

# CDT 2021 CODE CHANGES

## DPPO and DHMO Summary

### Important Update

The American Dental Association® (ADA) has released its Code on Dental Procedures and Nomenclature for 2021 (CDT 2021). Please use these codes for all procedures performed on or after **January 1, 2021**. As in previous releases, some new codes have been added, while other existing codes have been deleted. Note that not all CDT Codes are covered on all dental plans administered by Cigna Dental.

### New CDT 2021 Dental Procedure Codes effective January 1, 2021

New code	Nomenclature	Comparable prior/existing code(s)*	Coverage (subject to plan exclusions, limitations, and guidelines)
D0604	Antigen testing for a public health related pathogen including coronavirus	N/A	Not Standardly Covered
D0605	Antibody testing for a public health related pathogen including coronavirus	N/A	Not Standardly Covered
D0701	panoramic radiographic image – image capture only	D0330	Coverage guidelines are comparable to the guidelines for D0330
D0702	2-D cephalometric radiographic image – image capture only	D0340	Coverage guidelines are comparable to the guidelines for D0340
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	D0350	Coverage guidelines are comparable to the guidelines for D0350
D0704	3D photographic image – image capture only	D0351	Coverage guidelines are comparable to the guidelines for D0351
D0705	extra-oral posterior dental radiographic image – image capture only	D0251	Coverage guidelines are comparable to the guidelines for D0251
D0706	intraoral – occlusal radiographic image – image capture only	D0240	Coverage guidelines are comparable to the guidelines for D0240
D0707	intraoral – periapical radiographic image – image capture only	D0220	Coverage guidelines are comparable to the guidelines for D0220

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New code	Nomenclature	Comparable prior/existing code(s)*	Coverage (subject to plan exclusions, limitations, and guidelines)
D0708	intraoral – bitewing radiographic image – image capture only	D0270	Coverage guidelines are comparable to the guidelines for D0270
D0709	intraoral – complete series of radiographic images – image capture only	D0210	Coverage guidelines are comparable to the guidelines for D0210
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	D1320	Coverage guidelines are comparable to the guidelines for D1320
D1355	caries preventive medicament application – per tooth	D1354	Coverage guidelines are comparable to the guidelines for D1354
D2928	prefabricated porcelain/ceramic crown – permanent tooth	D2932	Coverage guidelines are comparable to the guidelines for D2932
D3471	surgical repair of root resorption – anterior	D3427	Coverage guidelines are comparable to the guidelines for D3427
D3472	surgical repair of root resorption – premolar	D3427	Coverage guidelines are comparable to the guidelines for D3427
D3473	surgical repair of root resorption – molar	D3427	Coverage guidelines are comparable to the guidelines for D3427
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	D3427	Coverage guidelines are comparable to the guidelines for D3427
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	D3427	Coverage guidelines are comparable to the guidelines for D3427
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption – molar	D3427	Coverage guidelines are comparable to the guidelines for D3427
D5995	periodontal medicament carrier with peripheral seal – laboratory processed - maxillary	D5994	Coverage guidelines are comparable to the guidelines for D5994
D5996	periodontal medicament carrier with peripheral seal – laboratory processed - mandibular	D5994	Coverage guidelines are comparable to the guidelines for D5994
D6191	semi-precision abutment - placement	D6052	Coverage guidelines are comparable to the guidelines for D6052
D6192	semi-precision attachment - placement	D5862	Coverage guidelines are comparable to the guidelines for D5862

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New code	Nomenclature	Comparable prior/existing code(s)*	Coverage (subject to plan exclusions, limitations, and guidelines)
D7961	buccal / labial frenectomy (frenulectomy)	D7960	Coverage guidelines are comparable to the guidelines for D7960
D7962	lingual frenectomy (frenulectomy)	N/A	Not Standardly Covered
D7993	surgical placement of craniofacial implant – extra oral	N/A	Not Standardly Covered
D7994	surgical placement: zygomatic implant	D6010	Coverage guidelines are comparable to the guidelines for D6010

\*The procedure codes listed are from the *Code on Dental Procedures and Nomenclature* © ADA. The ADA may periodically change CDT Codes or descriptions. Different codes may be used to describe these procedures.

## Deleted CDT Codes effective January 1, 2021

Deleted Code	Nomenclature	Comparable new or existing code(s)* (if applicable)
D3427	Periradicular surgery without apicectomy	D3471, D3472, D3473, D3501, D3502, D3503
D5994	Periodontal medicament carrier with peripheral seal – laboratory processed	D5995, D5996
D6052	Semi-precision attachment abutment	D6191, D6192
D7960	Frenulectomy – also known as frenectomy or frenotomy separate procedure not incidental to another procedure	D7961, D7962

To obtain a copy of the CDT 2021 codes, visit the ADA's online catalog at [ADA.org](http://ADA.org), or call 1.800.947.4746.

If you have any questions or would like to obtain a copy of your fee schedule with the new CDT codes (available starting **March 1, 2021**) please call the Provider Service Unit Monday through Friday between 9:00 a.m. and 6:00 p.m. ET at **1.800.Cigna24 (1.800.244.6224)**.

At the voice prompts, say “**provider**”, enter your **tax identification number**, say “**contracting**”, and then say “**dental**”.

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