OPTUM360°™

Relative Values for Dentists

Relative values based on survey data from Relative Value Studies, Inc.

SAMPLE

2017

ICD-10

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Introduction

Getting Started

Relative Values for Dentists is a comprehensive relative value system for use in the practice of dentistry. In order to provide a complete resource for the development of dental services, codes from the American Dental Association's (ADA) Current Dental Terminology (CDT®) system as well as applicable codes from the American Medical Association's (AMA) Physicians' Current Procedural Terminology (CPT®) system are included.

The relative values displayed for CPT codes are from *Relative Values for Physicians,* which is also developed by Relative Value Studies, Inc. and published by Optum360. Optum360 technical editors have selected the CPT codes most pertinent to dental and OMS services for display in this book. Relative values for CPT and CDT codes were

developed on different scales and different conversion factors must be used when creating a fee schedule.

This book provides a listing of dental services with unit values. The values indicate the relative effort of each procedure. Codes and descriptors for recognized procedures and services that are performed by dental practitioners are included. It is important to remember that any or all dental practitioners may use all sections of this book, but users must be aware that CDT and CPT codes were developed on different relative value scales and additional analysis may be required when using the CPT data.

Because *Relative Values for Dentists* contains both CDT and CPT codes, indicators below do not apply to all codes.

Definitions of Terms in *Relative Values for Dentists*
Column Descriptions

(1)	(2)	(3)	(4)	(5)	(6)	(7)
UPD		Code	Description	Units	Anes	Global
160	▲ ✚	99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	20.0		ZZZ

(1) UPD This column indicates the date the procedure was updated for *Relative Values for Dentists* or *Relative Values for Physicians.* For the year 2016, the update stamp will read 160; for 2015, 150; and so on. Mid-year updates, when required, are posted to the optumcoding.com website during the preceding year. The update stamp 151 would indicate a value that was changed mid-year 2015. The update stamp is removed after three years.

(2) TYPE Indicates code type or AMA icon.

M Indicates a code that has been deleted from the CPT or CDT code set. This publication contains those codes which have been deleted within the past year.

R Indicates a code that has been developed by Relative Value Studies, Inc. (RVSI). These descriptions and the unit value information appear under certain unlisted procedures. See the *Relative Values for*

Dentists with CDT Codes section of this Introduction for a full explanation. A complete listing of R codes can be found in the R Code Crosswalk chapter.

▲ The triangle indicates a change in the code description.

● The circle indicates that the code was added to the CPT or CDT code set.

The following icons apply to codes in the CPT section only:

✚ Indicates an add-on code. Add-on codes describe additional intra-service work associated with the primary procedure. They are performed by the same provider on the same date of service as the primary service/procedure, and must never be reported as a stand-alone code.

UPD	Code	Description	Units
150	**D3331**	treatment of root canal obstruction; non-surgical access; In lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.	10.1
150	**D3332**	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth; Considerable time is necessary to determine diagnosis and/or provide initial treatment before the fracture makes the tooth unretainable.	5.4
150	**D3333**	internal root repair of perforation defects; Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by provider filing claim.	4.0
150	**D3346**	retreatment of previous root canal therapy - anterior	11.0
150	**D3347**	retreatment of previous root canal therapy - bicuspid	13.4
150	**D3348**	retreatment of previous root canal therapy - molar	16.5
150	**D3351**	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.); Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy.)	5.0 (I)
140	**D3352**	apexification/recalcification - interim medication replacement; For visits in which the intra-canal medication is replaced with new medication. Includes any necessary radiographs.	3.8 (I)
	D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.); Includes removal of intra-canal medication and procedures necessary to place final root canal filling material including necessary radiographs. (This procedure includes last phase of complete root canal therapy.)	8.0
150	**D3355**	pulpal regeneration - initial visit; Includes opening tooth, preparation of canal spaces, placement of medication.	6.0 (I)
150	**D3356**	pulpal regeneration - interim medication replacement	4.3 (I)
150	**D3357**	pulpal regeneration - completion of treatment; Does not include final restoration.	4.3 (I)
140	**D3410**	apicoectomy - anterior; For surgery on root of anterior tooth. Does not include placement of retrograde filling material.	9.1 (I)
140	**D3421**	apicoectomy - bicuspid (first root); For surgery on one root of a bicuspid. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.	10.5 (I)
140	**D3425**	apicoectomy - molar (first root); For surgery on one root of a molar tooth. Does not include placement of retrograde filling material. If more than one root is treated, see D3426.	11.7 (I)
140	**D3426**	apicoectomy (each additional root); Typically used for bicuspids and molar surgeries when more than one root is treated during the same procedure. This does not include retrograde filling material placement.	5.0 (I)
150	**D3427**	periradicular surgery without apicoectomy	4.7 (I)
150	**D3428**	bone graft in conjunction with periradicular surgery - per tooth, single site; Includes non-autogenous graft material.	5.4 (I)
150	**D3429**	bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site; Includes non-autogenous graft material.	5.3 (I)
	D3430	retrograde filling - per root; For placement of retrograde filling material during periradicular surgery procedures. If more than one filling is placed in one root - report as D3999 and describe.	3.0
150	**D3431**	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	13.1 (I)
150	**D3432**	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	16.0 (I)
	D3450	root amputation - per root; Root resection of a multi-rooted tooth while leaving the crown. If the crown is sectioned, see D3920.	5.0
150	**D3460**	endodontic endosseous implant; Placement of implant material, which extends from a pulpal space into the bone beyond the end of the root.	15.5
150	**D3470**	intentional reimplantation (including necessary splinting); For the intentional removal, inspection and treatment of the root and replacement of a tooth into its own socket. This does not include necessary retrograde filling material placement.	10.0
	D3910	surgical procedure for isolation of tooth with rubber dam	2.6

UPD		Code	Description	Units	Anes	Global
		11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	1.5	5	010
		11441	excised diameter 0.6 to 1.0 cm	1.9	5	010
		11442	excised diameter 1.1 to 2.0 cm	2.2	5	010
		11443	excised diameter 2.1 to 3.0 cm	2.7	5	010
		11444	excised diameter 3.1 to 4.0 cm	3.2	5	010
		11446	excised diameter over 4.0 cm	3.5	5	010
		12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.4	5	000
		12013	2.6 cm to 5.0 cm	1.7	5	000
		12014	5.1 cm to 7.5 cm	2.0	5	000
		12015	7.6 cm to 12.5 cm	2.3	5	000
		12016	12.6 cm to 20.0 cm	2.7	5	000
		12017	20.1 cm to 30.0 cm	3.1	5	000
		12018	over 30.0 cm	3.5	5	000
		12020	Treatment of superficial wound dehiscence; simple closure	1.6	3	010
		12021	with packing	1.8	3	010
		12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	2.3	5	010
		12052	2.6 cm to 5.0 cm	2.4	5	010
S		12053	5.1 cm to 7.5 cm	3.0	5	010
S		12054	7.6 cm to 12.5 cm	3.6	5	010
S		12055	12.6 cm to 20.0 cm	4.2	5	010
S		12056	20.1 cm to 30.0 cm	4.8	5	010
S		12057	over 30.0 cm	5.4	5	010
S		13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	2.9	5	010
S		13132	2.6 cm to 7.5 cm	4.9	5	010
	✚	13133	each additional 5 cm or less (List separately in addition to code for primary procedure)	1.8 (I)	0	ZZZ
		13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	4.2	3	090
S		15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	12.7	5	090
	✚	15121	each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	4.1	0	ZZZ
S		15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	10.9	5	090
	✚	15241	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	4.0	0	ZZZ
S		15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	13.8	5	090
	✚	15261	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	6.0	0	ZZZ

✚ Add-on Code   ⊘ AMA Modifier 51 Exempt   ⑤⓪ Optum Mod 51 Exempt   ⊙ Moderate Sedation   # Resequenced Code

Note: For a complete explanation of each icon, please see the Introduction