

HDS

Hawaii Dental Service

November 15, 2021

Enclosed are documents that summarize revisions for the *CDT 2022 Dental Procedure Codes* manual and the *HDS Procedure Code Guidelines (PCG)* that take effect on January 1, 2022. These revisions incorporate code changes in CDT 2022 and clarification of the PCG to facilitate better understanding of the procedure codes, clinical criteria, and policies.

Notable changes for CDT 2022 and the 2022 Procedure Code Guidelines include:

- 16 new procedure codes
- 8 new codes related to vaccine administration and molecular testing
- 6 deleted procedure codes
- 14 procedure codes with revised verbiage to the nomenclature or descriptor
- New covered procedure codes for WellCare by Ohana Medicare Advantage patients only. This is an Addendum to the 2022 Procedure Code Guidelines.

Enclosures:

- Enclosure (1) ***Summary of 2022 CDT/PCG Revisions: Hawaii Dental Service*** lists new procedure codes, category of service, and processing policy changes that take effect in 2022.
- Enclosure (2) ***CDT 2022 New Procedure Codes*** lists new codes and indicates if they are a benefit, denied or considered not billable to the patient.
- Enclosure (3) ***CDT 2022 Deleted Procedure Codes*** lists the deleted codes that are no longer applicable on January 1, 2022. It also included the replacement code/s where applicable.
- Enclosure (4) ***Addendum to 2022 Procedure Code Guidelines - WellCare By Ohana Only - New Medicare Advantage Codes*** lists the newly covered procedure codes for WellCare by Ohana Medicare Advantage patients only.

Dental offices are strongly advised to verify each patient's benefit status in advance of planned or expected treatment as implementation dates for new benefits may vary based on individual group contract renewal dates.

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Hawaii Dental Service

A complete version of the 2022 PCG is available online. If you do not have access to HDS Online, you may contact HDS Professional Relations at 808-529-9222 or toll free 844-379-4324 to request a copy. Any questions regarding the PCG should be directed to a HDS Customer Service representative at 529-9248 or toll-free 1-844-379-4325.

Dental offices should refer to the *CDT 2022 Dental Procedure Codes* manual available from the American Dental Association (www.ada.org) for additional information on specific procedure codes, revisions, and editorial changes.

Live well, smile more.

2022 SUMMARY OF CDT/PCG REVISIONS: HAWAII DENTAL SERVICE

Category of Service	Procedure Code	Procedure Description	Type of Change	Benefit Status
Diagnostic	D0606	Molecular Testing for a public health related pathogen, including coronavirus	New CDT Code	DENIED
Preventive	D1701 D1702	Pfizer COVID 19 Vaccine first/second doses	New CDT Code	DENIED
	D1703 D1704	Moderna COVID 19 Vaccine first/second doses	New CDT Code	DENIED
	D1705 D1706	AstraZeneca COVID 19 Vaccine first/second doses	New CDT Code	DENIED
	D1707	Janssen COVID 19 Vaccine	New CDT Code	DENIED
Endodontics	D3911	Intraorifice Barrier	New CDT Code	Not Billable to Patient (NBP)
Endodontics	D3921	Decoronation or submergence of an erupted tooth	New CDT Code	BENEFIT
Periodontics	D4322	Splint-intracoronaral; natural teeth or prosthetic crowns	New CDT Code	DENIED/Not Billable to Patient

2022 SUMMARY OF CDT/PCG REVISIONS: HAWAII DENTAL SERVICE

Category of Service	Procedure Code	Procedure Description	Type of Change	Benefit Status
Periodontics	D4323	Splint-extracoronaral; natural teeth or prosthetic crowns	New CDT Code	DENIED/Not Billable to Patient
Prosthodontics Removable	D5227	Immediate maxillary partial denture-flexible base	New CDT Code	BENEFIT
Prosthodontics Removable	D5228	Immediate mandibular partial denture-flexible base	New CDT Code	BENEFIT
Prosthodontics Removable	D5725	Rebase hybrid prosthesis	New CDT Code	BENEFIT
Prosthodontics Removable	D5765	Soft liner for complete or partial denture-indirect	New CDT Code	BENEFIT
Implant Services	D6198	Remove interim implant component	New CDT Code	Not Billable to Patient
Oral and Maxillofacial Surgery	D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	New CDT Code	DENIED

2022 SUMMARY OF CDT/PCG REVISIONS: HAWAII DENTAL SERVICE

Category of Service	Procedure Code	Procedure Description	Type of Change	Benefit Status
Oral and Maxillofacial Surgery	D7299	Removal of temporary anchorage device, requiring flap	New CDT Code	DENIED
Oral and Maxillofacial Surgery	D7300	Removal of temporary anchorage device without flap	New CDT Code	DENIED
Adjunctive Services	D9912	Pre-visit patient screening	New CDT Code	Not Billable to Patient
Adjunctive Services	D9947	Custom sleep apnea appliance fabrication and placement	New CDT Code	DENIED
Adjunctive Services	D9948	Adjustment of custom sleep apnea appliance	New CDT Code	DENIED
Adjunctive Services	D9949	Repair of custom sleep apnea appliance	New CDT Code	DENIED

DENIED/Not Billable to Patient-denotes a specific procedure which is either DENIED or NBP based on the individual circumstance. Dental offices should refer to the HDS PCG for further guidance on these codes.

Dental offices are advised to verify each patient's benefits in advance of planned or expected treatment as implementation dates for new benefits may vary based on individual group contract renewal dates.

Dental offices should refer to the *CDT 2022 Dental Procedure Codes* manual available from the American Dental Association (www.ada.org) for information regarding editorial changes and new procedure codes.

Enclosure (1)

CDT 2022 New Procedure Codes

Code	Procedure Code	Status
D0606*	Molecular testing for a public health pathogen, including coronavirus	DENY
D1701*	Pfizer BioNtech COVID 19 vaccine - first dose	DENY
D1702*	Pfizer BioNtech COVID 19 vaccine - second dose	DENY
D1703*	Moderna COVID 19 vaccine administration - first dose	DENY
D1704*	Moderna COVID 19 vaccine administration - second dose	DENY
D1705*	AstraZeneca COVID 19 vaccine administration - first dose	DENY
D1706*	AstraZeneca COVID 19 vaccine administration - second dose	DENY
D1707*	Janssen COVID 19 administration	DENY
D3911	Intraorifice barrier	NBP
D3921	Decoronation or submergence of an erupted tooth	BENEFIT
D4322	Splint - intracoronal; natural teeth or prosthetic crowns	NBP/DENY
D4323	Splint - extracoronal; natural teeth or prosthetic crowns	NBP/DENY
D5227	Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth)	BENEFIT

CDT 2022 New Procedure Codes

D5228	Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth)	BENEFIT
D5725	Rebase hybrid prosthesis	BENEFIT
D5765	Soft liner for complete or partial removable denture - indirect	BENEFIT
D6198	Remove interim implant component	NBP
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	DENY
D7299	Removal of temporary anchorage device, requiring flap	DENY
D7300	Removal of temporary anchorage device without flap	DENY
D9912	Pre-visit patient screening	NBP
D9947	Custom sleep apnea appliance fabrication and placement	DENY
D9948	Adjustment of custom sleep apnea appliance	DENY
D9949	Repair of a custom sleep apnea appliance	DENY

*Denotes a code that is a post-publication addition to CDT 2021

BENEFIT - denotes a benefit in 2022 HDS dental plans effective 1 January 2022

CDT 2022 New Procedure Codes

DENY - denotes a non-covered service in 2022 HDS dental plans that can be billed to the patient

NBP - denotes Not Billable to the Patient. It may be considered part of a primary procedure or a contractual requirement.

NBP/DENY -denotes a specific procedure which may be DENIED or considered NBP based on the individual clinical circumstance. Dental offices should refer to the Procedure Code Guidelines for guidance on these codes.

Dental offices are strongly advised to verify each patient's benefit status in advance of planned or expected treatment as implementation dates for new benefits may vary based on individual group contract renewal dates.

Enclosure (2)

CDT 2022 Deleted Procedure Codes

D4320	Provisional splinting - intracoronal <i>(Replaced by procedure code D4322)</i>
D4321	Provisional splinting - extracoronal <i>(Replaced by procedure code D4323)</i>
D8050	Interceptive orthodontic treatment of the primary dentition <i>(No replacement procedure code)</i>
D8060	Interceptive orthodontic treatment of the transitional dentition <i>(No replacement procedure code)</i>
D8690	Orthodontic treatment (alternative billing to a contract fee) <i>(No replacement procedure code)</i>

ADDENDUM - HDS PROCEDURE CODE GUIDELINES

WELLCARE BY OHANA ONLY – NEW MEDICARE ADVANTAGE CODES

Code	Description	Benefit Category	Frequency	Required
DIAGNOSTIC D120 – D999				
D0160	Detailed and extensive oral evaluation – problem focused, by report	By Contract	1x/yr/dental office. Counts toward annual exam frequency for D0140, D0160, D0170, D0171	Op Rpt
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	By Contract	1x/yr dental office. Counts toward annual exam frequency for D0140, D0160, D0170, D0171	Op Rpt
D0171	Re-evaluation – post-operative office visit	By Contract	1x/yr dental office. Counts toward annual exam frequency for D0140, D0160, D0170, D0171	Op Rpt
D0251	Extra-oral posterior dental radiographic image	By Contract	2x/yr	Op Rpt
D0310	Sialography	By Contract	1x/3 yrs	Op Rpt
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	By Contract		Op Rpt
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	By Contract	1x/yr/procedure	Op Rpt
D0415	Collection of microorganisms for culture and sensitivity	By Contract	1x/yr/procedure	Op Rpt
D0416	Viral Culture	By Contract	1x/yr/procedure	Op Rpt
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	By Contract	1x/yr/procedure	Op Rpt
D0475	Decalcification procedure	By Contract	1x/yr/procedure	Op Rpt
D0476	Special stains for microorganisms	By Contract	1x/yr/procedure	Op Rpt
D0477	Special stains not for microorganisms	By Contract	1x/yr/procedure	Op Rpt
D0478	Immunohistochemical stains	By Contract	1x/yr/procedure	Op Rpt
D0479	Tissue in-situ hybridization, including interpretation	By Contract	1x/yr/procedure	Op Rpt
D0481	Electron microscopy	By Contract	1x/yr/procedure	Op Rpt
D0482	Direct immunofluorescence	By Contract	1x/yr/procedure	Op Rpt
D0483	Indirect immunofluorescence	By Contract	1x/yr/procedure	Op Rpt
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	By Contract	1x/yr/procedure	Op Rpt
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	By Contract	1x/yr/procedure	Op Rpt

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ADDENDUM - HDS PROCEDURE CODE GUIDELINES
WELLCARE BY OHANA ONLY – NEW MEDICARE ADVANTAGE CODES

Code	Description	Benefit Category	Frequency	Required
D0502	Other oral pathology procedures, by report	By Contract	1x/yr/procedure	Op Rpt
D0604	Antigen testing for a public health related pathogen, including coronavirus	By Contract	1x/visit/test	Op Rpt
D0605	Antibody testing for a public health related pathogen, including coronavirus	By Contract	1x/visit/test	Op Rpt
PREVENTIVE D1000 – D1999				
D1355	Caries preventive medicament application – per tooth	By Contract	1x/yr	Op Rpt
RESTORATIVE D2000 – D2999				
D2975	Coping	By Contract	1x/7 yrs/tooth	Op Rpt
ENDODONTICS D3000 – D3999				
D3460	Endodontic endosseous implant	By Contract	1x/tooth/lifetime	Op Rpt
D3470	Intentional reimplantation (including necessary splinting)	By Contract	1x/tooth/lifetime	Op Rpt
PERIODONTICS D4000 – D4999				
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	By Contract	1 site/quad/3 yrs	Op Rpt
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	By Contract	1 site/quad/3 yrs	Op Rpt
D4245	Apically positioned flap	By Contract	1 site/quad/3 yrs	Op Rpt
D4270	Pedicle soft tissue graft procedure	By Contract	1 site/quad/3 yrs	Op Rpt
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	By Contract	1 site/quad/3 yrs	Op Rpt
D4276	Combined connective tissue and pedicle graft, per tooth	By Contract	1 site/quad/3 yrs	Op Rpt
D4381	Localized delivery of Antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	By Contract	2 sites/quad/2 yrs	Op Rpt
PROSTHODONTICS (REMOVABLE) D5000 – D5899				
D5810	Interim complete denture (maxillary)	By Contract	1x/5 yrs/arch/procedure	Op Rpt
D5811	Interim complete denture (mandibular)	By Contract	1x/5 yrs/arch/procedure	Op Rpt
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	By Contract	1x/5 yrs/arch/procedure	Op Rpt
D5875	Modification of removable prosthesis following implant surgery	By Contract	1x/5 yrs/arch/procedure	Op Rpt

ADDENDUM - HDS PROCEDURE CODE GUIDELINES

WELLCARE BY OHANA ONLY – NEW MEDICARE ADVANTAGE CODES

Code	Description	Benefit Category	Frequency	Required
ORAL & MAXILLOFACIAL SURGERY D7000 – D7999				
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	By Contract	1x/tooth/lifetime	Op Rpt
D7287	Exfoliative cytological sample collection	By Contract	1x/2 yrs/site/procedure	Op Rpt
D7288	Brush biopsy – transepithelial sample collection	By Contract	1x/2 yrs/site/procedure	Op Rpt
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap	By Contract	1x/2 yrs per tooth/site/procedure	Op Rpt
D7293	Placement of temporary anchorage device requiring flap	By Contract	1x/2 yrs per tooth/site/procedure	Op Rpt
D7294	Placement of temporary anchorage device without flap	By Contract	1x/2 yrs per tooth/site/procedure	Op Rpt
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	By Contract	1x/5 yrs/site/quad	Op Rpt
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	By Contract	1x/5 yrs/site/quad	Op Rpt
D7412	Excision of benign lesion, complicated	By Contract		Op Rpt
D7415	Excision of malignant lesion, complicated	By Contract		Op Rpt
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	By Contract	1x/5 yrs/procedure	Op Rpt
ADJUNCTIVE GENERAL SERVICES D9000 – D9999				
D9248	Non-intravenous (conscious) sedation	By Contract		Op Rpt
D9410	House/extended care facility call	By Contract		Op Rpt
D9630	Drugs or medicaments dispensed in office for home use	By Contract	1x/6 mos	Op Rpt
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	By Contract	1x/2 yrs/procedure	Op Rpt
D9920	Behavior management, by report	By Contract	1x/2 yrs/procedure	Op Rpt
D9932	Cleaning and inspection of a removable complete denture, maxillary	By Contract	1x/2 yrs/procedure	Op Rpt
D9933	Cleaning and inspection of a removable complete denture, mandibular	By Contract	1x/2 yrs/procedure	Op Rpt
D9934	Cleaning and inspection of a removable partial denture, maxillary	By Contract	1x/2 yrs/procedure	Op Rpt
D9935	Cleaning and inspection of a removable partial denture, mandibular	By Contract	1x/2 yrs/procedure	Op Rpt
D9942	Repair and/or reline of occlusal guard	By Contract	1x/2 yrs/procedure	Op Rpt