

TESTIMONY OF THE AMERICAN DENTAL ASSOCIATION

**CDT CODE MAINTENANCE PROCESS**

COMPLIANCE WITH

PL104-191

REGULATIONS PROMULGATED BY THE SECRETARY, HEALTH AND HUMAN SERVICES

AND

CONSISTENCY WITH OTHER NAMED HIPAA MEDICAL CODE SET MAINTENANCE PROCESSES

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

SUBCOMMITTEE ON STANDARDS

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## 1. SUMMARY

PL 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), was enacted on August 21, 1996. The Secretary, Health and Human Services, under the law's Administrative Simplification provisions, published the final rule on HIPAA standard transactions and code sets in the August 17, 2000 Federal Register. This rule addressed changes to 45CFR Parts 160 and 162, which established standards for electronic health care transactions and code sets used in these transactions. According to the regulatory text:

- 162.1002 Medical Data Code Sets – The Secretary adopts the following code set maintaining organization's code sets as the standard data code sets:
  - (d) *Code on Dental Procedures and Nomenclature*, as maintained and distributed by the American Dental Association, for dental services.

The purpose of the CDT Code is to achieve uniformity, consistency and specificity in accurately reporting dental treatment. One use of the CDT Code is to provide for the efficient processing of dental claims, and another is to populate an Electronic Health Record. The dental profession has been using the CDT Code since 1969 to report dental procedures for a variety of reasons and is therefore familiar with this code set. The CDT Code well satisfies the dual aims of profession-wide standardization in reporting, and the administrative simplification that stems from a universally recognized taxonomy.

In December 2011 the ADA Council on Dental Benefit Programs was charged with developing and implementing a CDT Code maintenance process that would enable completion of work in process on the upcoming version by July 1, 2012, as scheduled. To achieve this goal the Council established its Code Advisory Committee, a group of dental community stakeholders that included the third-party payer organizations named to the former Code Revision Committee, as well as representatives of dental specialty organizations (e.g., pediatric dentistry; oral and maxillofacial surgery; periodontology), the Academy of General Dentistry and the American Dental Education Association.

The Code Advisory Committee convened in open session on February 16-17, 2012 and delivered comment and advice, from its members and from others in attendance, on the 146 CDT Code change requests in the queue. Before adjournment the CAC chair asked all attendees for feedback on the process that was put in place in short order, and to offer suggestions on how the process might be improved.

Process feedback and suggestions were discussed during the April 2012 Council meeting, and several changes have been made. The significant change was to enhance the CAC's role by changing it from purely an advisory body to a voting body with final decision authority over changes to the CDT Code. Notice of this action has been conveyed to all its member organization representatives, as well as being posted on ADA.org pages that are open to the public.

The process now in place incorporates best practices of other entities that maintain HIPAA medical code sets, such as CPT and ICD-9-CM. In addition the Council incorporated features (e.g., formal participation of dental specialty organizations) of the CDT Code maintenance process in place before the advent of the Code Revision Committee in 2001.

Features of the CDT Code maintenance process now in place are:

1. The CAC, a 21 member body comprised of representatives from numerous sectors of the dental community (e.g., third-party payers; dental specialties, including Public Health Dentistry), that will vote to accept, amend or decline a CDT Code change request. This is a more comprehensively representative body than the CRC which had twelve voting members, evenly divided between the ADA and the third-party payer community only.

2. A summary of change requests to be addressed at each CAC meeting will be posted for download on ADA.org, including information on how to request a copy of the complete request form. This feature parallels the protocols in place for HCPCS and ICD-9-CM maintenance, but that is where the CDT Code maintenance process departs from HCPCS and ICD-9-CM and becomes much more open, transparent and inclusive.
3. A portion of the CAC meetings will be open, where the submitters of change requests and any other interested parties are encouraged to voice their comments on requested changes to the voting body. This parallels the CRC process and mirrors the CPT maintenance process where its decision making body (CPT Editorial Panel) hears oral comments directly. In contrast, the decision making bodies for HCPCS and ICD-9-CM do not hear oral comments.
4. A second portion of the CAC meeting is where the members discuss and cast their votes on all code change requests in public. In contrast, decisions on HCPCS and ICD-9 changes are made in closed session. These voting decisions are controlling in regard to changes to the CDT Code.
5. The ADA Council on Dental Benefit Programs sends notices of action taken to each person or entity that submitted a CDT Code change request and posts the results on ADA.org.

The next closing date for CDT Code change requests is November 1, 2012, for the version effective January 1, 2014. All submissions will be on the CAC agenda when the committee convenes on February 28, 2013 and March 1-2, 2013.

## CDT CODE MAINTENANCE PROCESS

### a) Evolution of the CDT Code Maintenance Process

ADA representatives solicited comments on the February 2012 CAC meeting and next steps as described in the participation invitation, before that meeting's adjournment. Concerns regarding the initial process were expressed by CAC members, including dentists, governmental agencies and third-party payers. This feedback led the Council to reevaluate the process and make changes that reflect best practices from the CDT Code maintenance process that preceded the CRC, and incorporates processes established by other organizations (e.g., AMA for CPT) that maintain HIPAA named medical code sets.

During its April 2012 meeting the Council adopted a significant revision to the maintenance process, changing the CAC from an advisory body to a multi-stakeholder committee that votes to accept, amend or decline each CDT Code change request. In positive response to stakeholder comments, the decisions of the CAC will be final, without ratification from the Council on Dental Benefit Programs. The ADA believes that the net result of the Council's actions will be a dental procedure code taxonomy that is more responsive to the needs of the dental community.

### b) Representation

CAC membership (21 individuals representing 18 separate organizations) and the number of votes for each (in parentheses) are:

1. Five representatives from the American Dental Association, one of whom will serve as CAC chair (5)
2. Representatives of the nine independent dental specialties (9 – one each)
  - a. Academy of Prosthodontics (1)
  - b. American Academy of Oral and Maxillofacial Pathology (1)
  - c. American Academy of Oral and Maxillofacial Radiology (1)
  - d. American Academy of Pediatric Dentistry (1)
  - e. American Academy of Periodontology (1)
  - f. American Association of Endodontists (1)
  - g. American Association of Oral and Maxillofacial Surgeons (1)
  - h. American Association of Orthodontists (1)
  - i. American Association of Public Health Dentistry (1)
3. One representative from the Academy of General Dentistry (1)
4. One representative from the American Dental Education Association (1)
5. A representative from America's Health Insurance Plans (1)
6. A representative from Blue Cross and Blue Shield Association (1)
7. A representative from Centers for Medicare and Medicaid Services (1)
8. A representative from Delta Dental Plans Association (1)
9. A representative from National Association of Dental Plans (1)

**c) Timeline**

CDT Code Annual Review and Revision Process Tasks and Timeline Leading to CDT Code Version Effective <b>January 1, 2014</b>	
Date (Day)	Event/Activity
November 1, 2012	Closing date for submission of CDT Code change requests for this review and revision cycle <ul style="list-style-type: none"> <li>• Requests received after this date will be considered in the next annual review and revision cycle</li> </ul>
December 15, 2012	Change request form distribution to CAC members <ul style="list-style-type: none"> <li>• Batch Summary Inventory posted on ADA.org</li> </ul>
February 28, 2013	Open CAC meeting for public discussion and comment on CDT Code change requests
March 1-2, 2013	CAC meeting where members vote on requests and prepare Action report <ul style="list-style-type: none"> <li>• Report includes detailed rationales for specified action</li> <li>• Proceedings may be observed by interested parties</li> </ul>
March 12, 2013	Action report circulated to CAC members and posted on ADA.org for public comment
March 26, 2013	Public comments on Action report due
April 5, 2013	CAC conference call meeting to review public comments and determine what changes, if any, should be made to Action report for CDBP
May 1, 2013	CDBP Notice of CAC actions to requestors including rationales for the actions <ul style="list-style-type: none"> <li>• Summary Actions report distributed to stakeholders and posted on ADA.org for the public</li> </ul>
June 1, 2013	Preparation of CDT Code version effective January 1, 2014 is complete
November 1, 2013	Closing date for submission of CDT Code change requests for the next review cycle

**d) CDT Code Change Request Evaluation Guidelines**

These guidelines serve two purposes: 1) to assist requestors in preparing their CDT Code change request forms; and 2) to aid CAC members and the Council to determine whether to accept or decline a CDT Code change. Evaluation guidelines, in conjunction with information on a CDT Code change request form (e.g., rationale for the addition, revision or deletion), support discussion prior to CAC voting and CDBP ratification.

All guidelines are posted on ADA.org for public information. Posted guidelines, as adopted by the ADA Board of Trustees, are:

1. Code change request evaluation should be based on the need for documenting procedures based upon the patient's dental needs and not on services covered by any applicable dental benefit plan.

2. Procedures that are being provided by dentists to patients should have a code available for documentation.
3. Procedure code nomenclatures and descriptors should be clear and unambiguous.
4. Nomenclatures and descriptors address the manner in which the procedure is delivered, and should not include references to time intervals when the procedure may be reported, or limitations on reporting with other procedures.
5. The alleged potential for abuse or fraudulent use of a code should not be considered as an evaluation guideline.
6. Community standards of care should not limit consideration of other evaluation criteria.

These guidelines exist to maintain the best possible CDT Code. A robust code taxonomy makes it possible to prepare comprehensive, accurate, and detailed patient records, and accurate dental claim submissions.

The Council on Dental Benefit Programs Code Subcommittee will be meeting in August to review potential amendments to the existing guidelines to further assist those submitting code change requests. Input is welcomed from all stakeholders.

2. HIPAA CODE SET MAINTENANCE PROCESS COMPARISON MATRIX

Item / Action	HIPAA Code Set			
	CDT	CPT	HCPCS	ICD-9-CM
Update Frequency	Annual	Annual	Annual	Annual
Voting Body Name & # of Members	Code Advisory Committee – 21 Members	CPT Editorial Panel – 17 Members	CMS HCPCS Workgroup – # of members not published	Director of NCHS and the Administrator of CMS – 2 Members
Meetings Per Year	1	3	6 – (in 2010 and in 2011)	2
Public Comment Meetings	Yes – 1 <sup>st</sup> day of CAC meeting, comments heard directly by decision makers	Yes, comments heard directly by decision makers	Yes – CMS HCPCS Public Meetings, comments not heard directly by decision makers	Yes – ICD-9-CM Coordination and Maintenance Committee meetings, comments not heard directly by decision makers
Separate Advisory Panel	No	Yes – CPT Advisory Committee	No	No
Vote in Open Session	Yes	Information not published	No	No
# Votes to Approve Change	Majority	Information not published	Information not published	Information not published
# of 3 <sup>rd</sup> Party Payers w/Vote	5	3	0	0

Item / Action	HIPAA Code Set			
	CDT	CPT	HCPCS	ICD-9-CM
Information on Requested Change Available to the Public	Yes – Summary inventory download, showing each requested action, on ADA.org; includes information on how to request copies of full submissions	No – Agenda only posted on AMA web site	Yes – Download information on web site	Yes – Download information on web site