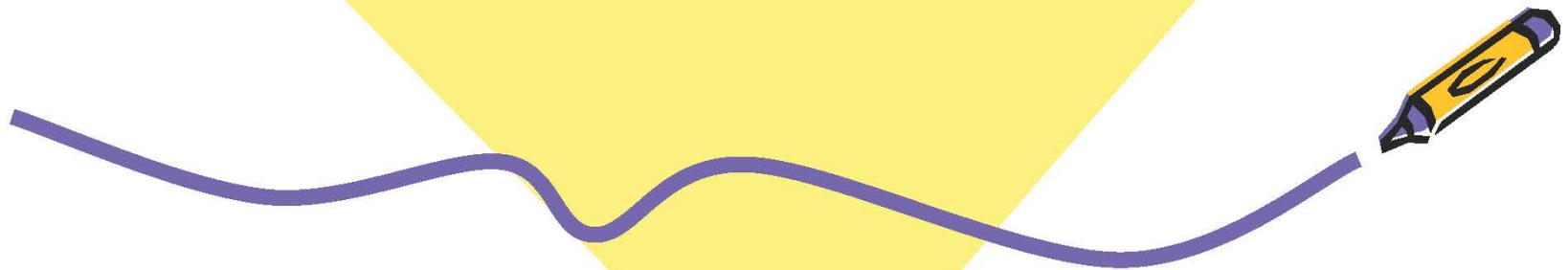




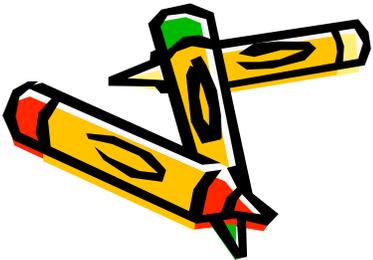
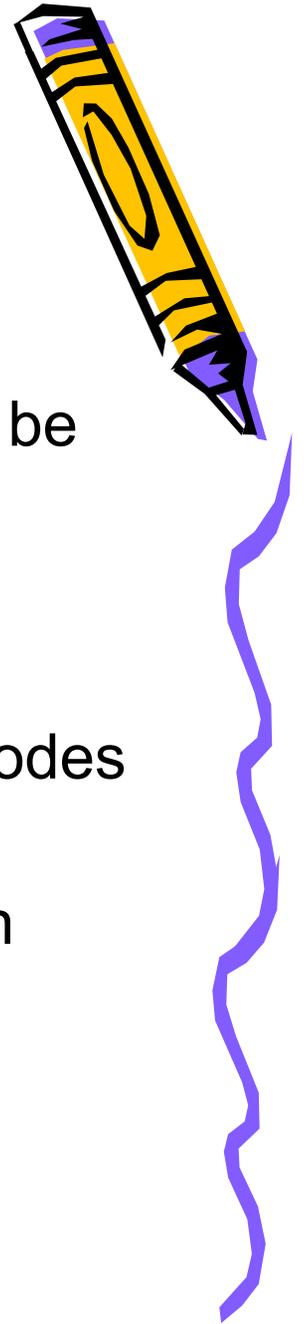
# CDT 2014 Coding Updates

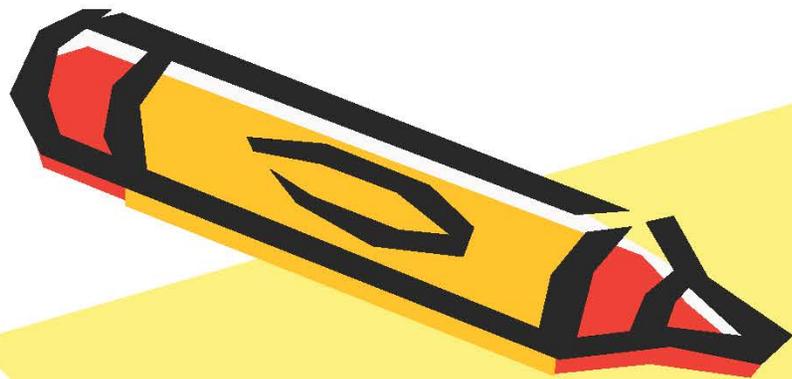


# Learning Objectives

By the end of this presentation, participants should be able to:

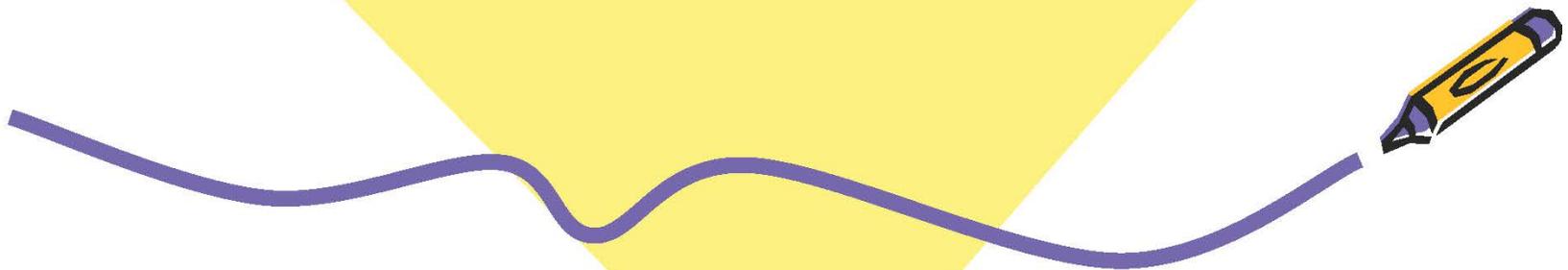
- (1) Discuss at least three code changes with CDT 2014;
- (2) Cross-walk the IHS Caries Risk Classification codes with the new CDT 2014 CAMBRA codes;
- (3) Identify the new Interim Therapeutic Restoration (ITR, “Mighty Mouth Filling”) code.





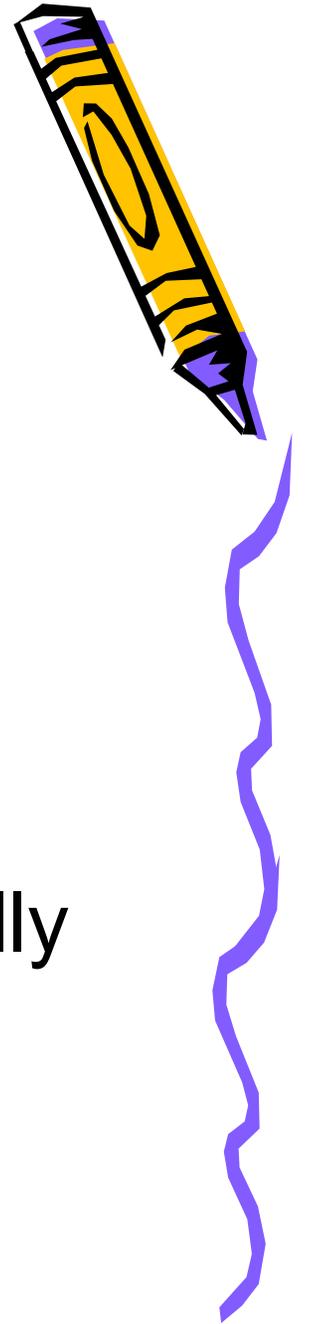
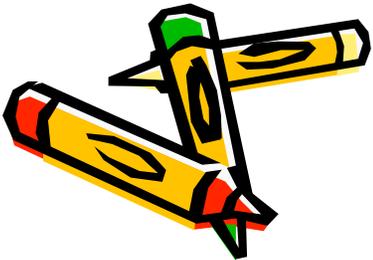
## Disclaimer:

Only the most common codes that will be used in IHS clinics are discussed; refer to the new CDT2014 for a list of all codes.

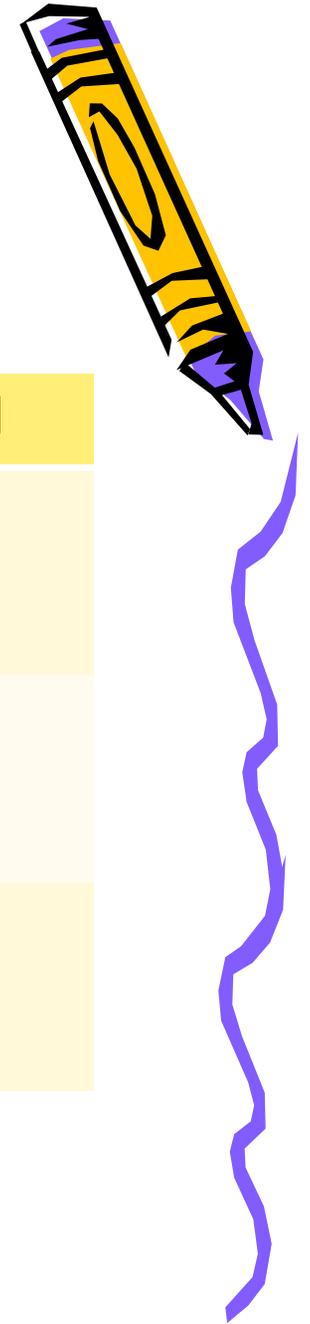


# What's new with CDT2014?

- 29 new codes
- 18 revised codes
- 4 deleted codes
  
- Now code changes will occur annually instead of biennially



# Diagnostic Codes

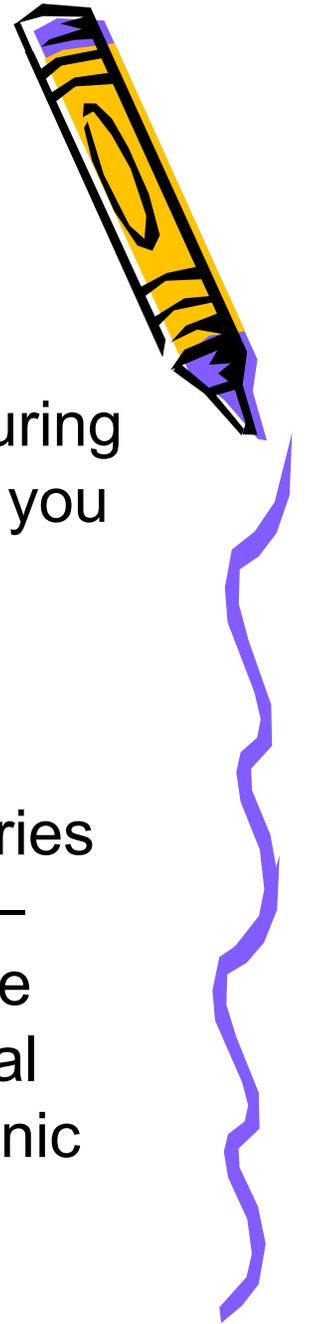
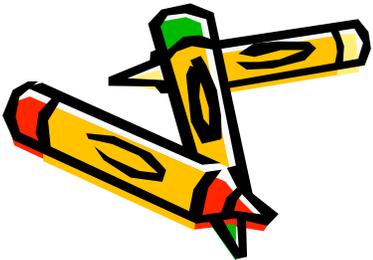


Code	Descriptor	Level
D0601 new	Caries risk assessment and documentation, with a finding of low risk	2
D0602 new	Caries risk assessment and documentation, with a finding of moderate risk	2
D0603 new	Caries risk assessment and documentation, with a finding of high risk	2



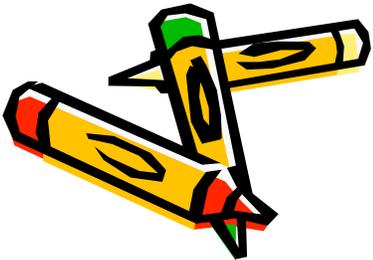
# Why the change?

- These new codes represent a major shift by the ADA to recognize Caries Management by Risk Assessment (CAMBRA)
- Use these codes during the examination as you do a caries risk classification
- Review the IHS Caries Risk Classification – Chapter 4-E-4 of the OHPG (in the Dental Portal under the Clinic tab)



# Reminder from CDT 2013

- Code D0191 replaced D0114 as the screening code
- Use D0191 when a screening is performed and it doesn't meet the requirements of an examination

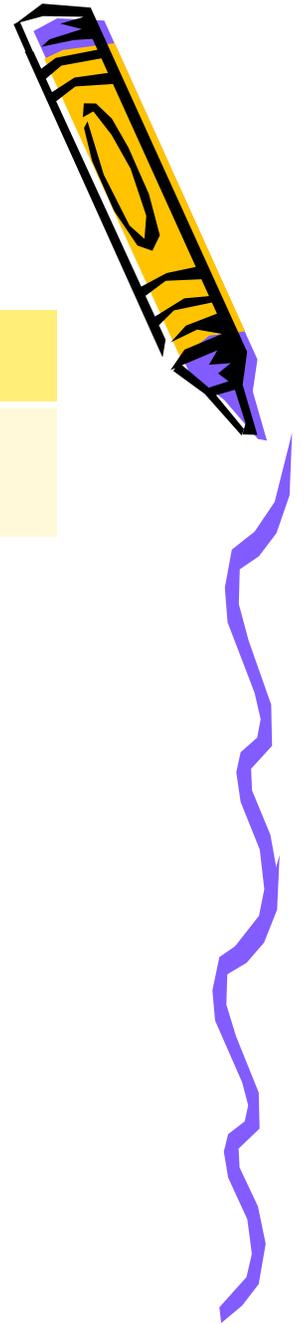
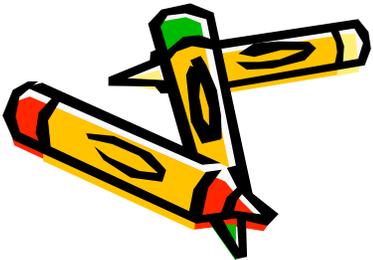


# Preventive Codes

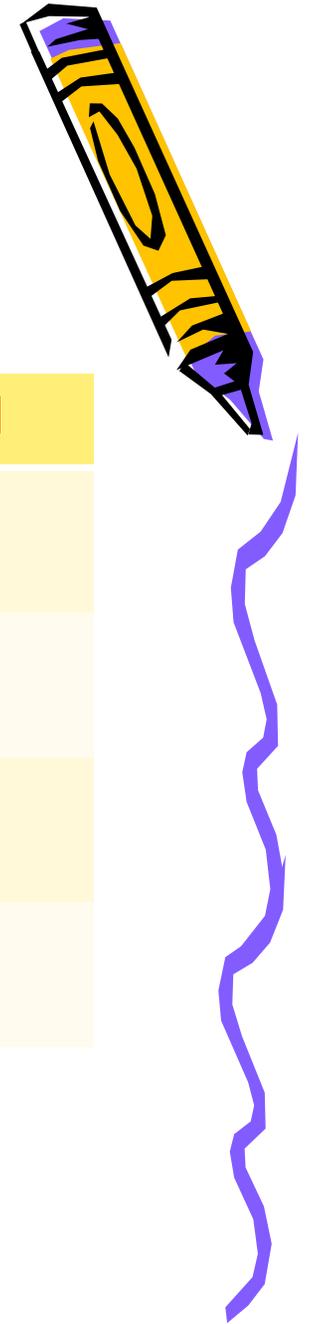
Code	Descriptor	Level
D1999 new	Unspecified preventive procedure, by report	2

## When do you use this code?

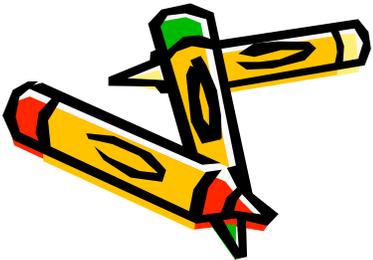
- When there isn't another preventive code that applies
- Be sure to document exactly what service was performed



# Restorative Codes



Code	Descriptor	Level
D2921 new	Reattachment of tooth fragment, incisal edge or cusp	3
D2941 new	Interim therapeutic restoration - primary dentition	3
D2949 new	Restorative foundation for an indirect restoration	4
D2950 revised	Core buildup, including any pins when required	4



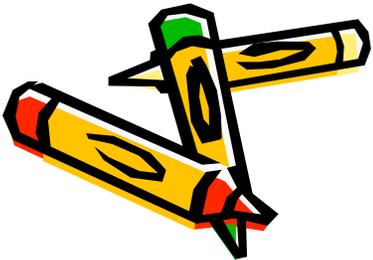
# Code 2940 vs. 2941

- D2940

- May be used to relieve pain, promote healing, or prevent further deterioration

- D2941

- Management of early childhood caries (primary dentition); not considered a definitive restoration.



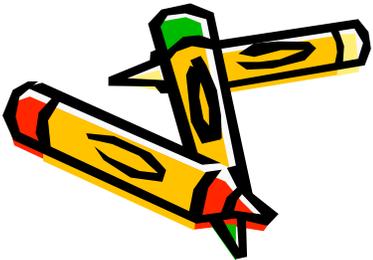
# Code 2949 vs. 2950

- D2949

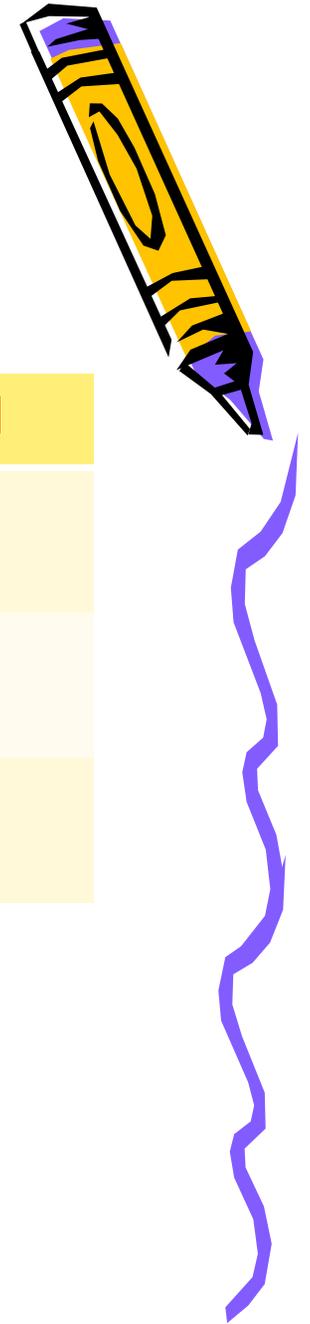
- Placement of restorative material to yield a more ideal form, including elimination of undercuts

- D2950

- Building up of coronal structure when there is insufficient retention for a separate extracoronary restorative procedure (not for undercuts)

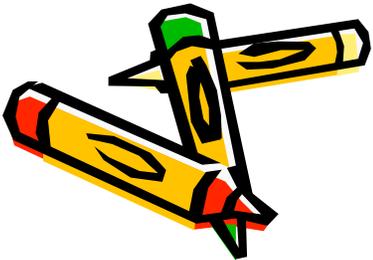


# Endodontic Codes



Code	Descriptor	Level
D3351 Revised	Apexification/Recalcification - initial visit	3
D3352 Revised	Apexification/Recalcification - interim medication replacement	3
D3354 Deleted	Pulpal Regeneration - completion	3

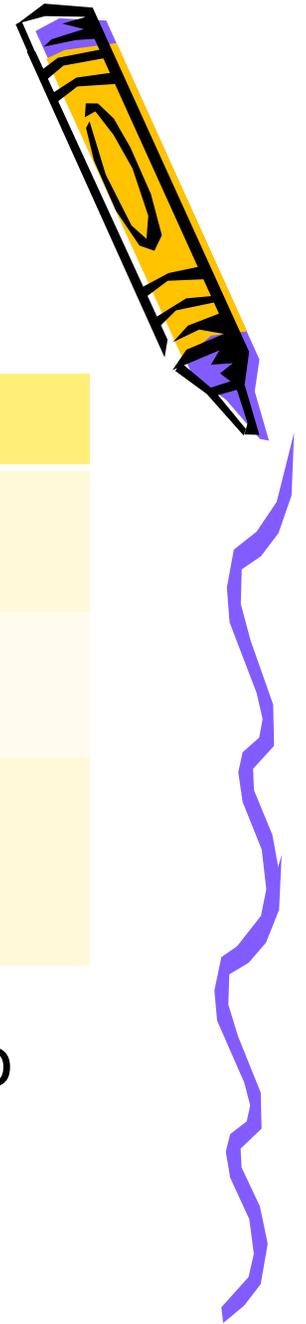
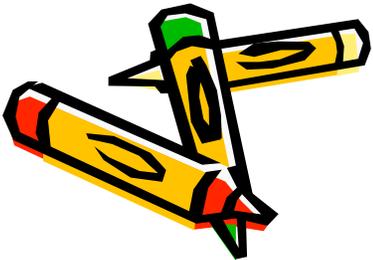
- “Pupal regeneration” removed from 3351 and 3352



# Endodontic Codes

Code	Descriptor	Level
D3355 New	Pulpal Regeneration - initial visit	3
D3356 New	Pulpal Regeneration - interim medication replacement	3
D3357 New	Pulpal Regeneration - completion of treatment (excludes final restoration)	3

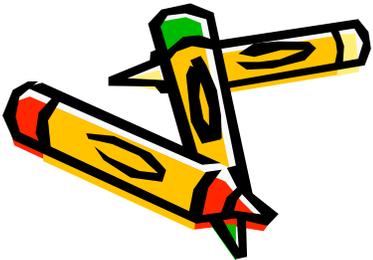
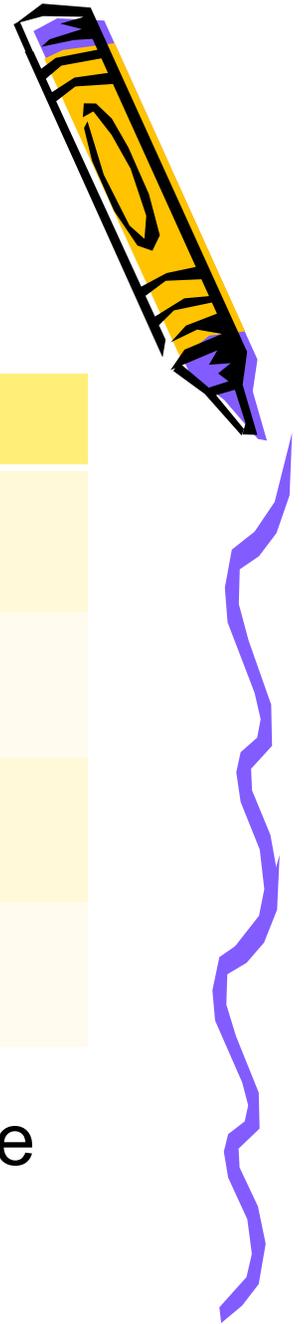
- Replaces D3354; separates into 3 steps



# Endodontic Codes

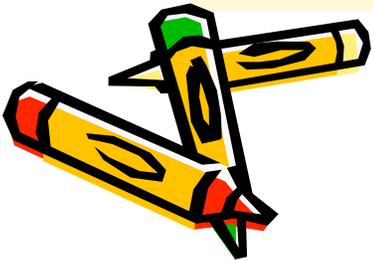
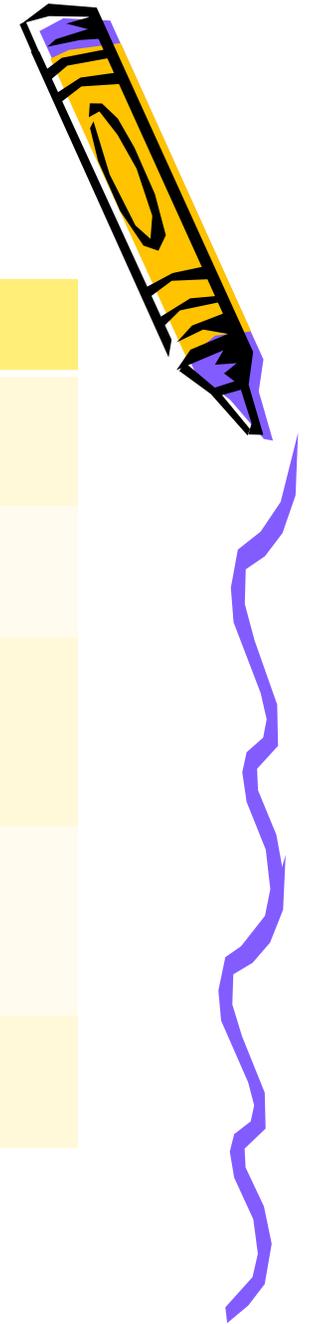
Code	Descriptor	Level
D3410 Revised	Apicoectomy, anterior	4
D3421 Revised	Apicoectomy, bicuspid	4
D3425 Revised	Apicoectomy, molar	5
D3426 Revised	Apicoectomy, each additional root	5

- All 4 of these codes now exclude the descriptor words “periradicular surgery”



# Endodontic Codes

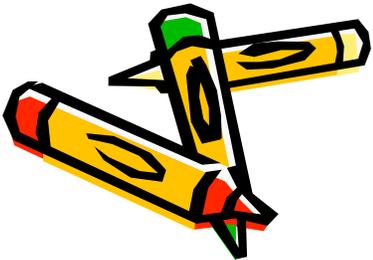
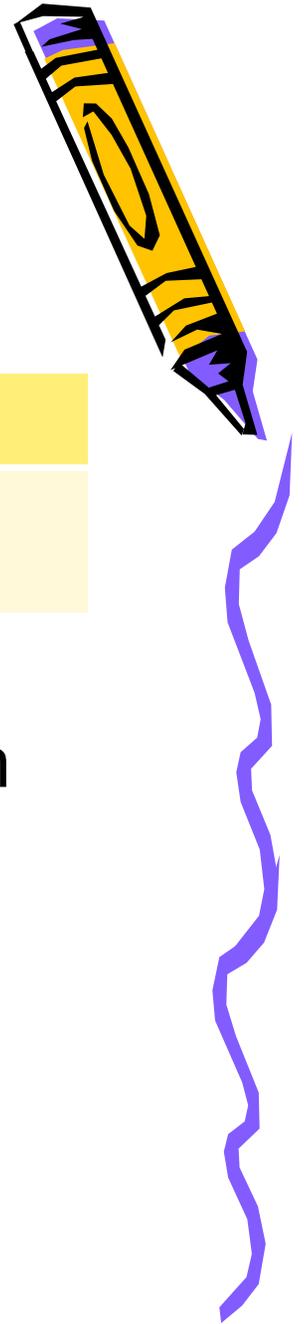
Code	Descriptor	Level
D3427 New	Periradicular surgery without apicoectomy	4
D3428 New	Bone graft in conjunction with periradicular surgery - per tooth	5
D3429 New	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth	5
D3431 New	Biologic materials to aid in soft and osseous tissue regeneration (with periradicular surgery)	5
D3432 New	Guided tissue regeneration, resorbable barrier (with periradicular surgery)	5



# Periodontal Codes

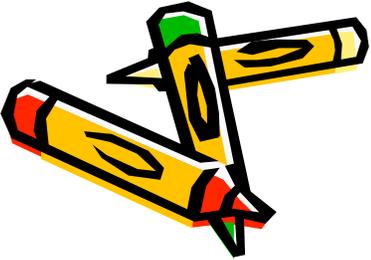
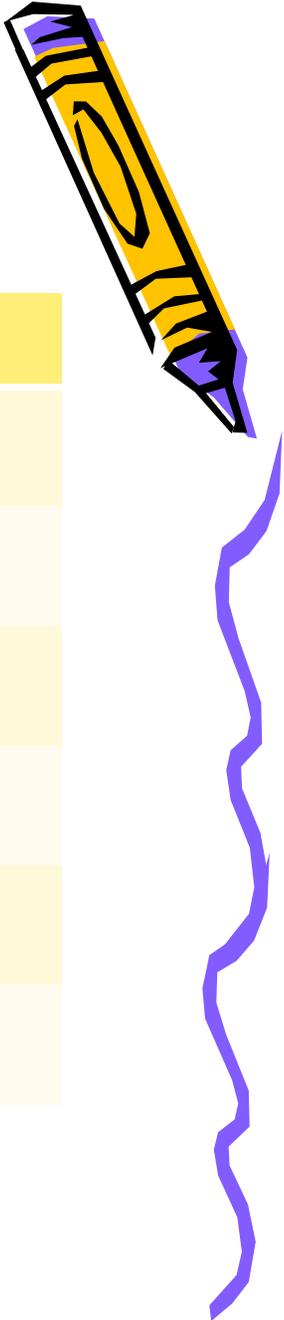
Code	Descriptor	Level
D4921 New	Gingival irrigation, per quadrant	4

- Irrigation of gingival pockets with medicinal agent. NOT TO BE USED to report use of mouth rinses or non-invasive chemical debridement.



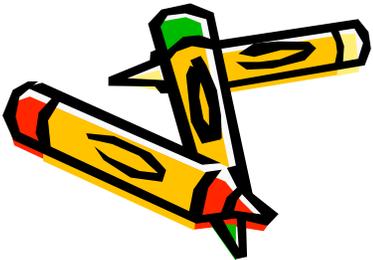
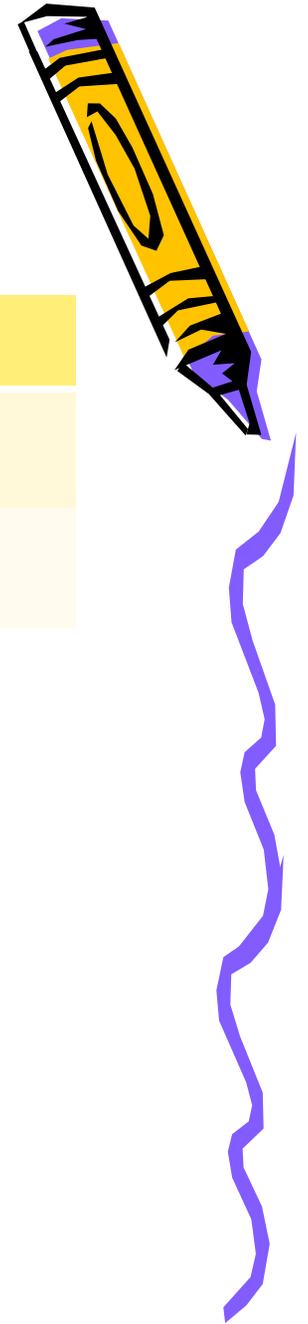
# Removable Prosthodontic Codes

Code	Descriptor	Level
D5860 Deleted	Overdenture - complete	
D5861 Deleted	Overdenture - partial	
D5863 New	Overdenture - complete maxillary	5
D5864 New	Overdenture - partial maxillary	5
D5865 New	Overdenture - complete mandibular	5
D5866 New	Overdenture - partial mandibular	5



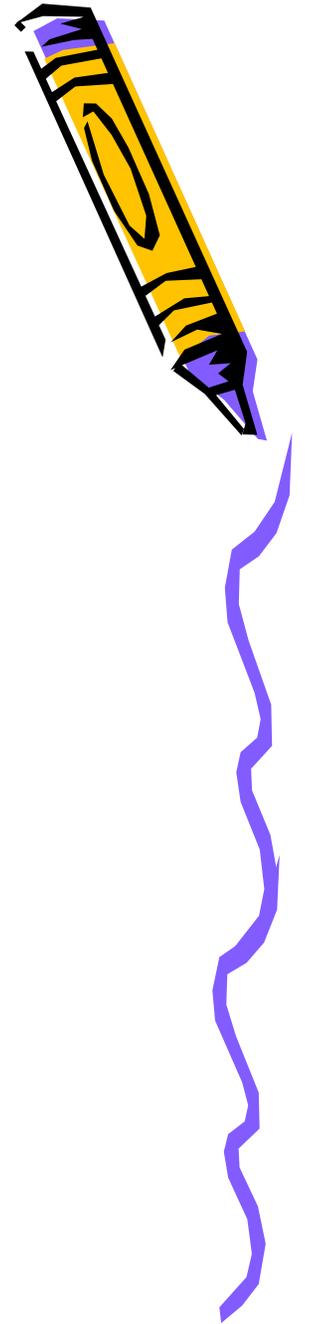
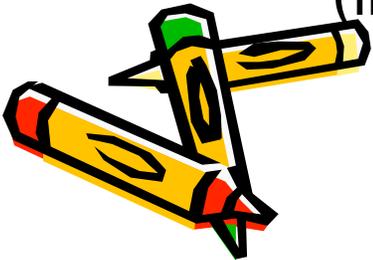
# Orthodontic Codes

Code	Descriptor	Level
D8694	Repair of fixed retainers, includes reattachment	1
D8693	Rebonding or recementing of fixed retainers ("repair" removed)	1



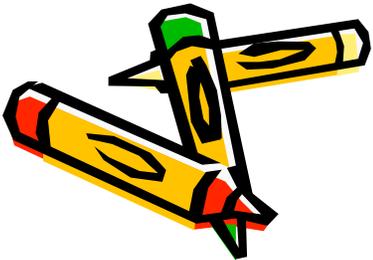
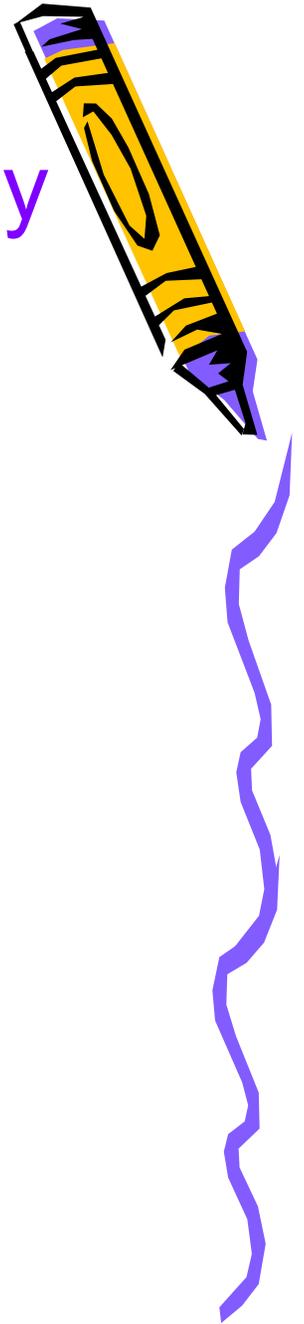
# Common Coding Issues - Exams

- What exam code should I use?
  - D0150 – comprehensive oral evaluation (new or established patient) – use annually in the IHS (new treatment plan)
  - D0160 – extensive evaluation (see examples in CDT book)
  - D0170 – re-evaluation (not for post-operative visit)
  - D0180 – comprehensive perio evaluation (includes probing)



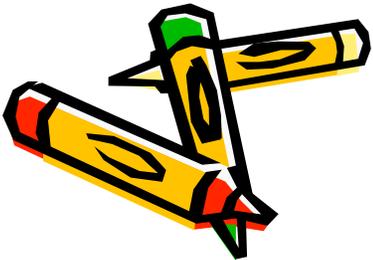
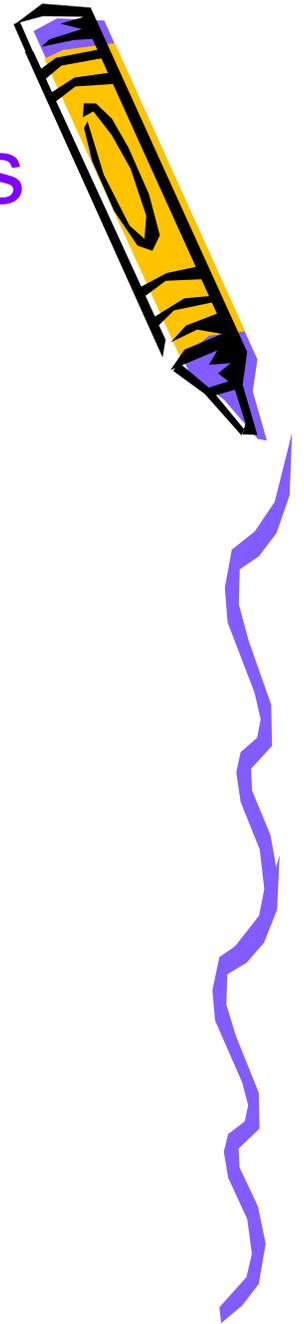
# Common Coding Issues - Radiology

- If you take 4 bitewings and 2-4 anterior periapicals, you cannot code 0210 – you must code 0174 + 0220/0230
- Code 0210 requires a minimum of 14 radiographs



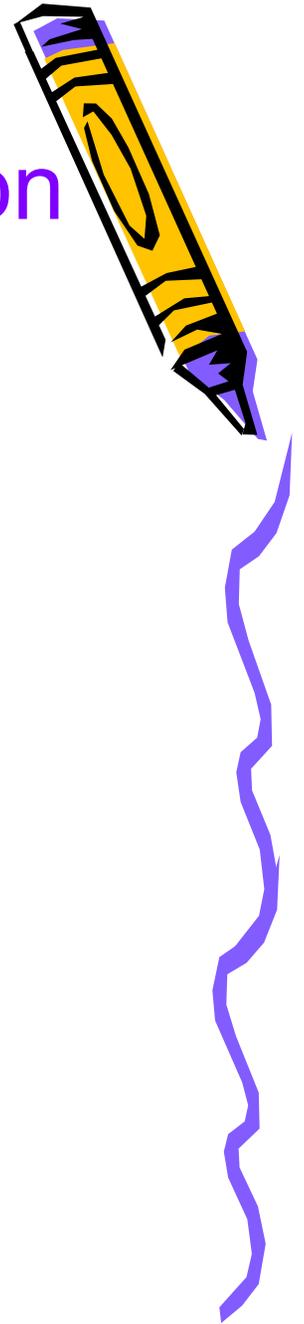
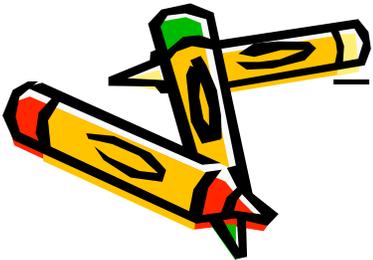
# Common Coding Issues - Prophies

- When do you code 1110 versus 1120?
  - 1110 – permanent and transitional dentition
  - 1120 – primary and transitional dentition
  - The ADA says that patient is an adult at age 12, but....
  - Different insurance plans may define it differently



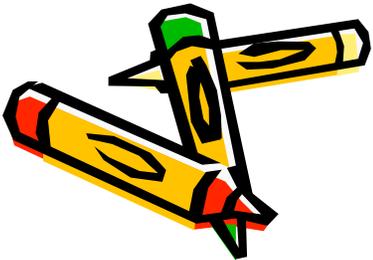
# Common Coding Issues - Prevention

- What is required of 1310, 1320, and 1330? **Documentation in the record must justify the code used.**
- What is the difference between 1351, 1352, and 2391?
  - 1351: sealant, preventive (no caries)
  - 1352: preventive resin (active cavitated lesion in a pit or fissure)
  - 2391: resin-based composite (into dentin)



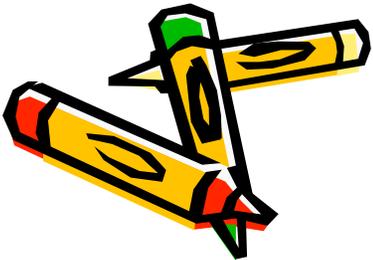
# Common Coding Issues - Endo

- Can I code radiographs with endos or is that unbundling?
  - There is nothing in the code book that says you cannot code radiographs taken with endo.
- Restorative codes can be used to fill access holes for endo, but generally are considered part of the procedure itself.



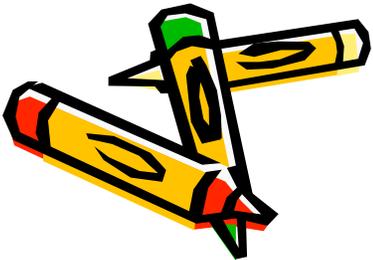
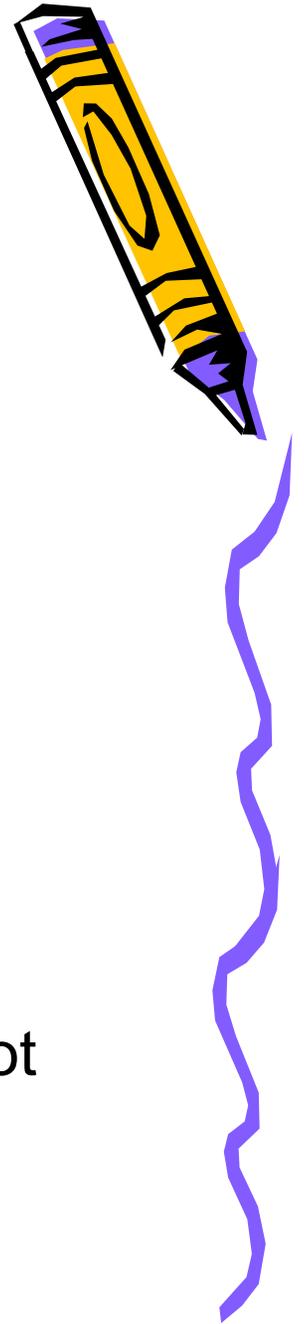
# Common Coding Issues - Perio

- Code 4341 (scaling and root planing):
  - 4 or more teeth per quadrant (otherwise 4342)
  - It is therapeutic vs. preventive like prophies
  - There is no anesthesia requirement



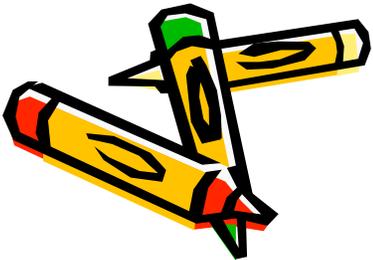
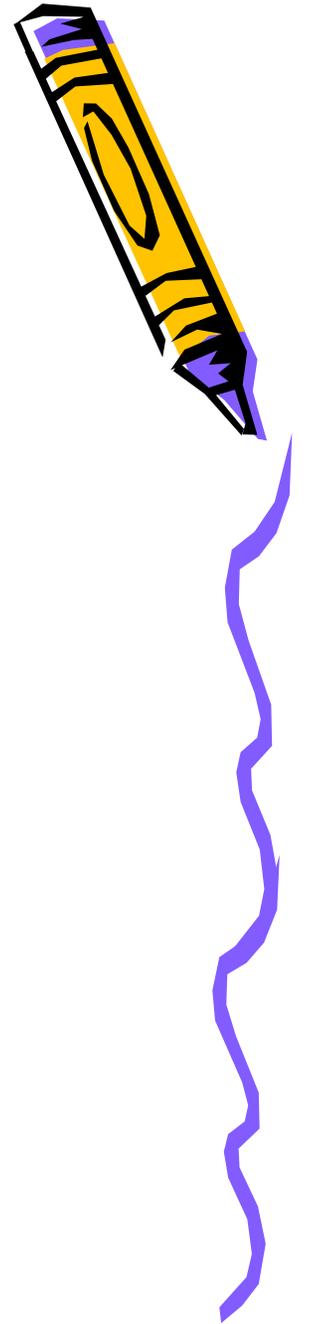
# Common Coding Issues - Perio

- Code 4355 (debridement)
  - May be done prior to exam to prepare pt.
  - Does not have to be followed by 4341
- Code 4381 (antimicrobials)
  - Subgingival delivery (Arestin, Atridox, etc.)
- Code 4910 (perio maintenance)
  - Used at recalls
  - May alternate with prophies (once perio, not always perio)



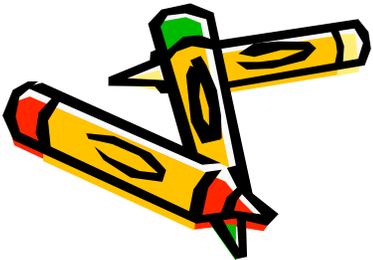
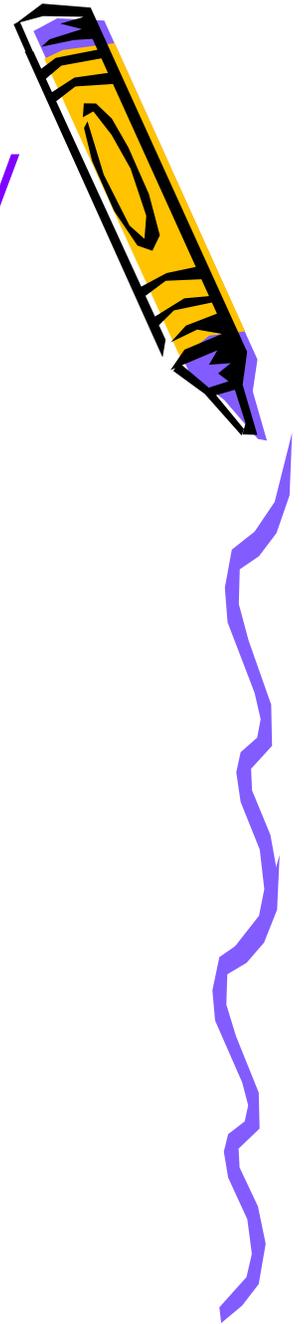
# Common Coding Issues - Prosth

- Codes should be at the delivery appointment. All procedures related to appliance are included (try-in, etc.)
- You can use 1110 to code cleaning a partial



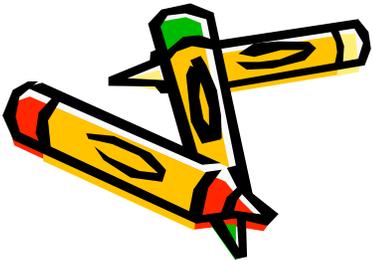
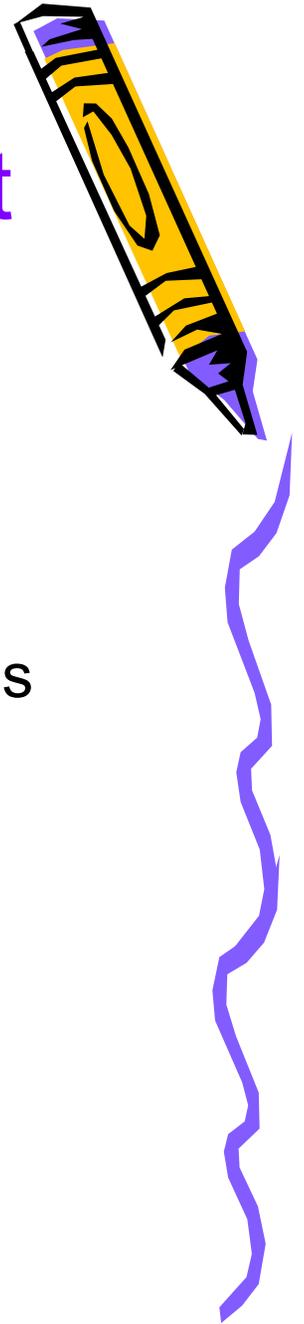
# Common Coding Issues - Surgery

- What makes an extraction a *surgical* extraction?
  - “Cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.”



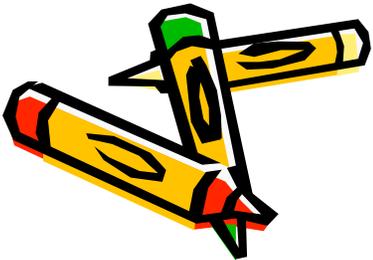
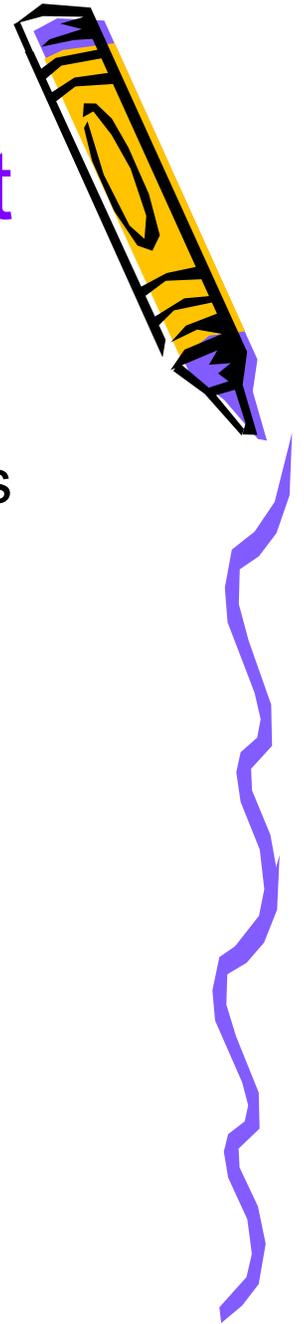
# Common Coding Issues - Adjunct

- Code 9110 (palliative treatment)
  - *Per visit* code
- Anesthesia codes
  - *Can* be used in conjunction with procedures (except 9210)
- Code 9310 (consultation)
  - Use when requested by another provider (another dentist or medical provider)



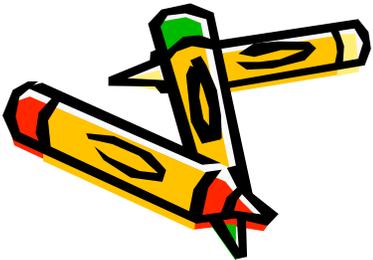
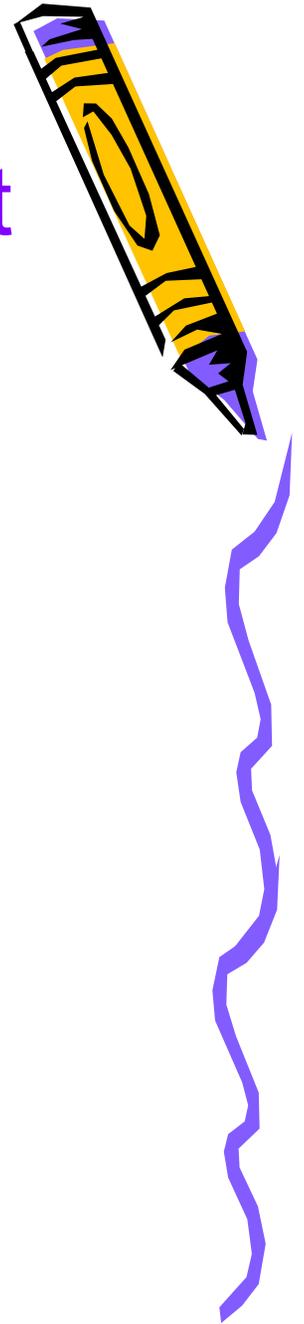
# Common Coding Issues - Adjunct

- Code 9430 (office visit)
  - *Can't be used* in conjunction w/other codes
- Code 9630 (other drugs)
  - Used when dispensing antibiotics, analgesics, and topical fluoride from office
- Code 9910 (desensitizing)
  - *Per visit*, not be used for bases/liners



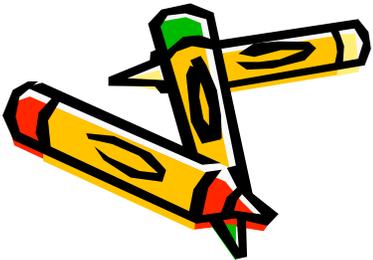
# Common Coding Issues - Adjunct

- Code 9920 (behavior management)
  - Must clearly document
  - 15-minute increments (Y1, Y2, etc.)
- Code 9930 (post-op complications)
  - Treatment of a dry socket (not suture removal)



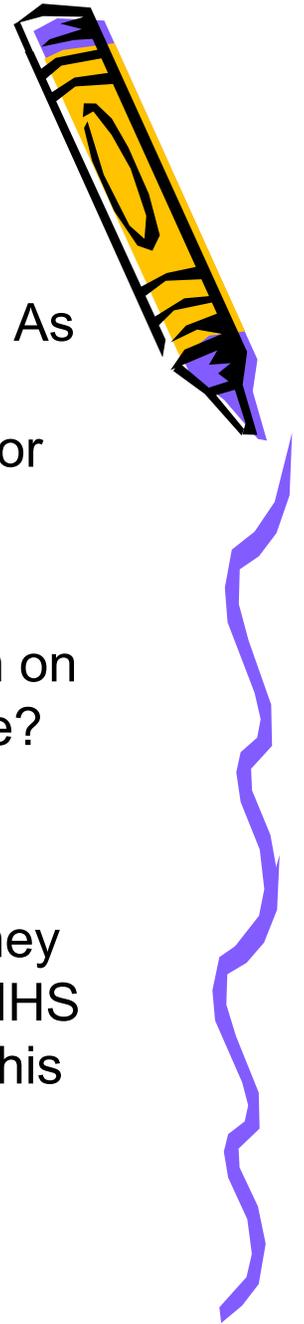
# Post-Test

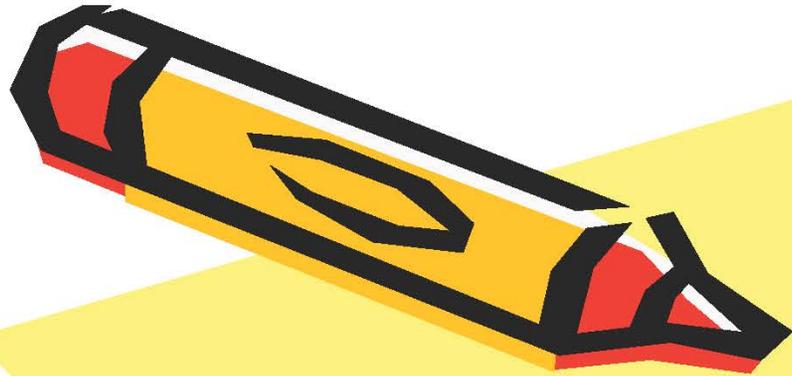
- (1) A patient comes in with a broken incisal edge on tooth #8. As an emergency measure, you decide to bond the tooth fragment back to the tooth. What is the appropriate code for this procedure?
- (2) You excavate caries and place a glass ionomer restoration on tooth #k in a 5 year-old child. What is the appropriate code?
- (3) During the examination of an adult patient, you note that they have occlusal caries on tooth #3. What is the appropriate IHS risk classification and CDT code that you would assign to this patient?



# Post-Test

- (1) A patient comes in with a broken incisal edge on tooth #8. As an emergency measure, you decide to bond the tooth fragment back to the tooth. What is the appropriate code for this procedure? **D2921**
- (2) You excavate caries and place a glass ionomer restoration on tooth #k in a 5 year-old child. What is the appropriate code? **D2941 (not 2940)**
- (3) During the examination of an adult patient, you note that they have occlusal caries on tooth #3. What is the appropriate IHS risk classification and CDT code that you would assign to this patient? **D0602, moderate risk**





**Thanks for listening!**

