

NADP CHANGE DOCUMENT

Revisions for CDT 2023 – Ver. 3.0

This document was developed from the NADP notes and Secretariat notes of the Code Maintenance Committee (CMC) held on March 10-11, 2022 along with the CDT-2023 ASCII file. This document does not allow for use of the codes. Use of the codes is only allowed if you have an existing CDT Licensing Agreement via NADP or license directly with the ADA.

NOTE: New language added to the code is underlined and language being deleted is struck through, i.e. This is new language. ~~This language is being removed.~~

There are no revisions in the D2000-D2999 (III. Restorative), D5000-D5899 (VI. Prosthodontics (Removable), D5900-D5999 (VII. Maxillofacial Prosthetics), D6200-D6999 (IX. Prosthodontics, Fixed) categories of services.

D0100-D0999 I. DIAGNOSTIC

D0210 intraoral – ~~complete~~ comprehensive series of radiographic images

A radiographic survey of the whole mouth, ~~usually consisting of 14-22 periapical and posterior bitewing images or~~ intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

~~**D0351 3D photographic image**~~

~~This procedure is for diagnostic purposes. Not applicable for a CAD/CAM procedure.~~

D0372 intraoral tomosynthesis – comprehensive series of radiographic images

A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

D0373 intraoral tomosynthesis – bitewing radiographic image

D0374 intraoral tomosynthesis – periapical radiographic image

D0387 intraoral tomosynthesis – comprehensive series of radiographic images – image capture only

A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.

D0388 intraoral tomosynthesis – bitewing radiographic image – image capture only

D0389 intraoral tomosynthesis – periapical radiographic image – image capture only

D0393 **virtual t**Treatment simulation using 3D image volume or surface scan

~~The use of 3D image volumes for~~Virtual simulation of treatment including, but not limited to, dental implant placement, prosthetic reconstruction, orthognathic surgery and orthodontic tooth movement.

~~D0704 3D photographic image – image capture only~~

D0709 intraoral – ~~complete~~ comprehensive series of radiographic images – image capture only

A radiographic survey of the whole mouth, ~~usually consisting of 14-22 periapical and posterior bitewing images or~~ intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas

D0801 3D dental surface scan – direct

D0802 3D dental surface scan – indirect

A surface scan of a diagnostic cast.

D0803 3D facial surface scan – direct

D0804 3D facial surface scan – indirect

A surface scan of constructed facial features.

D1000-D1999 II. PREVENTIVE

D1708 Pfizer-BioNTech Covid-19 vaccine administration – third dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 3

D1709 Pfizer-BioNTech Covid-19 vaccine administration – booster dose
SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE BOOSTER

D1710 Moderna Covid-19 vaccine administration – third dose
SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 3

D1711 Moderna Covid-19 vaccine administration – booster dose
SARSCOV2 COVID-19 VAC mRNA 50mcg/0.25mL IM DOSE BOOSTER

D1712 Janssen Covid-19 Vaccine Administration - booster dose

SARSCOV2 COVID-19 VAC Ad26 5x10¹⁰ VP/.5mL IM DOSE BOOSTER

D1713 Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose

SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 1

D1714 Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose

SARSCOV2 COVID-19 VAC mRNA 10mcg/0.2mL tris-sucrose IM DOSE 2

NOTE: The CMC approved immediate implementation of D1708-D1714 (i.e. inclusion in CDT 2022).

D1781 vaccine administration – human papillomavirus – Dose 1

Gardasil 9 0.5mL intramuscular vaccine injection.

D1782 vaccine administration – human papillomavirus – Dose 2

Gardasil 9 0.5mL intramuscular vaccine injection.

D1783 vaccine administration – human papillomavirus – Dose 3

Gardasil 9 0.5mL intramuscular vaccine injection.

D3000-D3999 IV. ENDODONTICS

D3333 internal root repair of perforation defects

Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by [same](#) provider ~~filing claim~~.

D4000-D4999 V. PERIODONTICS

D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound 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, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, [or](#) fractured root, ~~or external root resorption~~. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound 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, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, ~~or~~ fractured root, ~~or external root resorption~~. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

D4266 guided tissue regeneration, natural teeth – resorbable barrier, per site

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal [defects around natural teeth and peri-implant defects](#).

D4267 guided tissue regeneration, natural teeth – non-resorbable barrier, per site

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal [defects around natural teeth and peri-implant defects](#).

D4286 removal of non-resorbable barrier

D4355 full mouth debridement to enable a comprehensive ~~oral~~ [periodontal](#) evaluation and diagnosis on a subsequent visit

~~Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. Not to be completed on the same day as D0150, D0160, or D0180.~~

D4921 gingival irrigation [with a medicinal agent](#) – per quadrant

~~Irrigation of gingival pockets with [a prescription medicinal agent](#). Not to be used to report use of [over the counter \(OTC\) mouth rinses](#) or non-invasive chemical debridement~~

D6000-D6199 VIII. IMPLANT SERVICES

D6105 removal of implant body not requiring bone removal nor flap elevation

D6106 guided tissue regeneration – resorbable barrier, per implant

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement

D6107 guided tissue regeneration – non-resorbable barrier, per implant

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement.

D6197 replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

D7251 coronectomy – intentional partial tooth removal, impacted teeth only

Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.

D7509 marsupialization of odontogenic cyst

Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.

D7956 guided tissue regeneration, edentulous area – resorbable barrier, per site

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.

D7957 guided tissue regeneration, edentulous area – non-resorbable barrier, per site

This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure may be used for ridge augmentation, sinus lift procedures, and after tooth extraction.

D8000-D8999 XI. ORTHODONTICS

D8000-D8999

All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require ~~more than one interceptive procedure or~~ more than one limited or comprehensive procedure depending on their particular problems.

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110 palliative (~~emergency~~) treatment of dental pain—~~minor procedure~~ – per visit

Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes. This is typically reported on a “per-visit” basis for emergency treatment of dental pain.

D9450 case presentation, subsequent to detailed and extensive treatment planning

~~Established patient. Not performed on same day as evaluation.~~

D9953 reline custom sleep apnea appliance (indirect)

Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.