

## ADA Guide To the “D9912 pre-visit patient screening” Procedure

This guide is published to educate dentists and others in the dental community on the procedure reported with D9912 first published in CDT 2022 and valid for dates of service beginning on January 1, 2022.

### Introduction

This procedure’s full CDT Code entry as approved by the Code Maintenance Committee (CMC) is –

#### **D9912 pre-visit patient screening**

Capture and documentation of a patient’s health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.

The CMC found the action request submitter’s rationale (immediately below) that this is a unique procedure persuasive.

The COVID-19 National Health Emergency prompted a new protocol for managing patient’s access to a dental practice prior to delivery of their necessary dental services. This is an administrative protocol that includes capture and documentation of patient’s health status and body temperature to determine the signs or symptoms (i.e., possibility of pathogen infection) on the date of service. Findings are a factor in determining whether there is a risk to practice staff if the patient enters the practice, and if it would be prudent for the patient to reschedule their appointment.

This procedure, without its own CDT code, could only be reported with an “999/unspecified” code – a value that does not support a robust patient dental record as well as effective data processing or analysis.

### Questions and Answers

1. What is the difference between “D9912 pre-visit patient screening” and “D0190 screening of a patient?”

These procedures are not interchangeable. A comparison of each code’s descriptor reveals the differences between them –

**D0190:** A screening, including state or federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis.

**D9912:** Capture and documentation of a patient’s health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.

The D0190 procedure occurs where a person meets with a licensed or duly authorized health care professional in order to determine whether there are any evident clinical dental conditions that should be further investigated by a dentist. In marked contrast the D9912 procedure is delivered to an individual who is a patient of record and is already scheduled for a procedure to be delivered by the dentist at the practice office.

2. Where do I find specific guidance on what constitutes the component steps of the D9912 procedure?

Components of the procedure would include actions such as recording clinical measurements (e.g., body temperature, O<sub>2</sub> saturation) as well as use of screening questionnaires to obtain travel history or other infectious disease transmission risk assessment tools. Findings would be evaluated to determine whether scheduled dental services should be delivered as planned.

In the current COVID-19 public health emergency there is pertinent literature available from the ADA and the Centers for Disease Control concerning the technical aspects of pre-service patient screening (e.g., ADA’s “Return to Work Interim Guidance Toolkit” available online at [www.ADA.org/virus](http://www.ADA.org/virus)). These particular protocols evolve as more information and experience on pre-service patient screening is acquired, and the ADA recommends periodic referral to this online source for the latest guidelines.

3. What would be a typical scenario for this procedure’s delivery?

Practice staff contact the patient prior to the scheduled appointment (either on the date of scheduled dental procedure or prior) to review the office protocols for minimizing the risk of pathogen transmittal, which includes completion of a pre-visit screening form to be retained in the patient’s record. When the patient presents for care this information is updated and signs of the individual’s health status such as body temperature is recorded. The information then captured determines whether the patient will be permitted entry and receive services, or if other action is appropriate (e.g., appointment rescheduling).

4. Will there be payment for D9912?

CDT codes enable every dentist to accurately document services delivered on a patient’s dental record. Fee calculation, patient billing, not to forget claims and reimbursements are separate business decisions made by dentists and dental benefit plans.

Every dentist determines what her or his appropriate procedure fee is for any patient service, and factors to consider include staff time, dentist time, materials costs and general office overhead expenses. These are individual business decisions. Likewise, third-party payer business decisions determine available coverage and reimbursement amounts. As written in the CDT manual’s Preface, the presence of a CDT code does not mean that the procedure is covered or reimbursed by a dental benefit plan.

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**Questions or Assistance?**

Call 800-621-8099 or send an email to [dentalcode@ada.org](mailto:dentalcode@ada.org)

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**Notes:**

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