

CDT 2023 Updates

CDT 2023 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Federal HIPAA law requires that CDT codes be used in electronic health care transactions. When the ADA changes the codes, carriers must adopt the changes. Please use CDT 2023 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2023.

The CDT updates for 2023 include 29 new codes, two code deletions and several (16) nomenclature and description/policy revisions. Following is a summary of the changes; please note that coverage for new codes is dependent on the patient's particular benefit plan. The Delta Dental Dentist Handbook will be updated to reflect CDT 2023 by January 1, 2023, and is available by logging in to Provider Tools at deltadentalins.com/dentists.

Important Notes:

- CDT coding and nomenclature are the copyright of the American Dental Association and a trademark of the ADA; all rights reserved. There are important differences between Delta Dental's plan benefits and processing policies and the descriptors found in the CDT code.
- Fees for services not billable to the patient are not chargeable to the patient or Delta Dental.
- Fees for denied services are the responsibility of the patient.
- Text that appears in italics is specifically intended to clarify the delivery of benefits and is not to be interpreted as CDT 2023 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

New CDT Codes

D0372

Intraoral tomosynthesis – comprehensive series of radiographic images

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0373

Intraoral tomosynthesis – bitewing radiographic image

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

New CDT Codes (continued)

D0374

Intraoral tomosynthesis – periapical radiographic image

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0387

Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0388

Intraoral tomosynthesis – bitewing radiographic image – image capture only

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0389

Intraoral tomosynthesis – periapical radiographic image – image capture only

Delta Dental considers this procedure to be a specialized procedure that is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0801

3D dental surface scan – direct

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

The fee for 3D dental surface scan – direct or indirect D0801-D0802 if covered by group/individual contract is considered part of the fee when submitted in conjunction

with any restorative, fixed/removable prosthodontics and/or covered implant services. The fee is not billable to the patient.

D0802

3D dental surface scan – indirect

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

The fee for 3D dental surface scan – direct or indirect D0801-D0802 if covered by group/individual contract is considered part of the fee when submitted in conjunction with any restorative, fixed/removable prosthodontics and/or covered implant services. The fee is not billable to the patient.

D0803

3D facial surface scan – direct

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D0804

3D facial surface scan – indirect

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1708

Pfizer-BioNTech COVID-19 vaccine administration – third dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1709

Pfizer-BioNTech COVID-19 vaccine administration – booster dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

New CDT Codes (continued)

D1710

Moderna COVID-19 vaccine administration – third dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1711

Moderna COVID-19 vaccine administration – booster dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1712

Janssen COVID-19 vaccine administration – booster dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1713

Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – first dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1714

Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – second dose

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1781

Vaccine administration – human papillomavirus – Dose 1

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1782

Vaccine administration – human papillomavirus – Dose 2

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D1783

Vaccine administration – human papillomavirus – Dose 3

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D4286

Removal of non-resorbable barrier

The fee for removal of a barrier membrane is included in the fee of D4267, D6107 and D7957 from the same tooth site when submitted by the same dentist/dental office and is not billable to the patient within 36 months.

Upon request for reconsideration, with the appropriate supporting documentation, the fee for this service may become the patient's responsibility if this procedure is performed by a different dentist/dental office than the provider/office who initially placed the barrier membrane.

D6105

Removal of implant body not requiring bone removal or flap elevation

When implants are covered by the group/ individual contract, the fee for D6105 when performed within three months of D6010/D6013 on the same tooth by the same dentist/dental office are not billable to the patient. After three months, procedure D6105 is a benefit once per tooth site per 60 months.

New CDT Codes (continued)

D6106

Guided tissue regeneration – resorbable barrier, per implant

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6107

Guided tissue regeneration – non-resorbable barrier, per implant

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6197

Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant

This procedure is a benefit only of plans with implant benefits.

When covered, fees for replacement of restorative material to close an access opening of a screw retained implant supported prosthesis when performed by the same dentist/dental office within six months placement of the implant prosthesis may not be charged to Delta Dental or the patient.

When covered, benefit for D6197 is once in 24 months.

Fees for D6197 are not billable on the same date of service by same dentist/dental office as D6080 or D6090. A separate fee may not be charged to Delta Dental or the patient.

D7509

Marsupialization of odontogenic cyst

As indicated in the oral surgery general guidelines, please submit this service to the patient's medical carrier as the primary insurer. D7509 is not a covered benefit unless covered by group/individual contract. Please submit the required detailed operative clinical chart notes regarding the necessity of the treatment and the procedure performed.

When covered, under Delta Dental's processing policies, D7509 is considered to be part of, and included in the fees for, all oral surgery (D7000–D7999), endodontic procedures (D3000–D3999), surgical periodontal procedures (D4210–D4285) or other definitive service performed on the same day by the same dentist or dental office. A separate fee may not be charged to the patient.

D7956

Guided tissue regeneration, edentulous area – resorbable barrier, per site

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D7957

Guided tissue regeneration, edentulous area – non-resorbable barrier, per site

This procedure is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D9953

Reline custom sleep apnea appliance (indirect)

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

Deleted Codes

(Effective January 1, 2023)

D0351

3D photographic image

D0704

3D photographic image - image capture only

Processing Policy Revisions

(Effective January 1, 2023)

D0251

Extra-oral posterior dental radiographic image

If there is a history of prior extra-oral radiographic images within the frequency limitation for D0330, the fees for D0251 are not billable to the patient.

D0270

Bitewing - single radiographic image

D0272

Bitewings- two radiographic images

D0273

Bitewings-three radiographic images

D0274

Bitewings-four radiographic images

Under Delta Dental's national processing policies, bitewing radiographic images (D0270-D0274) within six months of an intraoral comprehensive series (D0210) are not chargeable to the patient when taken by the same dentist/dental office.

D1354

Application of caries arresting medicament application — per tooth

Claims submission must include the tooth number of the treated tooth.

Claims for 5 or more teeth, in a single visit, must be submitted with chart notes, a narrative describing the area(s) of decay and any available supporting documentation.

Claims for patients 14 and over must be submitted with chart notes, a narrative describing the area(s) of decay and any available supporting documentation.

D2929

Prefabricated porcelain/ceramic crown - primary tooth

This procedure is a benefit only on primary teeth.

Under Delta Dental's processing policies, the fee for replacement of a prefabricated porcelain/ceramic crown on a primary tooth by the same dentist or dental office within 24 months of initial placement is considered to be included in the fee for the crown and may not be charged to the patient.

D3346

Retreatment of previous root canal therapy — anterior

D3347

Retreatment of previous root canal therapy — premolar

D3348

Retreatment of previous root canal therapy — molar

Pre-operative and post-operative periapical radiographs are to be submitted for procedures D3310-D3330 and D3346-D3348. All working radiographs should be maintained in the patient treatment record.

D4341

Periodontal scaling and root planing - four or more teeth per quadrant

D4342**Periodontal scaling and root planing - one to three teeth per quadrant**

Under Delta Dental's processing policies, fees for D4341 or D4342, when billed in conjunction with periodontal surgery (D4210, D4211, D4212, D4240, D4241, D4245, D4260, D4261) or surgical repair of root resorption (D3471-D3473) procedures by the same dentist/dental office are not billable to the patient as a component of the surgical procedure.

D4355**Full mouth debridement to enable a comprehensive evaluation and diagnosis on subsequent visit**

Procedure D4355 is not payable when performed by the same dentist/dental office on the same day as D0180. A separate fee may not be charged to Delta Dental or the patient.

Periodontal procedures**D4210-D4212, D4240-D4245, D4260-D4285, D4322-D4323, D4341-D4342, D4381**

Bitewing or periapical radiographs should be submitted with claims for these services.

D9910**Application of desensitizing medicament**

Delta Dental considers the fee for the application of fluoride and other medicaments for desensitization to be included in the fee for restorative (D2000-D2999), (D6200-D6999) or surgical services (D7000-D7999). When provided under these circumstances, the fee for desensitization is not separately billable to the patient.

D9911**Application of desensitizing resin for cervical and/or root surface, per tooth**

Delta Dental considers the fee for the application of fluoride and other medicaments for desensitization to be included in the fee for restorative (D2000-D2999), (D6200-D6999) or surgical services (D7000-D7999). When provided under these circumstances, the fee for desensitization is not separately billable to the patient.

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