

# CDT 2021 Code and Policy Changes

As of January 1, 2021 the American Dental Association's (ADA's) procedure code changes will be in effect. There are associated changes to Northeast Delta Dental policies that also will be effective January 1, 2021. There 28 new codes, and four (4) deleted codes that have been replaced by several of the new codes. Many of the new codes further define existing procedures.

Please be sure not to submit claims for the new codes with dates of service prior to January 1, 2021, and please don't submit claims for the deleted codes for dates of service on or after January 1, 2021. Your claims will be returned to your office for resubmission with the correct codes for the dates of service involved. This will unnecessarily delay processing of your claims.

The following are definitions of terms used in this article:

**Denied/Deny:** The procedure or service is not covered and the approved amount is collectable from the patient.

**Not Billable to the Patient (NBTP):** The procedure is not benefited by Delta Dental nor is it billable to the patient by a participating dentist.

**General Policy - This policy is already in place, but bears repeating because there still seems to be some confusion in its relationship to PPE. ANY charges related to office overhead, including infection control/PPE, are included in the fee for the dental services provided.**

**Separate fees are not billable to the patient.**

## New 2021 Standardly Covered Codes and Standard Delta Dental Processing Policies:

### Covered once in a two (2) year period

- **D2928** - prefabricated porcelain/ceramic crown - permanent tooth  
Replacement by the same dentist/dental office within 24 months is included in the initial crown placement and is not billable to the patient.

### Covered once in a three year period and all replace D3427 - periradicular surgery:

- **D3471** surgical repair of root resorption - anterior  
Not billable to the patient when performed on same tooth/date by the same dentist/dental office as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240/41, D4245, D4249, D4260/61, D4268, D4270, D4273-D4278, D4283, and D4285
- **D3472** surgical repair of root resorption - premolar  
Not billable to the patient when performed on same tooth/date by the same dentist/dental office as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240/41, D4245, D4249, D4260/61, D4268, D4270, D4273-D4278, D4283, and D4285
- **D3473** surgical repair of root resorption - molar  
Not billable to the patient when performed on same tooth/date by the same dentist/dental office as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240/41, D4245, D4249, D4260/61, D4268, D4270, D4273-D4278, D4283, and D4285
- **D3501** surgical exposure of root surface without apicoectomy or repair of root resorption - anterior  
Not billable to the patient when performed on same tooth/date by the same dentist/dental office as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240/41, D4245, D4249, D4260/61, D4268, D4270, D4273-D4278, D4283, and D4285
- **D3502** surgical exposure of root surface without apicoectomy or repair of root resorption - premolar  
Not billable to the patient when performed on same tooth/date by the same dentist/dental office as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240/41, D4245, D4249, D4260/61, D4268, D4270, D4273-D4278, D4283, and D4285
- **D3503** surgical exposure of root surface without apicoectomy or repair of root resorption - molar  
Not billable to the patient when performed on same tooth/date by the same dentist/dental office as D3333, D3410-D3426, D3430, D3450, D4210-D4212, D4231, D4240/41, D4245, D4249, D4260/61, D4268, D4270, D4273-D4278, D4283, and D4285

### Covered once in a lifetime, per site and both replace D7960 - frenulectomy (frenectomy):

- **D7961** buccal/labial frenulectomy (frenulectomy)
- **D7962** lingual frenulectomy (frenulectomy)

## New 2021 Standardly Non-covered Codes and Standard Delta Dental Processing Policies:

### Non-covered codes which are denied and billable to the patient:

- **D0604** antigen testing for a public health related pathogen includes coronavirus
- **D0605** antibodies testing for a public health related pathogen includes coronavirus
- **D1321** counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance abuse
- **D1355** caries preventive medicament application - per tooth
- **D5995** periodontal medicament carrier with peripheral seal - laboratory processed - maxillary (Replaces D5994)
- **D5996** periodontal medicament carrier with peripheral seal - laboratory processed - mandibular (Replaces D5994)
- **D6191** semi-precision abutment - placement (Replaces D6052)
- **D6192** semi-precision attachment - placement (Replaces D6052)
- **D7993** surgical placement of craniofacial implant - extra oral
- **D7994** surgical placement: zygomatic implant

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**New 2021 Non-covered Codes which are not billable to the patient and considered part of the existing radiographic or photographic image codes:**

- D0701 panoramic radiographic image - image capture only
- D0702 2-D cephalometric radiographic image -image capture only
- D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally -image capture only
- D0704 3-D oral/facial photographic image - image capture only.
- D0705 extra-oral posterior dental radiographic image - image capture only
- D0706 intraoral - occlusal radiographic image - image capture only
- D0707 intraoral - periapical radiographic image - image capture only
- D0708 intraoral - bitewing radiographic image - image capture only Image axis may be horizontal or vertical.
- D0709 intraoral - complete series of radiographic images - image capture only

**Revised Standard Delta Dental Processing Policies for Existing Codes**

**As of January 1, 2021, risk assessments are covered once in a 12 month period** (currently covered once in a three year period). NOTE: Only Caries or Comprehensive PreViser® risk assessments may be billed under these codes. There is no ADA code for Periodontal risk assessments.

- 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

**As of January 1, 2021, the fee for an immediate denture (D5130/D5140) includes any adjustments, relines, or tissue conditioning within three (3) months of delivery. Fees are not billable to the patient.**

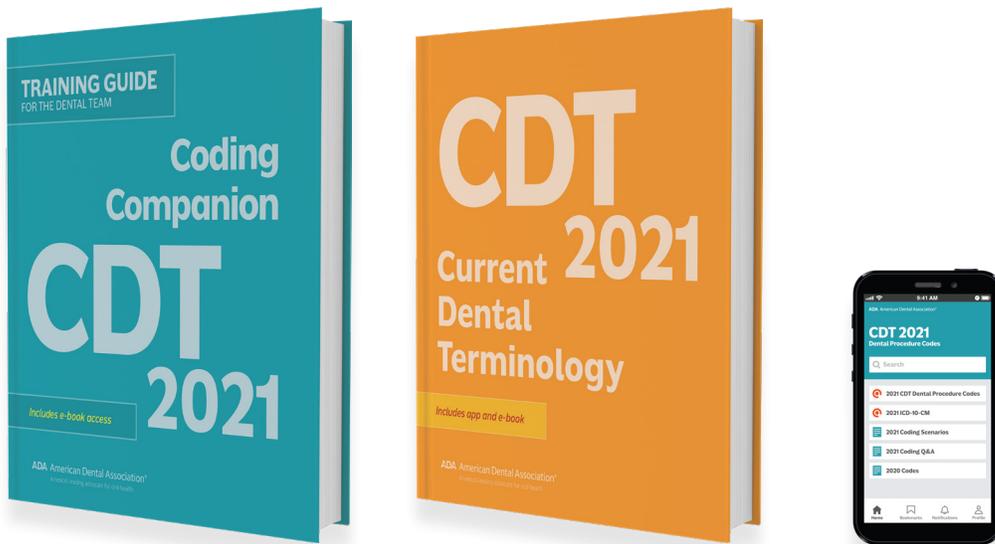
- D5410 adjust complete denture - maxillary
- D5411 adjust complete denture - mandibular
- D5730 reline complete maxillary denture (direct)
- D5731 reline complete mandibular denture (direct)
- D5750 reline complete maxillary denture (indirect)
- D5751 reline complete mandibular denture (indirect)
- D5850 tissue conditioning - maxillary
- D5851 tissue conditioning - mandibular

**As of January 1, 2021, fees for implant removal are not billable to the patient if performed within three (3) months of the implant placement.**

- D6100 implant removal, by report

**Deleted Codes as of January 1, 2021:**

- D3427 periradicular surgery without apicoectomy (Replaced by D3471; D3472; D3473; D3501; D3502; D3503)
- D5994 periodontal medicament carrier with peripheral seal - laboratory (Replaced by D5995; D5996)
- D6052 semi-precision attachment (Replaced by D6191; D6192)
- D7960 frenectomy - also known as frenulectomy (Replaced by D7961; D7962)



Be sure to order your new CDT 2021 book from the ADA! You may also order the CDT 2021 App and/or the Coding Companion Guide. These are all great resources!