

Code on Dental Procedures (CDT): A brief overview

The American Dental Association (ADA) is responsible for managing the Code on Dental Procedures and Nomenclature (CDT) code set and updates it annually to ensure that it reflects the latest changes in dental technology and procedures. When the ADA first developed the CDT code set in 1969, it included 400 codes; today, it encompasses more than 12,000 codes, covering a wide range of procedures.

For instance, in 2021 at the height of the COVID-19 pandemic, the American Dental Association (ADA) released codes D9995 and D9996 to facilitate Teledentistry. Furthermore, there are codes like D7953 for bypassing a separated file. From my experience, if you are willing to delve into the plethora of CDT codes, you can find one that accurately describes whatever it is you are doing. So, don't hesitate to look around!

Initially, CDT codes were developed to provide a standardized system for reporting and tracking dental services and procedures. Basically, providers or dental practices report the services or procedures they provide to patients and then the codes are used by the insurance companies to process claims and determine reimbursements. By having standardized codes, dental practices and insurance carriers can communicate more effectively and efficiently which helps reduce errors, improve accuracy, and streamline claims process. It is worth noting, that the effectiveness in improving reimbursements to dental practices is highly dependent on the specific insurance carrier and their policies.

To me, the use of CDT codes has proven more useful in denying claims by insurance carriers as the exclusive language of each code becomes ever more specific. Therefore, doctors need to spend time ensuring they find the CDT code that best describes what procedure they are completing. They need to pay attention to new codes that are released annually and ensure the codes they use routinely are still applicable and the most descriptive for what they are doing. Just like the ADA does an annual review, your office should conduct an annual review of the CDT codes in use. Using this strategy will result in less denials and more income for the doctor! As an associate, ensure the office is using the most updated codes with reasonable reimbursement rates for the region.

Please comment with your experience with CDT codes. Is the number of CDT codes ever going to hit a ceiling? How does your office manage yearly CDT code reviews?

If you have anything to add or have any questions, please reach to me directly through my DMs or comment with your experience below. As always, stay drilling my friends.

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#cdt #cdtcodes #dental #dentist #dentalinsurance #insurance #insuranceclaim #finance

CODE ON DENTAL PROCEDURES (CDT)

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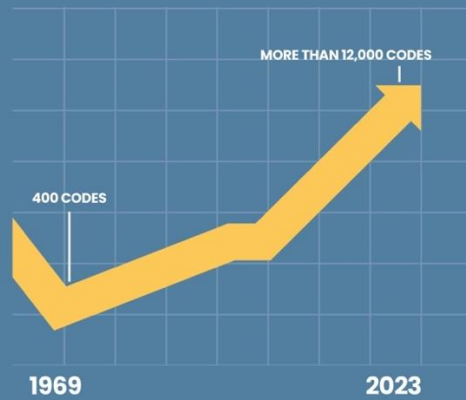


W. Tony Sullivan DDS

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THE AMERICAN DENTAL ASSOCIATION (ADA)

Manages and updates the codes annually to reflect changes in technology or treatments



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**DURING THE COVID-19 PANDEMIC,
THE ADA RELEASED THE FOLLOWING CODES**

D9995
to facilitate
Teledentistry

D7953
for bypassing
a separated file

D9996
to facilitate
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STANDARDIZED CODES FACILITATES
enhanced communication with insurance carriers
and streamlined claims processes



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DR. SCHICK'S TIPS

Dents should **review the codes annually**.

Dents should **remove codes that are no longer applicable** and move more appropriate codes into usage during **annual reviews**.

Dents should **use the most descriptive code** that fully describes what they are doing.

Dr. Tony Schick, D.D.S.