

**Distribution:** Dental 04-03

**Issued:** December 1, 2004

**Subject:** Implementation of CDT-5 Dental Procedure Codes

**Effective:** January 1, 2005

**Programs Affected:** Medicaid, Children's Special Health Care Services (CSHCS)

### Conversion to CDT-5 Dental Procedure Codes

This bulletin is to notify you of the CDT-5 (Current Dental Terminology) changes for 2005 that will be implemented by the Department of Community Health (DCH) for dates of service on and after January 1, 2005. The CDT-5 procedure code changes are effective for the Fee For Service program administered by DCH and the **Healthy Kids Dental** program in the 37 counties where the dental benefit is administered by Delta Dental Plan of Michigan.

Listed below are the CDT-5 procedure codes being adopted by DCH for dental services. Any new procedure code not listed will not be covered at this time. All procedure codes being deleted from the national code set will be eliminated from use for dates of service on and after January 1, 2005.

Please refer to your CDT-5 codebook for the full description of the new codes, as well as the list of deleted codes, revised codes, and code description. You may purchase the national codebook from the American Dental Association at 1-800-947-4746. This book must be referenced for the full code description, as well as additional information regarding coding guidelines.

The Procedure Codes Appendix is now posted on the DCH website. It is no longer part of the Medicaid Provider Manual. It lists the covered CDT-5 dental procedure codes, parameters and other coverage information along with the fees. Fees are updated when available. The website address is [www.michigan.gov/mdch](http://www.michigan.gov/mdch), click on Providers, Information for Medicaid Providers, Medicaid Fee Screens.

TABLE 1 – CDT-5 ADDITIONS

Procedure Code	Short Description	Comments
D2712	Crown-3/4 resin-based composite (Indirect)	Covered for under age 21 only. Prior Authorization required.
D2794	Crown-Titanium	CSHCS only. Prior Authorization required.
D2915	Recement cast or prefabricated post and core and permanent teeth	Covered for under age 21.

TABLE 1 – CDT-5 ADDITIONS		
Procedure Code	Short Description	Comments
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	Covered under age 21 only.
D5225	Maxillary Partial Denture-Flexible base (including any clasps, rests and teeth)	Prior Authorization required. Covered under age 21 only.
D5226	Mandibular Partial Denture- Flexible base (including any clasps, rests and teeth)	Prior Authorization required. Covered under age 21 only.
D6094	Abutment supported crown-(Titanium)	CSHCS only. Prior Authorization required.
D6194	Abutment supported retainer crown for FPD - (Titanium)	CSHCS only. Prior Authorization required.
D6205	Pontic- Indirect resin based composite	CSHCS only. Prior Authorization required.
D6214	Pontic-Titanium	CSHCS only. Prior Authorization required.
D6710	Crown-Indirect resin based composite	CSHCS only. Prior Authorization required.
D6794	Crown-Titanium	CSHCS only. Prior Authorization required.
D7283	Placement of device to facilitate eruption of impacted tooth	CSHCS only. Prior Authorization required.

TABLE 2 –CDT-5 REVISIONS		
Procedure Code	Short Description	Comments
D0150	Comprehensive Oral Evaluation-new or established patient	Revised nomenclature. See CDT-5 code book.
D1110	Prophylaxis-Adult	Revised nomenclature. See CDT-5 code book.
D1120	Prophylaxis-Child	Revised nomenclature. See CDT-5 code book.
D2710	Crown-resin-based composite (indirect)	Revised description.
D2910	Recement inlay, onlay, or partial coverage restoration	Revised description
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Revised nomenclature. See CDT-5 code book.
D7111	Extraction, coronal remnants-deciduous tooth	Revised description
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Revised nomenclature. See CDT-5 code book.

TABLE 2 –CDT-5 REVISIONS		
Procedure Code	Short Description	Comments
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	Revised nomenclature. See CDT-5 code book.
D7280	Surgical access of an unerupted tooth	Revised nomenclature. See CDT-5 code book.
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	Revised nomenclature. See CDT-5 code book.

TABLE 3 – CDT-5 DELETIONS		
Procedure Code	Short Description	Comments
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption.	See D7280 and/or D7282

**Manual Maintenance**

This bulletin may be discarded after review.

**Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director  
Medical Services Administration