Relative Values for Dentists

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

**Introduction** ................................................................. 1  
Getting Started ................................................................. 1  
Definitions of Terms in *Relative Values for Dentists* ....... 1  
About the Data ................................................................. 3  
How to Use This Relative Value Scale ............................. 4  
Applying Relative Values to the Dental Practice .......... 5  
Determining Fees ............................................................. 5  
Conversion Factor Development for CDT Codes .......... 5  
Income Projection ............................................................ 7  
Productivity Measurement ............................................. 8  
Cost and Profitability Analysis ................................... 10  
Contract Development and Negotiation .................... 11  
Coding and Billing Guidelines ........................................ 12  
General Guidelines ....................................................... 12  
Documentation ............................................................. 13  
Modifiers ................................ ......................................... 15  
CPT Level I Modifiers ................................................ 15  
HCPCS Level II Modifiers ............................................. 16  

**CDT® Codes with Values** ........................................... 17  

**CPT® Codes with Values** ........................................... 45  
Surgery ............................................................................... 45  
Guidelines ........................................................................ 45  
Radiology ........................................................................... 53  
Guidelines ........................................................................ 53  
Pathology and Laboratory ............................................. 55  
Guidelines ........................................................................ 55  
Medicine ............................................................................ 59  
Guidelines ........................................................................ 59  
Evaluation and Management ..................................... 62  
Guidelines ........................................................................ 62  

**R Code Crosswalk** ....................................................... 73  
Guidelines ........................................................................ 73  

**CPT® Services with Significant Direct Costs** ............ 75  

**Conversion Factor Development** ................................. 77  
Developing a Conversion Factor .................................... 77  
Gross Conversion Factor Worksheets ........................... 78  
Conversion Factors by Payer ........................................ 84  
Conversion Factor Percentiles .......................................... 86  

**CDT® to CPT® Crosswalk** ........................................... 89
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

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPD</td>
<td>Code</td>
<td>Description</td>
<td>Units</td>
<td>Anes</td>
<td>Global</td>
<td></td>
</tr>
</tbody>
</table>

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 for 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 2018, the update stamp will read 180; for 2017, 170; and so on. Mid-year updates, when required, are posted to the optumcoding.com website during the preceding year. The update stamp 171 would indicate a value that was changed mid-year 2017. 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.
# CDT® Codes with Values

<table>
<thead>
<tr>
<th>UPD</th>
<th>Code</th>
<th>Description</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>periodic oral evaluation - established patient; An evaluation performed on a patient of record to determine any changes in the patient’s dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td>D0140</td>
<td>limited oral evaluation - problem focused; An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>D0145</td>
<td>oral evaluation for a patient under three years of age and counseling with primary caregiver; Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child’s parent, legal guardian and/or primary caregiver.</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>D0150</td>
<td>comprehensive oral evaluation - new or established patient; Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient’s dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>D0160</td>
<td>detailed and extensive oral evaluation - problem focused, by report; A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated prosthodontic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>D0170</td>
<td>re-evaluation - limited, problem focused (established patient; not post-operative visit); Assessing the status of a previously existing condition. For example: - a traumatic injury where no treatment was rendered but patient needs follow-up monitoring; - evaluation for undiagnosed continuing pain; - soft tissue lesion requiring follow-up evaluation.</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>D0171</td>
<td>re-evaluation - post-operative office visit</td>
<td>0.7</td>
<td></td>
</tr>
<tr>
<td>D0180</td>
<td>comprehensive periodontal evaluation - new or established patient; This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient’s dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>D0190</td>
<td>screening of a patient; A screening, including state or federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis.</td>
<td>0.7</td>
<td></td>
</tr>
</tbody>
</table>
CDT® to CPT® Crosswalk

There may be some instances where you may need to use CPT codes instead of CDT codes. The following crosswalk has been provided for your use in those instances.

CDT codes and their descriptions are listed in ascending numeric order. They are crosswalked to their corresponding CPT code with description.

Note: This crosswalk is not comprehensive and may not be accepted by all payers. Contact your payer to verify code selection.

<table>
<thead>
<tr>
<th>CDT</th>
<th>Description</th>
<th>CPT</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0171</td>
<td>re-evaluation – post-operative office visit</td>
<td>99024</td>
<td>Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99211</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99212</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 10 minutes are spent face-to-face with the patient and/or family.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99213</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99214</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99215</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.</td>
</tr>
</tbody>
</table>