

## CDT CODE ACTION REQUEST

## Part 1 – Submitter Information

A. Contact Information (Action Requestor)		Date Submitted:	04/09/2020		
Name:	Council on Dental Benefit Programs				
Address (Line 1):	American Dental Association				
Address (Line 2):	211 East Chicago Avenue				
City:	Chicago	State:	IL	Zip Code	60611
Telephone:	312-440-2500	Email:	dentalcode@ada.org		
B. Does this request represent the official position of either a dental organization or a recognized dental specialty, or a third-party payer or administrator, or the manufacturer/supplier of a product?					
Yes >	<input checked="" type="checkbox"/>	If Yes, Name:	American Dental Association / Council on Dental Benefit Programs		
No >	<input type="checkbox"/>				
C. Does the requestor or entity identified in item #1 or #2 receive any financial benefit?					
Yes >	<input type="checkbox"/>	If Yes, describe:			
No >	<input checked="" type="checkbox"/>				
D. "ADA Copyright Assignment Agreement" form signed and included with this Action Request?					
Yes >	<input type="checkbox"/>	If No, explain:	The ADA is a Code Maintenance Committee (CMC) member organization and this agreement is not required for action requests submitted by committee members.		
No >	<input checked="" type="checkbox"/>				

## NOTICE TO PREPARER AND SUBMITTER:

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

## CDT CODE ACTION REQUEST

## Part 2 – Submission Details

1. Action (Mark one only)	New	<input checked="" type="checkbox"/>	Revise	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Affected Code (Revise or Delete only)	
2. Full nomenclature and descriptor (For “Revise” mark-up as follows: added text – <b>blue underline</b> ; deleted text – <b>red-strike-through</b> ; unchanged text – <b>black</b> )								
Nomenclature <small>Required for all “New”</small>	SARS-CoV-2 point of service testing							
Descriptor <small>Optional for “New”; enter “None” if no descriptor</small>	Antigen or antibody testing for coronavirus.							
3. Rationale for this request; your persuasive argument for CMC acceptance (Required for any type of requested action – New; Revise; Delete)								
The need to identify patients who may be infected with SARS-CoV-2 (aka COVID-19) is important for the health of the patient as well as the dentist and other practice staff. This information is also of value for epidemiological studies. Both the CPT and HCPCS medical procedure code sets, and the ICD-10-CM code set have been updated to enable reporting of testing procedures and diagnosis of COVID-19.								
4. Complete a) – c) <b>only</b> if Action Request is for a New CDT Code						Mark if Revise or Delete [“a” - c)” are not applicable]		<input type="checkbox"/>
a) CDT Code currently used to report the procedure					D0999			
b) Procedure technical description								
Commercially available FDA approved point of care test is delivered to patient who presents for care in accordance with documented protocol for the test.								
c) Clinical scenario								
Dentist determines that there are either clinical reasons for delivering the test (e.g., patient cough; abnormal temperature) or the patient self-reports perceived signs or symptoms. The test is administered before delivery of any necessary dental procedures. The test outcome will enable the dentist to determine the next appropriate action(s) (e.g., referral to the patient’s physician for appropriate medical care; delivery of necessary dental care if test results are negative).								

## NOTICE TO PREPARER AND SUBMITTER:

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

## CDT CODE ACTION REQUEST

## Part 3 – Additional Information

## 5. Supporting documentation or literature:

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

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

## 6. Additional Comment or Explanation:

During the request form’s preparation the ADA considered current code “D0416 viral culture” for documenting an in-office test, and determined it is not appropriate as this procedure is a laboratory procedure that involves culturing the sample. Therefore the only available code for an in-office, point of care test is “D0999 unspecified diagnostic procedure by report.”

The ADA notes that the CDT Code is a means to document and report services delivered and does not establish a standard of care. Further the CDT Code recognizes that reimbursements for procedures are determined by dental benefit plans, and therefore are not a factor in determining the need for a code to document services delivered to a patient. These points have been stated in the CDT manual’s preface, as seen in this extract from CDT 2020’s Preface (page v).

**Using the CDT Code**

The following points should prove helpful when using the CDT Code for recording services provided on the patient record, and when reporting procedures on a paper or electronic claim submission.

1. The presence of a CDT Code does not mean that the procedure is:
  - a. endorsed by any entity or is considered a standard of care
  - b. covered or reimbursed by a dental benefits plan
2. General practitioners, specialists, and other individuals may report any of the listed CDT Codes as long as they are delivering procedures and services within the scope of their state law.

## Part 4 – CMC Secretariat Use Only

Secretariat Notes:

1. If this submission is accepted as presented the CDT Code entry would appear as follows:

**D0xxx SARS-CoV-2 point of service testing**

Antigen or antibody testing for coronavirus.

**NOTICE TO PREPARER AND SUBMITTER:**

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