

Dental Office Update



2023 CDT Code and Processing Changes

On January 1, 2023, Delta Dental of Oregon (DDOR) will implement the new codes that the ADA has outlined in CDT-23. The table shows which new codes may be covered by DDOR. Any new CDT codes not listed on the chart are not covered under DDOR plans.

Please refer to the group limitations of each patient’s plan in Benefit Tracker for specific benefit information as some plans may handle the new codes differently.

Also, the following codes will be deleted with CDT-23. DDOR will no longer accept deleted codes after March 2023.

- D0351
- D0704

CDT-2023 code books can be purchased through the American Dental Association at ada.org.

New 2023 CDT codes:

Code	Nomenclature	2023 Coverage
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	Benefits are denied unless covered by group/individual contract.
D0373	intraoral tomosynthesis – bitewing radiographic image	Benefits are denied unless covered by group/individual contract.
D0374	intraoral tomosynthesis – periapical radiographic image	Benefits are denied unless covered by group/individual contract.
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Benefits are denied unless covered by group/individual contract. When submitted in conjunction with D0210, fees for D0387 are not billable to the patient.

D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	Benefits are denied unless covered by group/individual contract. When submitted in conjunction with D0270, fees for D0388 are not billable to the patient.
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	Benefits are denied unless covered by group/individual contract. When submitted in conjunction with D0220, fees for D0389 are not billable to the patient.
D0801	3D dental surface scan – direct	3D scans are denied as a specialized procedure.
D0802	3D dental surface scan – indirect	3D scans are denied as a specialized procedure.
D0803	3D facial surface scan – direct	3D scans are denied as a specialized procedure.
D0804	3D facial surface scan – indirect	3D scans are denied as a specialized procedure.
D1781	vaccine administration – human papillomavirus – Dose 1	Benefits are denied unless covered by group/individual contract.
D1782	vaccine administration – human papillomavirus – Dose 2	Benefits are denied unless covered by group/individual contract.
D1783	vaccine administration – human papillomavirus – Dose 3	Benefits are denied unless covered by group/individual contract.
D4286	removal of non-resorbable barrier	<p>a. Fees for removal of barrier membrane (D4286) by the same dentist/dental office who placed the barrier (D4267) are not billable to the patient.</p> <p>b. Benefits for removal of a barrier membrane (D4286) by a different dentist/dental office than who placed the barrier are denied.</p>
D6105	removal of implant body not requiring bone removal or flap elevation	When implants are covered by the group/individual contract, the fee for D6105 when performed within 6

		months of D6010/D6013 on the same tooth by the same dentist/dental office is NOT BILLABLE TO THE PATIENT. Benefits are denied if done by a different dentist/dental office.
D6106	guided tissue regeneration – resorbable barrier, per implant	<p>a. Benefits for GTR when billed in conjunction with implants, soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure.</p> <p>b. Benefits for GTR, in conjunction with mucogingival/soft tissue grafts in the same surgical area, are denied.</p>
D6107	guided tissue regeneration – non-resorbable barrier, per implant	<p>a. When covered by group/individual contract, benefits for GTR when billed in conjunction with mucogingival/soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure.</p> <p>b. Fees for re-entry for removal of the barrier material are not billable to the patient by the same dentist/dental office.</p>
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	<p>a. Benefits are denied unless covered by group/individual contract.</p> <p>b. Fees for replacement of restorative material to close an access opening of a screw retained implant supported prosthesis when performed by the same dentist/dental office within 6 months placement of the</p>

		<p>implant prosthesis are not billable to the patient.</p> <p>c. Fees for D6197 are not billable to the patient on the same date of service by same dentist/dental office as D6080 or D6090.</p>
D7509	marsupialization of odontogenic cyst	by report and subject to coverage available under the medical plan
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	Benefits for GTR when billed in conjunction with implants, soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure.
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	<p>a. Benefits for GTR when billed in conjunction with implants, mucogingival/soft tissue grafts on implants, ridge augmentation, ridge preservation/extraction sites, periradicular surgery, apicoectomy sites, hemisections etc. are denied as a specialized procedure.</p> <p>b. Benefits for GTR, in conjunction with mucogingival/soft tissue grafts in the same surgical area, are denied.</p>
D9953	reline custom sleep apnea appliance (indirect)	<p>a. Benefits are denied unless covered by group/individual contract.</p> <p>b. Fees for reline of custom sleep apnea appliance, if performed within six months of initial placement by the same dentist/dental office are not billable to the patient.</p> <p>c. Benefits for reline, if performed within six months of initial placement by a</p>

		different dentist/dental office are denied.
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2023 Processing Policy Changes:

Code	Nomenclature	2023 Coverage
D0270 - D0274	Bitewings - radiographic images	The fees for additional bitewings (D0270-D0274) within 6 months of D0210 are NOT BILLABLE TO THE PATIENT by the same dentist/dental office. Benefits are denied if done by a different dentist/dental office.

2023 Medicare Advantage Changes for Moda and Summit Health

Moda & Summit Health plans:

Delta Dental of Oregon partnered with **Moda Health & Summit Health** in 2021 to offer supplemental dental benefits under their Medicare Advantage plan. Below is an outline of how these benefits will be administered come 2023. Please click [here](#) to view the full 2023 benefit grid.

Plan overview:

Effective 2023 there will be distinct benefit difference between in vs out-of-network benefits. Annual maximums will range from \$500-\$1,000 come 2023. Major services such as Implants and Orthodontics are covered up to the annual max, and predeterminations are not required.

- **DDOR Medicare Advantage contracted (In-network)** – 100% preventative coverage and 80% coverage for basic and major services up to the annual maximum.
- **Non-Medicare contracted providers (out-of-network)** – 50% coverage for all services up to the annual maximum.

Important note:

Providers must be directly contracted in Delta Dental of Oregon’s Medicare Advantage network to be considered in-network.

How do I become an in-network provider?

1. Review and sign the Medicare Advantage network contract. This agreement will honor your contracted **Premier fees** with Delta Dental of Oregon.
2. Complete the Medicare Advantage Attestation document. Only one document is required for your office(s). If your office operates under multiple Tax ID numbers, please list all that apply.

If you are interested in extending your participation to include this network, please sign and return the contract and attestation, found [here](#), to Dental Professional Relations via email at ORContracting@DeltaDentalOR.com or via fax to 503-243-3965.

Fast, Flexible Financing for your Practice

A lot of practices are facing unique opportunities and challenges. Astra Practice Partners financing is here to help you navigate what's next.

You've got access to capital with one simple form. No complex bank process. Within 48 hours, we email you a proposal. It's that simple.

To get started just call or email at 503-412-4200 or info@dentalcommercecorp.com

Remember to reassess your Health through Oral Wellness patients every 12-14 months.

Please ensure your Health through Oral Wellness patients are being reassessed within 12-14 months of their last assessment. Patients not reassessed during this timeframe are at risk of being reassigned to their standard plan benefits.



Provider Handbooks
[Dentist Handbook \(PDF\)](#)

Directory Diversity Surveys
[Clinic Provider](#)

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