

WESTERN DENTAL PLAN

SUMMARY OF CDT 2021 CHANGES

CDT 2021 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Below is the list of new CDT 2021 codes that will be included as covered benefits for all Western Dental Plan's. The below changes are effective January 1, 2021.

NEW CDT 2021 Dental Procedure Codes effective January 1, 2021

D0604 – Antigen testing for a public health related pathogen including coronavirus

Not a covered benefit

D0605 – Antibody testing for a public health related pathogen including coronavirus

Not a covered benefit

D0701 – Panoramic radiographic image – image capture only

The member's copayment will be the same as D0330 and is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D0702 – 2-D Cephalometric radiographic – image capture only

The member's copayment will be the same as D0340 and is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D0703 – 2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only

The member copayment will be the same as D0350 and is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D0705 – Extra oral posterior dental radiographic – image capture only

The member's copayment will the same as D0251 and is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D0706 – Intra- oral occlusal radiographic image – image capture only

The member's copayment will be the same as D0240 and is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D0707 – Intra-oral periapical radiographic image – image capture only

The member's copayment will be same as D0220 and is subject to the same limitations as referenced in the Provider Guide and Plan copayment schedules.

D0708 – intra-oral bitewing radiographic image – image capture only

The member copayment will be same as D0270 and is subject to the same limitations as referenced in the Provider Guide and Plan copayment schedules.

D0709 – Intra – oral complete series of radiographic images – image capture only

The member’s copayment will be the same as D0210 and is subject to the same limitations as referenced in the Provider Guide and Plan copayment schedules.

D1321 – Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high risk substance use

This procedure is not a covered benefit.

D1355 – Caries preventive medicament application – per tooth

The member’s copayment and will be the same and subject to the same limitations as D1354 as referenced in the Provider Manual and Plan copayment schedules.

D2928 - Prefabricated porcelain/ceramic – permanent tooth

When performed this procedure is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D3471 – Surgical repair of root resorption – anterior tooth

The members copayment will be the same and subject to the same limitations as D3410 referenced in the Provider Guide and Plan copayment schedules.

D3472 – Surgical repair of root resorption – premolar tooth

The member’s copayment will be the same and subject to the same limitations as D3421 referenced in the Provider Guide and Plan copayment schedules.

D3473 – Surgical repair of root resorption – molar tooth

The member’s copayment will be same and subject to the same limitations as D3425 referenced in the Provider Guide and Plan copayment schedules.

D3501 – Surgical exposure of root surface without apicoectomy or repair resorption - anterior

This procedure is comparable to existing codes D3471, D3472, D3473, D3501, D3502 and D3503 and is subject to the same limitations and referenced in the Provider Guide and Plan copayment schedules.

D3502 – Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar

This procedure is comparable to existing codes D3471, D3472, D3473, D3501, D3502 and D3503 and is subject to the same limitations and referenced in the Provider Guide and Plan copayment schedules.

D3503 – Surgical exposure of root surface without apicoectomy or repair of root resorption – molar

This procedure is comparable to existing codes D3471, D3472, D3473, D3501, D3502 and D3503 and is subject to the same limitations and referenced in the Provider Guide and Plan copayment schedules.

D6191 – Semi – precision abutment – placement

When performed this procedure is subject to the same limitations as referenced in the Provider Manual and Plan copayment schedules.

D6192 – Semi – precision attachment - placement

This procedure is comparable to existing code D5862 and is subject to the same limitations and referenced in the Provider Guide and Plan copayments.

D7961 – Buccal/labial frenectomy (frenulectomy)

This procedure is to be considered and treated the same as D7960. The member's copayment will be same and subject to the same limitations as D7960 referenced in the Provider Guide and Plan copayment schedules.

D7962 – Lingual frenectomy (frenulectomy)

This procedure is to be considered and treated the same as D7960. The member's copayment will be same and subject to the same limitations as D7960 referenced in the Provider Guide and Plan copayment schedules.

DELETED CDT 2021 Dental Procedure Codes effective January 1, 2021

D3427- Periradicular surgery without apicoectomy

Comparable new or existing codes (if applicable) D3471, D3472, D3473, D3501, D3502 D3503

D6052 – Semi precision attachment abutment

Comparable new or existing codes (if applicable) D6191 and D6192

D7960 – Frenulectomy – also know as frenectomy or frenotomy separate procedure not incidental to another procedure

Comparable new or existing codes D7961 and D7962