

May 5, 2009

Dr. Thomas McLellan  
Director, Professional Services  
Delta Dental Plan of Michigan, Ohio and Indiana  
4100 Okemos Road  
Okemos, MI 48864

Dear Dr. McClellan:

The Council on Dental Benefit Programs (CDBP), during its meeting on April 23-25, 2009, addressed two questions posed by your organization that pertain to use of entries in the *Code on Dental Procedures and Nomenclature (Code)* to document and report periodontal procedures.

Discussion of these questions led to CDBP consensus on answers to each. The two questions and the CDBP responses are attached.

Thank you for contacting the American Dental Association. Please contact the Council again should you have any questions about our reply or any other matters of interest.

Sincerely,



Joseph F. Hagenbruch, D.M.D.  
Chair, Council on Dental Benefit Programs

JFH:fjp  
Enclosure

cc: Dr. John Findley, president  
Dr. John Luther, senior vice president, Dental Practice/Professional Affairs  
Dr. Dave Preble, director, Council on Dental Benefit Programs

## **Answers to Questions Posed by Delta Dental of Michigan, Ohio and Indiana**

### Question 1

Is it the position of the American Dental Association, as the owner and copyright holder of the *Code*, relative to the nomenclature and descriptors of dental procedure codes D4260 and/or D4261, that a dentist may submit a claim for dental benefits to a third-party payer for D4260 and/or D4261 without reflecting a flap in the surgical site of the procedure being submitted for benefits?

#### ADA Response

Nomenclatures for dental procedure codes D4260 and D4261 contain the following salient text: "osseous surgery (including flap entry and closure)..." This wording is meant to preclude separate reporting of flap entry and closure when they are components of the osseous surgery procedure performed by the dentist.

### Question 2

This question relates to the patented "laser excisional new attachment procedure," also referred to as "Laser ANAP." What is the position of the American Dental Association, as the owner and copyright holder of the *Code*, relative to the appropriate dental procedure code a dentist should use when reporting this procedure to a third-party payer?

#### ADA Response

A dentist's clinical decisions determine what services (procedures) are delivered to a patient. The *Code on Dental Procedures and Nomenclature (Code)*, which is published in section 1 of the CDT manual, provides a means to document those procedures. The full procedure code entry as published must be considered when determining which dental procedure code could be used to document services provided. A procedure code entry consists of the code with its nomenclature, which are printed in boldface type. Some procedure code entries also have a descriptor, which is printed in regular typeface.

The current version of the *Code* is effective January 1, 2009 through December 31, 2010 and is published by the ADA in the manual titled *CDT 2009/2010* where the following entries are found in Section 1, page 25:

**D4260 osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant**

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This may include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4260 and should be reported using their own unique codes.

**D4261 osseous surgery (including flap entry and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant**

This procedure modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form. This may include the removal of supporting bone (ostectomy) and/or non-supporting bone (osteoplasty). Other procedures may be required concurrent to D4261 and should be reported using their own unique codes.

Dental procedure codes D4260 and D4261 are used to document an osseous surgery procedure that "...modifies the bony support of the teeth by reshaping the alveolar process to achieve a more physiologic form." If a dentist performs this procedure, then these codes are applicable.

**Whether or not LANAP procedures do, in some cases, modify the bony support of the teeth is not a coding issue, but a scientific and procedural issue.**

In cases where no modification of bony support is performed, a dentist may wish to consider the following procedure code entries as published on page 24 and 28 in section 1 of *CDT 2009-2010*:

**D4240 gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant**

A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes.

**D4241 gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant**

A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth, fractured root, or external root resorption. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.

**D4341 periodontal scaling and root planing – four or more teeth per quadrant**

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

**D4342 periodontal scaling and root planing – one to three teeth per quadrant**

This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

In cases where, in the opinion of the dentist, none of the entries in the *Code* accurately describe the services provided the patient, an "unspecified ...procedure by report" may be considered. These codes (e.g., "D4999 unspecified periodontal procedure, by report") are in each category of service, with the exception of Preventive. All "...by report" procedure codes are to include documentation that explains the service provided.