



**UPMC Dental *Advantage***  
2017 CDT procedure code changes

## CDT 2017 procedure code changes

The American Dental Association (ADA) has released the 2017 version of the Current Dental Terminology (CDT) Dental procedure code manual. As a dental carrier, UPMC Dental *Advantage* is required to adapt to these changes. Effective January 1, 2017, please use the updated codes and current (2012) version of the ADA claim form when submitting claims to UPMC Dental *Advantage*. All claims systems, correspondence, and Explanations of Benefits have been updated to reflect the CDT 2017 codes.

### 2017 additions

Codes	Type of Change	Description
D0414	Addition	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0600	Addition	Non-ionizing diagnostic procedures capable of quantifying, monitoring, and recording changes in the structure of enamel dentin and cementum
D1575	Addition	Distal shoe space maintainer - fixed - unilateral
D4346	Addition	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation
D6081	Addition	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces without flap entry and closure
D6085	Addition	Provisional implant crown
D9311	Addition	Consultation with a medical health care professional
D9991	Addition	Dental case management - addressing appointment compliance barriers
D9992	Addition	Dental case management - care coordination
D9993	Addition	Dental case management - motivational interview
D9994	Addition	Dental case management - patient education to improve oral health literacy

The codes listed above will be accessible and considered for payment for dates of service on or after January 1, 2017.

### 2017 deletions

Codes	Type of Change	Description
D0290	Deletion	Posterior-anterior or lateral skull and facial bone survey radiographic image

The code(s) above will be payable according to plan design rules for dates of service through December 31, 2016.

### 2017 revisions

Revisions or editorials have been made to the 2017 nomenclature and/or descriptor for the codes listed below. Please refer to your ADA CDT 2017: Dental Procedure Code Manual for specific details.

D1510, D4263, D4264, D4274, D7140, D7210, D7250, D7280, D7292, D7293, D7294, D7310, D7311, D7485, D7610, D7630, D7710, D7730, D7750, D7770, D7780, D7840, D7873, D7874, D7875, D7876, D7877, D7945, D7946, D7948, D7960, D7971, D7982, D7983, D7990, D7991 and D9630

New language and a tooth surface table was added to the Restorative Section (D2000 - D2999).

## Processing and payment policy updates

The following policies have been updated in accordance with plan guidelines and align with industry standards. All policies have changes that are significant changes from the prior versions. Please be attentive to the changes indicated as they may impact payment for certain services.

To view or download a copy of these policies, please visit <http://upmchp.us/DentalProviderPolicyandProcedures>.

**All changes are effective March 1, 2017.**

Procedure Code:	Change to Policy:
<b>Diagnostic Services DP.001</b>	
D0601 - D0603	The policy was updated with the addition of language for the limitation of one service in a 12-month period up to the age of 14.
D0414, D0425 and D0600	Added procedure codes to the Code Exclusion Table within the policy.
<b>Preventive DP.002</b>	
D1354	The policy was updated with the addition of language for the limitation of one service in a 12-month period up to the age of 14.
D1555	The policy was updated with addition of language allowing benefits for this procedure; however, services will be denied if performed by the original provider or practice.
D1575	The policy was updated for the limitation of one service in a 36-month period up to the age of 18 for dependent children only.
D1352	Added procedure codes to the Code Exclusion Table within the policy.
<b>Restorative DP.003</b>	
D2971	The policy was updated with the addition of language for the limitation of one service in a 60-month period per tooth.
<b>Endodontic and Adjunctive Services DP.004</b>	
D3351 - D3353; D3355 - D3357; D3410 - D3427; D3430 and D3450	The policy was updated with the addition of language for the limitation of one service per tooth per lifetime.
D3428 - D3429	The policy was updated with the addition of language for the limitation of one service per site per lifetime. If performed on the same day as an extraction, this procedure will not be covered.
D9311	The policy was updated with the addition of language for the limitation of one service in a 12-month period.
D3950; D9991 - D9994	Added procedure codes to the Code Exclusion Table within the policy.
<b>Periodontics DP.005</b>	
D4210 - D4211	The policy was updated with the addition of language for the limitation of one service in a 24-month period per quadrant; however if performed on the same date of an extraction, this service will not be covered.
D4274	The policy was updated with the addition of language for the limitation of one service per site per lifetime.

Procedure Code:	Change to Policy:
D4249	The policy was updated with the addition of language for the limitation of one service per tooth per lifetime. If performed on the same day as a crown or restoration, this procedure will not be covered.
D4266 - D4267	The policy was updated with the addition of language for the limitation of one service per site per lifetime. If performed on the same day as an extraction, this procedure will not be covered.
D4346	The policy was updated with the addition of language for the limitation of one service in a 24-month period.
D4381	Added procedure codes to the Code Exclusion Table within the policy.
<b>Prosthodontics and Implants DP.006</b>	
D5510 - D5660	The policy was updated with the addition of language for the limitation of one service in a 36-month period provided the appliance is at least 6 months old.
D6980	The policy was updated with the addition of language for the limitation of one service in a 24-month period.
D5911 - D5936; D5951 - D5960; D5982 - D5985; D5987 - D5988; D5993 and D6081 - D6085	Added procedure codes to the Code Exclusion Table within the policy.
<b>Oral and Maxillofacial Surgery DP.007</b>	
D7950 - D7953	The policy was updated with the addition of language for the limitation of one service per lifetime to a member 18 years old and older.
D7410 - D7465; D7471 - D7490; D7520 - D7560; D7610 - D7680; D7710 - D7780; D7810 - D7899; D7910 - D7912; D7920 - D7949 and D7963 - D7999	Added procedure codes to the Code Exclusion Table within the policy.

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