

News

from Delta Dental of New Mexico

you can use

Winter 2013

For Dental Professionals

Code updates effective January 2014

The “Code on Dental Procedures and Nomenclature” (the Code), commonly known as Current Dental Terminology or CDT, became the HIPAA designated standard code set in 2000, to be used in electronic data interchange such as reporting dental services to dental benefits payers.

The Code is updated annually to reflect changes in dental procedures accepted by the dental community and becomes effective on January 1st every year for services through the end of the year.

Any dental claim submitted, whether electronically or on paper, must use procedure codes from the current version of the Code.

The 2014 version of the Code incorporates a significant number of procedure code changes with 29 new procedure code entries, 18 revised procedure code entries and four deleted code entries. The 2014 changes also include seven new or revised categories of service subcategories.

With all the new code changes, we recommend that dentists/dental offices verify covered services for patients before rendering treatment. Details of individual coverage can be verified by calling our Customer Service department at (877) 395-9420 or (505) 855-7111 or by logging into the Dental Office Toolkit® (DOT).

Accurate coding promotes faster claim processing and fewer errors, so Delta Dental recommends that each dental office have a current copy of the Code.

To order a copy, call the ADA at (800) 947-4746, or visit www.adacatalog.org.



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Predeterminations: better planning, fewer misunderstandings



When you obtain a predetermination, you can help your patients to make better, more informed decisions about their treatment options. We encourage your office to take advantage of this helpful tool to obtain an approximation of the benefit coverage a patient might anticipate for a given treatment plan.

Armed with this knowledge, you and your patients are better equipped to avoid confusion and maintain the invaluable trusted relationship you share.

It is important to note that a predetermination can only reflect a snapshot of the data in our system at any given moment, and for that reason it cannot be (and is not) a guarantee of payment. The final determination of payment is based on a patient's eligibility status, allowable benefits, approved amounts and maximum available on the date services are rendered.