Behind the Code

Sneak Peek at CDT 2017

A few new codes for CDT 2017 that are pertinent to pediatric dentists. A complete list of new and revised codes will follow in the September PDT. Note that the NEW Dental Case Management codes were approved based on a submission from the AAPD.

D9991 Dental Case Management – addressing appointment compliance barriers
Individualized efforts to assist a patient to maintain scheduled appointments by solving transportation challenges or other barriers.

D9992 Dental Case Management – care coordination
Assisting in a patient’s decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

D9993 Dental Case Management – motivational interviewing
Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.

D9994 Dental Case Management – patient education to improve oral health literacy
Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time.

D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Here is a decision tree diagram developed by the American Dental Association.
Questions & Answers

1. Why was a new “scaling” code added to the CDT Code?
   a) Current CDT codes document procedures for patients with generally healthy periodontium, or patients with periodontal disease that has accompanying loss of attachment (e.g. periodontal pockets and bone loss).

   D1110 is primarily a preventive procedure, but can be therapeutic depending on the periodontium’s overall health. It is applicable for patients with generally healthy periodontium where any deposits are removed to control irritational factors, and for patients with localized gingivitis to prevent further progression of the disease.

   Codes D4341 and D4342 are therapeutic procedures, and are indicated for patients who require scaling and root planing due to bone loss and subsequent loss of attachment. Instrumentation of the exposed root surface to remove deposits is an integral part of this procedure.

   There is no CDT Code available to report therapeutic treatment of patients with generalized moderate to severe gingival inflammation, with or without pseudo-pockets but exhibiting no bone loss – this is the gap filled by D4346.

   b) Filling this gap will result in more accurate documentation and reporting by eliminating consideration of:
      • D4999 as this code requires a narrative containing information that limits auto-adjudication
      • “Undercoding” as a Prophylaxis procedure
      • “Overcoding” as a Scaling and Root Planing procedure

2. Would the D4346 procedure be appropriate for a “hard prophy” where more time than usual is required to remove plaque, calculus and excessive staining from the tooth structures in order to control local irritational factors?
   If the “hard prophy” is being defined strictly by the amount of time required to complete the procedure, then no D4346 is not appropriate. The D4346 procedure is applicable when there is generalized moderate or severe gingival inflammation in the absence of attachment loss. In other words, the procedure is based on the diagnosis rather than intensity of treatment required.

3. How do you differentiate this new scaling procedure (D4346) from the current debridement procedure (D4355)?
   D4355 is an enabler for comprehensive oral evaluation i.e. it is performed before the subsequent comprehensive evaluation simply to remove gross deposits from the tooth surface. D4346 is a therapeutic service performed after evaluation and diagnosis of gingivitis to remove all deposits and allow tissue healing.

4. What sort of oral evaluation is appropriate before delivery of D4346?
   As with all therapeutic procedures, D4346 is performed after a periodic (D0120), comprehensive (D0150), or comprehensive periodontal (D0180) oral evaluation.

5. May the oral evaluation and the D4346 procedure be performed on the same date of service?
   Yes. There is nothing in either CDT Code’s nomenclature or descriptor that precludes their delivery and reporting on the same date of service.

6. What is the clear and accepted definition of “…generalized moderate to severe gingival inflammation…” so that the D4346 procedure can be differentiated from prophylaxis procedures?
   a) The AAP defines generalized chronic periodontitis to be when 30 percent or more of the patient’s teeth at one or more sites are involved, and it is reasonable to extend this definition to a patient with gingivitis.


   b) The Gingival Index of Loe and Silness defines gingival inflammation as follows:
      0 = normal inflammation
      1 = mild inflammation- slight change in color and slight edema but no bleeding on probing
      2 = moderate inflammation- redness, edema, and glazing, bleeding on probing
      3 = severe inflammation- marked redness and edema, ulceration with tendency to spontaneous bleeding

7. What procedure is appropriate for patients with localized gingival inflammation (gingivitis)?
   D1110 is applicable for patients with localized gingivitis to prevent further progression of the disease.

8. Is there a waiting period between completion of a D4346 and delivery of a prophylaxis as part of the patient’s routine preventive regimen?
   There is no set waiting period. D4346 is a therapeutic procedure to bring the patients periodontium back to health. Based on the patients’ needs, the dentist is in the best position to determine when the patient can assume a regular preventive regimen that includes oral prophylaxis.

9. D4346 is a full mouth procedure; does this mean that it is completed in a single day?
   This procedure is expected to be completed on a single date of service, but patient comfort and acceptance may require delivery over more than one visit. Should more than one day be required the date of completion is the date of service.

10. What dental professional would deliver the D4346 procedure?
    As with all procedures documented with CDT codes, state laws regulating scope of practice determine which persons may deliver the service.
11. Is local anesthesia used when delivering D4346?

Patient needs and preferences, as well as the clinical state of the dentition, are factors that the dentist considers when determining the need for local anesthesia. State law determines who may deliver the anesthetic agent, which would be documented on the patient’s record using the applicable CDT Code.

12. What should be documented in the patient’s record to support delivery of D4346?

a) Periodontal charting that records (pseudo) pocket depths and bleeding on probing. (Note: Pocket depth may be recorded without loss of attachment.)

b) Photographs or other diagnostic images (e.g., radiographs) may be helpful to document the gingiva’s condition (e.g., visualize localized v. generalized inflammation) for retention in the patient’s chart.

13. Is D4346 a procedure followed by periodontal maintenance reported with D4910?

No. D4346 is performed in patients who do not exhibit any loss of attachment. D4910 is a procedure that includes site specific root planing as needed in patients who have been treated for attachment loss.

14. There is another new entry in CDT 2017 – “D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap.” This procedure could be part of the treatment plan for a patient who also has moderate to severe gingival inflammation. Could D6081 and D4346 be delivered to the patient on the same date of service?

Yes. Both D6081 and D4346 may be delivered on the same date of service as there is nothing in either CDT Code’s nomenclature or descriptor that precludes concurrent delivery and reporting.

Please note, however, that the D6081 descriptor includes exclusion language stating – “This procedure is not performed in conjunction with D1110 or D4910.” – meaning that these are considered separate procedures and may be reported with the same date of service.

Please contact Dental Benefits Director Mary Essling with questions at messling@aapd.org.