

2017 ADA CDT CODE UPDATES

The following list of CDT codes by the American Dental Association (ADA) are highlights of the latest updates for 2017. This includes new codes, codes no longer valid, revised codes or clarifying existing codes. This is not a comprehensive list, rather, a collection of the most commonly used updates and changes.

NEW CODES

D1575 – Distal shoe space maintainer – fixed unilateral

- This is used to report the fabrication and delivery of a fixed appliance that extends subgingivally and distally to guide the eruption of the first permanent molar.
- This code should not be used to describe any of the existing appliance codes.
- Reimbursement is generally limited to once in a lifetime. If not reimbursed, ask for the alternate benefit of the D1510 (space maintainer).

D4346 – Scaling in presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation

- This is used to report removal of plaque, calculus, and stains supra- and subgingivally when there is generalized moderate or severe inflammation in the absence of periodontitis.
- The new D4346 code is therapeutic, not prophylactic, and should not be referred to as a difficult prophylaxis or super prophylaxis; it should be referred to as a gingival scaling.
- See attached document on the D4346 describing the principal functions of this new code.

D6085 – Provisional implant crown

- This is used to report a crown placed when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.
- Similar to the interim denture (D5810/5811), if the provisional implant crown is reimbursed, this may impact payment of the permanent restoration due to any frequency limitations.

REVISED CODES

D4263/D4264 – Bone replacement graft – retained natural tooth

- This nomenclature was changed to specify that it is not to be reported for an edentulous space or an extraction site.
- The proper code to report a bone replacement graft in an extraction site is D7953. For any bone grafts, dental plans may limit payment to two sites per quadrant.

D7210 – Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, if indicated

- This nomenclature was changed to exclude the word “surgical” and requires bone to be removed and/or the tooth to be sectioned.
- Placement of sutures does not elevate a D7140 (extraction erupted tooth) to the level of a D7210.

D7250 – Removal of residual tooth roots

- This nomenclature was changed to exclude “surgical” and requires removal of residual root fragments remaining in the bone left after a previous incomplete extraction.
- This code should not be used to describe the removal of a root fractured at the extraction appointment, same visit.

RESOURCES

[CDT 2017: Dental Procedure Codes](#)

[Coding With Confidence 2017: The “Go To” Dental Coding Guide](#)