

Notice of CDT 2021
Update to Exhibit A, Per Section 31 and in VA Exhibit G, Dental Program Claims
Processing Guidelines
 Effective January 1, 2021

The American Dental Association (ADA) has revised the Common Dental Terminology (CDT) for 2021. We recommend you obtain a current copy of the CDT Code from the ADA, and encourage all dentists to review specific code information and make note of new codes as well as deletions and revisions. We are revising the Dental Programs Claims Processing Guidelines issued in 2020 to incorporate these changes, as indicated below. Please note your Network Fee Schedule contains the most commonly utilized procedures and may not contain all ADA codes that may be considered Covered Services. If you need the Network Fee Schedule Allowable Amount for a specific CDT 2021 code, or if you have questions, please contact Professional Services at 1-866-947-9398. This notice of CDT 2021 should be used in conjunction with your 100/200/300/Prime/Complete participation agreement, your Network Fee Schedule and the Dental Program's Claims Processing Guidelines.

The following definitions are contained in the Dental Program's Claims Processing Guidelines for the 100/200/300/Prime/Complete participating agreement but are repeated here for ease of cross referencing the CDT changes.

ALLOWABLE: The dollar amount used to calculate the appropriate benefit allowance consistent with “Maximum Allowed Amount.”

ALTERNATE BENEFIT: In cases where alternative methods of treatment exist and an alternation of benefits is made, the Plan will reimburse at the allowed amount for the alternated benefit (e.g. porcelain crown alternates to base-metal crown). When there is a maximum allowed amount on the submitted service (e.g. porcelain crown), the provider will be allowed to balance bill the **Patient** up to that allowable when alternation occurs (e.g. the difference in allowable for the metal and porcelain crown). If we do not have a maximum allowed amount on a submitted service, the provider will be allowed to balance bill the **Patient** up to usual and customary charges when alternation occurs. This determination is not intended to reflect negatively on the dentist’s treatment plan or to recommend which treatment should be provided. It is a determination of benefits allowed under terms of the **Patient’s** coverage. The dentist and **Patient** decide on the course of treatment.

COVERED: Processed for payment subject to the member’s benefit plan stipulations including but not limited to copayments, deductibles, maximums, determination of the **Allowable** amount, etc.

DENIED: If the procedure is **Denied**, the charged fee is not payable and is chargeable to the **Patient**.

DISALLOW/DISALLOWED: If procedure is **Disallowed**, it is not **Covered** and is not collectible from the **Patient** by a contracted dentist.

IN CONJUNCTION WITH: A service which is considered part of another procedure or episode of treatment.

PATIENT: The person who receives the treatment or service that is submitted for dental benefits.

PROCESSED AS: When a procedure is **Processed As** a different procedure, contracting dentists agree to accept all the limitations, claims guidelines, and **Allowable** amounts that apply to the procedure that is **Covered** by the member’s benefit plan contract.

COMPLEX ORAL SURGICAL PROCEDURES: Surgical procedures that involve flap development with the removal and replacement of diseased hard and soft tissues of the oral cavity.

Deleted Codes

D5994	periodontal medicament carrier with peripheral seal - laboratory processed
D6052	semi-precision attachment abutment
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure

New CDT Codes¹

Please refer to your Claim Processing Guidelines for all Guidelines (G) related to coding categories of service and subcategories of service for the codes listed below, as those Guidelines (G) have not changed. It is highly recommended that network dentists be aware of new, deleted and revised codes. Subject to the member's contract, benefits for a service may be Alternated.

D0604	antigen testing for a public health related pathogen including coronavirus
D0605	antibody testing for a public health related pathogen including coronavirus
D0701	panoramic radiographic image – image capture only
D0702	2-D cephalometric radiographic image – image capture only
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
D0704	3-D photographic image – image capture only
D0705	extra-oral posterior dental radiographic image – image capture only
D0706	intraoral – occlusal radiographic image – image capture only
D0707	intraoral – periapical radiographic image – image capture only
D0708	intraoral – bitewing radiographic image – image capture only
D0709	intraoral – complete series of radiographic images – image capture only
D1321	counseling for the control and prevention of adverse oral behavioral and systemic health effects associated with high-risk substance use
D1355	caries preventive medicament application - per tooth
D2928	prefabricated porcelain/ceramic crown - permanent tooth
D3471	surgical repair of root resorption - anterior
D3472	surgical repair of root resorption - premolar
D3473	surgical repair of root resorption - molar
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar
D5995	periodontal maintenance carrier with peripheral seal - laboratory processed - maxillary
D5996	periodontal maintenance carrier with peripheral seal - laboratory processed - mandibular
D6191	semi-precision abutment - placement
D6192	semi-precision attachment - placement
D7961	buccal/labial frenectomy (frenulectomy)
D7962	lingual frenectomy (frenulectomy)
D7993	surgical placement of craniofacial implant - extra oral
D7994	surgical placement: zygomatic implant

Revised Codes

D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)
D5282	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary
D5283	removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular
D5284	removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant
D5286	removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant
D5730	reline complete maxillary denture (direct)
D5731	reline complete mandibular denture (direct)
D5740	reline maxillary partial denture (direct)
D5741	reline mandibular partial denture (direct)

D5750	reline complete maxillary denture (indirect)
D5751	reline complete mandibular denture (indirect)
D5760	reline maxillary partial denture (indirect)
D5761	reline mandibular partial denture (indirect)
D5820	interim partial denture (including retentive/clasping materials, rests and teeth), maxillary
D5821	interim partial denture (including retentive/clasping materials, rests and teeth), mandibular
D6011	surgical access to an implant body (second stage implant surgery)
D6091	replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6098	implant supported retainer – porcelain fused to predominantly base alloys
D9971	odontoplasty – per tooth

Specific member contract provisions, state or federal laws or requirements, limitations and exclusions take precedence over the Claims Processing Guidelines. Since certain contractual items (e.g. time limits, frequency of procedures, age limits, etc.) can vary among members, they have not all been listed with their associated procedure codes. Therefore this document should not be interpreted as comprehensive and encompassing all possible limitations and exclusions. Dental offices should contact Customer Service on the member's identification card to determine covered services, and the applicable limitations and exclusions.

¹The CDT code descriptions are provided for your convenience and may be abbreviated in this document. For the complete description for each code refer to the current ADA 2021 CDT code book.