CDT 2005 Comes Alive…

CDT 2005, effective January 1, 2005, brings important changes of which every OMS must be aware. As we have advised in earlier issues of the AAOMS Today and AAOMS Advocacy E-Newsletter, CMS has eliminated grace periods for the use of discontinued ICD-9, CPT and HCPCS codes as of October 1 for ICD-9 and as of January 1 for CPT and HCPCS. As CDT codes are also contained within the HCPCS code set and sometimes preferred by medical carriers including Medicare, it is also advisable to immediately begin using the new D codes for all dates of service beginning January 1, 2005. Changes in CDT 2005 include 39 new codes, 47 revisions, and 3 deletions. Changes specific to the oral and maxillofacial surgery chapter of the manual consist of 8 new codes, 11 revisions (including one to the subcategory heading), and 1 deletion for a total of 20 changes. Read on for an explanation of these and others potentially relevant to the specialty…

ADDITIONS

D6190 radiographic/surgical implant index, by report
An appliance, designed to relate osteotomy or fixture position to existing anatomic structures, to be utilized during radiographic exposure for treatment planning and/or during osteotomy creation for fixture installation.

D7283 placement of device to facilitate eruption of impacted tooth
Placement of an orthodontic bracket, band or other device on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280.

D7288 brush biopsy — transepithelial sample collection
For collection of oral disaggregated transepithelial cells via rotational brushing of the oral mucosa.

D7311 alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant
The alveoloplasty is distinct (separate procedure) from extractions and/or surgical extractions.

D7321 alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant

D7511 incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)
Incision is made intraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.

D7521 incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)
Incision is made extraorally and dissection is extended into adjacent fascial space(s) to provide adequate drainage of abscess/cellulitis.

D7953 bone replacement graft for ridge preservation — per site
Osseous autograft, allograft or non-osseous graft is placed in an extraction site to preserve ridge integrity (e.g., clinically indicated in preparation for implant reconstruction or where alveolar contour is critical to planned prosthetic reconstruction). Membrane, if used should be reported separately.

D7963 frenuloplasty
Excision of frenum with accompanying excision or repositioning of aberrant muscle and z-plasty or other local flap closure.

D9942 repair and/or reline of occlusal guard

REVISIONS

D0150 comprehensive oral evaluation — new or established patient
This applies to new patients; established patients who report a significant change in health conditions or other unusual circumstances; or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues and may require interpretation of information acquired through
additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

The comprehensive evaluation would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc.

D0160 detailed and extensive oral evaluation — problem focused, by report
A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

D0350 oral/facial photographic images
This includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images. These photographic images should be a part of the patient's clinical record.

D0415 collection of microorganisms for culture and sensitivity

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. It is performed to eliminate suprabony pockets after adequate initial preparation, to allow access for restorative dentistry in the presence of suprabony pockets, and to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

D4211 gingivectomy or gingivoplasty — one to three 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. It is performed to eliminate suprabony pockets after adequate initial preparation, to allow access for restorative dentistry in the presence of suprabony pockets, and to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

D4240 gingival flap procedure, including root planing — four or more contiguous teeth or bounded teeth spaces per quadrant
A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. 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 attachment, need to maintain aesthetics, need for increased access to the root surface and alveolar bone, and to determine the presence of a cracked tooth, fractured root, or external root resorption. Other separate procedures including, but not limited to, D3450, D3920, D4263, D4265, D4266, D4267 and D7140 may be required concurrent to D4240.

D4241 gingival flap procedure, including root planing — one to three contiguous teeth or bounded teeth spaces per quadrant
A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. 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 attachment, need to maintain aesthetics, need for increased access to the root surface and alveolar bone, and to determine the presence of a cracked tooth, fractured root, or external root resorption. Other separate procedures including, but not limited to, D3450, D3920, D4263, D4265, D4266, D4267 and D7140 may be required concurrent to D4240.

D4260 osseous surgery (including flap entry and closure) — four or more contiguous teeth or bounded teeth spaces per quadrant
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 (osteotomy) and/or non-supporting bone (osteoplasty). Other separate procedures including, but not limited to, D3450, D3920, D4263, D4264, D4265, D4266, D4267, D6010 and D7140 may be required concurrent to D4260.

D4261 osseous surgery (including flap entry and closure) — one to three contiguous teeth or bounded teeth spaces per quadrant
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) and/or non-supporting bone (osteoplasty). Other separate procedures including, but not limited to, D3450, D3920, D4263, D4264, D4265, D4266, D4267, D6010 and D7140 may be required concurrent to D4260.

D4263 bone replacement graft — first site in quadrant
This procedure involves the use of osseous autografts, osseous allografts, or non-osseous grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, or the placement of biologic materials to aid in osseous tissue regeneration of barrier membranes, including, but not limited to, D4240, D4241, D4260, and D4261, D4265, D4266 and D4267. 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. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes, including, but not limited to, D4240, D4241, D4260, D4261, D4263, D4264, D4266, and D4267.

D4273 subepithelial connective tissue graft procedures, per tooth
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.

D4276 combined connective tissue and double pedicle graft, per tooth
Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.

D4341 periodontal scaling and root planing — four or more teeth 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.

D6000-D6199 Implant Services
Local anesthesia is usually considered to be part of implant services procedures. Report surgical implant procedures using codes in this section.

D6056 prefabricated abutment — includes placement
A connection to an implant that is a manufactured component usually made of machined high noble metal, titanium, titanium alloy or ceramic. Modification of a prefabricated abutment may be necessary, and is accomplished by altering its shape using dental burrs/diamonds.

D6057 custom abutment — includes placement
A connection to an implant that is a fabricated component, usually by a laboratory, specific for an individual application. A custom abutment is typically fabricated using a casting process and usually is made of noble or high noble metal. A ‘UCLA abutment’ is an example of this type abutment.

D7000-D7999 Oral and Maxillofacial Surgery
Local anesthesia is usually considered to be part of oral and maxillofacial surgery procedures. For dental benefit reporting purposes a quadrant is defined as four or more contiguous teeth and/or teeth spaces distal to the midline.

D7111 extraction, coronal remnants — deciduous tooth
Removal of soft tissue-retained coronal remnants.

D7140 extraction, erupted tooth or exposed root (elevation and/or forceps removal)
Includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.

D7210 surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of socket bone and closure.
**D7280 surgical access of an unerupted tooth**  
An incision is made and the tissue is reflected and bone removed as necessary to expose the crown of an impacted tooth not intended to be extracted.

**D7285 biopsy of oral tissue — hard (bone, tooth)**  
For removal of specimen only. This code involves biopsy of osseous lesions and is not used for apicoectomy/periradicular surgery.

**D7286 biopsy of oral tissue — soft**  
For surgical removal of an architecturally intact specimen only. This code is not used at the same time as codes for apicoectomy/periradicular curettage.

**D7287 exfoliative cytological sample collection**  
For collection of non-transepithelial cytology sample via mild scraping of the oral mucosa.

**D7490 radical resection of maxilla or mandible**  
Partial resection of maxilla or mandible; removal of lesion and defect with margin of normal appearing bone. Reconstruction and bone grafts should be reported separately.

**D7950 osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones — autogenous or nonautogenous, by report**  
This code may be used for sinus lift procedure and/or for ridge augmentation. It includes obtaining autograft and/or allograft material. Placement of a barrier membrane, if used, should be reported separately.

**D7955 repair of maxillofacial soft and/or hard tissue defect**  
Reconstruction of surgical, traumatic, or congenital defects of the facial bones, including the mandible, may utilize autograft, allograft, or alloplastic materials in conjunction with soft tissue procedures to repair and restore the facial bones to form and function. This does not include obtaining the graft and these procedures may require multiple surgical approaches.

**D9310 consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)**  
Type of service provided by a dentist whose opinion or advice regarding evaluation and/or management of a specific problem may be requested by another dentist, physician or appropriate source. The dentist may initiate diagnostic and/or therapeutic services.

**DELETIONS**

**D6020 abutment placement or substitution: endosteal implant**  
An abutment is placed to permit fabrication of a dental prosthesis. The procedure may include the removal of a temporary healing cap or replacement with an abutment of alternate design. The intention of this code is to report this procedure by other than the dentist who placed the implant.

**D7281 surgical exposure of impacted or unerupted tooth to aid eruption**  
Dense fibrous tissue overlying an impacted or unerupted tooth is reflected and any overlying bone is removed. This procedure may also be performed in conjunction with a separate soft tissue graft procedure.

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