January 2014

HDS Holiday

Presidents’ Day
Monday, Feb. 17

HDS is looking forward to seeing you at the Hawaii Dental Association Convention at the Hawaii Convention Center on January 16 & 17, 2014. Be sure to schedule time to visit us at booth #60 to pick up your participating dentist gift!

Community Case Management (CCMC) staff, HDS’s outreach partner in serving Medicaid recipients, will also be there to share information on HDS Medicaid. See you there!

Win a Round Trip for Two on Hawaiian Airlines!

HDS recently mailed a recredentialing questionnaire to all participating dentists to comply with HDS and Delta Dental Plans Association requirements to recredential HDS participating dentist every four years.

Questionnaires are due by February 15, 2014, however complete and return your HDS credentialing questionnaire** to HDS by January 31, 2014 and you could win a round trip for two on Hawaiian Airlines!

• Contest Dates: January 1-31, 2014
• Contest Drawing: Will be held the third week of February 2014

Participating dentists can earn up to six entries for the drawing. The more entries you have, the better your chance of winning!

Receive entries for each of the following:

• 1 Entry: Return your recredentialing form by January 31, 2014 and you’ll receive one entry.

• 5 Bonus Entries: Return your completed recredentialing form to the HDS Booth #60 during the Hawaii Dental Convention and receive five additional entries.

Good Luck!

*Round trip airfare for two to any U.S. Mainland city served by Hawaiian Airlines.
**A copy of the recredentialing form can be downloaded at www.hdsonline.org
Dentist Volunteers Needed at
HDS Tooth Fairy Fun Day

Join us as we celebrate National Children’s Oral Health Month with the 10th annual HDS Tooth Fairy Fun Day at the Hawaii Children’s Discovery Center on Sunday, February 23, from 10 a.m. to 2 p.m.

We’re looking for volunteer dentists to conduct oral health screenings for children. If you’re interested in volunteering for a two-hour shift, please call Professional Relations at (808) 529-9222.

Please let your HDS patients know that admission to the event and Hawaii Children’s Discovery Center is free to the first 500 HDS members and their families. An informational flyer regarding this exciting event can be downloaded online at www.HawaiiDentalService.com.

New Year Clean-Up!

Follow Up on Your 2013 Aging Reports!
January is a great time to run your insurance aging reports to identify claims that have not been processed. As a reminder, claims must be submitted to HDS no later than 12 months from the date of service. Claims received after 12 months will be disallowed and are not chargeable to the patient.

HDScan - Purge Your Files
Each time you use HDScan, the scanned images are stored on your hard drive. Although the files are small in size, it’s a good idea to delete them from time to time. **Follow these easy steps:** Open HDScan, Select [File] , [Purge Files], Select [delete all attachments] OR [only delete attachments between specific dates], Click [Purge].

Teeth-On-The-Go!
HDS Offers Oral Health Resources for Loan

HDS is pleased to offer “Teeth-On-The-Go!” a collection of oral health educational resources available to participating dentists when educating the community about good oral health. Some of the oral health resources available are teeth models, children’s books, ADA flip charts, DVDs and more.

To view the materials, visit HDS Online to download a copy of the Teeth-On-The-Go! flyer. The flyer includes a check list of the materials and a reservation form. Materials can be mailed to your office and may be borrowed for up to two weeks at a time. Please submit your request at least two weeks in advance of your presentation.

For more information, call HDS Professional Relations at (808) 529-9222 or e-mail hdsprofessionalrelations@hawaiidentalservice.com.
The American Dental Association has recently published the 2014 Current Dental Terminology: The ADA Practical Guide to Dental Procedure Codes commonly referred to as the CDT. The purpose of this Consultant’s Corner is to inform dental offices of the changes in CDT 2014 which take effect January 1, 2014. I will discuss new procedure codes, deleted codes, and notable revisions to the nomenclature and descriptors of current procedure codes.

The American Dental Association’s (ADA) Code Maintenance Committee (CMC) has responsibility for the revision and maintenance of existing procedure codes and the development of new dental procedure codes. The CMC contains five (5) members from the American Dental Association and representatives from the nine specialty organizations, the Academy of General Dentistry (AGD), the American Dental Education Association (ADEA) as well as 5 members from the Dental Benefit Industry. The CDT is currently revised and published every twelve months. The 2014 version contains 29 new codes, 18 revised codes, 4 deleted codes and 7 revisions to existing subcategories or their descriptors.

Background: For review purposes, the three basic components of a dental procedure code are: Procedure Code, Nomenclature and Descriptor (not applicable for every code).

Each procedure code begins with the bolded capital letter D indicating a dental procedure and is followed by a sequence of four numbers that specify the category of service and the dental procedure. The code is accompanied by the nomenclature (in bold font) which indicates the specific dental procedure. Some but not all dental codes have an accompanying descriptor that is utilized to define the nature, the intended use and other pertinent information related to the procedure. It is essential for dental offices to fully understand the elements of all three components to avoid confusion and allow accurate and timely processing of dental claims.

![Figure 1](image)

Deleted Codes

Four procedure codes were deleted in CDT 2014. Where applicable, I have included the proper replacement procedure codes that should be used when submitting dental claims in 2014.

### Diagnostic Category
D0363 cone beam- three dimensional image reconstruction using existing data, includes multiple images.

### Endodontics Category
D3354 pulpal regeneration- (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration. This code has been replaced by D3357 pulpal regeneration-completion of treatment

### Prosthodontics (removable) Category
D5860 overdenture – complete, by report
D5861 overdenture – partial, by report

These codes have been replaced by 4 new specific codes:
D5863 overdenture – complete maxillary
D5864 overdenture – partial maxillary
D5865 overdenture – complete mandibular
D5866 overdenture – partial mandibular
Revisions

There are 18 code revisions to the 2014 CDT. I will address only those revisions of noteworthy significance.

Restorative

**D2950 core buildup, including any pins when required:** The CDT 2014 descriptor for this code underwent a major revision and now states “Refers to the building up of coronal structure when there is insufficient retention for a separate extracoronal restorative procedure. A core buildup is not a filler to eliminate any undercut, box form, or concave irregularity in a preparation.”

Prior descriptor references to “building up an anatomic crown when a restorative crown will be placed” and a reference to “insufficient tooth strength” were eliminated for 2014.

Endodontic

The American Association of Endodontists (AAE) recommended separate and distinct codes for apexification, apicoectomy, pulpal regeneration and periradicular surgery procedures. These changes now allow a more accurate accounting and historical tracking of these endodontic procedures.

Codes **D3351 apexification/recalcification – initial visit** and **D3352 apexification/recalcification - interim medication replacement** previously had pulpal regeneration incorporated within the same code nomenclature. The pulpal regeneration procedures have now been assigned their own subcategory and procedure codes.

Codes **D3410 apicoectomy – anterior**, **D3421 bicuspid**, **D3425 molar – first root** and **D3426 each additional root** previously had periradicular surgery incorporated in the nomenclature. Periradicular surgery without an apicoectomy is now a separate and distinct code along with two new codes for placement of a bone graft in conjunction with periradicular surgery.

Periodontics

**D4920 unscheduled dressing change (by someone other than treating dentist)** now contains the additional nomenclature “or their staff” to include dressing changes (where allowed by state law) performed by non-dentist staff members.

Implant Services

**D6010 surgical placement of implant body: endosteal implant the descriptor “Includes second stage surgery and placement of healing cap” was eliminated. A new code D6011 second stage implant surgery was added as a separate and distinct procedure. Delta Dental and HDS considers this new code as an inherent component of the D6010 and not a separate and distinct billable procedure and therefore is disallowed.**

**D6080 implant maintenance procedures** has new verbiage in the nomenclature and descriptor. Of note is the statement, “This is not a per implant code, and is indicated for implant supported fixed prostheses” which eliminates any misunderstanding that this code is intended as a per single implant code.

Orthodontic

In the Orthodontic Category of Service, changes were made by eliminating the previous nomenclature statement “and/or repair, as required” from the code **D8693 rebonding or recementing of fixed retainers descriptor.** Of note, the three subcategories of orthodontic treatment (Limited Orthodontic Treatment, Interceptive Orthodontic Treatment and Comprehensive Orthodontic Treatment) all received significant word revisions which clarified and shortened the current descriptors. Please refer to the 2014 HDS Procedure Code Guidelines or CDT 2014 to view these revisions.

Please Note:
* denotes a disallowed procedure in HDS dental benefits plans
** denotes a non-covered service in HDS dental benefit plans
*** denotes a benefit in HDS dental benefit plans

New Codes

Diagnostic Imaging

At the request of the American Academy of Oral and Maxillofacial Radiology (AAOMR), the CMC added three new procedure codes under a new subcategory of **Post Processing of Image or Image Sets.** These are non-covered services in all HDS dental plans.
** D0393 treatment simulation using 3D image volume
** D0394 digital subtraction of two or more images or image volumes of the same modality
** D0395 fusion of two or more 3D image volumes of one or more modalities

** Caries Risk Assessment
The CMC developed three new procedure codes that involve completion of a caries risk assessment with documentation of the associated risk category. These are non-covered services for HDS dental plans.

** D0601 caries risk assessment and documentation, with a finding of low risk
** D0602 caries risk assessment and documentation, with a finding of moderate risk
** D0603 caries risk assessment and documentation, with a finding of high risk

All three of these new codes contain the following descriptor “using recognized assessment tools.” This denotes that a dentist must use a recognized tool or form such as the ADA caries risk assessment form, the American Academy of Pediatric Dentistry risk assessment form, CAMBRA forms, or another recognized format such as Delta Dental’s Previsor My Dental Score when determining caries risk. Dental offices should contact their respective dental benefit plans to ensure that the appropriate assessment tools and forms are being utilized. It is critical that each dentist fully understand the importance of accurately performing and completing the caries risk assessment as dentistry moves into a new era where future benefits may be assigned based on patient risk and the best available scientific evidence.

** Preventive
*** D1999 unspecified preventive procedure, by report
Previously, the Preventive Category of Service did not contain an unspecified procedure code. When submitting for this procedure, a narrative is required that includes a proper clinical diagnosis, brief description of the treatment or procedure, and an x-ray image when appropriate. Offices should consult the 2014 HDS Procedure Code Guidelines for further information.

** Restorative
*** D2921 reattachment of tooth fragment, incisal edge or cusp
In HDS dental plans, this procedure is a benefit only for permanent teeth with an incisal edge, cusp or tooth fragment that fractured off (usually from trauma) and has been bonded or reattached. Reattachment of a deciduous tooth fragment will be denied. Offices should consult the 2014 HDS Procedure Code Guidelines for further information.

** D2941 interim therapeutic restoration-primary dentition
The American Academy of Pediatric Dentistry website (www.aapd.org) contains a policy statement that addresses the clinical indications of when the interim therapeutic restoration may be indicated. Currently, this procedure code is a non-covered service in HDS dental plans.

* D2949 restorative foundation for an indirect restoration
Delta Dental and HDS consider this procedure to be a component of the definitive indirect restoration and separate fees are disallowed and not billable to the patient.

** Pulpal Regeneration
Pulpal regeneration is a multi-step procedure involving two or more visits with the goal of regenerating a healthy and viable pulp complex with full development of the root apex. These procedures are benefits in HDS dental plans.

*** D3355 pulpal regeneration – initial visit
*** D3556 pulpal regeneration – interim medication replacement
*** D3557 pulpal regeneration – completion of treatment

** Apicoectomy / Periradicular Services
*** D3427 periradicular surgery without apicoectomy
Periradicular surgery was previously included and listed with the apicoectomy nomenclature as another code. The CMC developed D3427 for those instances where periradicular surgery was accomplished without a concurrent apicoectomy. Establishing a separate and distinct code allows for more accurate accounting and historical tracking of this endodontic procedure.
** New Codes – Continued **

** D3428 bone graft in conjunction with periradicular surgery-per tooth, single site**
** D3429 bone graft in conjunction with periradicular surgery-each additional contiguous tooth in the same surgical site**
** D3431 biologic materials to aid in soft tissue and osseous tissue regeneration in conjunction with periradicular surgery**
** D3432 guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery**

These codes are denied as non-covered services when utilized in conjunction with periradicular surgery. Previously, these procedures were only assigned specific codes in the Periodontics Category of Service.

** Other Periodontal Services **
** D4921 gingival irrigation-per quadrant**
Medicaments and solutions used for gingival irrigation are considered non-covered services and the fee is denied and therefore billable to the patient. This code is not appropriate to submit when using mouth rinses or performing non-invasive chemical debridement.

** Other Removable Prosthetic Services **
*** D5863 overdenture – complete maxillary *** D5865 overdenture – complete mandibular
*** D5864 overdenture – partial maxillary *** D5866 overdenture – partial mandibular

These procedures were given specific codes depending on the type of prosthesis (complete or partial) and the respective arch. These are benefits in HDS dental plans. Please consult the 2014 HDS Procedure Code Guidelines for further information.

** Carriers **
** D5994 periodontal medicament carrier with peripheral seal – laboratory processed**
This is a procedure code for the construction of a specially fitted laboratory fabricated tray that is designed to hold antibiotics or other medicinal agents in direct contact with the gingiva, alveolar mucosa and periodontal sulcus/ pocket. As a non-covered service, the fee is denied and billable to the patient.

** Implant Services **
* D6011 second stage implant surgery: This procedure is considered inherent to the primary procedure D6010 surgical placement of implant body - endosteal implant. As such, separate fees by the same dental office that placed the implant body are disallowed and not billable to the patient.

*** D6013 surgical placement of mini implant: This is an alternate benefit for those HDS plans with implant coverage.

** D6052 semi-precision attachment abutment: This is a non-covered service usually associated with a semi-precision attachment placed on or within an implant and in conjunction with an implant abutment supported removable overdenture. The fees are denied and therefore billable to the patient.

** Other Orthodontic Services **
*** D8694 repair of fixed retainers, includes reattachment: At the request of the National Association of Dental Plans, the CMC revised code D8693 nomenclature to simply state rebonding or recementing of fixed retainers and separated the prior nomenclature repair of fixed retainers into a separate and distinct procedure code. Both the D8693 and D8694 codes are benefits in those HDS plans with orthodontic coverage.

** Miscellaneous Services **
** D9985 sales tax: Taxes are not a benefit in any HDS plan; however HDS will accept this code for submission of Hawaii General Excise Tax.**

**Disclaimer:** Dental offices are cautioned and advised to consult the CDT 2014 for complete details and a full listing of the procedure codes, nomenclature, and descriptors. The views expressed in this paper represent the sole views of the author and may not necessarily reflect the views or position of the American Dental Association.

**References:**
1) Figure 1: adapted from CDT 2011-2012, American Dental Association, 2010, page 5
2) CDT 2014 Dental Procedure Codes, American Dental Association, 2013, page 5-90
3) Insurance Solutions Newsletter, American Dental Support, LLC September/October 2013, page 1-9