The one thing that stays constant is change—and there’s no exception to this rule when it comes to CDT codes. The 2016 changes have been released with a whopping: 19 new codes 8 deleted codes 12 revised codes

The 21 voting members of the CMC met in Chicago in March to consider 74 requests for consideration of code changes. According to CMC Chair Dr. Charles Hoffman, “The CMC is a very knowledgeable, experienced group of dentists, representing the ADA, all the specialty groups and organizations. This group is able to discuss, debate and approve or disapprove CDT code submission in a very fair and efficient manner. On occasion, we agree to disagree and a majority vote determines the outcome of the submission.”

DENTAL PAYORS WILL DENY CLAIMS USING OUTDATED CODES

It is important to note that although dental payors must recognize all CDT codes, they are not required to provide reimbursement for them. Dental practices may determine fees for each code and submit claims accordingly. Keep in mind that dental payors will deny claims that are using outdated CDT codes. In fact, this is a leading reason for denied or delayed claims. It may prove to be a helpful exercise to contact the major carriers you are in contract with to determine what, if anything, they will reimburse for the new and newly changed codes.

Some third-party payors are taking an extra step to make this process even easier by posting how they plan to handle these changes. You can find Delta’s response at: http://tinyurl.com/3pmm4rlx

Cigna also posted a response on their homepage at: http://tinyurl.com/j2cekqo

NINETEEN NEW CODES

Regardless of payment policies for insurance plans, always bill the service you provide and follow the latest CDT code regulation. To the right is a list of the 19 new codes for 2016.

EIGHT DELETED CODES

There were eight codes that have been deleted from the CDT book. As of January 1, 2016 the list of codes to the right will no longer be accepted by dental insurance processors.

TWELVE REVISED CODES

There were a total of 53 codes that were revised, although 41 were editorial in nature. The 12 revised codes that may impact your billing protocols are listed in the chart to the right.

USING PROPER CODES CAN RESULT IN HIGHER REIMBURSEMENT

Using the proper code is equally as important as using a good coding strategy for your practice. Did you know that D1010 can be used for new patients who enter the practice with an AAPEI status of higher? Utilizing D0180 instead of D0150 can result in a higher reimbursement rate by many carriers. The doctor must first be sure in potential bone loss and foundational challenges for teeth when creating a restorative treatment plan for those patients. This additional time and energy is typically compensated through a higher reimbursement rate. There are other coding strategies that involve x-rays, fluoride and how hygiene services are coded.

BURKHART’S PRACTICE SUPPORT TEAM CAN HELP MAXIMIZE YOUR REIMBURSEMENT

The Burkhardt Practice Support Team routinely reviews individual procedural coding reports for practices to determine current coding protocols they are using and make them aware of strategies to maximize their reimbursement. In fact, this is one of our favorite value-added services we provide. This in-depth review is always a complimentary service for our clients who purchase supplies through Burkhardt Dental Supply. If you would benefit from a personalized review for your practice, please reach out to your Burkhardt Account Manager to get the process started.

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