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These are sample pages of *Dental Coding With Confidence* containing:

- Front and Back Cover
- Table of Contents
- Explanation of Legends
- Various Codes
- Glossary and Index

Dental Coding With Confidence

Charles Blair, DDS, Greg Grobmyer, DDS
& James DiMarino, DMD, MSEd, CDC

CDT 2024

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Table of Contents

Explanation of the Use of the Legends

Throughout the CDT 2024 Code section of this Guide, you will find Coding Correction Warning, Watch, and Match legends depicting many common mistakes, as well as specific Comments, Limitations, Tips, Narratives, Photos, and Clinical Flow Chart legends. In addition, New Procedure, Revised, Editorial Revision, Deleted Code, Previously Deleted Code, and the Author's Comments comprise the other legends. Each legend's description and purpose is as follows:

LEGENDS	DESCRIPTIONS
CDT 2024	This legend designates the official CDT 2024 code, nomenclature, and descriptor. The Code and nomenclature is always enclosed in a solid "bar", plus a "box", if applicable, which contains the descriptor. Current Dental Terminology (CDT) ©2024 American Dental Association. All rights reserved.
 WARNING	This legend signifies a serious misuse of reporting the code, which could be considered fraudulent or at the minimum, misleading. The legend's description may offer correct, alternate coding and in some cases offer another legitimate approach for better reimbursement.
WATCH	This legend can signify a misuse of reporting the code. The economic result of the misuse may be financially positive in the short term, but misuse is always costly in the long run. In most cases, the correct or alternate code is listed for reference.
 MATCH	This legend identifies a code which is a "match" for an associated or complimentary code. For instance, this legend would illustrate the proper code match for the pontic and retainer crown of a bridge.
COMMENTS	The "Comments" legend offers commentary and information about the code.
LIMITATIONS	The "Limitations" legend spells out common limitations and exclusions of the use of this code in insurance contract language.
TIPS	The "Tips" legend signifies a legitimate approach that may result in improved benefit coverage.
NARRATIVES	The "Narratives" legend offers suggestions regarding narratives and documentation.
 PHOTO	This legend identifies a photograph of an appliance, restoration, implant, model, or radiographic image.
CLINICAL FLOW CHARTS	This legend illustrates a scenario in which the code is used in a proper clinical sequence associated with other procedures.
NEW PROCEDURE	This legend identifies a new procedure code. There are 14 new procedure codes in CDT 2024.
REVISED	This legend identifies a substantive revision in the nomenclature and/or the descriptor of a code. Be sure to read the entire description of the revised code. There are 2 code revisions in CDT 2024.
EDITORIAL REVISION	This legend identifies editorial code changes made by the Code Maintenance Committee for CDT 2024. There are no editorial revisions in CDT 2024.
DELETED CODE	This legend identifies a procedure code that was deleted. There are no deleted codes in CDT 2024.
PREVIOUSLY DELETED CODE	This legend identifies a procedure code that was previously deleted. The Guide continues to carry previously deleted codes for reference and to guide the reader to a current code, if applicable.
AUTHOR'S COMMENTS	This legend identifies the author's general comments.

DENTAL PROPHYLAXIS CDT 2024

D1110 PROPHYLAXIS - ADULT CDT 2024

Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.

WATCH

1. If full mouth debridement (D4355) is *necessary* to enable a comprehensive periodontal evaluation, either the prophy (D1110), or scaling and root planing (SRP), whichever is applicable, should *follow* on a separate service date. See D4355 for details.
2. If the patient requires *both an* adult prophylaxis (D1110) as well as a few teeth scaled and root planed (D4342), consider providing the adult prophylaxis at the *first* visit, and then provide the D4342 on a subsequent visit (some payors may require 6 weeks later). Prophylaxis is preventative, not therapeutic, in nature and is not a statement of oral health. It therefore does not preclude subsuquent SRP.
3. D4346 scaling in presence of *generalized* moderate or severe gingival inflammation - full mouth after the completion of an oral evaluation is used to report scaling performed on the patient with a documented diagnosis of generalized moderate to severe gingival inflammation with no attachment loss. Pseudo pocketing may or may not be present. This is NOT a "difficult" prophy. See D4346 for details.
4. D1110 is reported for patients with *localized* and/or mild gingivitis defined as not more than 30%. D1110 is not to be reported with D4346 on the same date of service; however, the D1110 procedure follows D4346 at a subsequent visit several weeks later, as determined by the dentist based on the individual patient's need. See D4346 for details.

COMMENTS

1. D1110 includes prophylaxis of implant crowns in conjunction with the permanent and transitional dentition.
2. The D1110 descriptor includes the statement to "control local irritational factors." This procedure is to treat gingival inflammation (localized and mild gingivitis defined as less than 30%) caused by irritational factors. If the tissue has some mild or localized gingivitis with no bone loss, D1110 is indicated. Gingivitis is the first stage of periodontal disease and *may, or may not*, progress to periodontitis. If there is generalized moderate or severe gingival inflammation with no bone loss report D4346 instead of D1110. D4346 is NOT a "difficult" prophy. A "difficult" prophy is a prophylaxis requiring more time and effort. See comment #6 regarding a "difficult" prophy. See D4346 for details.
3. Adult prophylaxis (D1110) is *preventive* in nature and includes scaling and polishing of tooth structures (and implants) with the removal of plaque, calculus and stains. The removal of all calculus and plaque above and just below the CEJ is part of a prophylaxis. "Pseudo" pockets may be present, but there should not be bone loss or loss of attachment. If radiographic bone loss is evident and the root has access, see scaling and root planing (D4341/D4342). Instrumentation of the root with SRP is only possible when there is bone loss.
4. Do not report prophylaxis (D1110) for the cleaning and inspection of partial and complete dentures. See D9932, D9933, D9934, and D9935. However, D1110 CAN be reported along with these procedures if natural teeth remain.
5. A prophylaxis performed on a child having lost *all* his/her deciduous teeth (with only permanant teeeth) must be reported as *adult* prophylaxis (D1110), regardless of age. The D1110 fee for a child who has no "baby teeth" may be adjusted to the lower child prophylaxis fee if deemed appropriate by the dentist. If under age 14 include "permanent dentition only" in the remarks section and indicate the age.
6. Adult prophylaxis (D1110) does not include the application of topical fluoride. Report adult (or child) fluoride treatments, when applied separately from the prophylaxis paste, reporting either code D1208 or D1206. D1206 specifically requires the topical application of fluoride varnish. D1208 would include the topical application of any prescription strength fluoride product, excluding varnish (swish, trays, isolate, and paint-on). The application of fluoride must be applied separately from the prophylaxis paste. See D1206 and D1208 for additional information and how to increase the odds of adult fluoride reimbursement.

7. A "difficult" prophy may be a patient who presents with heavy plaque, calculus, staining, etc. requiring more time and challenging to perform, or even several visits. A "difficult" prophylaxis is accurately reported as a D1110 prophylaxis, regardless of the difficulty and/or the time needed to complete the procedure.

LIMITATIONS

1. Adult prophylaxis (D1110) includes both *transitional* (mixed) and *permanent* dentition, and implants. Transitional dentition refers to a mixed dentition. Transitional dentition begins with the appearance of the permanent tooth and ends with the exfoliation (loss) of the last deciduous tooth. Permanent dentition refers to the permanent or adult teeth solely in the dental arch. Accordingly, any transitional dentition may be reported as an adult prophylaxis (D1110) regardless of age. However, many payors will apply an arbitrary age limitation (typically at least fourteen years of age) before considering reimbursement at the adult prophylaxis fee level.
2. The ADA's House of Delegates has, in the past, addressed the "age issue" and has passed a resolution that addresses this issue:

   Age of "Child" (1991:635)

   Resolved, that when dental plans differentiate coverage based on the child or adult status of the patient, this determination should be based on clinical development of the patient's dentition, and be it further resolved, that where administrative constraints of a dental plan preclude the use of clinical development so that chronological age must be used to determine child or adult status, the plan defines a patient as an adult beginning at age 12 with the exclusion of treatment for orthodontics and sealants.
3. Adult prophylaxis (D1110) is *not* reimbursed when provided on the same service date with ongoing periodontal maintenance (D4910) or full mouth debridement (D4355).
4. Adult prophylaxis (D1110) is typically reimbursed either on a "one per six months" (to the day!) **or** on a "two per year" basis. Under a few plans, only one prophylaxis per year is benefitted. Please note that other exceptions can apply to the reimbursement of D1110.
5. See periodontal scaling and root planing - one to three teeth per quadrant (D4342) regarding the reporting of prophylaxis (D1110) and SRP (D4342) on the same service date. This is generally a problem, and often requires an appeal indicating extra time was spent. It is not recommended.

TIPS

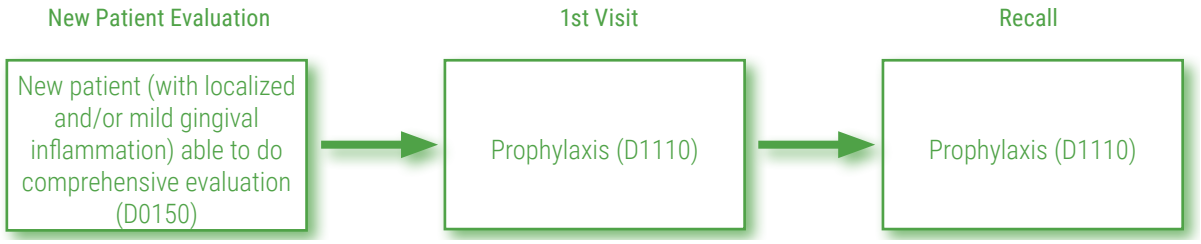
1. An adult prophylaxis (D1110) provided for a patient with *transitional* (mixed) dentition may be reported no matter the child's age, as long as there is at least one permanent tooth in the mouth. For example, an eleven-year-old boy with braces has "challenging" hygiene. In this scenario, the service may be reported as an adult prophylaxis (D1110); however, contract age limitations may be applied by payors. Alternately, the child prophy (D1120) may be reported in this situation and the fee adjusted accordingly. However, the plan limitations and reimbursement may vary widely from plan to plan.
2. The adult and child prophylaxis codes are dentition specific rather than age specific, and now include any implant crowns. When a single permanent tooth erupts into the patient's mouth, the adult prophy (D1110) code could be used to describe the prophylaxis service provided. The payer reimbursement, however, is subject to contractual age limitations.

NARRATIVES

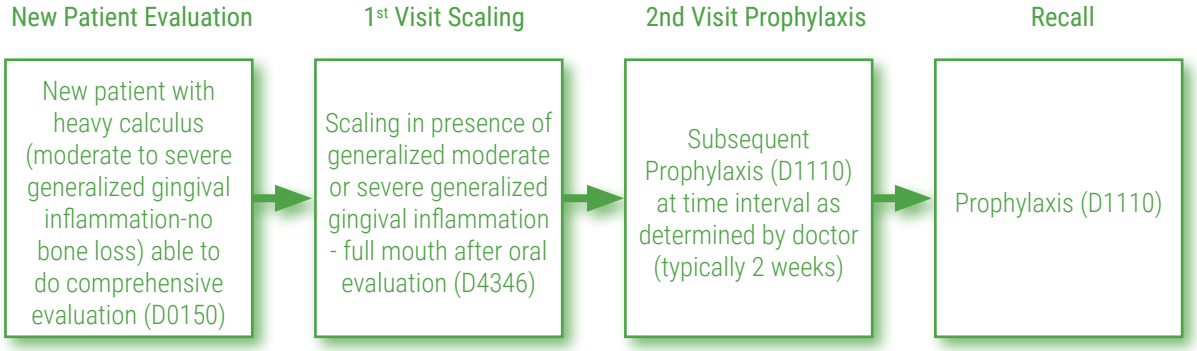
1. Reimbursement for adult prophylaxis (D1110) is typically age specific and is determined by the terms of the insurance plan (plan document). Most payors set the "adult" age threshold at "14 or above." Some will begin recognizing the patient as an adult at "12 or above." A few payors begin to reimburse an adult prophy for those patients "16" years of age and older. A narrative stating "permanent dentition only" may help with the reimbursement process for patients who do not fall within the recognized plan document "norms."
2. If the patient requires extra time (i.e., an orthodontic patient presenting with calculus, cements and bonding agents remaining after the removal of braces, etc.) and they have at least one permanent tooth or more, report adult prophylaxis (D1110), in addition to an unspecified orthodontic procedure (D8999), with a narrative. PPOs will not reimburse for D8999, but some will allow the dentist to charge the additional unspecified D8999 fee directly to the patient under these circumstances. Thus, the procedure is denied. Review the contract language and the Medicaid or PPO's Processing Policy Manual to gain understanding of the limitations/exclusions.

CLINICAL FLOW CHARTS

1. The flow chart below shows the typical one prophylaxis visit prior to establishing the subsequent recall prophylaxis.



2. D4346 (at the time of the comprehensive oral evaluation (D0150) may only be used to report a procedure for the patient with a documented diagnosis of moderate to severe gingival inflammation without attachment loss. The D1110 procedure may follow D4346 at an interval set by the dentist. See flow chart below for an illustration of proper coding protocol. See also D4346.



Notes:

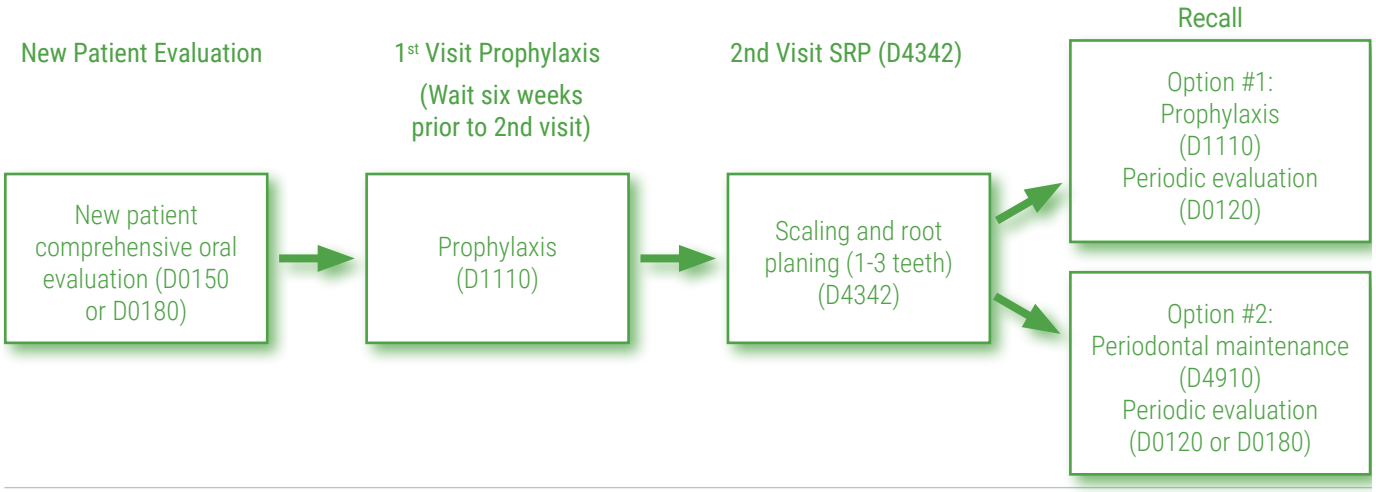
a. If a comprehensive oral evaluation (D0150) can be performed, with light to heavy calculus and debris present and a documented diagnosis of moderate to severe gingivitis without attachment loss, then D4346 may be the appropriate treatment for the first visit. D1110 prophylaxis may follow at the second visit, with the interval set by the dentist (such as two weeks).

b. If a comprehensive oral evaluation (D0150/D0180) is not possible due to excess calculus and debris, see full mouth debridement (D4355) which is performed to enable a subsequent comprehensive periodontal evaluation and diagnosis. See D4355 for details and flow diagram.

c. Ideally, adult prophylaxis (D1110) should not follow periodontal scaling and root planing - one to three teeth (D4342). If the patient requires *both* prophylaxis and a *few* teeth scaled and root planed (D4342), then consider the adult prophylaxis (D1110) for the *first* visit and the D4342 at a subsequent visit (wait at least six weekes after prophylaxis).

Note: Some payors will not reimburse D4910 within a 90-day period following D4341/D4342. See D4342 for further details and the flow chart below:

3. The flow chart below shows the evaluation/prophylaxis visit followed by SRP (D4342). In this circumstance, it may be appropriate to report either a prophy (D1110) or periodontal maintence (D4910) at recall.



Notes:

1. Following a single SRP (D4342) visit, if *very limited* periodontal pockets are involved, the doctor has the latitude to provide adult prophylaxis (D1110) for recall maintenance (should generally be more often than two per year). Be sure and document in the patient's clinical notes the isolated root planing (by tooth) at the adult prophylaxis (D1110) appointment and keep the patient informed of the "limited" nature of the periodontal treatment. On the other hand, ongoing periodontal maintenance (D4910) will be appropriate. However, keep in mind that some payors will not recognize D4910 for reimbursement if less than two initial quadrants (D4341/D4342) were scaled and root planed (SRP). In many cases, a single D4342 quadrant does not qualify for recall perio maintenance (D4910), and at least two full quadrants of D4341 are required. See D4910 for further details.
2. Adult prophylaxis (D1110) will typically have a "one per six months" or "two per year" benefit limitation. Most plans benefit two prophylaxis (D1110) and two periodontal maintenance (D4910). A few plans benefit two prophies and four periodontal maintenance (D4910) per year. See D4910.
3. Be sure to read SRP 1-3 teeth (D4342) for additional details and how this periodontal procedure relates to the adult prophylaxis (D1110) as to timing.

D1120 PROPHYLAXIS - CHILD CDT 2024

Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.

COMMENTS

1. Primary dentition refers to the first set of teeth. These are also called baby teeth, or deciduous teeth. Transitional dentition begins with the appearance of the first permanent tooth and ends with the exfoliation (loss) of the last deciduous tooth. D1120 includes prophylaxis of implant crowns in conjunction with the primary and transitional dentition.
2. Child prophylaxis (D1120) may be used to report a prophylaxis of both *primary* and *transitional* (mixed) dentitions including implant crowns. On the other hand, an adult prophylaxis (D1110) reports both *permanent* and *transitional* (mixed) dentitions. See D1110 for further comments in reporting transitional (mixed) dentitions as an adult prophylaxis.
3. Child prophylaxis (D1120) does not include the topical application of fluoride. Report fluoride treatments, when applied separately from the prophylaxis paste, using either code D1208 topical application of fluoride or D1206, if fluoride varnish is applied. D1208 would include any prescription strength fluoride products excluding varnish (swish, trays, isolate and paint on). D1206 specifically requires application of fluoride varnish. Fluoride must be applied separately from the prophylaxis paste. See D1206 and D1208 for additional information.

LIMITATIONS

1. There are generally no age limitations for reporting child prophylaxis (D1120). Appropriate reporting should be based on the patient's developing dentition.
2. Child prophylaxis (D1120) may be reimbursed on either a "one per six months" (to the day!) or on a "two per year" basis.

TIPS

If a patient with a *transitional* dentition presents with "challenging" prophylaxis, regardless of age, consider reporting adult prophylaxis (D1110). See D1110 for details of this scenario as it applies to the transitional dentition.

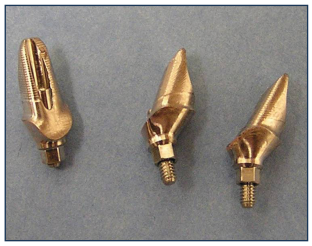
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE) CDT 2024

Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.

D1201 PREVIOUSLY DELETED CODE TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS) - CHILD

This is a previously deleted code. See D1206 (fluoride varnish) and D1208 to report topical application of fluoride.

PHOTO



This is an example of several custom abutments. Report as D6057.

Courtesy Drake Dental Lab

D6051 INTERIM IMPLANT ABUTMENT PLACEMENT CDT 2024

A healing cap is not an interim abutment.

Note: While out of numerical order, D6051 is correctly listed here under the Supporting Structures subcategory.

WATCH

Charge *separately* for an interim implant abutment placement (D6051). *Never* include the individual components of the implant "system" in the global implant crown fee. Reporting the components more accurately will correctly assign the fee and separate the charge for each component to the implant restoration. The implants are not a covered benefit under most contracts and reimbursement may be collected from the patient. Note, the PPO contract may dictate the fee charged for the implant and its components, even though it is not a covered benefit. The patient's responsibility to pay the non-covered amount depends on the state law or if it is a self-funded plan, federal law will apply.

COMMENTS

1. The interim implant abutment placement D6051 and interim implant crown D6085 would be placed while awaiting definitive treatment. They would be replaced by either a prefabricated abutment D6056, or custom abutment D6057, and then an abutment supported crown is cemented. This is typically an anterior abutment supported implant restoration.
2. D6198 reports the removal of the interim abutment. See D6198. Most payors consider the removal in the global fee.

LIMITATIONS

The implant surgeon or restorative dentist who *places the interim implant abutment placement* may report this code. If the implant surgeon *provides* the interim implant abutment placement D6051 or the prefabricated abutment, D6056, to the restorative dentist, the surgeon should not report the abutment since he/she did not place it. The implant surgeon could only report D6199, unspecified implant procedure if the interim implant abutment or prefabricated abutment is furnished to the restoring dentist.

D6052 PREVIOUSLY DELETED CODE SEMI-PRECISION ATTACHMENT ABUTMENT

This is a previously deleted code. See D6191 and D6192 for further details.

Note: While out of numerical order, D6191 and D6192 are correctly listed here under the Supporting Structures subcategory.

D6191 SEMI-PRECISION ABUTMENT - PLACEMENT CDT 2024

This procedure is the initial placement, or replacement, of a semi-precision abutment on the implant body.

WARNING

D6052 semi-precision attachment abutment is a deleted code replaced by D6191 and D6192, commonly called locators.

WATCH

If the patient has a complete maxillary or a complete mandibular *natural tooth* overdenture (D5863 or D5865), see D5862 to report a precision attachment (e.g., a locator).

COMMENTS

1. D6191 describes the initial placement, or replacement of a semi-precision abutment (locator) on the implant body. This is the male piece of a locator. D6192 reports the female keeper assembly (attachment) locator within the removable prosthesis.
2. Report D6191 and D6192 both for each locator set in conjunction with the abutment supported removable overdenture (D6110/D6111/D6112/D6113) when using full size implants (D6010). If using mini implants (D6013), only report D6192.

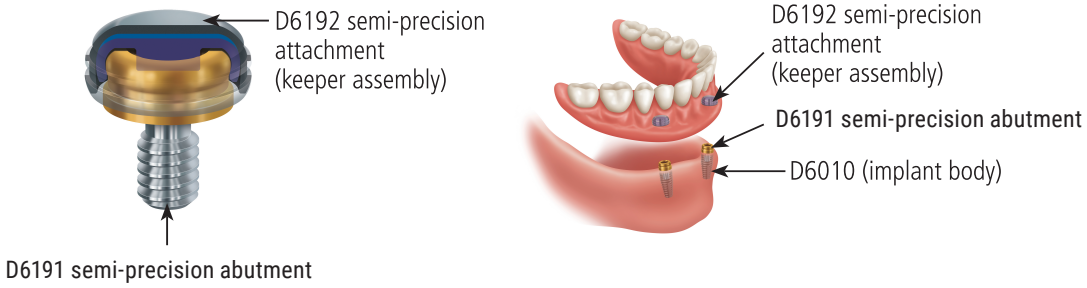
LIMITATIONS

Semi-precision abutments (D6191) may be reimbursed if the patient has implant coverage and there is sufficient justification for the use of the semi-precision abutment.

NARRATIVES

The narrative should establish the need for the semi-precision abutment by describing how the abutment was inserted into the implant body along with appropriate radiographs and/or pictures.

PHOTO



D6192 SEMI-PRECISION ATTACHMENT - PLACEMENT CDT 2024

This procedure involves the luting of the initial, or replacement, semi-precision attachment to the removable prosthesis.

WARNING

D6052 semi-precision attachement is a deleted code replaced by D6191 and D6192, commonly called locators.

WATCH

If the patient has a complete maxillary or a complete mandibular *natural tooth* overdenture (D5863 or D5865), see D5862 to report a precision attachment (e.g., a locator).

COMMENTS

1. D6192 describes the placement, or replacement of, each female semi-precision attachment (keeper assembly) placed within the removable implant prosthesis. D6191 describes the inital placement, or replacement, of a semi-precision abutment (locator)on the implant body.
2. D6192 reports the female keeper assembly/housing placement (locator) by either the dentist or lab.

LIMITATIONS

Semi-precision attachments (D6192) may be reimbursed if the patient has implant coverage and there is sufficient justification for the use of the semi-precision attachment.

NARRATIVES

The narrative should establish the need for the semi-precision attachment by describing how the keeper assembly was attached to the removable prosthesis along with appropriate radiographs and/or pictures.

Glossary

A

AAE - American Academy of Endodontics.

AAO - American Academy of Orthodontics.

AAOMS - American Association of Oral Maxillofacial Surgeons.

AAP - American Academy of Periodontology.

AAPD - American Academy of Pediatric Dentistry.

AGD - Academy of General Dentistry.

Abutment - An abutment supports a prosthesis; a component of an implant system that is used to affix the crown to the implant.

Adjudication - Refers to the processing of a claim.

Adjunct/Adjunctive - Describes a treatment that is performed following the primary treatment.

Allowable Charge - The maximum amount of benefit allowed for a dental procedure per the indemnity or the PPO plan contract.

Alternate Benefit - A provision of a dental plan allowing the payor to provide a less expensive benefit, or an alternate benefit for a non-covered procedure, such as molar composite restorations. An alternate benefit of an amalgam may be applied for a composite restoration performed on a molar.

Asynchronous Teledentistry - Health information transmitted via the use of secure electronic means to a provider who will evaluate a health condition or render a service outside of real time interaction with the patient.

Auto Adjudication - The payor automatically processes the claim without review.

B

By Report - A brief narrative describing the dental procedure performed, required when reporting certain procedures.

C

CAL - Clinical Attachment Loss - involves the loss of alveolar bone support and gingival attachment as the periodontal fibers migrate apically from the CEJ due to periodontal toxins in plaque.

CBCT - Cone Beam CT imaging technology (3D radiographic image).

CEJ - Cementoenamel junction - the area of the tooth where the enamel covering the crown of the tooth and the cementum that covers the root of the tooth meet.

Claim - A written request to an insurance plan for benefit payment. A claim form may be submitted by the patient or the provider to the payor.

Claim Form - The paper form or electronic format used to submit the claim. These forms are specific to dental and medical claims and the appropriate form must be used. The 2024 ADA Dental Claim Form is the current claim form version.

Clinical - Refers to direct patient care (i.e., the diagnosis and treatment of the patient).

Connective Tissue Grafts (CT) - Donor tissue is taken usually from the patient and is placed in the area of gingival recession to obtain root coverage. Sometimes the tissue is from a donor other than the patient. Materials such as Allograft® may be used.

Current Dental Terminology (CDT) - A code set defined by the American Dental Association that the dentist is required to report for services rendered, as outlined in the summary plan description and the plan document.

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Dental Coding with Confidence is dentistry's most comprehensive CDT coding guide. Stay up to date with the 2024 annual additions and revisions to dentistry's CDT codes and how to use them. This easy-to-use manual includes expert commentary about each code, dental plan limitations, recommended attachments, and key narrative guidance needed to successfully submit dental claims. Exclusive reader-friendly graphics arm dental teams with the ability to prevent the most common and costly coding errors.

Understand proper dental insurance coding and learn claim submission tips to maximize legitimate reimbursement. This is a must-have for every dental practice!

Meet the DCWC Team of Experts

Charles Blair
DDS

Greg Grobmyer
DDS

James DiMarino
DMD, MSEd, CDC

"The in-depth information in the Dental Coding with Confidence manual is priceless!" *– Kathy F.*

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