

# Eight New Codes Introduced In CDT 2011-2012



By Dr. Charles Blair

The American Dental Association recently unveiled CDT 2011-2012 at the ADA Annual Session in Orlando, Florida. Dentistry's newest code set will be required by HIPAA when reporting dental services performed between January 1, 2011 and December 31, 2012.

## 1.D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth

Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

After January 1, 2011, dental teams can report D1352 if the following criteria are met:

1. The patient has had a risk assessment performed and is classified as moderate to high caries risk;
2. Decay that does not extend into the dentin is removed from a permanent tooth;
3. A composite restoration is placed; and
4. A sealant is placed over any remaining non-carious fissures or pits on the occlusal surface.

Also note:

- D1352 involves a conservative cavity prep by the dentist.
- The placement of a sealant is included in D1352 and should not be billed separately.
- It is not appropriate to report D1352 if there is no active decay in the enamel, if decay extends into the dentin, or if performed on a primary tooth.

## Reporting and Reimbursement Considerations

Dental carriers are expected to carefully monitor the reporting of D1352 because of concern that this code has the potential for abuse similar to claims submitted for multiple one-surface posterior composites—especially for children with no history of caries. Some dental plans are expected to pay an alternate benefit of a sealant, while others are expected to establish a separate allowable fee that will be more than a sealant but less than a one-surface posterior composite restoration. Carriers will likely require a narrative citing the risk factors that qualify the patient as moderate to high caries risk if it is not obvious from the patient's claims history. Keep this in mind whenever a patient's dental plan changes.

### Note the Difference

- D1351: A sealant placed on the enamel surface to prevent decay. The enamel surface is noncarious.
- D1352: A conservative restoration of an active cavitated lesion in a pit or fissure, which does not extend into the dentin also includes placing

a sealant in any radiating non-carious fissures or pits.

- D2391: A one-surface posterior composite restoration in which the caries and preparation extend into the dentin or a deeply eroded area into the dentin.

**2. D3354 Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration**  
Includes removal of intra-canal medication and procedures necessary to regenerate continued root development and necessary radiographs. This procedure includes placement of a seal at the coronal portion of the root canal system. Conventional root canal is not performed.

Pulpal regeneration is performed on a non-vital permanent tooth with incomplete root development, necrotic pulp, and open apex. The tooth is opened, the pulp space disinfected, intra-canal medication placed, and temporary cement is used to seal the canal. Once regeneration and healing are complete, placement of a coronal seal completes the procedure, and the tooth is ready for final restoration.

The goal of pulpal regeneration is to recreate vital pulp and generate continued root maturation and development in order to avoid root canal therapy. Since the procedure often requires multiple visits and applications of intra-canal medication for successful outcomes, the visits are coded as follows:

- D3351 Initial visit to open the tooth, prepare the canal spaces, and place the initial medication  
—Includes working radiographs
- D3352 Additional pulp disinfection procedures and interim medication replacement  
—May require multiple visits; each visit is reported as D3352
- D3354 Final visit may involve re-entering the tooth, irrigating the root canal system, re-initiating bleeding, and sealing with MTA  
—The final coronal restoration will depend on the patient's individual need and is billed separately

## Reporting and Reimbursement Considerations

Carriers are expected to pay the final visit for pulpal regeneration (D3354) at a fee similar to that paid for the final

visit for apexification (D3353). Initial diagnostic radiographs may be billed separately. However, working radiographs are included in the apexification and pulpal regeneration codes.

### 3. D5992 Adjust maxillofacial prosthetic appliance, by report

No procedure code has been available in previous editions of CDT to report post-delivery adjustments to a maxillofacial prosthesis, which may need adjustments for a variety of reasons and at differing intervals following initial placement. D5992 should not be reported for adjustments to removable partial or full dentures. It should only be used to report adjustments to a maxillofacial appliance (such as an obturator).

### 4. D5993 Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report

Maintenance and cleaning of a maxillofacial prosthesis.

### 5. D6254 Interim pontic

Pontic used as an interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary pontic for routine fixed partial denture restoration.

This code was requested to report an interim pontic when the clinical conditions and healing requirements of the patient necessitate a provisional pontic of less than six months. The CRC (Coding Revision Committee) originally denied this request, but the request was approved during the appeals process since the need to place an interim fixed partial denture is not an unusual circumstance and the six-month threshold in code D6253 appeared to be arbitrary.

## Reporting and Reimbursement Considerations

D6254 should not be confused with D6253—a provisional pontic used for at least six months or more. D6254 should also not be reported for a routine temporary pontic that is placed during a routine fixed partial denture (bridge) procedure.

Note: D6254 is the companion code for new code, D6795 – interim retainer crown (used less than six months). Some dental plans will pay for a non-routine provisional bridge placed in the anterior region during implant integration. However, dental plans often specifically exclude temporary, interim, or provisional procedures. Others may deduct the amount paid for the provisional procedure from their reimbursement for the permanent restorative procedure.

### 6. D6795 Interim retainer crown

Retainer crown used as an interim restoration for a duration of less than six months when a final impression is not made to allow adequate time for healing or completion of definitive treatment planning. This is not a temporary retainer for routine fixed partial denture restoration.

D6795 is used to report an interim bridge retainer when the clinical conditions and healing requirements of the patient necessitate a temporary bridge for less than six months. This code should not be reported for a temporary bridge retainer

that is placed during a routine fixed partial denture (bridge) procedure. In other words, if you have taken the impression for the permanent fixed partial denture, this code should not be used.

## Reporting and Reimbursement Considerations

If the interim bridge is placed for a patient and healing or completion of other procedures is expected to require at least six months or more, report D6793 – provisional retainer crown. Note: D6795 is the companion code to D6254—interim pontic.

As previously mentioned with D6254, some dental plans will pay for a non-routine provisional bridge placed in the anterior region during implant integration. However, dental plans often specifically exclude temporary, interim, or provisional procedures. Others may deduct the amount paid for the provisional procedure from their reimbursement for the permanent restorative procedure.

### 7. D7251 Coronectomy – intentional partial tooth removal

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.

### 8. D7295 Harvest of bone for use in autogenous grafting procedure

Reported in addition to those autogenous graft replacement procedures that do not include harvesting of bone.

Existing bone graft codes D7953 and D7955 do not include harvesting the bone. D7295 can be reported in addition to D7953 when harvesting a patient's own bone (autogenous) for a ridge preservation graft or when repairing a maxillofacial hard tissue defect (D7955). It may involve harvesting bone from the mandible or maxilla or from a distant site such as the iliac crest or other appropriate sites, where the surgeon makes an incision over the donor site, elevates a flap, harvests bone for grafting, and closes the wound. D7295 may not be reported with D7950 (osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or non-autogenous, by report) or D7951 (sinus augmentation with bone or bone substitutes) because the descriptors for each of these codes specify that obtaining the bone is included in the procedure code.

**Coding with Confidence: The "Go-To" Dental Insurance Guide (CDT-2011/2012 Edition)**  
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