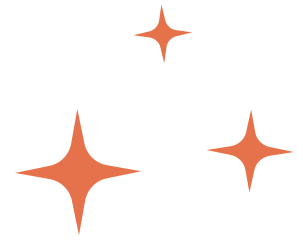


# CDT 2024 Updates



CDT 2024 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 2024 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2024.

The changes include 14 new codes, one new category of service (sleep apnea), two revised codes, no deletions and several 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.



## 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 bold is specifically intended to reflect the CDT 2024 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

# New CDT codes

(Effective January 1, 2024)

## **D0396**

### **3D printing of a 3D dental surface scan**

The fee for this procedure is included in the fee for the acquisition of the dental scan. The fee for this service is not separately billable to the patient.

## **D1301**

### **Immunization counseling**

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

## **D2976**

### **Band stabilization – per tooth**

1. This procedure is limited to posterior permanent teeth only.
2. D2976 is a benefit once per tooth, per lifetime.

## **D2989**

### **Excavation of a tooth resulting in the determination of non-restorability**

Delta Dental considers this service to be the first part of another procedure. It is not, by itself, a completed procedure, and Delta Dental provides payment only for completed services. The fee for this service is not separately billable to the patient.

## **D2991**

### **Application of hydroxyapatite regeneration medicament – per tooth**

1. When covered, procedure D2991 is a benefit twice per tooth per benefit year. Benefits for more than twice per tooth per benefit year are denied and are the patient's responsibility.
2. The fees for D2991, on the same tooth and on the same date of service as a restoration, are not billable to the patient at the same dentist/dental office.

3. Restorations placed within 6 months of D2991 by the same dentist/dental office are not billable to the patient.

4. The fees for D1354, application of caries arresting medicament, on the same tooth and on the same date of service as D2991 are not billable to the patient.

## **D6089**

### **Accessing and retorquing loose implant screw – per screw**

This service is a benefit when implants are covered by group/individual contract.

When implants are not covered, the fee for this service is the patient's responsibility.

When implants are covered, D6089 is a benefit once every 24 months.

The fee for D6089, when done on the same date of service, by the same dentist/dental office as D6080, implant maintenance, or D6090, repair implant supported prosthesis, is not billable to the patient.

The fee for this procedure is included in the fee for the placement of an implant supported prosthesis (D6058-D6077, D6082-D6084, D6086-D6088, D6094, D6097-D6099, D6120-D6123, D6194, 6195, D6110-D6117), within the first six months of placement of that implant prosthesis.

## **D7284**

### **Excisional biopsy of minor salivary glands**

1. The fee for biopsy of oral tissue is included in the fee for a surgical procedure (e.g., apicoectomy, extractions, etc.) and is not billable to the patient when performed by the same dentist/dental office, in the same surgical area and on the same date of service. A separate fee should not be charged to the patient in these instances.

2. Submission of a pathology report is required with this service.

#### **D7939**

##### **Indexing for osteotomy using dynamic robotic assisted or dynamic navigation**

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

#### **D9938**

##### **Fabrication of a custom removable clear plastic temporary aesthetic appliance**

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

#### **D9939**

##### **Placement of a custom removable clear plastic temporary aesthetic appliance**

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

#### **D9954**

##### **Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device**

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

#### **D9955**

##### **Oral appliance therapy (OAT) titration visit**

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

#### **D9956**

##### **Administration of home sleep apnea test**

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

#### **D9957**

##### **Screening for sleep related breathing disorders**

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

## **Nomenclature revision**

(Effective January 1, 2024)

#### **D2335**

##### **Resin-based composite - four or more surfaces (anterior)**

## **Descriptor addition**

(Effective January 1, 2024)

#### **D5876**

##### **Add metal substructure to acrylic full denture (per arch)**

##### **Use of metal substructure in removable complete dentures without a framework.**

## **Processing policy revisions**

(Effective January 1, 2024)

#### **D0210**

##### **Intraoral — comprehensive series of radiographic images**

1. Benefits are limited to either an intraoral complete series radiographic image (D0210) or a panoramic radiographic image (D0330) within the frequency limitation period. Under most Delta Dental plans, a panoramic radiographic image or comprehensive series radiographic image is limited to once in either three or five years.
2. Panoramic images are not considered a part of a comprehensive intraoral series.
3. If a panoramic image is taken in conjunction with an intraoral comprehensive series, an allowance will be made for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the patient.

## **D0330**

### **Panoramic radiographic image**

1. If a panoramic image is taken in conjunction with an intraoral comprehensive series, an allowance will be made for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the enrollee.
2. When a panoramic image is submitted with supplemental image(s), (bite-wing, periapical or occlusal images), and the fees for the supplemental images exceed the fee for the comprehensive intraoral series, Delta Dental will provide an allowance for the comprehensive intraoral series. The fee for the panoramic image will be the responsibility of the patient.
3. When a panoramic image is submitted with supplemental image(s), (bite-wing, periapical or occlusal images), and the fees for the supplemental images are less than the fee for a comprehensive intraoral series, Delta Dental will provide payment for the supplemental images and for the panoramic image.

## **D0364**

### **Cone beam CT capture and interpretation with limited field of view — less than one whole jaw**

1. Code D0364 is a benefit once in a 12-month period.
2. When D0364 is submitted in conjunction with code D0380, image capture, the fee for procedure D0364 includes the fee for code D0380.
3. When D0364 is submitted in conjunction with D0391, image interpretation, the fee for procedure D0364 includes the fee for code D0391.

4. When D0380, image capture, is submitted in conjunction with D0391, image interpretation, an allowance will be provided for D0364.

## **D0365**

### **Cone beam CT capture and interpretation with field of view of one full dental arch — mandible**

1. Code D0365 is a benefit once in a 12-month period.
2. When D0365 is submitted in conjunction with code D0381, image capture, the fee for procedure D0365 includes the fee for code D0381.
3. When D0365 is submitted in conjunction with D0391, image interpretation, the fee for procedure D0365 includes the fee for code D0391.
4. When D0381, image capture, is submitted in conjunction with D0391, image interpretation, an allowance will be provided for D0365.

## **D0366**

### **Cone beam CT capture and interpretation with field of view of one full dental arch — maxilla, with or without cranium**

1. Code D0366 is a benefit once in a 12-month period.
2. When D0366 is submitted in conjunction with code D0382, image capture, the fee for procedure D0366 includes the fee for code D0382.
3. When D0366 is submitted in conjunction with D0391, image interpretation, the fee for procedure D0366 includes the fee for code D0391.
4. When D0382, image capture, is submitted in conjunction with D0391, image interpretation, an allowance will be provided for D0366.

### **D0367**

#### **Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium**

1. Code D0367 is a benefit once in a 12-month period.
2. When D0367 is submitted in conjunction with code D0383, image capture, the fee for procedure D0367 includes the fee for code D0383.
3. When D0367 is submitted in conjunction with D0391, image interpretation, the fee for procedure D0367 includes the fee for code D0391.
4. When D0383, image capture, is submitted in conjunction with D0391, image interpretation, an allowance will be provided for D0367.

### **D0391**

#### **Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report**

This service is a benefit once in a 12 month period.

1. This service is a benefit when submitted by a different dentist/dental office than the dentist/office who provided the capture only (D0380-D0383) services.
2. When submitted in conjunction with codes D0380-D0383, image capture codes, a benefit will be provided for the corresponding image capture and interpretation codes (D0364-D0367)
3. The fees for this service are included in the fees for codes D0364-D0367, image capture and interpretation.

### **D4212**

#### **Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth**

Delta Dental considers the fee for gingivectomy provided in association with the preparation of a crown or other

restoration to be included in the fee for the restoration, irrespective of the date of this service in respect to the restorative procedure. A separate fee for this service may not be billed to the patient.

### **D4921**

#### **Gingival irrigation with a medicinal agent-per quadrant**

Benefits are not separately payable when gingival irrigation is provided in conjunction with procedure codes D3000-D3999 and D7000-D7999.

### **D6190**

#### **Radiographic/surgical implant index, by report**

1. When the patient's plan includes implant benefits, D6190 will be covered at the prosthetic benefit level.
2. When covered, D6190 is a benefit once in 60 months, per arch.

### **D7951**

#### **Sinus augmentation with bone or bone substitutes via a lateral open approach**

For plans that cover D7951, this service is a benefit once in a lifetime per maxillary quadrant.

### **D7952**

#### **Sinus augmentation with bone or bone substitutes via a vertical approach**

For plans that cover D7952, this service may be a benefit when provided at the time of implant placement.

### **D7953**

#### **Bone replacement graft for ridge preservation — per site**

1. For plans that cover code D7953, this service is a benefit once per tooth or implant site.
2. All edentulous non-contiguous tooth positions are single sites. Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

**D9932****Cleaning and inspection of removable complete denture, maxillary**

The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D4346 and D4910.

**D9933****Cleaning and inspection of removable complete denture, mandibular**

The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D4346 and D4910.

**D9934****Cleaning and inspection of removable partial denture, maxillary**

The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D1120, D4346 and D4910.

**D9935****Cleaning and inspection of removable partial denture, mandibular**

The fee for cleaning and inspection of a removable appliance is not separately billable when provided in conjunction with codes D1110, D1120, D4346 and D4910.

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