio = life mimetic = copy

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
   - D2950, D2949, D2394, D2999

b) Procedure technical description

Most dental benefit contracts will not compensate for a buildup without a crown, and the compensation is not equal to the time necessary to complete the restoration. I have used D2999 with clinical narrative with limited to no results.

c) Clinical scenario

This use of all protocols allows the dentist to conserve enamel and dentin then restoring the tooth not only to look like a tooth but to function like a tooth with all tissues bonded top to bottom, side to side and front to back.
Part 3 – Additional Information

5. Supporting documentation or literature:
   • “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   • If protected by copyright, written authorization to reprint and distribute must be provided
   • All material must be submitted in electronic format.

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<th>c) Permission to reprint?</th>
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6. Additional Comment or Explanation:

Footnote 14 (The clinical trials are now 15 years with no failures)
Footnote 15
“The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach” Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here is the link to the article.


footnotes 14-16

Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy
Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA
Code Maintenance Committee Action:

Motion to address Inventory #s 18-27 as a single block –
Passed, 13 Yea / 6 Nay / 2 Abstain

Motion to accept action request as submitted.

**Dxxxx woven polyethylene fiber placement**

For large restorations, place fiber inserts on pulpal floor and/or axial walls to minimize stress on the developing bond strength of the hybrid layer. The fiber nets allow the composite on either side of the net to move in different directions via micro shifting of the woven fibers. The polymer network is still highly connected, but the polymerization shrinkage does not stress the hybrid layer.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The Code Maintenance Committee considered Inventory #s 18 through 27 as a related group of requests and determined they reflect techniques that lead to direct restoration outcomes, which may be documented using existing CDT Codes in the “Resin-Based Composite Restorations – Direct” subcategory of service (D2330-D2394).

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/27/2017

<table>
<thead>
<tr>
<th>Name:</th>
<th>Scott D Davis</th>
</tr>
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<tr>
<td>Address (Line 1):</td>
<td>123 W Francis</td>
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<td>99205</td>
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<td>Telephone:</td>
<td>509-489-8005</td>
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</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒
No > ☐

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐
No > ☒

If Yes, describe:
D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

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Part 2 – Submission Details

1. Action (Mark one only)  
   - New ☒  
   - Revise ☐  
   - Delete ☐  
   - Affected Code (Revise or Delete only) D

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   **Nomenclature**
   - Required for all “New”
   - woven polyethylene fiber placement

   **Descriptor**
   - Optional for “New”; enter “None” if no descriptor
   - For large restorations, place fiber inserts on pulpal floor and/or axial walls to minimize stress on the developing bond strength of the hybrid layer. The fiber nets allow the composite on either side of the net to move in different directions via micro shifting of the woven fibers. The polymer network is still highly connected, but the polymerization shrinkage does not stress the hybrid layer.

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)

   Fiber placement in the resin coat on the floor and axial walls reduce stress and increase bond. Aids in minimizing C-factor stresses.

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
   - D2999

   b) Procedure technical description

   Fibers are placed on the axial walls and the floor of preparation and can be incorporated into the resin coat and adapted to the floor andwall and saturated with adhesive then light cured. Then the tooth can be restored using incremental placement of dentin like composite and then incremental placement of enamel. The specific technique is to restore one or two surfaces at a time to reduce C-factor stresses.

   If an indirect restoration is desired then proceed to create a bio-base prior to taking impression use liquid lens to cure air inhibited layer.

   c) Clinical scenario

   The restorative result is a tooth bonded top to bottom, side to side, and distressed. Biomimetic means to mimic life or a natural tooth. A natural tooth being the blueprint for restoring a tooth adhesively.
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided.
   - All material must be submitted in electronic format.

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<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
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6. Additional Comment or Explanation:

The Protocols of Biomimetic Restorative Dentistry: 2002 to 2017 Increase the longevity of restorations with biomimetic approach Inside Dentistry June 2017

This is an important article and the 52 cited references at the end of the article and footnoted connected to the protocols and the cited research.

Here is the link to the article.


footnotes 24,36,37

Authors: David Starr Alleman, DDS: Co-director Alleman-Deliperi Centers for Biomimetic Dentistry, South Jordan, Utah and Cagliari, Sardinia, Italy

Mathew A Nejad, DDS: Co-director Biomimetic Dentistry CE, Beverly Hills, CA, Adjunct faculty, Herman Ostrow School of Dentistry, University of Southern California, Los Angeles, CA

Code Maintenance Committee Action:

Motion to accept submitter’s request to withdraw action request # 28 as submitted.

\[\text{Dxxxx} \quad \text{endodontic therapy – primary anterior tooth without succedaneous tooth (excluding final restoration)}\]

<table>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The submitter (NADP) expressed interest in working with AAE to address the questions and concerns voiced during the CMC’s discussion of requests # 28 and 29 (e.g., avoiding more than one code for procedures on primary teeth), anticipating that there will be replacement action requests submitted for consideration during the March 2019 Code Maintenance Committee meeting.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  
   Name: National Association of Dental Plans (NADP)  
   Date Submitted: 10/10/2017

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?  
   Yes > ☒  
   If Yes, Name: National Association of Dental Plans (NADP)

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?  
   No > ☒  
   If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?  
   Yes > ☒  
   If No, explain:

Part 2 – Submission Details

1. Action (Mark one only)  
   New ☒  
   Revise ☐  
   Delete ☐

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   Nomenclature Required for all “New”  
   endodontic therapy – primary anterior tooth without succedaneous tooth (excluding final restoration)
CDT CODE ACTION REQUEST

Descriptor
Optional for "New"; enter "None" if no descriptor
None

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

This submission, and an additional one for primary molar tooth, adds granularity and clarity as these procedures are currently reported under D3310. The text under the subheading “Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)” states procedures D3310-D3333 “Inclues primary teeth without succedaneous teeth and permanent teeth. Greater granularity of these codes will allow for more precise reporting of procedures.

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

a) CDT Code currently used to report the procedure
D3310

b) Procedure technical description
Endodontic therapy needed on a primary anterior tooth that has no permanent successor.

c) Clinical scenario
Patient presents with an primary anterior tooth that is in need of root canal therapy. The tooth has no permanent successor. Currently a primary anterior tooth when it needs endodontic therapy the current CDT code D3310 is used. Most of the time this, when billed is denied as the primary teeth generally need a pulpotomy or a pulpectomy. With more and more genetic variations, there is an ever-growing number of patients with retained deciduous anterior teeth, without successor teeth. A dedicated CDT code for this clinical condition would allow identification of and adjudication of true endodontic therapy performed on a retained primary anterior tooth.

Part 3 – Additional Information

5. Supporting documentation or literature:
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

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

6. Additional Comment or Explanation:
This new code should be numbered in the D3XXX series.
If this submission is approved, the heading should be revised to reflect the differentiation of the new procedures.
Inventory #: 29

CDT CODE ACTION REQUEST

Code Maintenance Committee Action:

Motion to accept submitter’s request to withdraw action request # 29 as submitted.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The submitter (NADP) expressed interest in working with AAE to address the questions and concerns voiced during the CMC’s discussion of requests # 28 and 29 (e.g., avoiding more than one code for procedures on primary teeth), anticipating that there will be replacement action requests submitted for consideration during the March 2019 Code Maintenance Committee meeting.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  
Name: National Association of Dental Plans (NADP)  
Date Submitted: 10/10/2017

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒  
If Yes, Name: National Association of Dental Plans (NADP)

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐
If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒

If No, explain:

No > ☐

Part 2 – Submission Details

1. Action (Mark one only)  
New ☒  
Revise ☐  
Delete ☐  

Affected Code (Revise or Delete only)

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature Required for all “New”

endodontic therapy – primary molar tooth without succedaneous tooth (excluding final restoration)
3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

This submission, and an additional one for primary anterior tooth, adds granularity and clarity as these procedures are currently reported under D3330. The text under the subheading “Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)” states procedures D3310-D3333 “Includes primary teeth without succedaneous teeth and permanent teeth. Greater granularity of these codes will allow for more precise reporting of procedures.

4. Complete a) – c) only if Action Request is for a New CDT Code

a) CDT Code currently used to report the procedure

D3330

b) Procedure technical description

Endodontic therapy needed on a primary molar tooth that has no permanent successor.

c) Clinical scenario

Patient presents with a primary molar tooth that is in need of root canal therapy. The tooth has no permanent successor. Currently a primary molar when it needs endodontic therapy the current CDT code D3330 is used. Most of the time this, when billed is denied as the primary teeth generally need a pulpotomy or a pulpectomy. With more and more genetic variations, there is an ever-growing number of patients with retained deciduous molars. A dedicated CDT code for this clinical condition would allow identification of and adjudication of true endodontic therapy performed on a retained primary molar.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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

6. Additional Comment or Explanation:

This code should be numbered in the D3XXX series.

If this submission is approved, the heading should be revised to reflect the differentiation of the new procedures.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx denture base customization (per arch)**

Addition to a denture base material so it is customized from standard colors, appearance or materials. For example, using school colors, costume appearance, resilient materials and logos.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the proposed addition is for a procedure that is infrequent, beyond that involved in delivery of a denture; and may appropriately be reported with the existing procedure code “D5899 unspecified removable prosthodontic procedure, by report.”

---

**Part 1 – Submitter Information**

**A. Contact Information (Action Requestor)**

Name: Doyle Williams

Date Submitted: 6/6/2017

**B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?**

| Yes > | ☐     | If Yes, Name: |
| No >  | ☒     |               |

**C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?**

| Yes > | ☐     | If Yes, describe: |
| No >  | ☒     |               |

**D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?**

| Yes > | ☒     | If No, explain: |
| No >  | ☐     |               |

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**Part 2 – Submission Details**

1. **Action (Mark one only)**

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<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>D</td>
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</table>

2. **Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)**
## Nomenclature

| Required for all “New” | denture base customization (per arch) |

## Descriptor

| Optional for “New”; enter “None” if no descriptor | Addition to a denture base material so it is customized from standard colors, appearance or materials. For example, using school colors, costume appearance, resilient materials and logos. |

### 3. Rationale for this request; your persuasive argument for CMC acceptance

(Required for any type of requested action – New; Revise; Delete)

There is not an existing code that describes this procedure and the use of the unspecified code D5899 requires a narrative and lacks the ability to be auto adjudicated.

### 4. Complete a) – c) only if Action Request is for a New CDT Code

Mark if Revise or Delete [“a) - c)” are not applicable]

#### a) CDT Code currently used to report the procedure

- D5899

#### b) Procedure technical description

Customization of a denture base may entail mixing acrylic colors to form a new unique color or design to meet a patient’s unique requirements. Sometimes a clear acrylic is used to expose a logo or other design that the patient desires.

#### c) Clinical scenario

A patient requests a customization of the denture base material in terms of color mixing to a new shade especially to their preference. This may include very unique customizing in the case of Halloween dentures, school color and logos.

### Part 3 – Additional Information

#### 5. Supporting documentation or literature:

- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

<table>
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<th>a) Material submitted?</th>
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<td>b) Protected by copyright? (If “a)” is “Yes”)</td>
<td>Yes &gt; ☐ No &gt; ☐</td>
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<tr>
<td>c) Permission to reprint? (If “b)” is “Yes”)</td>
<td>Yes &gt; ☐ No &gt; ☐</td>
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</table>

#### 6. Additional Comment or Explanation:

The current CDT has specific codes for procedures regularly performed as part of other procedures or adjuncts to other procedures that are often ordered from outside entities to assist the dentist in their diagnosis and treatment. For example, image capturing, oral pathology analyses, additions and modifications to prosthetic appliances, maxillofacial prosthetics, obturators and moulages, medicament carriers, stents, shields, connector bars, stress breakers and dental case management.

Perhaps a new heading is appropriate for this code under “Laboratory modifications to full and partial removable and hybrid dentures”.

Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx**  denture tooth customization (per arch)

Addition to a denture when custom staining, alignment and artificial tooth selection is chosen outside of a standard denture setup. For example, adding crowns and fillings to teeth, Dracula setup, matching teeth to a picture, mixing shapes, sizes and shades of teeth.

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<td>Abstain 0</td>
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<td>Nay 16</td>
<td>Other X</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the proposed addition is for a procedure that is infrequent, beyond that involved in delivery of a denture; and may appropriately be reported with the existing procedure code “D5899 unspecified removable prosthodontic procedure, by report.”

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 6/6/2017

Name: Doyle Williams

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☐  If Yes, Name: ☐

No ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐  If Yes, describe: ☐

No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒  If No, explain: ☐

No ☐

Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)
Nomenclature
Required for all "New"

denture tooth customization (per arch)

Descriptor
Optional for "New"; enter "None" if no descriptor

Addition to a denture when custom staining, alignment and artificial tooth selection is chosen outside of a standard denture setup. For example, adding crowns and fillings to teeth, Dracula setup, matching teeth to a picture, mixing shapes, sizes and shades of teeth.

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

There is not an existing code that describes this procedure and the use of the unspecified code D5899 requires a narrative and lacks the ability to be auto adjudicated.

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

a) CDT Code currently used to report the procedure

D5899

b) Procedure technical description

A customized arrangement of the denture teeth to a patient’s unusual specifications. This includes dentures that are used for special occasions like Halloween Dracula teeth and other holidays.

c) Clinical scenario

A patient requests a customized arrangement to match a photo of their natural dentition or the likeness of someone else’s teeth (i.e., David Lettermen diastema). This could include custom staining to mimic mottling and fluorosis on natural teeth.

Part 3 – Additional Information

5. Supporting documentation or literature:
   • “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   • If protected by copyright, written authorization to reprint and distribute must be provided
   • All material must be submitted in electronic format.

a) Material submitted?
   Yes > ☐
   No > ☑

b) Protected by copyright? (If “a)” is “Yes”)
   Yes > ☐
   No > ☐

   (If “b)” is “Yes”)
   Yes > ☐
   No > ☐

c) Permission to reprint? (If “b)” is “Yes”)
   Yes > ☐
   No > ☐

6. Additional Comment or Explanation:

The current CDT has specific codes for procedures regularly performed as part of other procedures or adjuncts to other procedures that are often ordered from outside entities to assist the dentist in their diagnosis and treatment. For example, image capturing, oral pathology analyses, additions and modifications to prosthetic appliances, maxillofacial prosthetics, obturators and moulages, medicament carriers, stents, shields, connector bars, stress breakers and dental case management.

Perhaps a new heading is appropriate for this code under "Laboratory modifications to full and partial removable and hybrid dentures"
Code Maintenance Committee Action:

Through a number of motions the CMC amended the nomenclature and descriptor, as illustrated below –

From **add substructure to acrylic full denture (per arch)**

Addition of a metal or other substructure for added strength to an acrylic full denture, when indicated.

To **add metal substructure to acrylic full denture (per arch)**

Addition of a metal or other substructure for added strength to an acrylic full denture, when indicated.

Motion to accept action request as amended:

**Dxxxx add metal substructure to acrylic full denture (per arch)**

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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) Date Submitted: 6/14/2017

| Name: Doyle Williams |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > ☐ If Yes, Name: |
| No > ☒ |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > ☐ If Yes, describe: |
| No > ☒ |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > ☒ If No, explain: |
| No > ☐ |
Part 2 – Submission Details

1. Action (Mark one only)  New ☒ Revise ☐ Delete ☐

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
<tr>
<th>Nomenclature Required for all “New”</th>
<th>add substructure to acrylic full denture (per arch)</th>
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<tbody>
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<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Addition of a metal or other substructure for added strength to an acrylic full denture, when indicated.</td>
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3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Cast frameworks may be added to full acrylic dentures for patients at high risk of breaking their denture due to bruxism, disabilities or other factors as a laboratory procedure. There is not an existing code that describes this procedure and the use of the unspecified code D5899 requires a narrative and lacks the ability to be auto adjudicated.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
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<th>Mark if Revise or Delete [“a) - c)” are not applicable]</th>
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</table>

a) CDT Code currently used to report the procedure

D5899

b) Procedure technical description

A laboratory cast framework is fabricated and then embedded into a full maxillary or mandibular denture. In the future there may be other ways to reinforce a full denture constituting a substructure of various mesh materials or other fracture resistant materials.

c) Clinical scenario

Patients who present with a broken denture or who have a history of heavy bruxism may be candidates for a substructure to be added to their denture. Additionally, patients with certain disabilities including the lack of fine motor skills or manual dexterity may need a substructure to prevent breakage of a new denture.

Part 3 – Additional Information

5. Supporting documentation or literature:
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

<table>
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<tr>
<th>a) Material submitted? Yes &gt; ☐ No &gt; X</th>
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<tr>
<td>b) Protected by copyright? (If “a)” is “Yes”) Yes &gt; ☐ No &gt; ☒</td>
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<tr>
<td>c) Permission to reprint? (If “b)” is “Yes”) Yes &gt; ☐ No &gt; ☒</td>
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6. Additional Comment or Explanation:

| The current CDT has specific codes for procedures regularly performed as part of other procedures or adjuncts to other procedures that are often ordered from outside entities to assist the dentist in their diagnosis and treatment. For example, image capturing, oral pathology analyses, additions and modifications to prosthetic appliances, maxillofacial prosthetics, obturators and moulages, medicament carriers, stents, shields, connector bars, stress breakers and dental case management. Perhaps a new heading is appropriate for this code under "Laboratory modifications to full and partial removable and hybrid dentures". |
Code Maintenance Committee Action:

Motion to amend proposed revision by amending the current nomenclature and eliminating the descriptor in its entirety as follows – Passed 21 Yea / 0 Nay / 0 Abstain

D5211 maxillary partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests, and teeth)

Includes acrylic resin base denture with resin or wrought wire clasps.

Motion to accept action request as amended:

D5211 maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)

<table>
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Accept* Decline Other

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Motion to revise CDT Code entry D5212 in the same manner as the accepted revision to D5211 for consistency, as follows – Passed 21 Yea / 0 Nay / 0 Abstain

D5212 mandibular partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests, and teeth)

Includes acrylic resin base denture with resin or wrought wire clasps.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) Date Submitted: 6/13/2017

Name: Doyle Williams, DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes □ No > X

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes □ No > X

If Yes, describe:
D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

<table>
<thead>
<tr>
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<th>If No, explain:</th>
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Part 2 – Submission Details

1. Action (Mark one only)
   - New [☐]
   - Revise [X]
   - Delete [☐]
   - Affected Code (Revise or Delete only) [D5211]

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   **Nomenclature**
   - **Required for all “New”**
   - maxillary partial denture – resin base (including any conventional clasps, rests and teeth)

   **Descriptor**
   - **Optional for “New”; enter “None” if no descriptor**
   - Includes acrylic resin base denture with resin, flexible gasket/silicone or wrought wire clasps.

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

   Conventional clasps are part of the denture base or embedded in it. They clasp a single tooth. Flexible gasket material like silicone, is added to a partial denture and envelopes multiple teeth in an area. The addition of this material as a clasp type, identifies it as a single clasp for reporting purposes.

4. Complete a) – c) only if Action Request is for a New CDT Code

   **a)** CDT Code currently used to report the procedure [D5211]

   **b)** Procedure technical description

   A partial denture is completed with an open area around teeth that are unstable for conventional clasping and a flexible gasket or silicone is added by the lab technician.

   **c)** Clinical scenario

   Patient presents with mobile teeth that a conventional clasp will not engage sufficiently.
### Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided.
   - All material must be submitted in electronic format.

<table>
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<tr>
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<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
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<td>No &gt; ☒</td>
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6. Additional Comment or Explanation:

This same revision could be added to codes D5212, D5221, D5222, D5225 and D5226
Code Maintenance Committee Action:

Motion to replace the proposed addition by the following revisions to D5630 developed by the submitter and CMC – Passed 21 Yea / 0 Nay / 0 Abstain

D5630  repair or replace broken retentive clasping materials – per tooth

Motion to accept submission as amended:

D5630  repair or replace broken retentive clasping materials – per tooth

<table>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The amended submission is prompted for consistency with the CMC’s accepted actions on D5211 and D5212.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 6/6/2017

Name: Doyle Williams

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐  If Yes, Name:

No > ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  If No, explain:

No > ☐
### Part 2 – Submission Details

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<th>Affected Code (Revise or Delete only)</th>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>Nomenclature Required for all “New”</th>
<th>flexible gasket/silicone material replacement used for retention (per arch)</th>
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<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Replacement of flexible gasket type material used to retain an existing removable partial denture when the flexible material becomes torn, brittle or non-functional.</td>
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</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Traditional clasps of cast metal or wire are embedded into the appliance and intended to last the life of the appliance, but the flexible gasket material is separate from the appliance and requires periodic replacement. Metal and wire clasps work well around stable teeth whereas the flexible material is used around teeth with mobility. Additionally, the flexible material may surround multiple teeth making it difficult or impossible to document whether it is one clasp or many. The current code instructs the use of code D5630 for replacing the flexible material, per tooth. This is an unacceptable solution making it impossible to code for what was done.

4. Complete a) – c) **only** if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D5630</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td>Lab technician removes flexible gasket material from an appliance and new material replaced without damaging or changing the existing appliance.</td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td>The torn gasket material renders the prosthesis unstable, affecting the patient's ability to speak and chew comfortably.</td>
</tr>
</tbody>
</table>
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt;</th>
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<tbody>
<tr>
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<td>☐</td>
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<tr>
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<td></td>
<td></td>
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</table>

6. Additional Comment or Explanation:

The current CDT has specific codes for procedures regularly performed as part of other procedures or adjuncts to other procedures that are often ordered from outside entities to assist the dentist in their diagnosis and treatment. For example, image capturing, oral pathology analyses, additions and modifications to prosthetic appliances, maxillofacial prosthetics, obturators and moulages, medicament carriers, stents, shields, connector bars, stress breakers and dental case management.

Perhaps a new heading is appropriate for this code under "Laboratory modifications to full and partial removable and hybrid dentures".
Code Maintenance Committee Action:

Motion to amend the proposed addition's nomenclature by the following wording change “nylon and or rubber” as this reflects the submitter’s original intent as seen in the wording of the answers to action request form items 4 b) and c) – Passed 21 Yea / 0 Nay / 0 Abstain.

Motion to accept action request as amended –

Dxxxx replacement of nylon or rubber male and female semi-precision attachments (per tooth)

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yea</td>
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</tr>
<tr>
<td>2</td>
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</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that this attachment replacement procedure is properly reported with current CDT Code –

D5867 replacement of replaceable part of semi-precision or precision attachment (male or female component)

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 6/6/2017

| Name: | Doyle Williams |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes □  No ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes □  No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒  No □

If No, explain:
**CDT Code Action Request**

### Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
<th>New ☒</th>
<th>Revise ☐</th>
<th>Delete ☐</th>
<th>Affected Code (Revise or Delete only) D</th>
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<tbody>
<tr>
<td>2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)</td>
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<tr>
<td>Nomenclature Required for all “New” replacement of nylon and rubber male and female semi-precision attachments (per tooth)</td>
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</tr>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor None</td>
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</tr>
<tr>
<td>3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a very broad code (D5867) describing this procedure along with replacing every part of a precision and semi-precision attachment. Nylon and rubber male and female attachments are intended to wear and be replaced, whereas other precision and semi-precision attachments are intended to last the life of the appliance.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4. Complete a) – c) only if Action Request is for a New CDT Code</td>
<td>Mark if Revise or Delete [“a) - c)” are not applicable] ☐</td>
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<td>a) CDT Code currently used to report the procedure D5867</td>
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</tr>
<tr>
<td>b) Procedure technical description</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A process where a rubber or nylon semi-precision attachment is replaced when worn, torn or lost.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nylon or rubber semi-precision attachment is unserviceable to retain a denture.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Supporting documentation or literature:
   - "5.a)" must be completed for all requested actions; "b)" and "c)" are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt; ❑</th>
<th>b) Protected by copyright? (If &quot;a)&quot; is &quot;Yes&quot;)</th>
<th>Yes &gt; ❑</th>
<th>c) Permission to reprint? (If &quot;b)&quot; is &quot;Yes&quot;)</th>
<th>Yes &gt; ❑</th>
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6. Additional Comment or Explanation:

The current CDT has specific codes for procedures regularly performed as part of other procedures or adjuncts to other procedures that are often ordered from outside entities to assist the dentist in their diagnosis and treatment. For example, image capturing, oral pathology analyses, additions and modifications to prosthetic appliances, maxillofacial prosthetics, obturators and moulages, medicament carriers, stents, shields, connector bars, stress breakers and dental case management.

Perhaps a new heading is appropriate for this code under "Laboratory modifications to full and partial removable and hybrid dentures".
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular**

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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<tr>
<td>Yea 15</td>
<td>Accept*</td>
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<tr>
<td>Nay 6</td>
<td>Decline</td>
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<tr>
<td>Abstain 0</td>
<td>Other X</td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale …” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  
   Date Submitted: 10/10/2017

   Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?  
   Yes ☒

   If Yes, Name: National Association of Dental Plans (NADP)  

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?  
   No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?  
   Yes ☒

Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   Nomenclature  
   Required for all “New”  
   removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular
<table>
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<th><strong>CDT CODE ACTION REQUEST</strong></th>
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**Descriptor**

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<th>Optional for &quot;New&quot;: enter &quot;None&quot; if no descriptor</th>
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<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

3. **Rationale for this request; your persuasive argument for CMC acceptance**

(Required for any type of requested action – New; Revise; Delete)

Deletion of D5281 along with the addition of two new codes, this one to add mandibular and one to add maxillary designations, will increase granularity within the procedure set and brings the code in line with the rest of the codes in the partial denture section, all of which differentiate between maxillary and mandibular.

4. **Complete a) – c) only if Action Request is for a New CDT Code**

<table>
<thead>
<tr>
<th>Mark if Revise or Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;a) - c&quot; are not applicable</td>
</tr>
</tbody>
</table>

☐

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

D5281

b) **Procedure technical description**

A one piece cast metal removable partial denture replacing teeth on one side of the mandibular arch.

c) **Clinical scenario**

Patient presents with missing teeth on one side of the mandibular arch where a fixed partial denture, for various reasons, is not the desired method of restoration. The current CDT code “D5281 removable unilateral partial denture - one piece cast metal (including clasps and teeth)” is non-specific as to the arch involved. This creates issues with the ability to auto-adjudicate the claim as it must drop for manual processing to request (or try to determine) the arch involved. A true dedicated code to identify the arch would improve auto-adjudication rates. The identification of the arch involved is consistent with the other removable prosthodontic codes.

**Part 3 – Additional Information**

5. **Supporting documentation or literature:**

- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>b) Protected by copyright?</th>
</tr>
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<tbody>
<tr>
<td>Yes &gt; ☐</td>
<td>Yes &gt; ☐</td>
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<th>c) Permission to reprint?</th>
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<tr>
<td>(If &quot;b)&quot; is &quot;Yes&quot;)</td>
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<td>Yes &gt; ☐</td>
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6. **Additional Comment or Explanation:**

This code should be numbered in the D5XXX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx** removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary

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<tr>
<th>Vote</th>
<th>Decision</th>
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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted: 10/10/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: National Association of Dental Plans (NADP)</td>
<td></td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒  If Yes, Name: National Association of Dental Plans (NADP)

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  If No, explain:

No > ☐

Part 2 – Submission Details

1. Action (Mark one only) | New | ☒ | Revise | ☐ | Delete | ☐ | Affected Code (Revise or Delete only) |
|--------------------------|-----|----|--------|----|--------|----|---------------------------------------|

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

Nomenclature Required for all “New” removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary
### CDT Code Action Request

<table>
<thead>
<tr>
<th>Inventory #:</th>
<th>37</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 2 of 2</td>
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</table>

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>None</th>
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</table>

3. **Rationale for this request; your persuasive argument for CMC acceptance**

(Required for any type of requested action – New; Revise; Delete)

Deletion of D5281 along with the addition of two new codes, one to add mandibular and this one to add maxillary designations, will increase granularity within the procedure set and brings the code in line with the rest of the codes in the partial denture section, all of which differentiate between maxillary and mandibular.

4. **Complete a) – c) only if Action Request is for a New CDT Code**

Mark if Revise or Delete

<table>
<thead>
<tr>
<th>“a) - c)” are not applicable</th>
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<tbody>
<tr>
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</tbody>
</table>

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

D5281

b) **Procedure technical description**

A one piece cast metal removable partial denture replacing teeth on one side of the maxillary arch.

c) **Clinical scenario**

Patient presents with missing teeth on one side of the maxillary arch where a fixed partial denture, for various reasons, is not the desired method of restoration. The current CDT code “D5281 removable unilateral partial denture- one piece cast metal (including clasps and teeth)” is non-specific as to the arch involved. This creates issues with the ability to auto-adjudicate the claim as it must drop for manual processing to request (or try to determine) the arch involved. With a true dedicated code to identify the arch involved, this would allow improved auto-adjudication rates. The identification of the arch involved is consistent with the other removable prosthodontic codes.

Part 3 – Additional Information

5. **Supporting documentation or literature:**

- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
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<th>a) Material submitted?</th>
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<th>No &gt;</th>
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<table>
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<tr>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>No &gt;</th>
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6. **Additional Comment or Explanation:**

This code should be numbered under the D5XXX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D5281** removable unilateral partial denture—one piece cast metal (including clasps and teeth)

<table>
<thead>
<tr>
<th>Vote</th>
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<td>Abstain</td>
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</tr>
<tr>
<td>Accept*</td>
<td>X</td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

---

**Part 1 – Submitter Information**

<table>
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<tr>
<th>A. Contact Information (Action Requestor)</th>
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<td><strong>Name:</strong></td>
<td>National Association of Dental Plans (NADP)</td>
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</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

- Yes > ☒ If Yes, Name: National Association of Dental Plans (NADP)
- No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

- Yes > ☐ If Yes, describe: 
- No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

- Yes > ☐ If No, explain: 
- No > ☒
**Part 2 – Submission Details**

<table>
<thead>
<tr>
<th>Action (Mark one only)</th>
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<td>D5281</td>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
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<th>Nomenclature</th>
<th>Required for all “New”</th>
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<tr>
<td></td>
<td>removable unilateral partial denture – one piece cast metal (including clasps and teeth)</td>
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<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Optional for “New”; enter “None” if no descriptor</th>
</tr>
</thead>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

Deletion of this code along with the addition of two new codes, to add mandibular and maxillary designations, will increase granularity within the procedure set and brings the code in line with the rest of the codes in the partial denture section, all of which differentiate between maxillary and mandibular.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>Mark if Revise or Delete (“a) - c)” are not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

b) Procedure technical description

c) Clinical scenario

**Part 3 – Additional Information**

5. Supporting documentation or literature:
- “5. a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
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<table>
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<th>☐</th>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt;</th>
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<tbody>
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<td>☒</td>
<td></td>
<td>No &gt;</td>
<td>☐</td>
<td></td>
<td>No &gt;</td>
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</table>

6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D5281** removable unilateral partial denture- **one-piece cast metal** (including clasps and teeth)

<table>
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<tr>
<th>Vote</th>
<th>Decision</th>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC declines this request in favor of accepting other submissions (Inventory #s 36-38) that also pertain to revising D5281.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 7/12/2017

Name: Melissa Floyd

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒ | If Yes, Name: Oak Grove Family Dentistry

No ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐

No ☒ | If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒ | If No, explain:

No ☐
### Part 2 – Submission Details

<table>
<thead>
<tr>
<th>Action (Mark one only)</th>
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<td>D5281</td>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

- **Nomenclature**
  - **Required for all “New”**
  - Removable unilateral partial denture- **one piece cast metal** (including clasps and teeth)

- **Descriptor**
  - **Optional for “New”; enter “None” if no descriptor**
  - None

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)

   Not all unilateral partials are made from cast metal. We would like for the code to be inclusive of unilateral partials made of any material.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>Mark if Revise or Delete [“a) - c)” are not applicable]</th>
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<tbody>
<tr>
<td>☒</td>
</tr>
</tbody>
</table>

   a) CDT Code currently used to report the procedure D

   b) Procedure technical description

   c) Clinical scenario

### Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>☐</th>
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<table>
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<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt;</th>
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<tbody>
<tr>
<td>No &gt;</td>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>

6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxy** prefabricated interim abutment with sculptable gingival contour

Includes placement, removal and sculpting. This is to be used in establishing anatomical gingival emergence profile.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yea</td>
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</tr>
<tr>
<td>0</td>
<td>21</td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC declines this request as it addresses a technique, not a procedure, and considers existing CDT codes “D6051 interim abutment” as appropriate for documentation and reporting.

---

**Part 1 – Submitter Information**

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted: 8/20/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Todd C. Liston, D.D.S., M.S.</td>
<td></td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒ If Yes, Name: Esthetic Implant Solutions, LLC

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☒ If Yes, describe: Co-Owner of Esthetic Implant Solution, LLC which produces the Gingiva Cuff Links system of which this product is integral.

No > ☐

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒ If No, explain:

No > ☐
Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<tr>
<th>Nomenclature Required for all “New”</th>
<th>prefabricated interim abutment with sculptable gingival contour</th>
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</thead>
<tbody>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Includes placement, removal and sculpting. This is to be used in establishing anatomical gingival emergence profile.</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Maintenance of the gingival tissue emergence profile at immediate implant placement or to re-establish it at a second stage is paramount to implant soft tissue form and function. Numerous articles and research would substantiate this claim as part of contemporary implant dentistry. Currently, there is no CDT code to cover this particular procedure for billing purposes.

Existing CDT codes D6051 (interim abutment) and D6085 (provisional implant crown) are not appropriate to document this procedure as neither address sculpting for anatomical contour that is an inherent component of the requested CDT Code addition.

It would be wise and advantageous to the dentist and patients to bridge the gap between the interim abutment and the provisional implant crown with a code for a Prefabricated Interim Abutment with Sculptable Gingival Contour, thus allowing for accurate documentation and billing of this procedure.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D6199</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td></td>
</tr>
</tbody>
</table>

The dental implant is placed and then a prefabricated interim healing abutment with a sculptable gingival contour is sculpted chairside, or in the laboratory, to the ideal contour to allow for the proper gingival emergence profile to provide maximal restorative form and function. The abutment is seated on the implant and the soft tissue is closed accordingly. This procedure can be done at any stage of the implant process.

| c) Clinical scenario |      |
Clinical Scenario

1. Teeth numbers 19 and 20 are non-restorable and require removal and restoration with dental implants.

2. Teeth being removed.

3. Teeth have been removed, implants placed, and the peri-implant bone being contoured.

5. Prefabricated interim healing abutments with a fully sculptable gingival body are available for each implant site in the mouth.

6. Prefabricated anatomical interim healing abutments with a fully sculptable gingival body have been seated.

7. Sculpting of the prefabricated interim abutments is done to achieve optimal gingival emergence profile and soft tissue form and function. This can be accomplished with routine dental equipment and materials; e.g., burs, disks, flowable composite and bis-acryl.
8. Closure of the screw access is achieved with a foam pellet followed by pink flowable composite.

9. After seating of the sculpted prefabricated interim abutments, additional bone grafting can be accomplished.
10. Medical grade cyanoacrylate can be adapted to the junction of the gingival margin and the prefabricated interim abutments to achieve a water-tight barrier.

11. Immediate post-operative periapical x-ray verifying seating of the sculpted prefabricated interim abutments, acceptable placement of the implants and peri-implant bone grafting is completed.

12. Periapical x-ray 4 months post implant placement.

13. Soft tissue healing at 4 months post implant placement and just prior to seating of the final restoration. Note how the exact form and function of the gingival tissue has been preserved with the sculpted prefabricated interim abutments.
### Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided.
   - All material **must** be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
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<th>☐</th>
<th>b) Protected by copyright? (If “a)” is “Yes”</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
</tr>
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<tbody>
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<td>No &gt;</td>
<td>☐</td>
<td></td>
<td>No &gt;</td>
<td>☐</td>
</tr>
</tbody>
</table>

6. Additional Comment or Explanation:

There are numerous distinct advantages of using a prefabricated interim abutment with sculptable gingival contour. It would be highly advantageous to have a code to allow for proper documentation and billing of this procedure that provides such a benefit to all members of the implant team (surgeon, dentist, laboratory) and our patients.
Code Maintenance Committee Action:

Motion to decline Inventory #41 with a recommendation that the D6066 and D6067 nomenclatures be amended instead to include Noble metal in list of materials for these implant crown procedures – Failed 0 Yea / 20 Nay / 1 Abstain

Motion to accept action request as submitted.

Dxxxx implant supported porcelain fused to metal crown (noble metal)
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant

<table>
<thead>
<tr>
<th>Vote</th>
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<tr>
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<td>1</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”
The American College of Prosthodontics, a CMC member, intends to review how all the CDT Code entries for prosthesis (e.g., implant supported crowns) cite materials and prepare coordinated action requests for consideration during the March 2019 CMC meeting.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 7/24/2017

Name: Megan Sage

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒
No > ☐

If Yes, Name: OHSU Dental Clinics Patient Business Services

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐
No > ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒
No > ☐

If No, explain:
Part 2 – Submission Details

1. Action (Mark one only) 
   - New ☒
   - Revise ☐
   - Delete ☐

   Affected Code (Revise or Delete only) D

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>Nomenclature Required for all “New”</th>
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<tbody>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

   Existing code D6066 does not allow for porcelain fused to a noble alloy.

4. Complete a) – c) only if Action Request is for a New CDT Code

   a) CDT Code currently used to report the procedure D6066

   b) Procedure technical description

   A single crown restoration that is retained, supported and stabilized by an implant and made with porcelain fused to noble alloy.

   c) Clinical scenario

   Patient had implant retained single crowns made with porcelain fused to noble alloy.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   a) Material submitted? Yes > ☐
   - No > ☒

   b) Protected by copyright? (If “a)” is “Yes”) Yes > ☐
   - No > ☒

   c) Permission to reprint? (If “b)” is “Yes”) Yes > ☐
   - No > ☒

6. Additional Comment or Explanation:

   No additional comment.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx implant surgical guide CBCT and study model based

Utilization of CBCT software and scanned study casts to fabricate an implant surgical guide. May be for 1 tooth replacement, multiple teeth, or full arch.

<table>
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<tr>
<th>Vote</th>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the procedure as described in the action request may appropriately be reported with current CDT code “D6190 radiographic/surgical implant index, by report.” In arriving at its determination committee members did see merit in the concept, but with concern that the submission as written did not have sufficient specificity to support establishing a new CDT code. In lieu of an attempt by the CMC to amend the request on its own, the submitter is encouraged to prepare a new action request that clearly differentiates the proposed new code from D6190.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 11/1/2017

Name: Scott Noren, DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐  If Yes, Name:

No > ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  If No, explain:

No > ☐

Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)
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<th>Nomenclature</th>
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<tr>
<td>Descriptor</td>
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<td>Utilization of CBCT software and scanned study casts to fabricate an implant surgical guide. May be for 1 tooth replacement, multiple teeth, or full arch.</td>
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</table>

3. Rationale for this request; your persuasive argument for CMC acceptance  
(Required for any type of requested action – New; Revise; Delete)

The utilization of CBCT technology along with scanned models is now being used extensively to perform guided surgery when indicated. Avoidance of perforation of the floor of mouth, maxillary sinus, injuring teeth in tight spacing, paralleling implants when doing bridges or full arches more accurately than ‘eyeing’ is more easily achieved utilizing these guides.

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

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
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<tbody>
<tr>
<td>b) Procedure technical description</td>
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<tr>
<td>CBCT(cone beam CT) of patient in dicom format is merged with an implant software program, creating a 3D rendering; the study models are scanned and saved in electronic format; the implant planning software is then used for ideal placement of one or more implants and then the design is saved; utilizing this design and CAD/CAM software, an acrylic CT based surgical guide is fabricated for the surgeon to place the implants either partially or fully guided.</td>
<td></td>
</tr>
<tr>
<td>c) Clinical scenario</td>
<td></td>
</tr>
<tr>
<td>Clinical Scenarios where these guides are crucial can include palpated large mandibular lingual concavity which could risk floor of mouth penetration on misguided dental implant; very narrow buccal lingual spaces for implant placement requiring precise angulation and starting points; depth control to avoid the inferior alveolar neurovascular bundle, maxillary sinus or floor of nose. As stated, placement of multiple implants requires reasonable parallelism that is not always achievable by human eye approximation at the time of surgery.</td>
<td></td>
</tr>
</tbody>
</table>

Part 3 – Additional Information

5. Supporting documentation or literature:  
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.  
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<tr>
<td>c) Permission to reprint? (If “b)” is “Yes”)</td>
<td>Yes &gt;</td>
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6. Additional Comment or Explanation:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5438863/
Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx osseous, osteoperiosteal, or cartilage graft of a single site in the mandible or maxilla-autogenous or nonautogenous, by report

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<tr>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the procedure as described in the action request may appropriately be reported with current CDT code “D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report.”

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 10/3/2017

Name: Katina Spadoni DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒ If Yes, Name: Anthem Inc. 3560 Delta Dental Drive Eagan, MN 55122

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐ If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒ If No, explain:

No > ☐
### Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
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#### Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
<tr>
<th>Nomenclature Required for all “New”</th>
<th>osseous, osteoperiosteal, or cartilage graft of a single site in the mandible or maxilla-autogenous or nonautogenous, by report</th>
</tr>
</thead>
</table>

| Descriptor Optional for “New”; enter “None” if no descriptor | None |

#### Rationale for this request; your persuasive argument for CMC acceptance

(Required for any type of requested action – New; Revise; Delete)

The new code being proposed would be used for a single site graft where a tooth was lost previously (at least 6-12 months) and the area is now being grafted to support a future implant but it is not at the time of extraction nor is it at time of implant placement.

#### Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>Mark if Revise or Delete [“a) - c”) are not applicable]</th>
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<tr>
<th>a) CDT Code currently used to report the procedure</th>
<th>D7950</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Procedure technical description</td>
<td></td>
</tr>
</tbody>
</table>

Osseous, osteoperiosteal, or cartilage graft of a single site in the mandible or maxilla-autogenous or nonautogenous

A tooth was lost awhile back and patient did not have it replaced so ridge is constricted and resorbed. Patient now wants to restore area but ridge needs to be expanded and grafted but only in the single site BEFORE the placement of the future implant. The DDS would use this new code and Not D7950 or D7953. Or D6104 and reimbursement should be less.

### Part 3 – Additional Information

#### Supporting documentation or literature:
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided.
- All material must be submitted in electronic format.

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<td>No &gt;</td>
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</tr>
</tbody>
</table>

#### Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

D7953 bone replacement graft for ridge preservation – per site

Graft is placed in an a nascent extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately. The graft does not need to be placed on the same date as the extraction or removal.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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<tbody>
<tr>
<td>Yea</td>
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<tr>
<td>Nay</td>
<td>X</td>
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<tr>
<td>Abstain</td>
<td></td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the procedure as described in the action request may appropriately be reported with current CDT code “D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report.”

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 6/29/2017

Name: Scott Cold, DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐  No > ☒  If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  No > ☒  If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  No > ☐  If No, explain:
Part 2 – Submission Details

1. **Action** (Mark one only)
   - New ☐
   - Revise ☒
   - Delete ☐
   - Affected Code (Revise or Delete only) D7953

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)
   - **Nomenclature**
     - bone replacement graft for ridge preservation – per site
   - **Descriptor**
     - Graft is placed in an a nascent extraction or implant removal site at the time of the extraction or removal to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Does not include obtaining graft material. Membrane, if used should be reported separately. The graft does not need to be placed on the same date as the extraction or removal.

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)
   - Due to the severity of some tooth infections, it is not always recommended to place a bone graft on the same date as the extraction. In some cases, it is better to extract the tooth on one day and place the bone graft on a later date while the extraction site is still in the early stages of healing after the infection has had some time to drain and resolve. As it is worded, D7953 implies that the extraction and the bone graft must be done on the same date or it is a misapplication of the code. The next best alternative is D7950 which is best applied as a ridge or bone augmentation in an edentulous area that is completely healed. D7953 should be kept as applicable to ridge or bone preservation in a nascent extraction or removal.

4. Complete a) – c) only if Action Request is for a New CDT Code
   - Mark if Revise or Delete [“a) - c)” are not applicable] ☒
   - **CDT Code currently used to report the procedure**
     - D
   - **Procedure technical description**
   - **Clinical scenario**
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

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<th>b) Protected by copyright? <em>(If “a)” is “Yes”)</em></th>
<th>c) Permission to reprint? <em>(If “b)” is “Yes”)</em></th>
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<td>No &gt; ☒</td>
<td>No &gt; ☒</td>
<td>No &gt; ☒</td>
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6. Additional Comment or Explanation:

Because of the current wording of D7953 insurances are denying claims that do not have an extraction code to accompany it on the same date as the bone graft. Or the insurances are converting the code to D4263 which is another code misapplication. And because D7950 is a variable fee code most insurances do not cover it even with a written explanation.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D7250 surgical removal of residual roots remaining root structure following the loss of the major portion (over 75%) of the crown, includes cutting of soft tissue and bone, removal of tooth structure and closure**

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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the proposed nomenclature revision is to a pre-CDT 2017 version of the code and that inclusion of percentages in a nomenclature is a retrograde action that adds confusion, and that the current nomenclature entry “D7250 removal of residual tooth roots (cutting procedure)” is satisfactory.

1. **Contact Information (Action Requestor)**
   - Name: Yadira Cardona-Rohena, DMD
   - Date Submitted: 12/8/2016

2. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?
   - Yes > ☐
   - No > ☒ If Yes, Name:

3. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?
   - Yes > ☐ If Yes, describe:
   - No > ☒

4. **Action (“X” one only)**
   - New ☐ Revise ☒ Delete ☐
   - Affected Code – Revise or Delete (Leave blank if New) D7250

5. Full illustration of nomenclature and descriptor text actions (additions in blue underline; deletions in red strike-through; unchanged in black)
   - **Nomenclature Required for all “New”**
     - surgical removal of residual roots remaining root structure following the loss of the major portion (over 75%) of the crown, includes cutting of soft tissue and bone, removal of tooth structure and closure

   - **Descriptor Optional for “New”: enter “None” if no descriptor**
     - None
6. Rationale for this request; your persuasive argument for CMC acceptance  
(Required for all requested actions – New; Revise; Delete)

Insurance companies look at the definition of 7250 as a root that is covered by gingival tissue completely even though that is not part of the definition. The definition is incomplete and thus needs revision. The definition is ambiguous and leads to misinterpretation by insurance companies and providers. Too many arguments with peer to peer reviews.

7. Complete a) – c) only if Action Request is for a New CDT Code

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

8. Supporting documentation or literature:
   - “8.a)” must be completed for all requested actions.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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

9. Additional Comment or Explanation:

No additional comments
Code Maintenance Committee Action:

Motion to amend the proposed descriptor revision by retaining the words “orthodontic” so that the revised text would appear as follows – Failed 2 Yea / 17 Nay / 2 Abstain – as such an attachment may not be related to treatment of orthodontic anomalies.

“Placement of an orthodontic bracket, band or other device attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.

Motion to accept action request as submitted.

D7283 placement of device to facilitate eruption of impacted tooth

Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.

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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 9/5/2017

Name: Dr. Stephen D. Robirds

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒  If Yes, Name: American Association of Orthodontists

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe: N/A

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  If No, explain:

No > ☐
### Part 2 – Submission Details

<table>
<thead>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Placement of an orthodontic bracket, band or other device attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Eliminating the phrase “orthodontic bracket, band or other device” and using the word “attachment” demonstrates that this procedure can be done for purposes other than orthodontics. On many occasions, insurance companies see “orthodontic” in the descriptor (or even in the nomenclature) and deduct the claim payment from already limited orthodontic coverage although no orthodontic treatment was performed.

Upon surgical exposure of an unerupted tooth, an attachment is placed (typically bonded) on the tooth to aid in its eruption. No orthodontics is being done and may never be done to achieve eruption.

Attachments can be placed on mesially impacted permanent first molars that are trapped by deciduous second molars. The attachment is designed to “unlock” the permanent first molars and allow normal eruption.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>Mark if Revise or Delete [“a) - c)&quot; are not applicable]</th>
<th>☒</th>
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</thead>
</table>

a) CDT Code currently used to report the procedure

b) Procedure technical description

c) Clinical scenario
5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

<table>
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<tr>
<th>a) Material submitted?</th>
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6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx**  
Adjunctive local anesthesia agents  
Agents which can be used to improve patient comfort during and/or after dental procedures.

<table>
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<tr>
<th>Vote</th>
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*Accept*, *Decline*, *Other*  

Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that this proposed addition is for techniques that are considered components of current CDT Codes for local anesthesia (e.g., “D9215 local anesthesia in conjunction with operative or surgical procedures”).

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor)  
Name: Dental Hygienists’ Coding Focus Group  
Date Submitted: 10/3/2017

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?  

Yes > ☐  
No > ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?  

Yes > ☐  
No > ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?  

Yes > ☒  
No > ☐

If No, explain:
Part 2 – Submission Details

<table>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>Nomenclature Required for all “New”</th>
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<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Agents which can be used to improve patient comfort during and/or after dental procedures.</td>
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</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Injectable Local Anesthesia is usually considered to be a part of identified procedures throughout the CDT Manual. These are usually considered to be the traditional local anesthetic drugs; however, other adjunctive agents are available which can provide a more comfortable experience for the patient. Two examples of these are buffering agents and reversal agents.

**Buffering Agents/Systems:** The acidity of local anesthetic solutions may be one of the causes of pain that patients feel during an injection (research demonstrates that the rate of injection is the primary cause). The addition of buffering agents (ie. sodium bicarbonate) into a dental cartridge, immediately prior to injection, raises the pH to a more alkaline level allowing for the formation of more base molecules that are then available to establish anesthesia.

Examples of positive effects:
- Reduces the sting or burning sensation (greater patient comfort).
- Reduces tissue irritation from the drugs that may be reduced with buffering.
- Enhances onset of anesthesia and may produce more durable pulpal anesthesia.

**Reversal Agents:**
- The use of phentolamine mesylate as a local anesthetic reversal agent is indicated when there could be a risk of soft tissue injury with prolonged soft tissue anesthesia such as pediatric patients, geriatric patient, or special needs patients.
- Also indicated for patients who may need to return to work or attend an event and do not want impaired speaking or a drooping lip.
- Some medically compromised patients would also benefit from a shorter duration of anesthesia such as a diabetic patient who needs to stay on a regular schedule for meals.

Using the highest quality and most advanced treatment options allows the clinician to accomplish the procedure while addressing individualized aspects of patient comfort and pain management strategies; therefore, increased patient adherence to treatment protocols. In addition, use of a specific code for this procedure will allow for monitoring the metrics involved in the use of these products.

4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
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<tr>
<th>Mark if Revise or Delete [“a) - c)” are not applicable]</th>
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</table>

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

None
b) Procedure technical description

The procedure’s technical description of incorporating buffering agents with traditional local anesthetic drugs will depend upon the device/system, mixing pens and cartridge connectors which provide an automated way to accomplish this. Two examples of buffering system devices with mixing pens are shown below:

Another method of administration involves drawing up the sodium bicarbonate solution from a vial and injecting it into the local anesthesia cartridge prior to injection.

c) Clinical scenario

The use of adjunctive local anesthetic agents would depend upon the patient:

**Buffering Agents** provide clinical advantages which include
- More comfort for the patient during the injection
- More rapid onset of anesthesia
- Decreased tissue irritation

**Reversal Agents** provide clinical advantages when treating pediatric patients, geriatric patients, and special needs patients where risk of soft tissue injury would be high. It would also be indicated for those patients who may have to return to work or an event and did not want to have a sagging lip or the inability to talk clearly. Some medically compromised patients such as diabetics may need a shorter duration to stay on their schedule for meals.
Part 3 – Additional Information

5. Supporting documentation or literature:
   • \[5.a)] must be completed for all requested actions; \[b)] and \[c)] are completed when indicated.
   • If protected by copyright, written authorization to reprint and distribute must be provided
   • All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
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6. Additional Comment or Explanation:

SUMMARY STATEMENTS are followed by citation from which it was drawn. Other citations are available upon request.

Statement: The addition of buffering agents to dental anesthetic cartridges lowers the pH of the solution and provides advantages of a more comfortable experience for the patient and a quicker onset of anesthesia for the practitioner.


Statement: Buffering of local anesthetics has been demonstrated to counteract the undesirable qualities of local anesthetics.


Statement: The use of reversal agents allows the practitioner to decrease the duration of anesthesia where numbness could prove injurious to the patient.

Malamed, S., Local Anesthesia Reversal, A Peer-Reviewed CE Activity for Dentistry Today, Course Number: 123.

Additional Citations for Reversal Agents:

Reversal of Soft-Tissue Local Anesthesia With Phentolamine Mesylate in Adolescents and Adults
Elliot V. Hersh, DMD, MS, PhD, Paul A. Moore, DMD, PhD, MPH, Athena S. Papas, DMD, PhD, J. Max Goodson, DDS, PhD, Laura A. Navalta, BA, Siegfried Rogy, PhD, Bruce Rutherford, DDS, PhD, John A. Yagiela, DDS, PhD; AND the Soft Tissue Anesthesia Recovery Group JADA 2008; Vol 139, No 8, 1080-1093

Reversal of Soft-Tissue Local Anesthesia With Phentolamine Mesylate in Pediatric Patients
Mary Tavares, DMD, MPH, J. Max Goodson, DDS, PhD, Deborah Studen-Pavlovich, DMD, John A. Yagiela, DDS, PhD, Laura A. Navalta, BA, Siegfried Rogy, PhD, Bruce Rutherford, DDS, PhD, Sharon Gordon, DDS, MPH, PhD, Athena S. Papas, DMD, PhD; AND Soft Tissue Anesthesia Reversal Group JADA 2008; Vol 139, No 8, 1095-1104
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx** application of light energy for management and maintenance of acute and chronic inflammation and pain to facilitate healing

Use of light energy to stimulate biological responses in cell function to promote healing.

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<tr>
<th>Vote</th>
<th>Decision</th>
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<tbody>
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<tr>
<td>Nay</td>
<td>Decline</td>
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<td>Abstain</td>
<td>X</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that this is a technique that would be a component of and appropriately reported with current scaling and root planing CDT Codes D4341 and D4342, or “D4346 scaling in presence of generalized moderate or severe gingival inflammation…” depending on the clinical indications at time of service.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) Date Submitted: 10/3/2017

Name: Dental Hygienists’ Coding Focus Group

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐ If Yes, Name:

No > ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐ If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒ If No, explain:

Will be included

No > ☐
### Part 2 – Submission Details

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<td>application of light energy for management and maintenance of acute and chronic inflammation and pain to facilitate healing</td>
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</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

The purpose and intent of light energy therapy is to enable clinical effects to include tissue repair, pain relief, and regenerate cell function. Research and clinical studies have documented beneficial effects of light energy such as stimulation of fibroblasts and osteoblasts as well as reduction of bacteria.

Studies have shown enhanced, faster and more comfortable wound healing when light energy is used in conjunction with non-surgical periodontal therapy. Using light energy to further reduce bacteria and pain allows clinicians to accomplish procedures while addressing patient comfort; therefore, increased patient adherence to treatment protocols.

In addition, light energy has been shown to be very effective in bactericidal action on periodontal pathogens making the adjunctive use of antibiotics unnecessary. This eliminates the problem of bacterial resistance and systemic side effects produced by antibiotic use.

Many dental schools and dental hygiene programs have and are incorporating this procedure into their curriculum and continuing education programs. Some examples:

- University of Tennessee Health Science Center School of Dentistry
- University of Texas at Houston
- AT Stills Arizona School of Dental and Oral Health
- University of California San Francisco (UCSF)
- Virginia Commonwealth University
- Temple University Kornberg School of Dentistry
- University of Washington...Seattle, WA
- Indiana Wesleyan University Louisville, KY
- Southwestern College...National City, CA.
- Virginia Western Community College

4. Complete a) – c) only if Action Request is for a New CDT Code

| Mark if Revise or Delete [*“a) - c)* are not applicable] |
|-----------------|-------|
| ☐               |       |

a) CDT Code currently used to report the procedure

None
b) Procedure technical description

The procedure’s technical description of the use of light energy for the management and maintenance of acute and chronic inflammation and pain to facilitate healing will depend upon the device selected. Individual parameters vary depending on the diagnosis, clinician and the specific light energy device used. However, most protocols follow a simple formula for acute and chronic inflammation.

One example using a fiberoptic tip is described below:

1. The hard tissue side of the pocket is first debrided with ultrasonic instrumentation and/or hand instruments.

2. This is followed by light energy bacterial reduction and coagulation of the soft tissue side of the pocket. A fiber is measured to a distance of one mm short of the depth of the pocket. This fiber is used in light contact with a sweeping motion that covers the entire epithelial lining, starting from the base of the pocket and moving upward. The fiber tip is cleaned frequently with a damp gauze to prevent debris build up.

3. The low-level light energy tip is applied at right angles and with direct contact to the external surface of the pocket for the reduction of bacteria. (for photo biomodulation/bacterial reduction)

4. Re-probing of the treated sites should be performed no earlier than 3 months after treatment to allow for adequate healing. The tissue remains fragile for this period.

The power settings and duration are determined by the specific light energy device used. The manufacturer’s directions should be consulted for the proper parameters to achieve the best results. This protocol may be performed by the dentist and/or dental hygienist as determined by the regulatory agency in the geographic location of the practice.

c) Clinical scenario

This is the case of a 55-year-old Hispanic woman who presented with a complaint of sore gums, pain, bleeding and tooth loss. The patient was in otherwise good health with no serious medical problems noted or observed.

The dental examination showed the upper arch to consist of teeth 7, 8, 9, and 10. The patient had a poorly fitting maxillary acrylic appliance. The lower arch was intact with no restorative problems. The lower arch had moderate calculus formation, but few signs of clinical inflammation. Probing pocket depths were generally 3-4 mm. Radiographs showed normal bone levels. The maxillary teeth exhibited severe inflammation with engorgement and bleeding.

**Treatment and Results:** The lower arch responded to routine non-surgical periodontal therapy; however, because of the severe maxillary inflammation, a light energy device was used for one session immediately after scaling. The acrylic partial appliance was relined with a soft liner as a temporary measure. Within 14 days, the upper teeth responded to non-surgical periodontal therapy and adjunctive light energy treatment, with a complete resolution of inflammation.

*Left: Pre-treatment gingival inflammation. Right: Post-treatment resolution*
5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided.
   - All material must be submitted in electronic format.

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6. Additional Comment or Explanation:

**SUMMARY STATEMENTS** are followed by citation from which it was drawn. Additional citations are available upon request.

**Statement:** This improvement in gingival health remains more stable than with conventional SRP treatment alone and tends to last longer.


**Statement:** Research has demonstrated better removal of the pocket epithelium compared with conventional techniques.


**Statement:** Effects include increased lymphatic flow, production of endorphins, increased microcirculation, increased collagen formation and stimulation of fibroblasts, osteoblasts and odontoblasts. This stimulates the immune response, pain relief and wound healing.

Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx** disruption of subgingival biofilm using air and water pressure combined with a low-abrasive powder on tooth surfaces and implants

Subgingival use of air and water pressure combined with a low-abrasive powder used as a preventative and/or therapeutic procedure for biofilm disruption. It can be performed in addition to D1110, D1120, D4346, D4341, D4342, D6081, and D4910. It is neither air abrasion, nor supragingival cosmetic polishing.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that this action request is for a technique that is appropriately reported with CDT code "D6101 debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure."

---

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor)  
   Name: Dental Hygienists’ Coding Focus Group  
   Date Submitted: 10/3/2017

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?  
   
   | Yes > | ☐ | No > | ☒ |  
   | If Yes, Name: |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?  
   
   | Yes > | ☐ | No > | ☒ |  
   | If Yes, describe: |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?  
   
   | Yes > | ☒ | No > | ☐ |  
   | If No, explain: |
Part 2 – Submission Details

1. **Action** (Mark one only) | New | ☒ | Revise | ☐ | Delete | ☐ | **Affected Code** (Revise or Delete only) | D |
2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

**Nomenclature**
- Required for all “New”
- disruption of subgingival biofilm using air and water pressure combined with a low-abrasive powder on tooth surfaces and implants

**Descriptor**
- Optional for “New”; enter “None” if no descriptor
- Subgingival use of air and water pressure combined with a low abrasive powder used as a preventative and/or therapeutic procedure for biofilm disruption. It can be performed in addition to D1110, D1120, D4346, D4341, D4342, D6081, and D4910. It is neither air abrasion, nor supragingival cosmetic polishing.

3. **Rationale for this request; your persuasive argument for CMC acceptance** (Required for any type of requested action – New; Revise; Delete)

The purpose and intent of subgingival use of air and water pressure combined with a low-abrasive powder (i.e. Glycine, which is a non-essential biocompatible amino acid), is to facilitate thorough removal of oral biofilm resulting in less gingival erosion when compared to hand instrumentation.

Subgingival use of air and water pressure has been associated with a significant reduction in bleeding on probing when compared to mechanical debridement in patients with peri-implantitis. Moreover, the use of low-abrasive powder plays an active role in the inhibition of bacterial recolonization on implants.

Subgingival use of air and water pressure is more efficacious in removing subgingival biofilm in moderate-to-deep periodontal pockets than non-surgical periodontal therapy. This may result in a beneficial shift of the oral microbiota and appears to be well tolerated by patients.

Multiple studies have shown that even though hand instrumentation will remove subgingival biofilm in deep pockets taking from 30-64 seconds per tooth/implant, use of air and water pressure combined with glycine powder has been found to take 5 seconds per site.

4. Complete a) – c) only if Action Request is for a New CDT Code

| a) CDT Code currently used to report the procedure | None | Mark if Revise or Delete [“a) - c” are not applicable] | ☐ |
b) Procedure technical description

The technical description for the use of an instrument/system using air and water pressure combined with a low-abrasive powder may vary depending on the device selected. Manufacturers directions should be consulted for proper parameters to achieve the best results; however, most protocols follow a simple formula for effective biofilm removal:

1. Air and water pressure are combined with a low-abrasive powder and a customized nozzle inserted into pockets measuring 4mm or greater. The nozzle is inserted into the pocket gently until resistance is met. The specific degree of angulation is dependent upon the device used. The tip is then activated and moved over the entire subgingival root or implant surface for 5 seconds per site. Four sites are targeted: direct distal, direct mesial, facial and lingual.

2. The hard tooth structure or dental implant side of the pocket is then debrided with ultrasonic scalers and/or hand instrumentation.

3. Use of subgingival air and water pressure using low-abrasive powder should be used in conjunction with high-volume evacuation.

This protocol may be performed by dentists and/or dental hygienists as determined by the regulatory agency in the geographic location of the practice.

Below are sample images of devices, with customized nozzles, used for subgingival delivery of low-abrasive powders (i.e. glycine non-essential biocompatible amino acid).

c) Clinical scenario

Individual parameters related to a specific clinical scenario will depend upon the diagnosis of the patient’s periodontal condition. This procedure would be indicated for any patient with active periodontal infections who present with periodontal pockets greater than 4mm.
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided.
   - All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
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6. Additional Comment or Explanation:

**SUMMARY STATEMENTS** are followed by citations from which it was drawn. Additional citations are available upon request.

**Statement:** Clinical data supports the efficacy of using subgingival air polishing to remove biofilm in periodontal pockets.


**Statement:** Biofilm removal using air and water pressure with glycine powder takes less time than traditional instrumentation.


**Statement:** Results of clinical trials indicate that subgingival biofilm removal in deep periodontal pockets using air polishing with glycine powder is more efficient than that achieved by use of hand instruments and ultrasonic scalers.


**Statement:** With the growing prevalence of peri-implantitis and peri-mucositis, use of air and water pressure combined with a low a low abrasive power complements hand and power instrumentation in removing subgingival biofilm.

Daubert, D. *Dimensions of Dental Hygiene*, December 2013;11(12):69–73
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx infiltration of sustained release therapeutic drug – single or multiple sites**

Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.

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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

---

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor) | Date Submitted: 10/30/2017

Name: American Association of Oral and Maxillofacial Surgeons

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒

No ☐

If Yes, Name: American Association of Oral and Maxillofacial Surgeons

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐

No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒

No ☐

---

**Part 2 – Submission Details**

1. Action (Mark one only) New ☒ Revise ☐ Delete ☐

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)
### CDT Code Action Request

**Nomenclature**

*Required for all "New"

- **infiltration of sustained release therapeutic drug – single or multiple sites**

**Descriptor**

*Optional for "New"; enter "None" if no descriptor*

- Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes.

#### 3. Rationale for this request; your persuasive argument for CMC acceptance

(Required for any type of requested action – New; Revise; Delete)

With the increased focus on the use of opioids and the problems associated with their use patients are requesting non-narcotic alternatives for post-operative pain control. Doctors are now utilizing a sustained release pharmacologic agent infiltrated at the surgical site to reduce the use of narcotic pain medicine in their pain management protocol. The use of an injectable non-opioid therapeutic sustained release drug around the surgical site at the end of a procedure has been shown to be effective in reducing or eliminating the need for post-operative opioids for pain control.

#### 4. Complete a) – c) only if Action Request is for a New CDT Code

**Mark if Revise or Delete**

[ ]

<table>
<thead>
<tr>
<th>a) CDT Code currently used to report the procedure</th>
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<tr>
<td>b) Procedure technical description</td>
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</table>

Infiltration of a non-opioid sustained release pharmacologic agent at a surgical site at the end of a procedure to provide long-lasting pain control therefore reducing the need for post-operative opioids. This agent is not used as a local anesthetic or for a nerve block.

<table>
<thead>
<tr>
<th>c) Clinical scenario</th>
</tr>
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</table>

A patient presents for removal of impacted teeth numbers 1, 16, 17, and 32. As part of the pain management protocol discussed with the patient a non-opioid sustained release pharmacologic agent will be used at the time of surgery in an effort to reduce or eliminate the use of post-operative opioids. After completion of the extractions the surgical sites are infiltrated with the agent following guidelines specific for the agent.

#### Part 3 – Additional Information

#### 5. Supporting documentation or literature:  
- “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.  
- If protected by copyright, written authorization to reprint and distribute **must** be provided  
- All material **must** be submitted in electronic format.

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#### 6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx transmucosal administration of local anesthetic agents**

A non-injectable method for administration in which the local anesthetic drug is applied to and absorbed through mucous membranes. Examples would include, but not be limited to, creams, gels, liquids, eutectic mixtures, aerosols, bio-adhesive-transdermal patches and intranasal sprays.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the procedure as described is an anesthetic delivery technique that is reportable with existing CDT code “D9215 local anesthesia in conjunction with operative or surgical procedures.” Techniques used in delivery of local anesthesia (e.g., injectable; topical) are not unbundled from the procedure as described in the current CDT code entry.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/3/2017

Name: Dental Hygienists’ Coding Focus Group

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes □   No ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes □   No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒   No □

If No, explain:
CDT CODE ACTION REQUEST

Part 2 – Submission Details

1. Action (Mark one only) New ☒ Revise ☐ Delete ☐  

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   Nomenclature: transmucosal administration of local anesthetic agents

   Descriptor: A non-injectable method for administration in which the local anesthetic drug is applied to and absorbed through mucous membranes. Examples would include, but not be limited to, creams, gels, liquids, eutectic mixtures, aerosols, bio-adhesive-transdermal patches and intranasal sprays.

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

   Local Anesthesia is usually considered to be a part of identified procedures throughout the CDT Manual. These are usually considered to be “injectable” agents necessary to perform specific procedures; however, there is no procedure code for the application of non-injectable adjunctive agents.

   Suggest New Section within D9000-D9999 XII Adjunctive General Services.

   “Pain Management”

   Local anesthetic agents applied topically come in a variety of formulations and transmucosal application methods which include, but are NOT limited to:

   - Formulations which may include: benzocaine, lidocaine, combination and compounded formulas (two or more drugs such as lidocaine, prilocaine, benzocaine, butamben, tetracaine), eutectic mixtures (such as Oraqix™, ELMA™), vapocoolant (such as Gebauer’s Pain Ease™)
   - Transmucosal methods include: cream, gel, liquid, varnish, aerosol, bio-adhesive-transdermal patches, intranasal (such as Kovanaze™)

   Specific Advantages for using a transmucosal local anesthetic agent:

   - Increased patient comfort
   - Safe and reliable for soft tissue anesthesia including periodontal pockets
   - Fast onset (30 seconds to 2 minutes)
   - Ease of use promotes access to care
   - Convenient
   - Time saving
   - Risk vs. benefit is very positive
   - Cost effective

   Using the highest quality and most advanced treatment allows the clinician to accomplish the procedure while addressing patient comfort; therefore, increased patient adherence to treatment protocols. In addition, use of a specific code for this procedure will allow for monitoring the metrics involved in the use of these products.

4. Complete a) – c) only if Action Request is for a New CDT Code

   Mark if Revise or Delete [*“a) - c)” are not applicable]

   a) CDT Code currently used to report the procedure  None

   b) Procedure technical description

   All examples are applied topically, each with their own unique product and manufacturer directions.
c) Clinical scenario

These agents can be used in conjunction with injectable local anesthetics or for stand-alone procedures such as:
- Patients who present with conditions where using injectable local anesthetics could/would be prohibitive but pain control would be necessary (pregnancy, cardiac conditions, developmental disabilities, etc.)
- A patient with generalized moderate to severe inflammation and bleeding in the lower anterior teeth, coupled with moderate amounts of supra and sub gingival calculus. A trans mucosal agent would prove beneficial in managing the pain during the removal of the calculus.
- Seating one crown on lower posterior thus not needing block local anesthesia.
- Seating a maxillary anterior crown thus not needing local infiltration anesthesia which can alter the smile line during the seat.
- Recontouring tissue with use of a diode laser.
- Use when placing retraction cord, rubber dam clamp.
- Use to control/minimize gag reflex or a psychosomatic response.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “(b)” and “(c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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6. Additional Comment or Explanation:

SUMMARY STATEMENTS are followed by citation from which it was drawn. Other citations are available upon request.

Statement: Patients indicated they would rather pay 10-20 dollars for a non-injectable anesthetic during a routine dental visit than receiving an injection.

Statement: There are now methods of providing anesthesia directly into the periodontal pocket without the need for an invasive injection.

Statement: A mixture of various local anesthetics has been reported to be more potent than other anesthetics and indicated for use for mild pain during periodontal treatment such as scaling.

Statement: With the new era of pain medication, maxillary non-molar teeth can be anesthetized with a non-injectable anesthetic eliminating painful palatal injections or need for a bloc in anterior sextant.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx maxillary dental anesthesia via nasal spray**

Pulpal anesthesia obtained through a nasal spray of oxymetazoline and tetracaine reaching the middle superior and anterior superior nerve distribution along with the nasopalatine nerve.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the procedure as described is an anesthetic delivery technique that is reportable with existing CDT code “D9215 local anesthesia in conjunction with operative or surgical procedures.” Techniques used in delivery of local anesthesia (e.g., injectable; topical) are not unbundled from the procedure as described in the current CDT code entry.

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor) Date Submitted: 8/15/2017

Name: Robert Rives

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☐ No ☒

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐ No ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒ No ☐

**Part 2 – Submission Details**

1. Action (Mark one only) New ☒ Revise ☐ Delete ☐

   Affected Code (Revise or Delete only) D

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)
CDT CODE ACTION REQUEST

Nomenclature
Required for all "New"
maxillary dental anesthesia via nasal spray

Descriptor
Optional for "New"; enter "None" if no descriptor
Pulpal anesthesia obtained through a nasal spray of oxymetazoline and tetracaine reaching the middle superior and anterior superior nerve distribution along with the nasopalatine nerve.

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

Totally new concept and technique as a means to provide maxillary anesthesia without injections. This is not covered by existing codes. The closest code to this is D9211 (regional block anesthesia) which does not adequately describe this technique. This technique provides anesthesia to multiple nerves. This would also create a more accurate electric health record.

4. Complete a) – c) only if Action Request is for a New CDT Code

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a) CDT Code currently used to report the procedure
D9211

b) Procedure technical description
Maxillary regional anesthesia via the nasal cavity consist of spraying the nasal cavity with tetracaine and oxymetazoline providing ipsilateral pulpal anesthesia. This new technique differs from other regional anesthesia as it involves a nasal spray rather than an injection.

c) Clinical scenario
Maxillary dental anesthesia can be used for clinical procedures such as root canal therapy, implant placement, crown and bridge or amalgam or composite restorations.

Part 3 – Additional Information

5. Supporting documentation or literature:
- "5.a) must be completed for all requested actions; "b)" and "c)" are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

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6. Additional Comment or Explanation:

www.st-renatus.com
FDA approved www.accessdata.fda.gov/scripts/cder/daf
http://jada.ada.org/content/143/8/872
http://jdr.sagepub.com/content/92/7_suppl/S43

Inventory #: 53

CDT CODE ACTION REQUEST

Code Maintenance Committee Action:

Motion, from the ADA after discussion the AAOMS representative, that the proposed nomenclature revision be amended as follows – Passed 20 Yea / 0 Nay / 1 Abstain.

**D9219 evaluation for moderate sedation, deep sedation or general anesthesia**

Motion to accept action request as amended:

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Remarks / Rationale for “Decline” / Explanation of “Other”

The current D9219 nomenclature implies that a pre-delivery evaluation is only needed for patients who will be deeply sedated or under general anesthesia. If so, that is too great a limitation as evaluations may be needed prior to delivery of other sedation or anesthesia agents. This revision will enable D9219 to cover evaluations for all levels of sedation or anesthesia.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 5/23/2017

Name: Kurtis E. Wirth, DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☐
No ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☐
No ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒
No ☐

If No, explain:

Part 2 – Submission Details

1. Action (Mark one only)  New ☐  Revise ☒  Delete ☐  Affected Code (Revise or Delete only) D9219
2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>evaluation and consultation for deep sedation / or general-anesthesia (see 3 below) OR consultation and evaluation for deep IV sedation / or general-anesthesia (see 4a below)</th>
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3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

There is no comparable code for moderate sedation. Change to: Evaluation and consultation for Sedation/Anesthesia.

4. Complete a) – c) only if Action Request is for a New CDT Code

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<tr>
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<tr>
<td>b) Procedure technical description</td>
<td>Change to: Consultation and Evaluation for IV sedation / anesthesia</td>
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<tr>
<td>c) Clinical scenario</td>
<td>All sedation/anesthesia procedures must be thoroughly reviewed with patients.</td>
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</table>

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
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6. Additional Comment or Explanation:

It is not possible to provide moderate or procedural sedation without a patient exam and consultation for the procedure. A consent form is required.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D9222 deep sedation/general anesthesia-first 15 minutes**

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. This code covers from the beginning of anesthesia time up to the first 15 minutes of anesthesia.

The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effects upon the central nervous system and not dependent upon the route of administration.

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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revision is not accepted by the Code Maintenance Committee as the proposed action does not add clarity to a CDT Code entry that has subject to recent revisions, and further actions may create new unanticipated problems with a code that is now understood by dentists and others in the dental community.

**Part 1 – Submitter Information**

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted: 10/23/2017</th>
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<tbody>
<tr>
<td>Name: Jeremiah Glosenger, DDS, MS</td>
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B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐  No > ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  No > ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒  No > ☐

If No, explain:
Part 2 – Submission Details

1. Action (Mark one only)
   - New
   - Revise ☒
   - Delete ☐

   Affected Code
   (Revise or Delete only) D9222

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

   Nomenclature
   Required for all “New”
   deep sedation/general anesthesia-first 15 minutes

   Descriptor
   Optional for “New”; enter “None” if no descriptor
   Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. This code covers from the beginning of anesthesia time up to the first 15 minutes of anesthesia.
   The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.

3. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)

   Although it should be clear, the current code description has left room for interpretation of how much time a unit of anesthesia equals. Some have rightly interpreted that this code should be used for any amount of time up to 15 minutes of anesthesia. Others have interpreted this to mean that there must be 8, 10, or 15 minutes of anesthesia time, before this code can be used. This erroneous interpretation ignores the time, supplies, liability, and expertise required to prepare a patient for anesthesia and provide that service, by essentially saying that there is no billable code for a 9 minute anesthetic. We would like the code description to clarify that any number of minutes up to 15 minutes is one billable unit of deep sedation/general anesthesia. This would provide needed clarity for providers and third-party payers and eliminate the current inconsistent usage of this code and related claim-processing 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 D

   b) Procedure technical description

   c) Clinical scenario
### Part 3 – Additional Information

5. Supporting documentation or literature:
- “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute **must** be provided.
- All material **must** be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt; ☐</th>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt; ☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt; ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>No &gt; ☒</td>
<td></td>
<td></td>
<td></td>
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6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D9223 deep sedation/general anesthesia-each subsequent 15 minute increment**

This code covers any period of time up to 15 minutes in length after the initial 15 minutes of anesthesia time.

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<td>Nay</td>
<td>21</td>
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<tr>
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<td>Accept*</td>
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<tr>
<td>Decline</td>
<td>X</td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revision is not accepted by the Code Maintenance Committee as the proposed action does not add clarity to a CDT Code entry that has subject to recent revisions, and further actions may create new unanticipated problems with a code that is now understood by dentists and others in the dental community.

---

**Part 1 – Submitter Information**

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
<th>Date Submitted: 10/23/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Jeremiah Glosenger, DDS, MS</td>
<td></td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☒, Name: Jeremiah Glosenger, DDS, MS

No ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☒, If Yes, describe: I am a practicing Oral & Maxillofacial surgeon and use CDT codes to bill for services provided.

No ☐

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒, If No, explain: D9223

No ☐

---

**Part 2 – Submission Details**

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
<th>New</th>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
<tr>
<th>Nomenclature</th>
<th>deep sedation/general anesthesia-each subsequent 15 minute increment</th>
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<tbody>
<tr>
<td>Descriptor</td>
<td>This code covers any period of time up to 15 minutes in length after the initial 15 minutes of anesthesia time.</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance
(Required for any type of requested action – New; Revise; Delete)

Although it should be clear, the current code description has left room for interpretation of how much time a unit of anesthesia equals. Some have rightly interpreted that this code should be used for any amount of time up to 15 minutes of additional anesthesia. Others have interpreted this to mean that there must be anywhere from 8 to 15 minutes of anesthesia time before this code can be used. This erroneous interpretation ignores the fact that code D9222 only covers up to 15 minutes. It doesn’t say “first 23 minutes of anesthesia;” therefore, any time after the first 15 minutes would require use of the D9223 code for the additional anesthesia after the first 15 minutes has been administered. This would provide needed clarity for providers and third-party payers and eliminate the current inconsistent usage of this code and related claim-processing problems.

4. Complete a) – c) only if Action Request is for a New CDT Code

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

5. Supporting documentation or literature:
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

| a) Material submitted? Yes > ☐ No > ☒ |
| b) Protected by copyright? Yes > ☐ |
| c) Permission to reprint? Yes > ☐ |

6. Additional Comment or Explanation:
None
Code Maintenance Committee Action:
Motion to accept action request as submitted.

**D9239 intravenous moderate (conscious) sedation/analgesia-first 15 minutes**

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The code covers from the beginning of anesthesia time up to the first 15 minutes of anesthesia.

The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.

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<td>21</td>
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<tr>
<td>Abstain</td>
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</tr>
<tr>
<td>Accept*</td>
<td>X</td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”
The requested revision is not accepted by the Code Maintenance Committee as the proposed action does not add clarity to a CDT Code entry that has subject to recent revisions, and further actions may create new unanticipated problems with a code that is now understood by dentists and others in the dental community.

Part 1 – Submitter Information

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<tr>
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</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐
No > ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐
No > ☒

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒
No > ☐

If No, explain:
Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action</th>
<th>New</th>
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**Nomenclature**

- Required for all "New"

  intravenous moderate (conscious) sedation/analgesia-first 15 minutes

**Descriptor**

- Optional for “New”; enter “None” if no descriptor

  Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. *This code covers from the beginning of anesthesia time up to the first 15 minutes of anesthesia.*

  The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.

3. Rationale for this request; your persuasive argument for CMC acceptance

   (Required for any type of requested action – New; Revise; Delete)

   Although it should be clear, the current code description has left room for interpretation of how much time a unit of anesthesia equals. Some have rightly interpreted that this code should be used for any amount of time up to 15 minutes of anesthesia. Others have interpreted this to mean that there must be 8, 10, or 15 minutes of anesthesia time, before this code can be used. This erroneous interpretation ignores the time, supplies, liability, and expertise required to prepare a patient for anesthesia and provide that service, by essentially saying that there is no billable code for a 9 minute anesthetic. We would like the code description to clarify that any number of minutes up to 15 minutes is one billable unit of deep sedation/general anesthesia. This would provide needed clarity for providers and third-party payers and eliminate the current inconsistent usage of this code and related claim-processing 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 | D

   b) Procedure technical description

   c) Clinical scenario
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt; ☐</th>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt; ☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt; ☐</th>
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6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D9243** intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment

This code covers any period of time up to 15 minutes in length after the initial 15 minutes of anesthesia time.

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<th>Vote</th>
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Remarks / Rationale for “Decline” / Explanation of “Other”

The requested revision is not accepted by the Code Maintenance Committee as the proposed action does not add clarity to a CDT Code entry that has subject to recent revisions, and further actions may create new unanticipated problems with a code that is now understood by dentists and others in the dental community.

**Part 1 – Submitter Information**

A. Contact Information (Action Requestor)  DateSubmitted: 10/23/2017

Name: Jeremiah Glosenger, DDS, MS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes ☐

No ☒

If Yes, Name:

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes ☒

No ☐

If Yes, describe:

I am a practicing Oral & Maxillofacial surgeon and use CDT codes to bill for services provided.

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes ☒

No ☐

If No, explain:

**Part 2 – Submission Details**

1. Action (Mark one only)  New ☐  Revise ☒  Delete ☐  Affected Code (Revise or Delete only)  D9243
2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
<tr>
<th>Nomenclature</th>
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<tbody>
<tr>
<td>Descriptor</td>
<td>This code covers any period of time up to 15 minutes in length after the initial 15 minutes of anesthesia time.</td>
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</table>

3. Rationale for this request; your persuasive argument for CMC acceptance  
(Required for any type of requested action – New; Revise; Delete)

Although it should be clear, the current code description has left room for interpretation of how much time a unit of anesthesia equals. Some have rightly interpreted that this code should be used for any amount of time up to 15 minutes of additional anesthesia. Others have interpreted this to mean that there must be anywhere from 8 to 15 minutes of anesthesia time before this code can be used. This erroneous interpretation ignores the fact that code D9239 only covers up to 15 minutes. It doesn’t say “first 23 minutes of anesthesia;” therefore, any time after the first 15 minutes would require use of the D9243 code for the additional anesthesia after the first 15 minutes has been administered. This would provide needed clarity for providers and third-party payers and eliminate the current inconsistent usage of this code and related claim-processing problems.

4. Complete a) – c) only if Action Request is for a New CDT Code

4. a) CDT Code currently used to report the procedure

4. b) Procedure technical description

4. c) Clinical scenario

Part 3 – Additional Information

5. Supporting documentation or literature:
- “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute must be provided
- All material must be submitted in electronic format.

5. a) Material submitted?
   - Yes > □
   - No > ☒

5. b) Protected by copyright? (If “a)” is “Yes”)
   - Yes > □
   - No > ☐

5. c) Permission to reprint? (If “b)” is “Yes”)
   - Yes > □
   - No > ☐

6. Additional Comment or Explanation:
None
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx** occlusal guard – hard appliance, full arch

Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

<table>
<thead>
<tr>
<th>Vote</th>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” Below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)       Date Submitted: 10/10/2017

Name: National Association of Dental Plans (NADP)

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒ If Yes, Name: National Association of Dental Plans (NADP)

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐ If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☐ If No, explain:

No > ☐
Part 2 – Submission Details

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

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

| Nomenclature | Required for all “New” | occlusal guard – hard appliance, full arch |
| Descriptor | Optional for “New”; enter “None” if no descriptor | Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances. |

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Having a code for each type of occlusal guard brings greater specificity to the code, and eliminates the need for a “by report” procedure.

4. Complete a) – c) only if Action Request is for a New CDT Code

| a) CDT Code currently used to report the procedure | D9940 |
| b) Procedure technical description | This procedure involves the fabrication of a device to minimize the effects of bruxism or other occlusal factors. |
| c) Clinical scenario | Patient grinds teeth. |

Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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

6. Additional Comment or Explanation:

This code should be numbered in the D9XXX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx occlusal guard – soft appliance, full arch**

Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

<table>
<thead>
<tr>
<th>Vote</th>
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<tbody>
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<tr>
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<td></td>
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<tr>
<td>Abstain</td>
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<tr>
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<tr>
<td>Decline</td>
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</table>

Vote Summary:

- **21 Yea**
- **0 Nay**
- **0 Abstain**
- **1 Accept**

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

### Part 1 – Submitter Information

<table>
<thead>
<tr>
<th>A. Contact Information (Action Requestor)</th>
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<tbody>
<tr>
<td>Name: National Association of Dental Plans (NADP)</td>
<td></td>
</tr>
</tbody>
</table>

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

- **Yes > ☒**
- **No > ☐**

If Yes, Name: National Association of Dental Plans (NADP)

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

- **Yes > ☐**
- **No > ☒**

If Yes, describe:

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

- **Yes > ☒**
- **No > ☐**

If No, explain:
### Part 2 – Submission Details

#### 1. Action (Mark one only)

<table>
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<tr>
<th>Action</th>
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#### 2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

<table>
<thead>
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<th>Nomenclature Required for all “New”</th>
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<tbody>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Not to be reported for any type of sleep apnea, snoring or TMD appliances.</td>
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#### 3. Rationale for this request; your persuasive argument for CMC acceptance

(Required for any type of requested action – New; Revise; Delete)

Having a code for each type of occlusal guard brings greater specificity to the code, and eliminates the need for a “by report” procedure.

#### 4. Complete a) – c) only if Action Request is for a New CDT Code

<table>
<thead>
<tr>
<th>Mark if Revise or Delete (“a) - c)” are not applicable</th>
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<tbody>
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</table>

- **a)** CDT Code currently used to report the procedure
  - D9940

- **b)** Procedure technical description
  - This procedure involves the fabrication of a device to minimize the effects of bruxism or other occlusal factors.

- **c)** Clinical scenario
  - Patient grinds teeth.

### Part 3 – Additional Information

#### 5. Supporting documentation or literature:

- “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
- If protected by copyright, written authorization to reprint and distribute **must** be provided
- All material **must** be submitted in electronic format.

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<th>a) Material submitted?</th>
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<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt; ☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
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#### 6. Additional Comment or Explanation:

This code should be numbered in the D9XXX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**Dxxxx occlusal guard – hard appliance, partial arch**

Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

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<tr>
<th>Vote</th>
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<td>21</td>
<td>0</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter's “Rationale...” cited in Part 2 question “3.” below.

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<td>Name: National Association of Dental Plans (NADP)</td>
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B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒ If Yes, Name: National Association of Dental Plans (NADP)

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐ If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒ If No, explain:

No > ☐
Part 2 – Submission Details

1. **Action** (Mark one only)
   - New ☒
   - Revise ☐
   - Delete ☐

2. **Affected Code** (Revise or Delete only)

   - **Nomenclature**
     - **Required for all “New”**
     - occlusal guard – hard appliance, partial arch

   - **Descriptor**
     - **Optional for “New”**; enter “None” if no descriptor
     - Removable dental appliance designed to minimize the effects of bruxism or other occlusal factors. Provides only partial occlusal coverage such as anterior deprogrammer. Not to be reported for any type of sleep apnea, snoring or TMD appliances.

3. **Rationale for this request; your persuasive argument for CMC acceptance**
   (Required for any type of requested action – New; Revise; Delete)

   Having a code for each type of occlusal guard brings greater specificity to the code, and eliminates the need for a “by report” procedure.

4. **Complete a) – c) only if Action Request is for a New CDT Code**

   - a) **CDT Code currently used to report the procedure**
     - D9940

   - b) **Procedure technical description**
     - This procedure involves the fabrication of a device to minimize the effects of bruxism or other occlusal factors.

   - c) **Clinical scenario**
     - Patient grinds teeth.

Part 3 – Additional Information

5. **Supporting documentation or literature:**
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   - a) **Material submitted?**
     - Yes > ☐
     - No > ☒

   - b) **Protected by copyright?** (If “a)” is “Yes”)
     - Yes > ☐
     - No > ☒

   - c) **Permission to reprint?** (If “b)” is “Yes”)
     - Yes > ☐
     - No > ☒

6. **Additional Comment or Explanation:**

   This code should be numbered in the D9XXX series.
Code Maintenance Committee Action:

Motion to accept action request as submitted.

**D9940** **occlusal-guard, by report**

Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.

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<th>Decision</th>
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<tbody>
<tr>
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<tr>
<td>Accept*</td>
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<tr>
<td>Decline</td>
<td></td>
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<td>Other</td>
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</tr>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 10/11/2017

| Name: National Association of Dental Plans (NADP) |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

| Yes > ☒ | If Yes, Name: National Association of Dental Plans (NADP) |
| No > ☐ |

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

| Yes > ☐ | If Yes, describe: |
| No > ☒ |

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

| Yes > ☐ | If No, explain: |
| No > ☐ |
**Part 2 – Submission Details**

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
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</table>

2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

- **Nomenclature Required for all “New”**
  - occlusal guard, by report

- **Descriptor Optional for “New”; enter “None” if no descriptor**
  - Removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors.

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

Deletion of this code along with the addition of several new codes occlusal guards will provide greater granularity.

4. Complete a) – c) only if Action Request is for a New CDT Code

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

**Part 3 – Additional Information**

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

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

6. Additional Comment or Explanation:

This submission should be considered along with several submissions for new codes for occlusal guards to bring greater granularity to the procedure(s).
Code Maintenance Committee Action:

Through a number of motions the CMC amended the proposed nomenclature and descriptor, as illustrated below –

From **Dxxxx translation services**

Language assistance services, such as oral language assistance or written translation, performed for individuals with limited English proficiency.

To **Dxxxx certified translation or sign-language services – per visit**

Language assistance services, such as oral language assistance or written translation, performed for individuals with limited English proficiency.

Motion to accept action request as amended:

**Dxxxx certified translation or sign-language services – per visit**

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</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 9/20/2017

Name: Delta Dental Plans Association

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒ If Yes, Name: Delta Dental Plans Association

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐ If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒ If No, explain:

No > ☐
### Part 2 – Submission Details

1. **Action**
   - **(Mark one only)**
     - New ☒
     - Revise ☐
     - Delete ☐

2. **Affected Code**
   - **(Revise or Delete only)**
     - D

3. **Full nomenclature and descriptor**
   For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black

<table>
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<td>translation services</td>
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</table>

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Optional for “New”; enter “None” if no descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language assistance services, such as oral language assistance or written translation, performed for individuals with limited English proficiency.</td>
<td></td>
</tr>
</tbody>
</table>

4. **Rationale for this request; your persuasive argument for CMC acceptance**
   (Required for any type of requested action – New; Revise; Delete)

With the implementation in 2016 of the Affordable Care Act, Section 1557 regarding non-discrimination, there is a requirement for covered entities to provide free language services to people whose primary language is not English. We believe translation services warrants its own code to improve efficiencies in benefit determination. Currently translation services is only part of a long list of services within code D9994, and there is no means for an office to indicate that this service was provided without a request for additional information. Having a dedicated code improves processing efficiencies and enables benefit determinations be made without additional documentation. This will provide greater efficiency for both providers and third-party payers.

4. **Complete a) – c) only if Action Request is for a New CDT Code**

<table>
<thead>
<tr>
<th>CDT Code currently used to report the procedure</th>
<th>Mark if Revise or Delete [“a) - c)” are not applicable]</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9994</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

b) **Procedure technical description**

The federal regulation requires language services access to the patient/client or their authorized representatives on matters involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, appointments, administrative processes, financial and insurance benefit forms, etc. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.

c) **Clinical scenario**

The common clinical scenario is the patient and doctor/dental office do not share a common language and the doctor/dental office uses a translator or translation service to ensure meaningful communication with patients/clients having limited English proficiency. The federal regulation requires this access to the patient/client or their authorized representatives on matters involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, appointments, administrative processes, financial and insurance benefit forms, etc. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services.
Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” **must** be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute **must** be provided
   - All material **must** be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
<th>Yes &gt;</th>
<th>☐</th>
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<td>No &gt;</td>
<td>☐</td>
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6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to amend the submission by addition of "Not to be used for translation services." to the nomenclature – Failed 4 Yea / 16 Nay / 1 Abstain

Motion to accept action request as submitted.

**D9994** dental case management – patient education to improve oral health literacy

Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and **language preferences**, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.

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<thead>
<tr>
<th>Vote</th>
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</tr>
<tr>
<td>X</td>
<td>Other</td>
</tr>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC determined that the approved addition of a CDT Code for translation services (Inventory # 62) does not prompt a need to remove "...and language preferences..." from the current descriptor as they are not synonymous terms. A patient may be provided translation services (e.g., as defined in Affordable Care Act Section 1554) separately from services provided and documented with current CDT code D9994.

---

**Part 1 – Submitter Information**

**A. Contact Information (Action Requestor)**

Name: Delta Dental Plans Association

Date Submitted: 9/20/2017

**B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?**

Yes > ☒ If Yes, Name: Delta Dental Plans Association

No > ☐

**C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?**

Yes > ☐ If Yes, describe:

No > ☒

**D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?**

Yes > ☒ If No, explain:

No > ☐
### Part 2 – Submission Details

**1. Action**

<table>
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**2. Full nomenclature and descriptor**

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<table>
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<tr>
<th>Descriptor</th>
<th>Optional for “New”; enter “None” if no descriptor</th>
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<tbody>
<tr>
<td></td>
<td>Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.</td>
</tr>
</tbody>
</table>

**3. Rationale for this request; your persuasive argument for CMC acceptance**

With the implementation in 2016 of the Affordable Care Act, Section 1557 regarding non-discrimination, and the requirement for covered entities to provide free language services to people whose primary language is not English, we believe translation services warrants its own code to improve efficiencies in benefit determination. Currently translation services is only part of a long list of services within code D9994, and there is no means for an office to indicate that translations services were provided without a request for additional information. Having a dedicated code improves processing efficiencies and enables benefit determinations be made without additional documentation. This will provide greater efficiency for both providers and third-party payers.

**4. Complete a) – c) only if Action Request is for a New CDT Code**

<table>
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<tr>
<th>a) CDT Code currently used to report the procedure</th>
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<tr>
<td>D9994</td>
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<table>
<thead>
<tr>
<th>b) Procedure technical description</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>c) Clinical scenario</th>
</tr>
</thead>
</table>

Mark if Revise or Delete [“a) - c)” are not applicable] ☐
Part 3 – Additional Information

5. Supporting documentation or literature:
   • “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   • If protected by copyright, written authorization to reprint and distribute must be provided
   • All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>Yes &gt;</th>
<th>No &gt;</th>
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<tr>
<th>b) Protected by copyright? (If “a)&quot; is “Yes”)</th>
<th>Yes &gt;</th>
<th>No &gt;</th>
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<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
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6. Additional Comment or Explanation:

None
Code Maintenance Committee Action:

Motion to amend submission by deleting “…tubes of…” from the nomenclature to further define the nature of such services – Failed 0 Yea / 20 Nay / 1 Abstain

Motion to accept action request as submitted.

Dxxxx additional tubes of bleach

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<tr>
<th>Vote</th>
<th>Decision</th>
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<tr>
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<td>21</td>
</tr>
</tbody>
</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

The CMC declined the request on the basis of ambiguity over what is meant by “…tubes of bleach” as there are differences in the number of tubes that may be included in a package (e.g., single vs multiple tubes) and such specificity is necessary when documenting or reporting what is delivered to a patient.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 10/5/2017

| Name | Katina A Spadoni |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒

If Yes, Name: Anthem .Inc.
3560 Delta Dental Drive
Eagan, Mn 55122

No >

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐

If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☒

If No, explain: Sent under separate coverage

No > ☐
Part 2 – Submission Details

1. Action (Mark one only)
   - New ☒
   - Revise ☐
   - Delete ☐

2. Affected Code (Revise or Delete only)

3. Nomenclature
   - Required for all "New"
   - additional tubes of bleach

4. Descriptor
   - Optional for "New"; enter "None" if no descriptor
   - None

5. Rationale for this request; your persuasive argument for CMC acceptance
   (Required for any type of requested action – New; Revise; Delete)
   A third party payor or administrator elects to provide coverage for the D9972 or D9975 External Bleaching there needs to be a code to submit for additional tubes of bleaching solution whether or not there is reimbursement for these additional tubes but more for reporting purposes. Many times the additional tubes are being coded as a 9999 which is inaccurate.

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
   Additional Tubes of Bleaching Solution

   c) Clinical scenario
   Patient is doing home bleaching or bleaching their teeth in the dental office. The patient may elect at a later time to re-fresh her teeth and would like to have additional tubes of bleach. The tubes can be purchased thru their dental office but in the event the patient had coverage thru their insurance carrier. The dental office may submit a claim for these additional tubes regardless if there is coverage or not and a separate code is needed for accurate reporting.

Part 3 – Additional Information

5. Supporting documentation or literature:
   - "5.a)" must be completed for all requested actions; "b)" and "c)" are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   a) Material submitted?
   - Yes ☒
   - No ☐

   b) Protected by copyright? (If "a)" is "Yes")
   - Yes ☐
   - No ☒

   c) Permission to reprint? (If "b)" is "Yes")
   - Yes ☐
   - No ☒

6. Additional Comment or Explanation:
Code Maintenance Committee Action:

Motion to accept action request as submitted.

Dxxxx duplicate/copy patient's records

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<th>Decision</th>
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<td>Accept*</td>
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Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor) | Date Submitted: 6/14/2017

Name: Doyle Williams, DDS

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☐  If Yes, Name:

No > X

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:

No > X

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > X  If No, explain:

No > ☐
### Part 2 – Submission Details

<table>
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<th>1. Action (Mark one only)</th>
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2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)

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<th>Nomenclature Required for all “New”</th>
<th>duplicate/copy patient’s records</th>
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</thead>
<tbody>
<tr>
<td>Descriptor Optional for “New”; enter “None” if no descriptor</td>
<td>None</td>
</tr>
</tbody>
</table>

3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)

This is an often performed non-clinical function in a practice. It is done when a patient switches practices, requests a copy of their records for personal use, a physician requests a copy of a common patient and etc.

4. Complete a) – c) only if Action Request is for a New CDT Code

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

   b) Procedure technical description

   Prepare a HIPPA compliant record electronically or manually

   c) Clinical scenario

   Non-clinical procedure

### Part 3 – Additional Information

5. Supporting documentation or literature:
   - “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   - If protected by copyright, written authorization to reprint and distribute must be provided
   - All material must be submitted in electronic format.

   a) Material submitted? | Yes > ☐ | No > ☒ |
   b) Protected by copyright? | Yes > ☐ | No > ☒ |
   c) Permission to reprint? | Yes > ☐ | No > ☒ |

6. Additional Comment or Explanation:

Code is needed to document this very common activity and belongs in the non-clinical procedures area with sales tax, missed appointment and etc.
Code Maintenance Committee Action:

Through a number of motions the CMC amended the descriptor, as illustrated below –

From  Therapies that provide relief from muscle spasms, pain, or trauma, yielding improved freedom of motion and return of normal joint function.

To   Therapy including but not limited to massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis.

Motion to accept action request as amended:

**Dxxxx  temporomandibular joint dysfunction – non-invasive physical therapies**

Therapy including but not limited to massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and joint function. This should be reported on a per session basis.

<table>
<thead>
<tr>
<th>Vote</th>
<th>Decision</th>
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<tbody>
<tr>
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<td>0</td>
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</table>

Remarks / Rationale for “Decline” / Explanation of “Other”

* = CMC accepted the requested action on the basis of the submitter’s “Rationale…” cited in Part 2 question “3.” below.

Part 1 – Submitter Information

A. Contact Information (Action Requestor)  Date Submitted: 10/2/2017

| Name: | American Dental Association |

B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?

Yes > ☒  If Yes, Name: American Dental Association – Council on Dental Benefit Programs

No > ☐

C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?

Yes > ☐  If Yes, describe:

No > ☒

D. “ADA Copyright Assignment Agreement” form signed and included with this Action Request?

Yes > ☐  If No, explain:

No > ☒  Not applicable as the ADA is a Code Maintenance Committee member.
### Part 2 – Submission Details

<table>
<thead>
<tr>
<th>1. Action (Mark one only)</th>
<th>New ☒</th>
<th>Revise ☐</th>
<th>Delete ☐</th>
<th>Affected Code (Revise or Delete only)</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – blue underline; deleted text – red strike-through; unchanged text – black)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Nomenclature</strong> Required for all “New”</td>
<td>temporomandibular joint dysfunction – non-invasive physical therapies</td>
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<tr>
<td><strong>Descriptor</strong> Optional for “New”; enter “None” if no descriptor</td>
<td>Therapies that provide relief from muscle spasms, pain, or trauma, yielding improved freedom of motion and return of normal joint function.</td>
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<tr>
<td>3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)</td>
<td></td>
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<tr>
<td>Current CDT Code entries enable documentation and reporting of invasive surgical procedures (e.g., D7810 open reduction of dislocation) performed to address temporomandibular joint dysfunctions. There are no codes for initial, conservative and non-invasive TMJ physical therapy procedures. When such non-invasive therapeutic procedures are delivered the sole CDT Code available to document the services rendered is an “unspecified…procedure, by report” code (e.g., D9999 unspecified adjunctive procedure, by report). Non-invasive treatment of temporomandibular joint disorders involves various modalities of physical therapy, the outcomes of which are pain management and muscle relaxation of the temporomandibular joint and its supporting structures.</td>
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<td>4. Complete a) – c) only if Action Request is for a New CDT Code</td>
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<tr>
<td>a) CDT Code currently used to report the procedure</td>
<td>D9999</td>
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</tr>
<tr>
<td>b) Procedure technical description</td>
<td>Non-invasive therapies involve various modalities of physical therapy that include but are not limited to: cold gel pack application; infrared; manipulation; vapocoolant spray and stretch; transcutaneous electrical nerve stimulation.</td>
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<tr>
<td>c) Clinical scenario</td>
<td>The patient presents with a complaint of limited jaw motion and pain when the jaw moves. An oral evaluation (e.g., D0140 limited oral evaluation – problem focused) indicates that the patient suffers from temporomandibular joint dysfunction. The patient’s treatment plan is conservative, beginning with a period of non-invasive therapy (e.g., physical manipulation), before oral appliance or surgical treatment options are considered.</td>
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</tbody>
</table>
Part 3 – Additional Information

5. Supporting documentation or literature:
   • “5.a)” must be completed for all requested actions; “b)” and “c)” are completed when indicated.
   • If protected by copyright, written authorization to reprint and distribute must be provided
   • All material must be submitted in electronic format.

<table>
<thead>
<tr>
<th>a) Material submitted?</th>
<th>b) Protected by copyright? (If “a)” is “Yes”)</th>
<th>c) Permission to reprint? (If “b)” is “Yes”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes &gt; ☐</td>
<td>Yes &gt; ☐</td>
<td>Yes &gt; ☐</td>
</tr>
<tr>
<td>No &gt; ☒</td>
<td>No &gt; ☐</td>
<td>No &gt; ☒</td>
</tr>
</tbody>
</table>

6. Additional Comment or Explanation:

During its March 2016 meeting the CMC declined a series CDT Code additions concerning non-invasive TMJD treatments, with a recommendation for a single submission to be considered for a subsequent version. The original submitter has not acted on the CMC recommendation, and this action request is offered by the ADA in its stead.