Inventory #: 001
**Dxxxx crown - porcelain fused to titanium and titanium alloys**
A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.

Inventory #: 002
**D2794 crown – titanium and titanium alloys**

Inventory #: 003
**Dxxxx abutment supported crown – porcelain fused to titanium and titanium alloys**
A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.

Inventory #: 004
**D6094 abutment supported crown – (titanium) and titanium alloys**
A single crown restoration that is retained, supported, and stabilized by an abutment on an implant. **May be cast or milled.**

Inventory #: 005
**D6066 implant supported crown – porcelain fused to metal crown titanium, titanium alloy, high noble alloys**
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 006
**Dxxxx implant supported crown – porcelain fused to predominantly base alloys**
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 007
**Dxxxx implant supported crown – porcelain fused to noble alloys**
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 008
**Dxxxx implant supported crown – porcelain fused to titanium and titanium alloys**
A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.
Inventory #: 009

**D6067** implant supported metal crown - titanium, titanium alloy, high noble alloys

A single cast-metal or milled crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 010

**Dxxxx** implant supported crown - predominantly base alloys

A single metal crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 011

**Dxxxx** implant supported crown – noble alloys

A single metal crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 012

**Dxxxx** implant supported crown – titanium and titanium alloys

A single metal crown restoration that is retained, supported and stabilized by an implant.

Inventory #: 013

**Dxxxx** retainer crown – porcelain fused to titanium and titanium alloys

Inventory #: 014

**Dxxxx** retainer crown ¾ – titanium and titanium alloys

Inventory #: 015

**D6794** retainer crown – titanium and titanium alloys

Inventory #: 016

**Dxxxx** abutment supported retainer – porcelain fused to titanium and titanium alloys

A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.

Inventory #: 017

**D6194** abutment supported retainer crown for FPD (titanium) – titanium and titanium alloys

A retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant. May be cast or milled.

Inventory #: 018

**D6076** implant supported retainer for porcelain fused to metal FPD – porcelain fused to (titanium, titanium alloy, or high noble alloys)

A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Inventory #: 019

**Dxxxx** implant supported retainer – porcelain fused to predominantly base alloys

A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.

Inventory #: 020

Withdrawn in favor of Inventory #19.

Inventory #: 021

**Dxxxx** implant supported retainer for FPD – porcelain fused to noble alloys

A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Inventory #: 022

Withdrawn in favor of Inventory #21.
Inventory #: 023
**Dxxxx implant supported retainer – porcelain fused to titanium and titanium alloys**
A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an implant”.

Inventory #: 024
**D6077 implant supported retainer for cast metal FPD – (titanium, titanium alloy, or high noble metal alloys)**
A cast metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Inventory #: 025
**Dxxxx implant supported retainer for metal FPD – predominantly base alloys**
A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Inventory #: 026
Withdrawn in favor of Inventory #25.

Inventory #: 027
**Dxxxx implant supported retainer for metal FPD – noble alloys**
A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Inventory #: 028
**Dxxxx implant supported retainer for metal FPD – titanium and titanium alloys**
A metal retainer for a fixed partial denture that gains retention, support, and stability from an implant.

Inventory #: 029
**D6214 pontic – titanium and titanium alloys**

Inventory #: 030
**Dxxxx pontic – porcelain fused to titanium and titanium alloys**
Inventory #: 031

The CMC approved a motion to accept this request for Inclusion in CDT 2020, and immediately approved a motion to reconsider the approval.

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: Caries risk assessment is a separate procedure typically performed concurrent with a comprehensive evaluation. Therefore the requested change is not necessary as evaluation and recording of risk for dental caries is documented with distinct CDT codes for caries risk assessment (e.g., screening) – D0601-D0603.

D0150 comprehensive oral evaluation – new or established patient

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

This includes an evaluation for oral cancer 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 (including screening for caries risk), missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

Inventory #: 032

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: The requested action adds information to a nomenclature that is intentionally broadly written to accommodate a variety of un-named reasons for a post-operative re-evaluation procedure. Citing a specific example does not bring clarity to an established procedure code.

D0171 re-evaluation – post-operative office visit, including non-surgical caries management
Inventory #s 033 and 034

These Action Requests were addressed as a group as they are a set of related submissions concerning procedures for diagnostic image capture only. There was a single motion to accept all for inclusion in CDT 2020.

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

Rationale for Rejecting the Request: The requested actions as presented are ambiguous and open-ended as the nomenclature does not specify type of radiographic image, or images captured (e.g., bitewing; periapical) as the capture process and images differ by type. There is no indication whether or not this procedure is limited to radiographic images. A comprehensive suite of “capture-only” codes that reflect the various types of current diagnostic imaging procedures (e.g., full mouth series; bitewings; periapicals) could be submitted for consideration at the next CMC meeting.

Inventory # 033:

Dxxxx intraoral – capture of up to 7 images

Inventory # 034:

Dxxxx intraoral – capture of 8 or more radiographic images

Inventory #: 035

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

Rationale for Rejecting the Request: The requested action would add a redundant CDT Code entry. The current D0210 descriptor wording includes a “usually consisting of” statement that cites the possible number and type of images captured in an “intraoral – complete series of radiographic images.” This statement does not establish a minimum number of images. In addition, patient age is a data element in a claim submission that is information available for use in a third-party payer’s adjudication process.

Dxxxx intraoral - full mouth series – child

A radiographic survey of the whole mouth, usually consisting of 6-8 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.
Inventory #: 036

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: A finding of extreme caries risk is not a universal classification across all recognized assessment tools.

Dxxxx caries risk assessment and documentation, with a finding of extreme caries risk
Using recognized assessment tools including salivary assessment.

Inventory #: 037

The CMC approved a motion to table action on the original submission so that the submitter (Dr. Wong – American Academy of Cariology and CAMBRA Coalition) could prepare an amended submission for consideration before the CMC meeting adjourned. A later motion to consider the amended submission was approved.

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

None.

Dxxxx assessment of salivary flow by measurement
This procedure is for identification of low salivary flow in patients at risk for hyposalivation and xerostomia, as well as effectiveness of pharmacological agents used to stimulate saliva production.

Inventory #: 038

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: The requested addition would be disruptive as it would replace a well understood and established CDT code entry – D1120 prophylaxis-child – where procedure delivery is based on the clinical state of the dentition.

Dxxxx prophylaxis – patient 0-12 years of age
Removal of plaque, calculus and stains from the tooth structures. It is intended to control local irritational factors.
Inventory #: 039

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Request:** The requested addition would be disruptive as it would replace a well understood and established CDT code entry – D1110 prophylaxis-adult – where procedure delivery is based on the clinical state of the dentition.

**Dxxxx prophylaxis – patient 13 years of age and older**
Removal of plaque, calculus and stains from the tooth structures. It is intended to control local irritational factors.

Inventory #: 040

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Request:** The requested addition would be disruptive as it would duplicate a well understood and established CDT code entry – D1120 prophylaxis-child – where procedure delivery is based on the clinical state of the dentition.

**Dxxxx dental prophylaxis – primary dentition**
Performed on patients who present with clinical and gingival health on the primary dentition for the disruption and removal of dental biofilm, plaque, calculus and stain.

Inventory #: 041

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Request:** The requested addition would be disruptive as it blends two well understood and established CDT code entries – D1120 prophylaxis-child and D1110 prophylaxis-adult – where procedure delivery is based on the clinical state of the dentition.

**Dxxxx dental prophylaxis – transitional dentition**
Performed on patients who present with clinical and gingival health on a transitional or mixed dentition for the disruption and removal of dental biofilm, plaque, calculus and stain.
Inventory #: 042

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

Rationale for Rejecting the Request: The requested addition would be disruptive as it would duplicate a well understood and established CDT code entry – D1110 prophylaxis-adult – where procedure delivery is based on the clinical state of the dentition.

Dxxxx dental prophylaxis – permanent dentition with intact periodontium
Performed on patients who present with clinical and gingival health on an intact periodontium (no clinical attachment loss) on the permanent dentition for the disruption and removal of dental biofilm, plaque, calculus and stain.

Inventory #: 043

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: The requested addition would be disruptive as it would duplicate a well understood and established CDT code entry – D1110 prophylaxis-adult – where procedure delivery is based on the clinical state of the dentition. In addition, the nomenclature and descriptor wording implies that this addition would indirectly enable documentation of a diagnosis that is appropriately reported with an ICD-10-CM code.

Dxxxx dental prophylaxis- permanent dentition with a stable, reduced periodontium
Performed on patients who present with clinical and gingival health on a reduced periodontium without a known history of periodontitis on the permanent dentition for the disruption and removal of dental biofilm, plaque, calculus and stain. Patient has no history of periodontal therapy including scaling and root planing.
### Inventory #: 044

**Code Maintenance Committee Action:**

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

**Rationale for Rejecting the Request:** The requested addition would be disruptive as it would duplicate well understood and established CDT code entries – D1110 prophylaxis-adult and D1120 prophylaxis-child – where procedure delivery is based on the clinical state of the dentition. In addition, the nomenclature and descriptor wording implies that this addition would indirectly enable documentation of a diagnosis that is appropriately reported with an ICD-10-CM code.

**Dxxxx scaling in presence of localized, slight gingival inflammation**

The disruption and removal of dental biofilm, plaque, calculus and stains from supra- and sub-gingival tooth surfaces. It is indicated for patients whose oral condition presents with localized, slight gingival inflammation in the absence of periodontitis.

### Inventory #: 045

**Code Maintenance Committee Action:**

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

**Rationale for Rejecting the Request:** The requested addition would be disruptive as it would duplicate well understood and established CDT code entries – D1110 prophylaxis-adult and D1120 prophylaxis-child – where procedure delivery is based on the clinical state of the dentition. In addition, the nomenclature and descriptor wording implies that this addition would indirectly enable documentation of a diagnosis that is appropriately reported with an ICD-10-CM code.

**Dxxxx scaling in presence of generalized, slight gingival inflammation**

The disruption and removal of dental biofilm, plaque, calculus and stains from supra- and sub-gingival tooth surfaces. It is indicated for patients whose oral condition presents with generalized slight gingival inflammation in the absence of periodontitis.
Inventory #s: 046 through 049

Action on these inventory items rendered Moot and no vote taken.

Code Maintenance Committee Action:

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

Rationale for rendering Moot: The requested deletions are predicated on the acceptance of several actions from different submitters that revise existing prophylaxis procedure codes, or add new prophylaxis procedure codes (Inventory #s 38-45). As the CMC declined those requests these current CDT code remain part of the code set.

Inventory #: 046

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.

Inventory #: 047

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.

Inventory #: 048

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.

Inventory #: 049

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.

Inventory #: 050

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: The proposed addition is not a procedure, only materials that are apparently used in a service that is not clearly identified or described. There is another submission (Inventory #54) that appears to similar in intent. The CMC is not able to determine the merits of one over the other and recommends that the submitters work together and prepare a submission for possible inclusion in a future CDT Code version (e.g., CDT 2021).

Dxxx agents used to manage biofilm, including but not limited to antimicrobials
Inventory #: 051

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Request:** There are three requested additions from different submitters (Inventory #s 51-53) that appear to be overlapping and duplicative. The CMC is not able to determine the merits of one over another, and recommends that the submitters work together and prepare a cohesive set of submissions for consideration for a future CDT Code version (e.g., CDT 2021).

**Dxxxx** application of non-fluoride remineralizing agents

Topical application of an agent that does not contain fluoride. This is not a replacement for topical fluoride. Example of patients in need of such adjunct treatment are those with extreme caries risk (hyposalivation and/or multiple advanced caries lesions). Examples of such agents may include, but are not limited to, calcium phosphate, casein-derivatives coupled with calcium and calcium carbonate.

Inventory #: 052

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Request:** There are three requested additions from different submitters (Inventory #s 51-53) that appear to be overlapping and duplicative. The CMC is not able to determine the merits of one over another, and recommends that the submitters work together and prepare a cohesive set of submissions for consideration for a future CDT Code version (e.g., CDT 2021).

**Dxxxx** caries preventive medicament application – per tooth

Site specific caries preventive treatment of a high-caries risk tooth surface of a moderate (D0602) or high caries risk patient (D0603) by topical application of a therapeutic medicament (not fluoride alone).
**Inventory #: 053**

**Code Maintenance Committee Action:**

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**Rationale for Rejecting the Request:** There are three requested additions from different submitters (Inventory #s 51-53) that appear to be overlapping and duplicative. The CMC is not able to determine the merits of one over another, and recommends that the submitters work together and prepare a cohesive set of submissions for consideration for a future CDT Code version (e.g., CDT 2021).

*Dxxxx topical application of chlorhexidine varnish*

Chlorhexidine varnish product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Chlorhexidine varnish must be applied separately from prophylaxis paste.

**Inventory #: 054**

The CMC approved a motion to table action on the original Inventory # 54 submission so that the submitter (Dr. Kimmerling) could prepare an amended submission for consideration before the CMC meeting adjourned. The submission as amended was addressed by the committee before adjournment.

**Code Maintenance Committee Action:**

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**Rationale for Rejecting the Request:** There is another submission (Inventory #50) that appears similar in intent. The CMC is not able to determine the merits of one over the other and recommends that the submitters work together and prepare a submission for possible inclusion in a future CDT Code version (e.g., CDT 2021).

*Dxxxx in office application of an antimicrobial agent with sustained antimicrobial activity in order to inhibit biofilm formation – per tooth*
Inventory #: 055

Code Maintenance Committee Action:

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Rationale for Rejecting the Request: The requested revision would be disruptive as it affects a well understood and established CDT code entry. In addition, there is no specificity regarding the scope of drugs that would be subject to counseling.

D1320 tobacco counseling related to the non-therapeutic use of drugs for the control and prevention of oral disease, by report

Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and condition and improves prognosis for certain dental therapies. Counseling services provided may include a description of physiological effects of the drug or drugs, their effect on oral tissues, risks associated with their use, behavioral services, medicinal support, consultation and referral to specialists. Non-therapeutic drugs could include but not be limited to tobacco products, cannabis products, pharmaceutical drugs, etc.

Inventory #: 055a

The CMC accepted a motion made by CMC member American Association of Public Health Dentists to consider a new CDT code as an alternative to Rejected Inventory #55. This was followed by a Rejected motion to table consideration to the March 2020 CMC meeting. Subsequent motions to amend the proposed nomenclature and descriptor were approved. The motion ultimately failed.

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Rationale for Rejecting the Request: The requested addition has merit in concept, yet the proposed wording appears inconsistent and confusing (e.g., no clear differentiation between prescription and street drugs), and the CMC recommends that an action request be submitted for consideration at the next committee meeting.

D13xx non-therapeutic (recreational) drug or product use counseling

Counseling services provided may include a description of physiological effects of the drug or drugs, their effect on oral tissues, risks associated with their use, behavioral services, medicinal support, consultation and referral to specialists. Drugs or products may include but are not limited to alcohol, cannabis products, prescription and street drugs.
Inventory #s: 056 through 058
The CMC approved a motion to address #056-058 as a group.

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Inventory # 056
**D1510** space maintainer – fixed, unilateral – per quadrant
Excludes a distal shoe space maintainer.

Inventory #: 057
**D1520** space maintainer – removable, unilateral – per quadrant

Inventory #: 058
**D1575** distal shoe space maintainer – fixed, unilateral – per quadrant
Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliance, once the tooth had erupted.

Inventory #: 059
The CMC accepted a motion made by CMC member National Association of Dental Plans to consider substitute actions as the original submission was inconsistent with nomenclature wording conventions for similar CDT Codes.

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**D1550** re-cement or re-bond space maintainer
**Dxxxx** re-cement or re-bond bilateral space maintainer – mandibular
**Dxxxx** re-cement or re-bond bilateral space maintainer – maxillary
### Inventory #: 060

**Code Maintenance Committee Action:**

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

None

**Dxxxx re-cement or re-bond unilateral space maintainer – per quadrant**

### Inventory #: 061

The CMC accepted a motion made by CMC member National Association of Dental Plans to consider substitute actions as the original submission was inconsistent with nomenclature wording conventions for similar CDT Codes.

**Code Maintenance Committee Action:**

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

None

**D1555 removal of fixed space maintainer**  
Procedure performed by dentist or practice that did not originally place the appliance.

**Dxxxx removal of fixed bilateral space maintainer – mandibular**  
Procedure performed by dentist or practice that did not originally place the appliance.

**Dxxxx removal of fixed bilateral space maintainer – maxillary**  
Procedure performed by dentist or practice that did not originally place the appliance.

### Inventory #: 062

**Code Maintenance Committee Action:**

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

None

**Dxxxx removal of fixed unilateral space maintainer – per quadrant**
Inventory #s: 063 and 064

The CMC, by consensus, addressed Inventory #s 063 and 064 as a group.

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Requests:** Existing code “D2932 prefabricated resin crown” is appropriate to report delivery as: a) reinforcement material is not pertinent; and b) the current code may be used for either a permanent or primary tooth, which are differentiated by the applicable tooth numbering schema reported on the claim and in the patient record.

Inventory # 063

Dxxxx prefabricated fiberglass reinforced resin crown – permanent tooth

Inventory #: 064

Dxxxx prefabricated fiberglass reinforced resin crown – primary tooth

Inventory #s: 065 through 074

The CMC, by consensus, considered Inventory #s 065 through 074 as a group of related requests.

Code Maintenance Committee Action:

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

**Rationale for Rejecting the Request:** The action request parses components of restorative procedures that are appropriately reported with current CDT codes. In addition, the request contains the same information provided by the submitter in the prior year’s submission that was declined by the CMC. According to Action Request Submission Instructions ([https://www.ada.org/en/publications/cdt/request-to-change-to-the-code](https://www.ada.org/en/publications/cdt/request-to-change-to-the-code)) a resubmission must include new information not available when the original change request form was prepared.

A resubmission must be on the then current request form and must include substantive information not available at the time of the prior submission, and this new information must be clearly identified. If not, the Code Maintenance Committee chair may note this before any consideration by the CMC.

Inventory #: 065

Dxxxx 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).
Inventory #: 066

**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%.

Inventory #: 067

**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.

Inventory #: 068

**Dxxxx crack removal in dentin**
Cracks into dentin horizontally and vertically need to be removed prior to restoring the tooth.

Inventory #: 069

**Dxxxx 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.

Inventory #: 070

**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.

Inventory #: 071

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

Inventory #: 072

**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.

Inventory #: 073

**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.
Inventory #: 074
**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.

Inventory #s: 075 and 076
The CMC noted that that Inventory Items 75 and 76 were related editorial changes to the descriptive information posted at the Periodontics subcategory “Surgical Services” subcategory heading from the same submitter, American Academy of Periodontists. Each was voted upon separately with the same decision.

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

None

Inventory #: 075
**D4000-D4999 Surgical Services (Including Usual Postoperative Care)**
**Site:**
- Depending on the dimensions of the defect, Up to two contiguous edentulous tooth positions may be considered a single site.

Inventory #: 076
**D4000-D4999 Surgical Services (Including Usual Postoperative Care)**
**Site:**
- If two contiguous teeth have areas of soft tissue recession, each area of recession tooth is a single site.

Inventory #: 077
Code Maintenance Committee Action:

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**Rationale for Rejecting the Request:** The requested revision would remove elements that facilitate submission and review of claims.

**D4355 full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit**
Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. **Not to be completed on the same day as D0150, D0160, or D0180.**
Inventory #: 078

Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: It is recognized that applicable state legislation or regulation dictates the ability of any practitioner to deliver any dental procedure, and report such delivery using the applicable CDT code. The suggested change to the descriptor’s second sentence does not affect the procedure’s scope or nature of delivery.

D4910 periodontal maintenance
This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist-dental professional in accordance with state practice acts, for the life of the dentition or any implant replacements. It includes removal of the bacterial disruption and removal of dental biofilm, plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

Inventory #: 079 through 099

The CMC, by consensus, considered Inventory #s 79 through 99 as a group of related requests from several submitters (American Academy of Periodontology; National Association of Dental Plans; Dr. Stutz).

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

Rationale for Rejecting the Requests: The suggested nomenclature and descriptor changes do not affect the procedure’s scope or nature of delivery and only identify when the same procedure is delivered to a natural tooth or to an implant body. Such diagnostic information is properly reported with other code sets (e.g., ICD, missing tooth finding). The procedure is the same irrespective of diagnosis, tooth or implant body. Payers typically request additional documentation such as radiographs and periodontal charting that allow the carriers to discern whether the procedures are being performed on natural teeth or implants.

Inventory #: 079

D4245 apically position flap, natural teeth
Procedure is used to preserve keratinized gingiva in conjunction with osseous resection, and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.
Inventory #: 080
Dxxxx apically positioned flap, implant
Procedure is used to preserve keratinized gingiva in conjunction with osseous resection involving an implant during treatment of peri-implantitis, or a second stage implant procedure.

Inventory #: 081
D4273 autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft
There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.

Inventory #: 082
D4283 autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site
Used in conjunction with D4273.

Inventory #: 083
Dxxxx autogenous connective tissue graft procedure (including donor and recipient sites) first implant
There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving the epithelialized flap for closure.

Inventory #: 084
Dxxxx autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous implant

Inventory #: 085
D4265 biologic materials to aid in soft tissue and osseous bone regeneration in a periodontal defect
Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membrane, depending upon their formulation and the presentation of the periodontal defect around a natural tooth. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.

Inventory #: 086
Dxxxx biologic materials to aid in soft tissue and osseous bone regeneration in a peri-implant defect
Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membrane, depending upon their formulation and the presentation of the peri-implant defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D6xxx and should be reported using their own unique codes.

Inventory #: 087
D4277 free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft

Inventory #: 088
D4278 free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft
Used in conjunction with D4277.

Inventory #: 089
Dxxxx free soft tissue graft procedure (including recipient and donor surgical sites) first implant
Inventory #: 090
Dxxxx free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous implant
Used in conjunction with D6xxx

Inventory #: 091
D4275 non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) first tooth implant, or edentulous tooth position in graft
There is only a recipient surgical site utilizing a split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.

Inventory #: 092
D4285 non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site
Used in conjunction with D4275.

Inventory #: 093
Dxxxx non-autogenous connective tissue graft (including recipient site and donor material) first implant
There is only a recipient surgical site utilizing a split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.

Inventory #: 094
Dxxxx non-autogenous connective tissue graft (including recipient site and donor material) each additional contiguous implant
Used in conjunction with D6xxx.

Inventory #: 095
D4267 guided tissue regeneration - non-resorbable barrier for periodontal defects, per site (includes membrane removal)
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration around a natural tooth. This procedure can be used for periodontal and peri-implant defects.

Inventory #: 096
Dxxxx guided tissue regeneration, non-resorbable barrier, for peri-implant defects or at implant placement, per site (includes membrane removal)
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration.

Inventory #: 097
D4266 guided tissue regeneration for periodontal defects - resorbable barrier, per site
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration around a natural tooth. This procedure can be used for periodontal and peri-implant defects.

Inventory #: 098
Dxxxx guided tissue regeneration - resorbable barrier, for peri-implant defects or at implant placement, per site
This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration.

Inventory #: 099
Dxxxx guided tissue regeneration - resorbable barrier, per site in conjunction with or in preparation for implant placement
Inventory #: 100

The CMC accepted a motion to reconsider its initial action on this action request. After discussion enabled by the motion to reconsider the committee acted on a second Motion to Accept for Inclusion in CDT 2020.

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

Rationale for Rejecting the Request: The suggested nomenclature and descriptor changes do not affect the procedure’s scope or nature of delivery and only identify when the same procedure is delivered to a natural tooth or to an implant body. Such diagnostic information is properly reported with other code sets (e.g., ICD, missing tooth finding). The procedure is the same irrespective of diagnosis, tooth or implant body. Payers typically request additional documentation such as radiographs and periodontal charting that allow the carriers to discern whether the procedures are being performed on natural teeth or implants.

Dxxxx localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per implant
FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into peri-implant pockets to suppress the pathologic microbiota. These devices slowly release the pharmacological agents, so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

Inventory #: 101 through 103

The CMC, by consensus, considered Inventory #s 101 through 103 as a group.

Code Maintenance Committee Action:

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

Rationale for Rejecting the Requests: The procedure as described can be reported with the current CDT code “D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments.” Inclusion of diagnostic information in the nomenclature is inappropriate as such information is properly reported with an ICD-10-CM diagnosis code. The procedure is the same irrespective of diagnosis.

Inventory #: 101

Dxxxx implant decontamination procedures for fully edentulous patients who exhibit no evidence of active peri-implant disease and have dental implant supported bars and/or locators that attach to removable prostheses– per arch
This procedure includes the removal of dental biofilm, plaque, calculus and stain for the maintenance of healthy peri-implant mucosa and supporting peri-implant bone.
Note: Complete CDT Code Action Requests (including submitter Rationales) are in the March 2019 CMC Meeting Inventory posted online at – www.ada.org/cdt

Inventory #: 102
Dxxxx implant decontamination procedures for fully edentulous patients who exhibit no evidence of active peri-implant disease and have fixed hybrid dental implant superstructures and abutments – per arch
This procedure includes the removal of dental biofilm, plaque, calculus and stain for the maintenance of healthy peri-implant mucosa and supporting peri-implant bone.

Inventory #: 103
Dxxxx implant decontamination procedures for patients who exhibit no evidence of active peri-implant disease and have one or more dental implant-borne prostheses that are not removable and includes abutments and natural teeth – per arch
This procedure includes the removal of dental biofilm, plaque, calculus and stain for the maintenance of healthy peri-implant mucosa and supporting peri-implant bone.

Inventory #s: 104 and 105
The CMC, by consensus, considered Inventory #s 104 and 105 as a group.
Code Maintenance Committee Action:

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

Rationale for Rejecting the Request: The procedure as described can be reported with the current CDT code “D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments.” Inclusion of diagnostic information in the nomenclature is inappropriate as such information is properly reported with an ICD-10-CM diagnosis code. The procedure is the same irrespective of diagnosis.

Inventory # 104
D6081 scaling and debridement in the presence of inflammation, peri-mucositis and/or peri-implantitis surrounding 1-3 implant bodies, or mucositis of a single implant including cleaning of the implant surfaces, without flap entry and closure
Use of decontamination modalities that are safe and conducive for arresting the inflammatory response and/or progression of bone loss surrounding the dental implant body. **This procedure is not performed in conjunction with D1110, D4910 or D4346.**

Inventory #: 105
Dxxxx scaling and debridement in the presence of inflammation, peri-mucositis and/or peri-implantitis surrounding 4 or more implant bodies including cleaning of the implant surfaces, without flap entry and closure
Use of decontamination modalities that are safe and conducive for arresting the inflammatory response and/or progression of bone loss surrounding the dental implant body.
Inventory #: 106

The CMC accepted a motion to amend the nomenclature before considering the requested action for inclusion in the code set.

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

None

Dxxxx removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant

Inventory #: 107

The CMC accepted a motion to amend the nomenclature before considering the requested action for inclusion in the code set.

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

None

Dxxxx removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant
Inventory #s: 108 and 109
The CMC, by consensus, considered Inventory #s 108 and 109 as a group.

Code Maintenance Committee Action:

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

Rationale for Rejecting the Requests: The procedures as described can be reported with the current CDT code “D5212 mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth).”

Inventory #: 108
Dxxxx mandibular partial denture – high performance polymer framework
A mandibular partial denture with a high performance polymer framework including clasps and rests, which is finished with synthetic gingiva and conventional teeth.

Inventory #: 109
Dxxxx maxillary partial denture – high performance polymer framework
A maxillary partial denture with a high performance polymer framework including clasps and rests, which is finished with synthetic gingiva and conventional teeth.

Inventory #s: 110 through 115
The CMC, by consensus, considered Inventory #s 110 through 115 as a group.

Code Maintenance Committee Action:

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

None

Inventory #: 110
D5213 maxillary partial denture - cast metal framework with resin denture bases (including any-conventional clasps, retentive/clasping materials, rests and teeth)

Inventory #: 111
D5214 mandibular partial denture - cast metal framework with resin denture bases (including any-conventional clasps, retentive/clasping materials, rests and teeth)

Inventory #: 112
D5221 immediate maxillary partial denture – resin base (including any-conventional clasps, retentive/clasping materials, rests and teeth)
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).
Inventory #: 113
D5222 immediate mandibular partial denture – resin base (including any conventional clasps, retentive/clasping materials, rests and teeth)
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Inventory #: 114
D5223 immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Inventory #: 115
D5224 immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, retentive/clasping materials, rests and teeth)
Includes limited follow-up care only; does not include future rebasing / relining procedure(s).

Inventory #: 116
The CMC accepted a motion to amend the descriptor before considering the requested action for inclusion in the code set.

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Remarks / Rationale for “Decline” / Explanation of “Other”
None

Dxxxx placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
This procedure can be performed at time and/or after extraction to aid in hemostasis. The socket is packed with a hemostatic agent to aid in hemostasis and or clot stabilization.
Inventory #s: 117 and 118
The CMC, by consensus, considered Inventory #s 117 and 118 as a group.

Code Maintenance Committee Action:

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

Rationale for Rejecting the Requests: The requested revisions would be disruptive as they change well understood and established CDT code entries, and there is always some subjective factor when determining the extent of the tooth covered by bone. When determining whether the removal is for a partially (D7230) or fully (D7240) impacted tooth it is not appropriate to base the decision on the extent to which each surface is covered; the criterion applies to the full anatomical crown.

Inventory #: 117

D7230 removal of impacted tooth- partial bony
Part of crown covered by bone Between 1% and 49% of the anatomical crown covered in bone; requires mucoperiosteal flap elevation and bone removal.

Inventory #: 118

D7240 removal of impacted tooth- completely bony
Most or all of crown covered by bone Greater than or equal to 50% of the clinical crown covered in bone; requires mucoperiosteal flap elevation and bone removal.

Inventory #s: 119 through 121
The CMC, by consensus, considered Inventory #s 119 through 121 as a group.

Code Maintenance Committee Action:

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

Rationale for Rejecting the Requests: The requested revisions are editorial changes that would be disruptive to a series of well understood and established CDT code entries: a) codes listed under the subcategory “Treatment of Closed Fractures” which was changed in CDT 2017 to this from “Treatment of Fractures – Simple”; b) codes listed under the subcategory “Treatment of Open Fractures” which was changed in CDT 2017 to this from “Treatment of Fractures – Compound”; and c) the subcategory heading that already includes the words “Temporomandibular Joint”. Differentiation between types of fractures or the joint is appropriately documented using ICD-10-CM diagnosis codes.

Inventory #: 119

D7610 simple fracture, maxilla – open reduction (teeth immobilized, if present)
D7620 simple fracture, maxilla - closed reduction (teeth immobilized, if present)
D7630 simple fracture, mandible - open reduction (teeth immobilized, if present)
D7640 simple fracture, mandible - closed reduction (teeth immobilized, if present)
No incision required to reduce fracture. See D7630 if interosseous fixation is applied.
D7650 simple fracture, malar and/or zygomatic arch - open reduction
D7660  **simple fracture**, malar and/or zygomatic arch - closed reduction

D7670  **simple fracture**, alveolus - closed reduction, may include stabilization of teeth
       Teeth may be wired, banded or splinted together to prevent movement.

D7671  **simple fracture**, alveolus - open reduction, may include stabilization of teeth
       Teeth may be wired, banded or splinted together to prevent movement.

D7680  **simple fracture**, facial bones - complicated reduction with fixation and multiple
       surgical approaches
       Facial bones include upper and lower jaw, cheek, and bones around eyes, nose, and ears.

Inventory #:  120
D7710  **compound fracture**, maxilla - open reduction
D7720  **compound fracture**, maxilla - closed reduction
D7730  **compound fracture**, mandible - open reduction
D7740  **compound fracture**, mandible - closed reduction
D7750  **compound fracture**, malar and/or zygomatic arch - open reduction
D7760  **compound fracture**, malar and/or zygomatic arch - closed reduction
D7770  **compound fracture**, alveolus - open reduction stabilization of teeth
D7771  **compound fracture**, alveolus, closed reduction stabilization of teeth
D7780  **compound fracture**, facial bones - complicated reduction with fixation and
       multiple approaches

Inventory #:  121
D7810  **open reduction of temporomandibular joint** dislocation
       Access to TMJ via surgical opening.
D7820  **closed reduction of temporomandibular joint** dislocation
       Joint manipulated into place; no surgical exposure.
D7830  **temporomandibular joint** manipulation under anesthesia
       Usually done under general anesthesia or intravenous sedation.
Inventory #: 122

Separate motions to amend the request made by the American Academy of Orthodontists were rejected before the original motion was addressed by the CMC.

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

Rationale for Rejecting the Request: It is recognized that applicable state legislation or regulation dictates the ability of any practitioner to deliver and report any dental procedure, and circumstances affecting delivery of such services.

D8000-D8999  XI. Orthodontics

Primary Dentition: Teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one interceptive procedure or more than one limited procedure depending on their particular problem.

The orthodontic procedure codes are only to be used by themselves for procedures that involve in-person, in-office interaction with a licensed dentist.

Teledentistry services without any in-person, in-office interaction with a licensed dentist must:

1. still involve a licensed dentist,
2. comply with all laws and standards of care for the jurisdiction(s) in which both the dentist and patient are located,
3. include the applicable teledentistry codes; and,
4. include supplemental procedure codes.
Inventory #s: 123 through 126

The CMC, by consensus, considered Inventory #s 123 through 126 as a group.

Motion to Accept for Inclusion in CDT 2020

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

None

Inventory #: 123

D8691 repair of orthodontic appliance
Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.

Dxxxx repair of orthodontic appliance – mandibular
Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.

Dxxxx repair of orthodontic appliance – maxillary
Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.

Inventory #: 124

D8692 replacement of lost or broken retainer

Dxxxx replacement of lost or broken retainer – mandibular

Dxxxx replacement of lost or broken retainer – maxillary

Inventory #: 125

D8693 re-cement or re-bond fixed retainer

Dxxxx re-cement or re-bond fixed retainer – mandibular

Dxxxx re-cement or re-bond fixed retainer – maxillary

Inventory #: 126

D8694 repair of fixed retainers, includes reattachment

Dxxxx repair of fixed retainer, includes reattachment – mandibular

Dxxxx repair of fixed retainer, includes reattachment – maxillary
Inventory #: 127
Anesthesia – locally administered

Inventory #: 128
Anesthesia – moderate sedation/deep sedation/general anesthesia

Inventory #: 129
Anesthesia – deep sedation/ general anesthesia administered by anesthesiologist, anesthetist or oral surgeon other than treating dentist

Inventory #: 130
dxxxx evaluation for deep sedation or general anesthesia by anesthesiologist other than the treating dentist
An evaluation performed on a patient by an anesthesiologist prior to patient undergoing deep or general sedation that includes guiding the selection of anesthetics and other medications to be used during surgery. Plans for the patient’s postoperative recovery and pain management. A review of patient’s medical, anesthesia and medication history. Includes an appropriate physical examination including an evaluation of the airway and a review of diagnostic data (laboratory, electrocardiogram, radiographs, consultations) and an assignment of an ASA physical status score (ASA-PS).

Inventory #: 131
dxxxx provision of anesthesia equipment, supplies and trained staff to out of hospital locations including maintenance, calibration and certification of anesthesia equipment

Inventory #: 132
dxxxx deep sedation/ general anesthesia - first 15 minutes or any portion thereof
Anesthesia time begins when the anesthesiologist 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 observance of trained personnel and the anesthesiologist may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

Inventory #: 133
dxxxx deep sedation/general anesthesia - each subsequent 15 minute increment or any portion thereof
Inventory #: 134

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

Rationale for Rejecting the Request: The procedure is considered a component of current procedures (e.g., restorative; endodontic), which are reported with the applicable CDT code, and the submission does not include a persuasive argument to change this long-standing precedent.

Dxxxx rubber dam placement for isolation

Inventory #: 135

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

Rationale for Rejecting the Request: The Code Maintenance Committee found that the submission documentation did not establish a need for a new CDT Code entry. Tooth movement is addressed by existing CDT Codes available for limited, interceptive or comprehensive orthodontic treatment, as applicable to primary, transitional, adolescent and adult dentition. The CDT Code ranges are: D8010-D8040 (limited orthodontic treatment); D8050-D8060 (interceptive orthodontic treatment); and D8070-D8090 (comprehensive orthodontic treatment).

Dxxxx arch reformulation therapy (ART) with periodontal aligners
Tooth movement to improve the health of the hard and soft tissues.
Inventory #s: 136 and 137

The CMC, by consensus, considered Inventory #s 136 and 137 as a pair of related action requests.

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

**Rationale for Rejecting the Requests**: Embellishment of a denture is a cosmetic addition to the fabrication and placement of the prosthesis, which is reported with the applicable current CDT code.

Inventory #: 136

*Dxxxx denture customization*

Customization of a denture in addition to its fabrication that could include adding a crown to a denture tooth, setting up teeth to match a picture, creating special effects such as Halloween or theatrical and similar customizations.

Inventory #: 137

*Dxxxx overdenture – temporary for theatrical fabrication*

To be reported when an overdenture is fabricated over existing dentition to give the appearance of natural teeth that are far different from a patient's existing dentition. Examples could include vampires, pirates, indigent, battered, diastemas and etc.

Inventory #: 138

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

**Rationale for Rejecting the Request**: The submitter’s rationale for this addition was not considered persuasive as it did not address the manner, if any, that this information would be collected and compiled for study.

*Dxxxx donated dental treatment and services – per visit*

Documented and reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
Inventory #: 139

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

Rationale for Rejecting the Request: Fees for dental services have historically been considered all inclusive and the submission does not include a persuasive argument to change this long-standing precedent.

Dxxxx  facility fee
Facility fees are charged in addition to any charges for one’s visit to a physician or dental profession

Inventory #: 140

The CMC accepted motions to amend the proposed nomenclature and descriptor before considering a motion to accept the request.

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

None

Dxxxx  dental case management – patients with special health care needs
Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations, which requires that modifications be made to delivery of treatment to provide comprehensive oral health care services.

Inventory #s: 141 through 144

The CMC, by consensus, considered Inventory #s 141 through 144 as a group.

Code Maintenance Committee Action:

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

Rationale for Rejecting the Requests: The requested revisions are changes that would be disruptive to a series of well understood and established CDT code entries.

Inventory #: 141

D9972  external bleaching whitening – per arch – performed in office
Inventory #: 142
D9973 external bleaching whitening – per tooth

Inventory #: 143
D9974 internal bleaching whitening – per tooth

Inventory #: 144
D9975 external bleaching whitening for home application, per arch; includes materials and fabrication of custom trays

Inventory #s: 145 and 146

The CMC, by consensus, considered Inventory #s 145 and 146 as a group and considered the American Association of Orthodontist's request to withdraw these submissions in light of the CMC's vote not to accept Inventory # 122.

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

Current CDT Code entries for D9995 and D9996 continue unchanged in CDT 2020.

Inventory #: 145
D9995 teledentistry-synchronous; real-time encounter that does not involve any in-person, in-office interaction with a licensed dentist
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

Inventory #: 146
D9996 teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review that does not involve any in-person, in-office interaction with a licensed dentist
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.