Behind the Code

Sneak Peek at CDT 2018

The Code on Dental Procedures and Nomenclature (CDT) is updated annually. The American Dental Association (ADA)’s Code Maintenance Committee (CMC) meets early each year to review the code change requests that are submitted, and votes to either accept, deny, or table each request. This article will review the revised and new codes pertinent to pediatric dentists effective Jan. 1, 2018.

Before reviewing the new codes, it is important to remember a few key facts about CDT. First, the primary purpose of CDT is to provide dental teams with a standardized language to report dental procedures. This standardized language allows doctors to:

- Clearly communicate with patients about proposed dental procedures.
- Accurately document all dental services performed.
- Appropriately bill patients for services.
- Accurately report dental procedures to third-party payers.

The existence of a code does not necessarily mean that it will be reimbursed. Payers are required to recognize current CDT codes when submitted on claims, but they are not obligated to pay for them. Furthermore, different payers may start providing reimbursement for new procedure codes at various times, depending on when they update their plan document. It is vital to always report the most accurate, current CDT code to describe the procedure performed. The more frequently a code is reported, the more likely that it will be reimbursed in the future.

Here are the revised and new codes pertinent to pediatric dentists that will become effective Jan. 1, 2018.

REVISED CODES

**D1354 interim caries arresting medicament application – per tooth**
Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.
Rationale: The current nomenclature lacks specificity as to the application of the caries arresting or inhibiting agent. It is unclear if the application should be coded and reimbursed as a per-surface, per tooth, per quadrant, per arch, or per mouth service. Unless procedure D1354 is interpreted and reported as a per tooth procedure, it is impossible to track individual tooth outcomes and follow-up procedures in the patient record. Some treated teeth will require reapplication at determined intervals, some will be followed to exfoliation, and others will eventually receive definitive restorative care as individual patient circumstances dictate.

**D9223 deep sedation/general anesthesia – each subsequent 15 minute increment**
Rationale: Aligns with the medical model for the provision of anesthesia services.

**D9243 intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment**
Rationale: Aligns with the medical model for the provision of anesthesia services.

NEW CODES

**D99XX teledentistry – synchronous; real-time encounter**
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date
Rationale: This administrative code documents the synchronous transmission of patient information to a remote site and allows not only documentation but also billing for the costs associated with such transmission.

**D99XX teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review**
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
Rationale: This administrative code documents the asynchronous transmission of patient information stored and forwarded to a remote site and allows not only documentation but also billing for the costs associated with such transmission.

**D9XXX removal of fixed orthodontic appliance(s) for reasons other than completion of treatment**
Rationale: This procedure is not associated with the removal of fixed appliances and the placement of fixed or removable orthodontic retainers at the completion of treatment (D8680). This includes the removal of appliances by another dentist when the patient has left the practice of the treating dentist. Example: remove brackets for wedding day or prior to MRI.
AAPD Helps Connecticut Member Resolve CDT Issue in Medicaid

An AAPD member in Connecticut, who treats children enrolled in the Medicaid HUSKY Program, was audited this past winter. Medicaid requested a refund for 150 procedures (D2335) resin-based composite – four or more surfaces or involving incisal angle (anterior). Medicaid stated that procedure code D2390 resin-based composite crown, anterior should have been reported for a strip crown.

AAPD staff reached out to Dr. Donna Balaski, Department of Social Services, Connecticut Division of Health Services for assistance.

Balaski stated, “The strip crown procedures should be billed as a four or more surface directly placed restoration. It is regardless of whether or not a matrix band is used as with other directly placed filling materials matrix bands may or may not be used depending whether or not the material is adjacent to the mesial or distal surfaces of teeth. Unfortunately, naming the procedure or altering the technique slightly does not change the correct coding and billing for the procedure.

A D2390 is full coverage on an anterior tooth with composite resin which would be a strip crown; however, we do not make this distinction on the Connecticut Medical Assistance Program Fee Schedule. The dental service was medically necessary due to the extent of decay and a better option than removing additional tooth surfaces which will compromise the tooth in the long run.

A four surface anterior composite resin is the least expensive effective treatment.

Therefore, your office performed a medically necessary procedure which was the most appropriate cost – effective treatment at a cost savings to the state of $119 per procedure. The service is covered under the Early Periodic Screening, Diagnosis and Treatment provision. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is a component of the Medicaid program that is designed specifically for children under the age of 21. Since its inception in 1967, the purpose of the EPSDT program is to ascertain, as early as possible, the conditions that can affect children and to provide continuing follow up and treatment so that detrimental conditions do not go untreated. The EPSDT protocol follows the standards of pediatric care in order to meet the special physical, emotional and developmental needs of children enrolled in the Connecticut Dental Health Partnership (CTDHP). EPSDT offers a very important way to ensure that young children receive appropriate health, mental health and developmental services.

The treatment component of EPSDT is broadly defined. Federal law states that treatment must include any necessary health care, diagnostic services, treatment, and other measures that fall within the federal definition of medical assistance (as described in Section 1905(a) of the Social Security Act that are needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services). EPSDT is designed to help ensure access to needed services, including assistance in scheduling appointments and transportation coordination assistance to keep appointments. As described in federal program rules: The EPSDT program consists of two, mutually supportive, operational components.”

Every dentist should confirm with their individual state Medicaid Program on this issue. Typically, the AAPD recommends that D2390 resin-based composite crown, anterior be used to report a strip crown.

But in this case, CT HUSKY Medicaid testified on behalf of the dentist and Medicaid refunded the entire amount for 150 reported procedures.

If you have questions please contact Mary Essling Dental Benefits Director at messling@aapd.org