

1           ADA Council on Dental Benefit Programs  
2                   Code Maintenance Committee (CMC)  
3   Composition, Responsibilities and Meeting Protocol  
4                                   v3.0  
5                                   June 2020

CDBP Code Maintenance Committee (CMC) – Composition, Responsibilities and Meeting Protocol (v3.0)

- 1 This publication documents the Code Maintenance Committee’s role in maintaining the ADA intellectual  
2 property known as the *Code on Dental Procedures and Nomenclature* (CDT Code). Content updates will  
3 be made as needed to ensure that this purpose is achieved. Such changes will be recorded in the  
4 following table.

Date	Version	Description of Change	
11/20/2015	1.0	Initial publication	
05/09/2019	2.0	Content reorganization to clarify current committee and member organization roles and responsibilities; inclusion of dental specialty recognized in March 2019.	
06/01/2020	3.0	Addition of dental specialty organizations (AAOM; AAOP) recognized in March 2020 (Section 3.0) and Timeline refresh (Section 9.2)	

- 5 All materials concerning CDT Code maintenance are maintained and stored by the ADA as the CMC  
6 Secretariat.

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## 1 1.0 INTRODUCTION

2 PL 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), was enacted on  
3 August 21, 1996. The Secretary, Health and Human Services, under the law's Administrative  
4 Simplification provisions, published the final rule on HIPAA standard transactions and code sets in the  
5 August 17, 2000 Federal Register. This rule addressed changes to 45CFR Parts 160 and 162, which  
6 established standards for electronic health care transactions and code sets used in these transactions.  
7 According to the regulatory text:

- 8 • 162.1002 Medical Data Code Sets – The Secretary adopts the following code set maintaining  
9 organization's code sets as the standard data code sets:
  - 10 ○ (d) *Code on Dental Procedures and Nomenclature*, as maintained and distributed by the  
11 American Dental Association, for dental services.

12 The purpose of the CDT Code is to achieve uniformity, consistency and specificity in accurately  
13 recording and reporting dental treatment. One use of the CDT Code is to provide for the efficient  
14 processing of dental claims, and another is to populate an Electronic Health Record. The dental  
15 profession has been using the CDT Code since 1969 to report dental procedures for a variety of  
16 reasons and is therefore familiar with this code set. The CDT Code satisfies the dual aims of  
17 profession-wide standardization in reporting, and the administrative simplification that stems from a  
18 universally recognized taxonomy.

19 The Code Maintenance Committee (CMC) is a standing committee of the ADA's Council on Dental  
20 Benefit Programs (CDBP) This committee:

- 21 • Enables the Council to fulfill its ADA Bylaws responsibility
- 22 • Has broad representation from the dental community in accordance with ADA policy
- 23 • Follows protocols that are in accordance with requirements for the maintenance of named HIPAA  
24 medical code sets
- 25 • Is chaired by a current or past Council member

## 26 2.0 SCOPE OF CMC RESPONSIBILITIES

27 The CMC is responsible for maintaining the narrative components of a CDT Code entry – 1) the  
28 required "Nomenclature," the written title of a Procedure Code; and 2) the optional "Descriptor," a  
29 written narrative that further defines the nature and intended use of a single Procedure Code, or group  
30 of related codes. To fulfill this responsibility the CMC:

- 31 1. Determines what action to take on all substantive and editorial requests to change CDT Code  
32 content (e.g., addition of new; revision to existing; deletion of existing).
- 33 2. Initiates and make decisions on its own CDT Code action requests.
- 34 3. Suggests the location (e.g., Category of Service) where CDT Code additions would be placed.

35 CDBP oversees CDT Code publication in various forms, and manages all content related to CDT  
36 publications (e.g. ASCII file format; CDT manual Preface and Classification of Materials).

## 37 3.0 COMMITTEE COMPOSITION

38 CMC membership is extended to organizations. There are 20 member organizations, listed below,  
39 each followed by their number of votes in parentheses (24 total).

- 40 • American Dental Association – ADA – 5 representatives, one of whom will serve as chair (5)

- 1 • All ADA National Commission on Recognition for Dental Specialties and Certifying Boards  
2 recognized dental specialties – 1 representative each
  - 3 1. American Academy of Oral and Maxillofacial Pathology – AAOMP (1)
  - 4 2. American Academy of Oral and Maxillofacial Radiology – AAOMR (1)
  - 5 3. American Academy of Oral Medicine – AAOM (1)
  - 6 4. American Academy of Orofacial Pain – AAOP (1)
  - 7 5. American Academy of Pediatric Dentistry – AAPD (1)
  - 8 6. American Academy of Periodontology – AAP (1)
  - 9 7. American Association of Endodontists – AAE (1)
  - 10 8. American Association of Oral and Maxillofacial Surgeons – AAOMS (1)
  - 11 9. American Association of Orthodontists – AAO (1)
  - 12 10. American Association of Public Health Dentistry – AAPHD (1)
  - 13 11. American College of Prosthodontists – ACP (1)
  - 14 12. American Society of Dentist Anesthesiologists – ASDA (1)
- 15 • Other dental professional organizations – 1 representative each
  - 16 1. Academy of General Dentistry – AGD (1)
  - 17 2. American Dental Education Association – ADEA (1)
- 18 • Third-party payer and dental benefits organizations – 1 representative each
  - 19 1. America’s Health Insurance Plans – AHIP (1)
  - 20 2. Blue Cross and Blue Shield Association – BCBSA (1)
  - 21 3. Centers for Medicare and Medicaid Services – CMS (1)
  - 22 4. Delta Dental Plans Association – DDPA (1)
  - 23 5. National Association of Dental Plans – NADP (1)

#### 24 **4.0 MEMBER ORGANIZATION OBLIGATIONS**

25 A CMC member organization:

- 26 • Names the individual(s) who will represent its interests, and to whom all materials and information  
27 will be conveyed.
  - 28 ○ Representatives are not subject to ratification by the CMC or other entity before being  
29 seated.
- 30 • Is responsible for all expenses, individual and otherwise, incurred in their CDT Code maintenance  
31 activities.
- 32 • Is expected to review and discuss all CDT Code Action Requests within their constituency prior to  
33 the CMC’s annual meeting.
- 34 • Must ensure that its representative is present to engage in discussion and cast a vote on all  
35 business that comes before the committee.
  - 36 ○ Member organizations may designate their representative on a continuing or meeting-by-  
37 meeting basis, or ad-hoc during a meeting. (The objective is to ensure that all member  
38 organizations present are able to cast their ballot.)
- 39 • Is responsible for educating its representatives on the CMC’s processes as described in this  
40 document.

1 **5.0 MEETINGS**

2 5.1 Annual (In Person)

3 The CMC annual business meeting is an in-person event during which the committee determines which  
4 of the substantive and editorial action requests will be included in the CDT Code's next version.  
5 Meetings convene during the 1<sup>st</sup> quarter of each calendar year at ADA Headquarters in Chicago on  
6 dates that present minimal conflict with other major dental events. Two days, Thursday and Friday, are  
7 scheduled in late February or early March for the meeting. Early adjournment is possible, and  
8 dependent on time needed for committee discussion and action on all agenda items.

9 5.2 Conference Calls

10 The CMC may convene by conference call when an urgent matter is identified for discussion by all  
11 member organizations.

12 **6.0 CMC CHAIR**

13 This individual is named by the Council on Dental Benefit Programs and is also a voting member  
14 representing the ADA. The Chair:

- 15 • Must cast a vote on motions to accept a CDT Code Action Request, and on other matters that  
16 come to ballot
- 17 • Establishes the agendas for CMC meetings
- 18 • Performs other administrative functions as required to complete CMC work in a timely and  
19 efficient manner
- 20 • May establish ad-hoc working groups when needed to support CMC work
- 21 • Should the Chair be absent, she/he may designate another ADA representative to serve as Chair

22 **7.0 SECRETARIAT**

23 ADA staff serve as the CMC Secretariat that is responsible for:

- 24 • Process Administration – Includes: meeting and conference call arrangements; preparation and  
25 distribution of meeting notices, action request submissions, agenda and other discussion  
26 material, and action reports; records maintenance; form creation and update (e.g., Action  
27 Requests; Summary Reports).
- 28 • Action Request "Triage" – Includes: identification of required information errors or omissions;  
29 contacting submitter to assist in addressing errors or omissions; notation in request form's "CMC  
30 Secretariat Notes" of triage actions and outcomes.
- 31 • CDT Code Maintenance Portal Updates (<http://www.ada.org/en/publications/cdt/>) – Includes:  
32 information on CMC meetings; action request inventories; reports of CMC decisions on requested  
33 actions.

34 **8.0 VOTING**

35 CMC business items will be addressed in accordance with the meeting agenda as adopted by the  
36 committee, and in accordance with the following protocols.

37 8.1. General

- 38 • A simple majority of CMC member organizations shall constitute a quorum for conducting  
39 business

- 1 • All motions on CDT Code actions must be worded in the affirmative (e.g., Move to accept
- 2 substantive inventory item # 99 as submitted.)
- 3 • CMC member organizations represented at the meeting must vote Yea, Nay, or Abstain on
- 4 motions to accept a CDT Code action, or other committee business
- 5 • The member organization representative must be physically present to cast a vote
- 6 • No proxy votes are permitted
- 7 • A simple majority of the member organizations present and voting will determine the outcome of a
- 8 motion to accept an action request, or for other committee business as needed
- 9 • Abstentions do not count when the majority is determined
- 10 • The Chair determines how votes are to be cast during a meeting: both manual (e.g., vote cards;
- 11 raised hands) and electronic means are acceptable alternatives.
- 12 • A tie vote means the motion or requested action is not accepted
- 13 • A motion to reconsider may be entertained prior to the adjournment of the meeting when a CMC
- 14 member wishes to discuss an action taken during the meeting

15 **8.2. Editorial Actions (See 9.4 for definition of an editorial action)**

- 16 • These actions are presented as part of the meeting's consent calendar
- 17 • Any CMC member organization may request one or more editorial actions be removed from the
- 18 consent calendar and be addressed individually

19 **8.3. Substantive Actions (See 9.3 for definition of a substantive action)**

- 20 • These actions are addressed in the order presented on the Substantive Inventory, or in groups of
- 21 similar or related requests when determined by the Chair
- 22 • A separate motion to accept each substantive requests is required
- 23 • A single motion to accept a group of similar or related requests is permissible when determined
- 24 by the Chair

25 **8.4. Rationales for CDT Code Action Request Vote Outcome**

- 26 • The CMC will agree upon the rationale for declining a request prior to the official release of the
- 27 action report.
- 28 • Unless decided otherwise, no rationale is needed for accepted requests as the presumption is the
- 29 submitter's rationale is considered persuasive

30 **9.0 CDT CODE MAINTENANCE PROCESS – OVERVIEW**

31 The Council has created a CDT Code maintenance process that incorporates the best practices of

32 processes established by other organizations (e.g., AMA for CPT) that maintain HIPAA named medical

33 code sets. The CDT's process was presented to the National Committee on Vital and Health Statistics,

34 the federal agency with HIPAA implementation oversight, in June 2012.

35 NCVHS, during its hearing, favorably accepted the ADA testimony and responses to questions, and

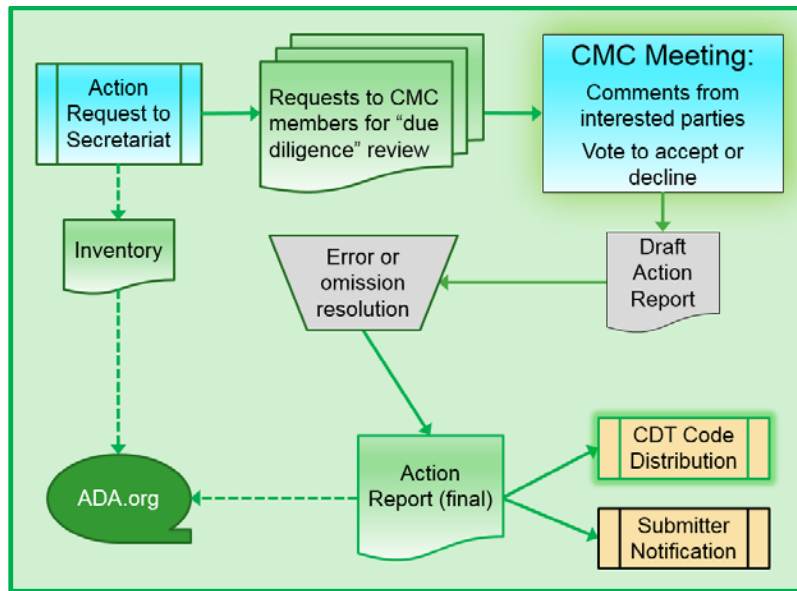
36 acknowledged that the Council's process has the openness and broad participation sought by HIPAA

37 regulations.

38

1 9.1. Flowchart

2 Key features of the CDT Code maintenance process are in the following illustration.



3

4 9.2. Timeline

5 Process milestones leading to a new CDT Code version are listed in this sample timeline for a future  
 6 version.

CDT Code Annual Review and Revision Process Tasks and Timeline CDT Code Version Effective January 1, 2030	
Event / Activity Description	Date(s)
Closing date (fixed) for submission of CDT Code Action Requests for this review and revision cycle. <ul style="list-style-type: none"> <li>Requests received after this date will be considered in the next annual review and revision cycle.</li> </ul>	November 1, 2028
Distribution date (fixed) of all Action Request Forms to CMC member organizations to enable their due diligence review prior to the annual committee meeting. <ul style="list-style-type: none"> <li>Request forms also posted on ADA.org/cdt for public information.</li> </ul>	December 1, 2028
Annual CMC meeting at ADA Headquarters in Chicago <ul style="list-style-type: none"> <li>Two day meeting on dates of second Thursday-Friday of the month.</li> </ul>	March 2029 (mid-month)
Draft CMC Action Report review by CMC member organizations. <ul style="list-style-type: none"> <li>Circulated within two weeks of annual meeting's adjournment.</li> </ul>	March 2029 (end of month)
Final CMC Action Report distributed to CMC member organizations and posted on ADA.org/cdt for public information. <ul style="list-style-type: none"> <li>Individual notification of CMC decision (including rationale for declined request) sent to CDT Code Action Request submitters.</li> </ul>	April 2029 (mid-month)
No further CMC activity for this CDT Code version (e.g., 2030)	
Version content electronic distribution to CDT Code licensees.	June 2029



1 9.3. Substantive Action Request

2 A substantive CDT Code action is one that results in either a new CDT Code entry, complete deletion of  
3 a CDT Code entry, or revision to any part of a CDT Code entry. A substantive Revision affects the  
4 nature and scope of a current CDT Code entry.

5 Any individual or organization may submit a substantive action request for consideration, and the  
6 request must be on the specified form posted on-line at: [http://www.ada.org/en/publications/cdt/request-](http://www.ada.org/en/publications/cdt/request-to-change-to-the-code)  
7 [to-change-to-the-code](http://www.ada.org/en/publications/cdt/request-to-change-to-the-code). Supporting information may be included, accompanied by a written permission  
8 to reproduce and distribute for matter protected by copyright.

9 9.4. Editorial Action Request

10 An editorial CDT Code action is one that addresses grammatical and syntax errors, or other corrections  
11 that do not affect the nature and scope of the CDT Code entry. Only CMC member organizations may  
12 submit an editorial action, in accordance with a simplified process adopted by the Council on Dental  
13 Benefit Programs in April 2013. In June 2013 CMC member organizations conveyed unanimous  
14 agreement that the process should be implemented immediately.

15 The Editorial change process features a short form action request (illustration following) with CMC  
16 adoption by Consent Calendar as noted in the “VOTING” provisions in section 8.0 above.

Inventory #	1.	Submitted By	ADA – Council on Dental Benefit Programs	Date	08/15/2014
CDT Code Entry	D2712 crown – ¾ resin-based composite (indirect)				
		Changes Tracked		Text With Changes Accepted	
This code does not include facial veneers		This <del>code</del> procedure does not include facial veneers		This procedure does not include facial veneers	
Rationale for Editorial Action:	Descriptor provides additional information concerning the procedure to aid selection of appropriate CDT Code.				

17 9.5. Action Report

18 Action Reports record final decisions on all submissions addressed during the meeting. Report drafts,  
19 which include rationales for actions prepared by the Secretariat based on meeting discussion, are  
20 circulated via electronic means for CMC member organization review and ratification. When in final  
21 form the Substantive Action Report and the Editorial Action Report are posted on ADA.org for public  
22 information. These posted outcomes will also be included in individual correspondence sent to each  
23 person or organization submitting an action request.

24 9.6. Submission for Reconsideration

25 Declined requests may be submitted for consideration during the next (or later as determined by the  
26 submitter) review and revision cycle.

27 **10.0 CDT CODE ACTION REQUEST EVALUATION GUIDELINES**

28 These guidelines are posted on ADA.org to: 1) assist requestors in preparing their CDT Code Action  
29 Request form; and 2) aid CMC members determine whether to accept or decline a requested action.  
30 Evaluation guidelines, in conjunction with information on a request form (e.g., rationale for the addition,  
31 revision or deletion), support discussion prior to the CMC vote. There are six guidelines.

- 32 1. Code change request evaluation should be based on the need for documenting procedures  
33 based upon the patient’s dental needs and not on services covered by any applicable dental  
34 benefit plan.

