

California Dental Network

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California Dental Network Benefits Schedule and Policy Updates for 2018

Effective January 1, 2018

The American Dental Association has updated its Current Dental Terminology (CDT) for 2018. The Plan has updated all of its fee schedules to reflect the changes to the 2018 CDT. Some new procedures have been added as covered benefits on all Plans, some procedures are entirely new, and some have been modified and are replacing previously covered codes that have been removed by the CDT. The applicable fees apply to all Plan benefit schedules, subject to the Plan's Limitations and Exclusions. (Some of the Plan's Limitations and Exclusions are waived on Advantage Plans, and Plans with the Cosmetic Benefits Rider).

Please contact the Plan's Member Services or Provider Relations department if you have any questions regarding coverage.

The following procedure Codes have been **added** to the 2018 CDT and the CDN Plan Benefit Schedules. Please see the complete Plan Benefit Matrix available at www.caldental.net for the corresponding copayments for each plan:

CDT Code	Description	CDN Guidelines
D5511	Repair broken complete denture base, mandibular.	
D5512	Repair broken complete denture base, maxillary.	
D5611	Repair resin denture base, mandibular.	
D5612	Repair resin denture base, maxillary.	
D5621	Repair cast partial framework, mandibular.	
D5622	Repair cast partial framework, maxillary.	
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	
D9222	Deep sedation/general anesthesia – first 15 minutes.	
D9239	Deep sedation/general anesthesia - each subsequent 15 minutes.	
D9995	teledentistry – synchronous; real-time encounter	<i>Covered only at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform.</i>
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	<i>Covered only at the General Dentist's office unless specific prior authorization given by Plan for specialist to perform.</i>

The following previously covered procedure Codes have been **modified** from the 2017CDT for the 2018CDT. The corresponding copayments for each plan remain the same:

CDT Code	Description
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D1354	Interim Caries arresting medicament application- <u>per tooth</u> . Does not include dental fluoride varnish application.
D2740	crown - porcelain/ceramic substrate
D3320	endodontic therapy, premolar bicuspid tooth (excluding final restorations)
D3330	endodontic therapy, molar <u>tooth</u> (excluding final restorations)
D3347	retreatment of previous root canal therapy – bicuspid premolar
D3421	apicoectomy – bicuspid premolar (first root)
D4355	full mouth debridement to enable <u>a comprehensive oral evaluation and diagnosis on a subsequent visit. Not to be completed on the same day as D0150, D0160, or D0180.</u>
D7111	Extraction, coronal remnants - <u>primary</u> deciduous tooth
D9223	deep sedation/general anesthesia – each <u>subsequent</u> 15 minute increment
D9243	intravenous moderate (conscious) sedation/anesthesia – each <u>subsequent</u> 15 minute increment

The following previously covered procedure Codes have been **deleted** from the 2018CDT and should not be used to determine coverage and benefits after January 1, 2018. The Plan will substitute the appropriate replacement codes for coverage after January 1, 2018:

CDT Code	Description
D5510	repair broken complete denture base
D5610	repair resin denture base
D5620	repair cast framework