

December 2012

RE: Your DeltaCare<sup>®</sup> USA Group Dental Plan

Dear Enrollee:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires providers and insurers to use the American Dental Association's (ADA) Current Dental Terminology<sup>®</sup> (CDT)\* for electronic health care transactions. On January 1, 2013, the ADA's newest version, CDT 2013, will go into effect.

A general summary with some of the CDT 2013 changes can be accessed on our website at [deltadentalins.com](http://deltadentalins.com). While you will note new, replacement and deleted codes, the delivery of benefits through the dental facility essentially remains unchanged. Also, please note, codes may vary by plan and some codes may not be applicable to your particular plan. All network dentists will be notified of these updates as well.

Sincerely,

Delta Dental Insurance Company

\*Current Dental Terminology<sup>®</sup> (CDT) is a copyright of the American Dental Association.

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**Summary of CDT 2013 Changes**

CDT 2013 is the newest version of the American Dental Association's (ADA) Current Dental Terminology, effective January 2013. Federal HIPAA legislation requires that it be used in electronic health care transactions. When the ADA changes the codes, carriers must adopt the changes. CDT coding and nomenclature are the copyright of the American Dental Association. Below is a general summary with some of the CDT changes effective January 1, 2013. DeltaCare dentists have been notified of these updates and can discuss the procedures covered under your plan at the time of service.

Text in the below summary that appears in italics is provided by Delta Dental for clarification and is not to be interpreted as CDT 2013 procedure codes, descriptors or nomenclature that are under copyright by the ADA.

***Please note that codes may vary by plan and some codes may not be applicable to your particular plan. Discuss with your DeltaCare dentist at the time of service questions regarding which codes are covered. The below codes will be valid effective January 1, 2013.***

<b>CODE</b>	<b>DESCRIPTION</b>	<b>CO-PAYMENT</b>
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
D1208	Topical application of fluoride  <i>If codes D1203 and/or D1204 are covered benefits under your current plan, please note that they will no longer be valid effective 1/01/2013 and will be replaced with new code D1208. Current age limits still apply.</i>	If D1203 is covered on your current Schedule A, equivalent copayment would apply.
D2929	Pre-fabricated porcelain/ceramic crown – primary tooth	If D2933 is covered on your current Schedule A, equivalent copayment would apply.
D2981	Inlay repair necessitated by restorative material failure	If D2980 is covered on your current Schedule A, equivalent copayment would apply.
D2982	Onlay repair necessitated by restorative material failure	If D2980 is covered on your current Schedule A, equivalent copayment would apply.
D2983	Veneer repair necessitated by restorative material failure  <i>D2983 is only a benefit if veneers (D2960, 2961 and 2962) are covered.</i>	If D2980 is covered on your current Schedule A, equivalent copayment would apply.
D2990	Resin infiltration of incipient smooth surface lesions	If D1351 or D1352 are covered on your current Schedule A, the equivalent copayment for whichever is higher would apply.
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	If D4211 is covered on your current Schedule A, equivalent copayment would apply.
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft  <i>If code 4271 is a covered benefit under your current plan, please note that it will no longer be valid effective 1/01/2013 and will be replaced with new codes D4277 and D4278.</i>	If D4271 is covered on your current Schedule A, equivalent copayment would apply.

D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site  <i>If code 4271 is a covered benefit under your current plan, please note that it will no longer be valid effective 1/01/2013 and will be replaced with new codes D4277 and D4278.</i>	If D4271 is covered on your current Schedule A, equivalent copayment would apply.
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays  <i>D9975 is only a benefit if D9972 is covered under your current plan. D9972 no longer applies and D9975 should be used instead.</i>	If D9972 is covered on your current Schedule A, equivalent copayment would apply.

***The below codes will no longer be valid CDT codes as of January 1, 2013.***

<b>CODE</b>	<b>DESCRIPTION</b>	<b>REFERENCE</b>
D1203	Topical application of fluoride - child	Please refer to code D1208 in lieu of D1203.
D1204	Topical application of fluoride - adult	Please refer to code D1208 in lieu of D1204.
D4271	Free soft tissue graft procedure (including donor site)	Please refer to codes D4277 and D4278 in lieu of D4271.
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	Please refer to code D2952 in lieu of D6970.
D6972	Prefabricated post and core in addition to fixed partial denture retainer	Please refer to code D2954 in lieu of D6972.
D6973	Core buildup for retainer; including pins	Please refer to code D2950 in lieu of D6973.
D6976	Each additional indirectly fabricated post – same tooth	Please refer to code D2953 in lieu of D6976.
D6977	Each additional prefabricated post – same tooth	Please refer to code D2957 in lieu of D6977.