

CDT 2022 Code and Policy Changes

As of January 1, 2022 the American Dental Association's (ADA's) procedure code changes will be in effect. There are sixteen (16) new codes, and six (6) deleted codes that have been replaced by several of the new codes.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, 2022, and do not submit claims for the deleted codes for dates of service on or after January 1, 2022. Your claims will be returned to your office for resubmission with the correct codes for the dates of service involved.

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, 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 2022 Standardly Covered Codes and Standard Delta Dental Processing Policies:

- **D5227** Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) Covered once in a seven year period.
- **D5228** Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) Covered once in a seven year period.
- **D5725** Rebase hybrid prosthesis, Covered once in a seven year period.
- **D5765** Soft liner for complete or partial removable denture – indirect, Covered twice in a twelve (12) month period.

New 2022 Standardly Non-Covered Codes and Standard Delta Dental Processing Policies:

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

- **D3921** Decoronation or submergence of an erupted tooth
- **D9947** Custom sleep apnea appliance fabrication and placement
- **D9948** Adjustment of Custom sleep apnea appliance
- **D9949** Repair of Custom sleep apnea appliance

New 2022 Non-covered Codes which are not billable to the patient

- **D3911** Intraorifice barrier
- **D4322** Splint - intra-coronal; natural teeth or prosthetic crowns
- **D4323** Splint - extra-coronal; natural teeth or prosthetic crowns
- **D6198** Remove interim implant component
- **D7298** Removal of temporary anchorage device [screw retained plate], requiring flap
- **D7299** Removal of temporary anchorage device, requiring flap
- **D7300** Removal of temporary anchorage device without flap
- **D9912** Pre-visit patient screening
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Revised Standard Delta Dental Processing Policies for Existing Codes as of January 1, 2022:

The following oral evaluations performed without an intent to provide dental services to meet the patient's needs will be processed as a D0190 (screening of a patient):

- **D0120** Periodic oral evaluation – established patient
- **D0150** Comprehensive oral evaluation – new or established patient
- **D0180** Comprehensive periodontal evaluation – new or established patient

Oral evaluations are only a benefit when the elements included in the descriptor are completed.

- **D0140** limited oral evaluation – problem focused

The following codes will be changing from non-covered to a covered code under Diagnostic & Preventive once every 12 months:

- **D0190** Screening of a patient.
 - When reported in conjunction with an evaluation/screening (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190 and D9310) the fees for D0190 are NOT BILLABLE TO THE PATIENT as integral to the evaluation by the same dentist/dental office on the same date of service
- **D0191** Assessment of a patient.
 - When reported in conjunction with an evaluation/screening (D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190 and D9310) the fees for D0190 are NOT BILLABLE TO THE PATIENT as integral to the evaluation by the same dentist/dental office on the same date of service

The age limitation for individuals ages 6 and older, will be removed for:

- **D0330** Panoramic radiographic image

Benefits for restorations placed within two (2) months will be denied (used to be within three (3) months) for:

- **D1354** Application of caries arresting medicament

When D3473, D3501-D3503 are performed on the same tooth by the same dentist/dental office, the fees for scaling and root planning are NOT BILLABLE TO THE PATIENT for:

- **D4341** Periodontal scaling and root planning - four or more teeth
- **D4342** Periodontal scaling and root planning – one to three teeth

The fee for D7410 is NOT BILLABLE TO THE PATIENT as included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office

- **D7410** Excision of benign lesion up to 1.25 cm

The fee for D7411 is NOT BILLABLE TO THE PATIENT as included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office.

- **D7411** Excision of benign lesion greater than 1.25 cm

The fee for D7415 is NOT BILLABLE TO THE PATIENT as included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office

- **D7415** Excision of malignant lesion, complicated

The fee for D7450 is NOT BILLABLE TO THE PATIENT as included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office

- **D7450** Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm

The fee for D7451 is NOT BILLABLE TO THE PATIENT as included in the fee for another surgery in the same area of the mouth on the same day by the same dentist/dental office.

- **D7451** Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm



422 Epic Drive
Chambersburg, PA 17201
[Tel: 717.263.8713](tel:717.263.8713) Fax: 717.263.9435
Web: www.gpallc.net

When covered, benefit D9613 once per date of service when submitted with extractions (D7220-D7241), and any additional D9613 submitted on the same date of service are NOT BILLABLE TO THE PATIENT.

- **D9613** Infiltration of sustained release therapeutic drug, per quadrant

Deleted Codes as of January 1, 2022:

- **D4320** provisional splinting – intracoronal
- **D4321** provisional splinting – extracoronal
- **D8050** interceptive orthodontic treatment of the primary dentition
- **D8060** interceptive orthodontic treatment of the transitional dentition
- **D8690** orthodontic treatment (alternative billing to a contract fee)

Be sure to order the new 2022 version of "Coding with Confidence" by Dr. Charles Blair:

<https://www.practicebooster.com/product.asp?id=56>

It is an excellent resource.