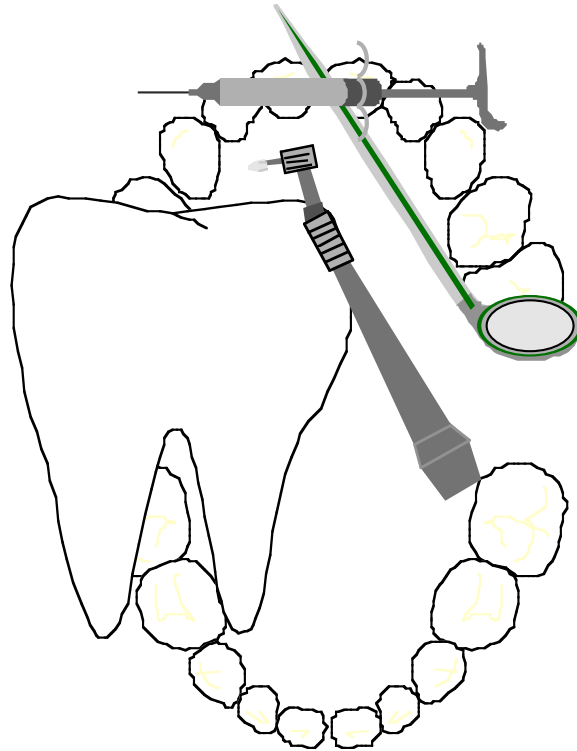


Periodontal Insurance Reporting



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PERIODONTAL DISEASE CLASSIFICATION*

Gingivitis (Case Type I)

Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, and presence of bleeding and/or exudate.

Early Periodontitis (Case Type II)

Progression of the gingival inflammation into the deeper periodontal structures and alveolar bone crest, with slight bone loss. There is usually a slight loss of connective tissue attachment and alveolar bone.

Moderate Periodontitis (Case Type III)

A more advanced stage of early periodontitis with increased destruction of the periodontal structures and noticeable loss of bone support, possibly accompanied by an increase in tooth mobility. There may be furcation involvement in multi-rooted teeth.

Advanced Periodontitis (Case Type IV)

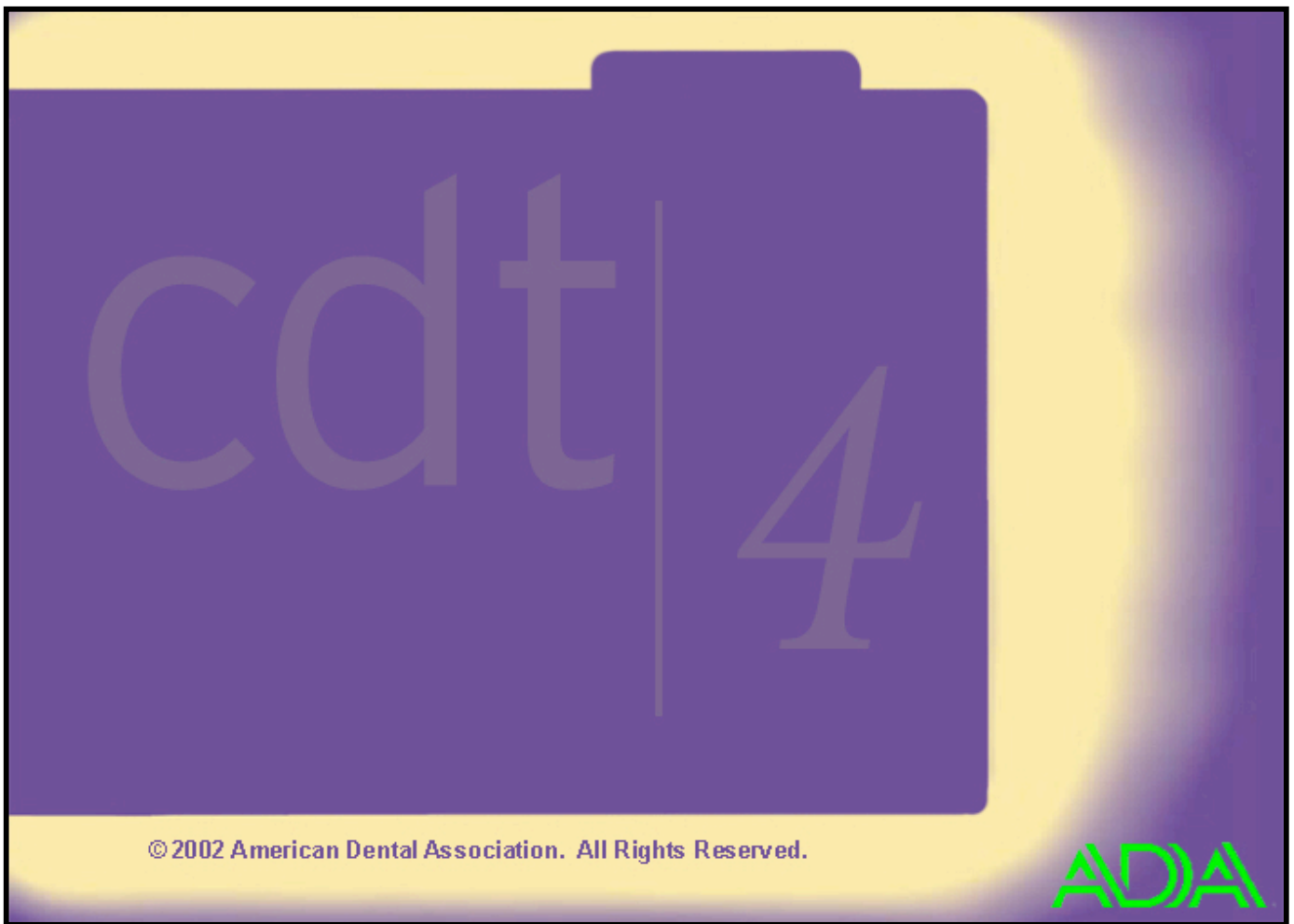
Further progression of periodontitis with major loss of alveolar bone support usually accompanied by increased tooth mobility. Furcation involvement in multi-rooted teeth is likely.

Refractory Periodontitis (Case Type V)

Includes those patients with multiple disease sites that continue to demonstrate attachment loss after appropriate therapy. These sites presumably continue to be infected by periodontal pathogens no matter how thorough or frequent the treatment provided. Also includes those patients with recurrent disease at single or multiple sites.

*Adapted from the Insurance Coding Update, 1997. American Academy of Periodontology.

Periodontics Related CDT-4



Preface

Current Dental Terminology, fourth edition (CDT-4), released in the third quarter of 2002, contains the most recent revision of the *Code on Dental Procedures and Nomenclature* (the *Code*) that is effective for services provided on or after January 1, 2003. The *Code* has been designated as the national standard for reporting dental services by the Federal Government under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA), and is currently recognized by third party payers nation wide.

This publication is the latest in a series of dental procedure code reference manuals published by the American Dental Association in response to decisions made in 1986 by the Council on Dental Benefit Programs. The Council elected to develop an educational manual, to include the *Code on Dental Procedures and Nomenclature* as well as other instructive tools, that would be a useful educational resource to dentists and office staff when processing claims and addressing other administrative matters. The continuing belief is that publication of the *Code* in such a manual encourages use of this standard to document procedures, and to communicate accurate information on procedures and services to agencies involved in adjudicating dental claims. To that end, the *Code* is not open to interpretation and serves as the basic guide when administering dental claims.

From 1986 through 1999, the Council worked closely with general practitioners and specialists through their respective dental organizations, dental office staff, claims reviewers, and third-party payers to create and publish *Current Dental Terminology, first edition (CDT-1)* for use beginning in 1991, *Current Dental Terminology, second edition (CDT-2)* for use beginning in 1995, and *Current Dental Terminology, third edition (CDT-3)* for use beginning in 2000. This continuing process has also produced the current manual, *Current Dental Terminology, fourth edition (CDT-4)* for use beginning in 2003.

Using the Code and the CDT-4 Manual

CATEGORIES OF SERVICE

The *Code* is organized into twelve categories of service, each with its own series of five-digit alphanumeric codes, as follows:

CATEGORY OF SERVICE	CODE SERIES
I. Diagnostic	D0100 - D0999
II. Preventive	D1000 - D1999
III. Restorative	D2000 - D2999
IV. Endodontics	D3000 - D3999
V. Periodontics	D4000 - D4999
VI. Prosthodontics, removable	D5000 - D5899
VII. Maxillofacial Prosthetics	D5900 - D5999
VIII. Implant Services	D6000 - D6199
IX. Prosthodontics, fixed	D6200 - D6999
X. Oral and Maxillofacial Surgery	D7000 - D7999
XI. Orthodontics	D8000 - D8999
XII. Adjunctive General Services	D9000 - D9999

Each category of service is divided into subcategories of generally recognized related procedures. Subcategories, printed in all-capitals, boldface type, may have their own descriptors that apply to all dental procedure codes within that subcategory.

COMPONENTS OF A DENTAL PROCEDURE CODE

An individual dental procedure code within a Category of Service of the *Code on Dental Procedures and Nomenclature* has at least the first two of the following three components. References to typeface pertain to the *Code* as printed in the *CDT-4* manual.

- Dental Procedure Code (Code)** - A five character alphanumeric code beginning with the letter "D" that identifies a specific dental procedure. Each Dental Procedure Code is printed in boldface type. A Dental Procedure Code cannot be changed or abbreviated by any licensee on any printed form or electronic transmission to a dentist, patient or other recipient.

- 2. Nomenclature** - A written, literal definition of a Dental Procedure Code. Each Code has Nomenclature that is printed in boldface type. Nomenclature may be abbreviated by a licensee only when printed on claim forms or other documents that are subject to space limitation. Any such abbreviation does not constitute a change to the Nomenclature.
- 3. Descriptor** - A written narrative that provides further definition and the intended use of a Dental Procedure Code. A Descriptor is not provided for every Dental Procedure Code. Descriptors that apply to a series of Dental Procedure Codes may precede that series of codes; otherwise, Descriptors will follow the applicable Dental Procedure Code and its Nomenclature. When present, Descriptors are printed in regular type face. Descriptors cannot be added, abbreviated or otherwise changed by a licensee.

USING THE CODE AND OTHER INFORMATION PRINTED IN CDT-4

The American Dental Association's *Current Dental Terminology, fourth edition (CDT-4)* is largely self-explanatory. However, the following points should prove helpful when recording services provided on the patient record, and when reporting procedures on a paper or electronic claim submission.

- 1. The existence of a dental procedure code does not mean that the procedure is a covered or reimbursed benefit in a dental benefits plan.** It is not easy for an office to become familiar with the details of every dental plan it encounters. And it is, of course, the responsibility of the patient, not the dental office, to know what is covered and what is excluded from her or his dental plan. Certain dental benefits plans require predetermination for specific procedures or when covered charges are expected to exceed a certain amount.

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- 2. The grouping of procedure codes into twelve (12) categories of service is solely for convenience in using the *Code* and should not be interpreted as excluding general practitioners from performing or reporting such procedures that reflect a recognized dental specialty.**

General practitioners and specialists alike may perform procedures, as long as they are acting within the scope of their licensure.

- 3. Any procedure not accurately described in this document should be reported using the appropriate unspecified (Dn999) code with a narrative description.**

Unspecified codes are included for each category of dental services, with the exception of the Preventive section. Every office will find occasions when a narrative report should be used, when reporting a procedure that is unusual or which is accompanied by unusual circumstances. A narrative description (“by report”), with reference to the proper “999” number, may be the most appropriate way of explaining treatment to the third-party payer. However, third-party payers may request additional documentation of certain procedures regardless of the presence of the nomenclature “by report”.

REVIEW AND REVISION PROCESS

The *Code on Dental Procedures and Nomenclature* is maintained by the Code Revision Committee (CRC), which was formed in 2001 and represents an equal balance of interests between the ADA and the Payer sector of the

dental community. The CRC's voting membership is comprised of representatives from the Blue Cross Blue Shield Association (BCBSA), the Center for Medicare and Medicaid Services (CMS), the Health Insurance Association of America (HIAA), Delta Dental Plans Association (DDPA), and the American Dental Association's Council on Dental Benefit Programs (CDBP).

The American Dental Association, as the CRC's Secretariat, provides staff support to the review and revision process. For more information about the process and schedule please contact Council staff at 312-440-2753 or visit the ADA's web site (www.ada.org/goto/dentalcode). *Code* review and revision is a dynamic process that results in changes that reflect advances in clinical dentistry.

The American Dental Association wishes to acknowledge and express sincere gratitude to the Blue Cross Blue Shield Association, Delta Dental Plans Association, Health Insurance Association of America, Center for Medicare and Medicaid Services and the ADA's Council on Dental Benefit Programs, their staff and their respective representatives who served on the Code Revision Committee. Their tireless efforts and valued contributions to this important process are greatly appreciated, and are reflected in the version of the *Code on Dental Procedures and Nomenclature* that is effective as of January 1, 2003.

Council on Dental Benefit Programs
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

Summary of Additions,
Deletions and Revisions to the Code

Part I. Additions to the Code

CATEGORY OF SERVICE	CODE	CHANGE
Diagnostic	D0180	Code added
Preventive		No Additions
Restorative	D2390	Code added
	D2391	Code added
	D2392	Code added
	D2393	Code added
	D2394	Code added
Endodontics		No Additions
Periodontics	D4241	Code added
	D4261	Code added
	D4265	Code added
	D4275	Code added
	D4276	Code added
	D4342	Code added
Prosthodontics, removable	D5670	Code added
	D5671	Code added
Maxillofacial Prosthetics		No Additions
Implant Services	D6053	Code added
	D6054	Code added
Prosthodontics, fixed	D6253	Code added
	D6600	Code added
	D6601	Code added

**D0170 re-evaluation - limited, problem focused
(established patient; not post-operative visit)**

Assessing the status of a previously existing condition. For example:

- a traumatic injury where no treatment was rendered but patient needs follow-up monitoring;
- evaluation for undiagnosed continuing pain;
- soft tissue lesion requiring follow-up evaluation.

● **D0180 comprehensive periodontal evaluation
- new or established patient**

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer screening.

**X RADIOGRAPHS/DIAGNOSTIC IMAGING
(INCLUDING INTERPRETATION)**

Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third parties for copies of records.

D0210 intraoral - complete series (including bitewings)

D0220 intraoral - periapical first film

D0230 intraoral - periapical each additional film

D0240 intraoral - occlusal film

D0250 extraoral - first film

D0260 extraoral - each additional film

D0270 bitewing - single film

D0272 bitewings - two films

D0274 bitewings - four films

D0277 vertical bitewings - 7 to 8 films

- X This does not constitute a full mouth intraoral radiographic series.

D1000-D1999 II. Preventive

DENTAL PROPHYLAXIS

- D1110** **prophylaxis - adult**
X A dental prophylaxis performed on transitional or permanent dentition that includes scaling and/or polishing procedures to remove coronal plaque, calculus and stains.
- D1120** **prophylaxis - child**
Refers to a dental prophylaxis performed on primary or transitional dentition only.

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

- X Fluoride must be applied separately from prophylaxis paste. Application does not include fluoride rinses or 'swish'.
- D1201** **topical application of fluoride (including prophylaxis) - child**
Used to report combined procedures of prophylaxis and fluoride treatment.
- D1203** **topical application of fluoride (prophylaxis not included) - child**
Used when reporting prophylaxis and fluoride procedures separately.
- D1204** **topical application of fluoride (prophylaxis not included) - adult**
Used when reporting prophylaxis and fluoride procedures separately.
- D1205** **topical application of fluoride (including prophylaxis) - adult**
Used to report combined procedures of prophylaxis and fluoride treatment.

OTHER PREVENTIVE SERVICES

- D1310** **nutritional counseling for control of dental disease**
Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.
- D1320** **tobacco counseling for the control and prevention of oral disease**
Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.

D1330 oral hygiene instructions

This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.

D1351 sealant - per tooth

Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

SPACE MAINTENANCE (PASSIVE APPLIANCES)

Passive appliances are designed to prevent tooth movement.

D1510 space maintainer - fixed - unilateral

D1515 space maintainer - fixed - bilateral

D1520 space maintainer - removable - unilateral

D1525 space maintainer - removable - bilateral

D1550 re-cementation of space maintainer

D4000-D4999 V. Periodontics

X Local anesthesia is considered to be part of periodontal procedures.

SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)

Site: A term used to describe a single area, position, or locus. The word “site” is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth. If two contiguous teeth have areas of soft tissue recession, each area of recession is a single site. If two contiguous teeth have adjacent but separate osseous defects, each defect is a single site. If two contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site. All non-communicating osseous defects are single sites. Also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions. All edentulous non-contiguous tooth positions are single sites. Depending on the dimensions of the defect, up to two contiguous edentulous tooth positions may be considered a single site.

- ▲ **D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant**
Involves the excision of the soft tissue wall of the periodontal pocket by either an external or an internal bevel. Performed in shallow to moderate suprabony pockets after adequate initial preparation, for suprabony pockets which need access for restorative dentistry, when moderate gingival enlargements or aberrations are present, and when there is asymmetrical or unesthetic gingival topography.
- ▲ **D4211 gingivectomy or gingivoplasty - one to three teeth, per quadrant**
X See D4210 descriptor.
- ▲ **D4240 gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant**
Surgical debridement of the root surface and the removal of granulation tissue following the resection or reflection of soft tissue flap. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, Widman surgery, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss

of probing attachment, need to maintain esthetics, and need for increased access to the root surface and alveolar bone.

● **D4241 gingival flap procedure, including root planing - one to three teeth, per quadrant**

See D4240 descriptor.

D4245 apically positioned flap

Procedure is used to preserve keratinized gingiva in conjunction with osseous resection and second stage implant procedure. Procedure may also be used to preserve keratinized/attached gingiva during surgical exposure of labially impacted teeth, and may be used during treatment of peri-implantitis.

D4249 clinical crown lengthening - hard tissue

This procedure is employed to allow restorative procedure or crown with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a flap and is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease. Where there are adjacent teeth, the flap design may involve a larger surgical area.

▲ **D4260 osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant**
X

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This may include the removal of supporting bone (ostectomy) or non-supporting bone. Other separate procedures including, but not limited to, D3450, D3920, D4263, D4264, D4266, D4267, D6010 and D7140 may be required concurrent to D4260.

● **D4261 osseous surgery (including flap entry and closure) - one to three teeth, per quadrant**

See D4260 descriptor.

D4263 bone replacement graft - first site in quadrant

This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate bone formation or periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure and is reported in addition to a procedure that includes flap entry and closure, including, but not limited to, D4240, D4260.

Definition for the term “site” precedes code D4210.

D4264 bone replacement graft - each additional site in quadrant

This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate bone formation or periodontal regeneration when the disease process has led to a deformity of the bone. This code is used if performed concurrently with D4263 and allows reporting of the exact number of sites involved.

Definition for the term “site” precedes code D4210.

● **D4265 biologic materials to aid in soft and osseous tissue regeneration**

Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. Does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes.

D4266 guided tissue regeneration - resorbable barrier, per site

A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure may require subsequent surgical procedures to correct the gingival contours. Guided tissue regeneration may also be carried out in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific tooth should be reported separately with this code. When no tooth is present, each site should be reported separately.

Definition for the term “site” precedes code D4210.

D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)

This procedure is used to regenerate lost or injured periodontal tissue by directing differential tissue responses. A membrane is placed over the root surfaces or defect area following surgical exposure and debridement. The mucoperiosteal flaps are then adapted over the membrane and sutured. The membrane is placed to exclude epithelium and gingival connective tissue from the healing wound. This procedure requires subsequent surgical procedures to remove the membranes and/or to correct the gingival contours. Guided tissue regeneration may be used in conjunction with bone replacement grafts or to correct deformities resulting from inadequate faciolingual bone width in an edentulous area. When guided tissue regeneration is used in association with a tooth, each site on a specific

tooth should be reported separately with this code. When no tooth is present, each site should be reported separately.

Definition for the term “site” precedes code D4210.

D4268 surgical revision procedure, per tooth

This procedure is to refine the results of a previously provided surgical procedure. This may require a surgical procedure to modify the irregular contours of hard or soft tissue. A mucoperiosteal flap may be elevated to allow access to reshape alveolar bone. The flaps are replaced or repositioned and sutured.

D4270 pedicle soft tissue graft procedure

A pedicle flap of gingiva can be raised from an edentulous ridge, adjacent teeth, or from the existing gingiva on the tooth and moved laterally or coronally to replace alveolar mucosa as marginal tissue. The procedure can be used to cover an exposed root or to eliminate a gingival defect if the root is not too prominent in the arch.

D4271 free soft tissue graft procedure (including donor site surgery)

Gingival or masticatory mucosa is grafted to create or augment the gingiva at another site, with or without root coverage. This graft may also be used to eliminate the pull of frena and muscle attachments, to extend the vestibular fornix, and to correct localized gingival recession.

Definition for the term “site” precedes code D4210

▲ D4273 subepithelial connective tissue graft procedures

X

This procedure is performed to create or augment gingiva, to obtain root coverage to eliminate sensitivity and to prevent root caries, to eliminate frenum pull, to extend the vestibular fornix, to augment collapsed ridges, to provide an adequate gingival interface with a restoration or to cover bone or ridge regeneration sites when adequate gingival tissues are not available for effective closure. There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlying flap of gingiva and/or mucosa. The connective tissue is dissected from the donor site leaving an epithelialized flap for closure. After the graft is placed on the recipient site, it is covered with the retained overlying flap.

D4274 distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)

This procedure is performed in an edentulous area adjacent to a periodontally involved tooth. Gingival incisions are utilized to allow removal of a tissue wedge to gain access and correct the underlying osseous defect and to permit close flap adaptation.

● **D4275 soft tissue allograft**

Procedure is performed to create or augment the gingiva, with or without root coverage. This may be used to eliminate the pull of the frena and muscle attachments, to extend the vestibular fornix, and correct localized gingival recession. There is no donor site.

● **D4276 combined connective tissue and double pedicle graft**

Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

NON-SURGICAL PERIODONTAL SERVICE

D4320 provisional splinting - intracoronal

This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved and the nature of the splint.

D4321 provisional splinting - extracoronal

This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved and the nature of the splint.

▲ **D4341 periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant**

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

● **D4342 periodontal scaling and root planing - one to three teeth, per quadrant**

See D4341 descriptor.

▲ **D4355 full mouth debridement to enable comprehensive evaluation and diagnosis**

X The removal of subgingival and/or supragingival plaque and calculus. This procedure does not preclude the need for additional procedures.

D4381 localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report

Synthetic fibers or other approved delivery devices containing controlled-release chemotherapeutic agent(s) are inserted into a periodontal pocket. Short-term use of the timed-release therapeutic agent as supplemental or adjunctive therapy provides for reduction of subgingival flora. This procedure does not replace conventional or surgical therapy required for debridement, resective procedures or for regenerative therapy.

The use of controlled-release chemotherapeutic agents is an adjunctive procedure for specific sites that are unresponsive to conventional therapy or for cases in which systemic disease or other factors preclude conventional or surgical therapy.

OTHER PERIODONTAL SERVICES**▲ D4910 periodontal maintenance**

- X** This procedure is for patients who have previously been treated for periodontal disease. Typically, maintenance starts after completion of active (surgical or nonsurgical) periodontal therapy and continues at varying intervals, determined by the clinical diagnosis of the dentist, for the life of the dentition. It includes removal of the supra and subgingival microbial flora and calculus, site specific scaling and root planing where indicated, and/or polishing the teeth. When new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

D4920 unscheduled dressing change (by someone other than treating dentist)**D4999 unspecified periodontal procedure, by report**

Use for procedure that is not adequately described by a code. Describe procedure.