

2024 CDT Codes Installation Guide

Installing CDT 2024 Codes to the SoftDent Software

This handout contains instructions for using the CDT 2024 Update Utility to update the CDT codes in SoftDent practice management software and is intended for users running SoftDent, v14.0.3 and higher.

Note: If you are using a version of SoftDent prior to v14.0.3, you must upgrade or add the codes manually.

To install the 2024 CDT codes:

- 1 Close SoftDent on all machines.
- 2 On the server, click this link: <https://gosensei.com/pages/support-softdent>.
- 3 Scroll down to the **SoftDent CDT Codes Update** section.
- 4 Download the utility by clicking the link provided.
- 5 Right-click on the **SetupCDTCodes.zip** file, and unzip the file to a temporary folder or the desktop.
- 6 Double-click the **SetupCDTCodes.exe** file.
- 7 At the first prompt, click **Run** or **Yes**.
- 8 Read and accept the **End User License Agreement**. A message is displayed when the codes have been installed successfully.

When the CDT 2024 codes are installed:

- Fourteen new codes are added to the database.
- Eight new categories are added to the database.
- Two codes have revisions.

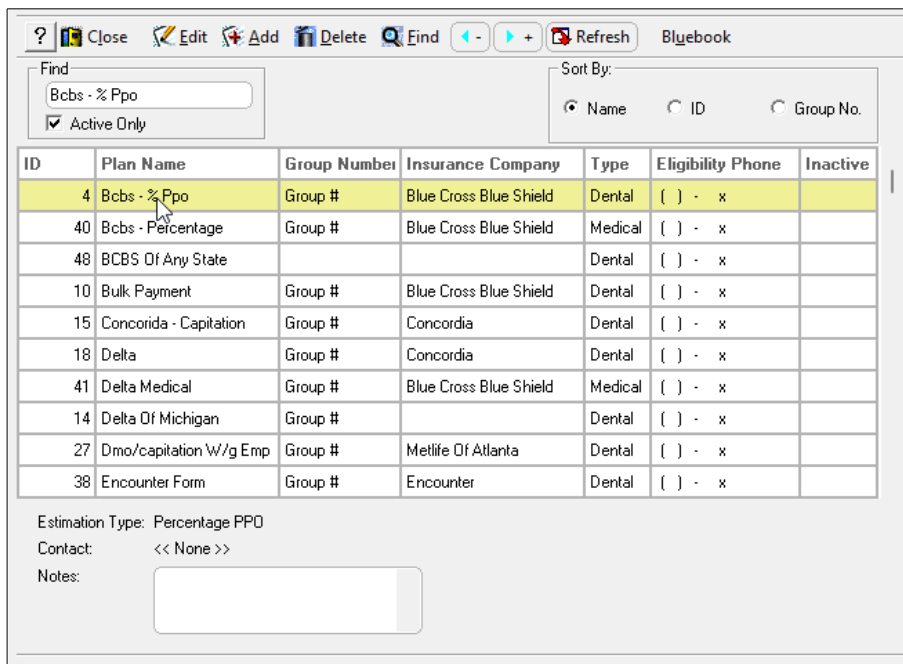
If you have issues during the CDT code set installation, contact a Carestream Dental Support representative at <https://gosensei.com/pages/support-softdent>.



Changing Insurance Forms

To change the insurance form used by an insurance plan:

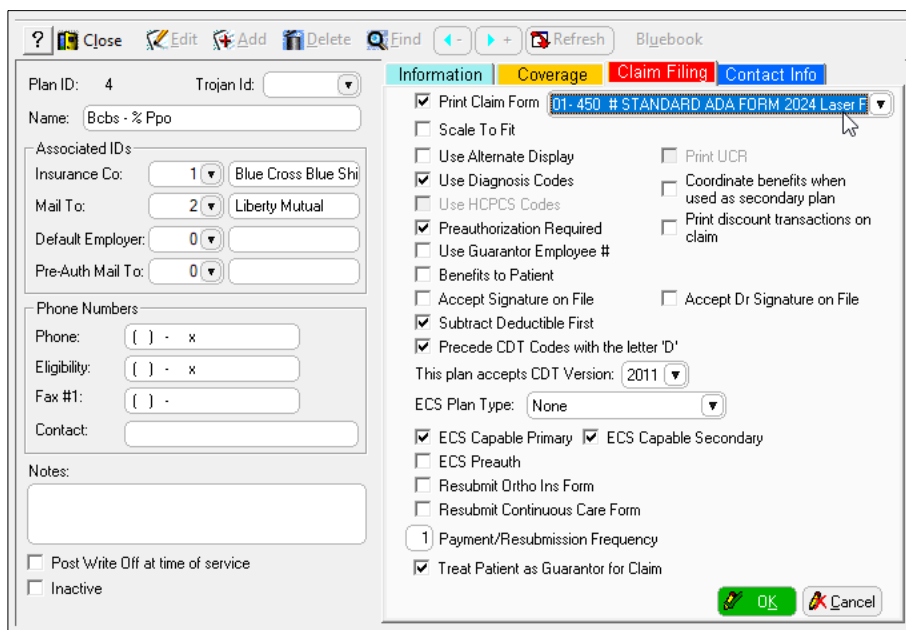
- 1 Click **List > Ins. Plan**. The **Insurance Plan list** window is displayed.



ID	Plan Name	Group Number	Insurance Company	Type	Eligibility Phone	Inactive
4	Bcbs - % Ppo	Group #	Blue Cross Blue Shield	Dental	() - x	
40	Bcbs - Percentage	Group #	Blue Cross Blue Shield	Medical	() - x	
48	BCBS Of Any State			Dental	() - x	
10	Bulk Payment	Group #	Blue Cross Blue Shield	Dental	() - x	
15	Concordia - Capitation	Group #	Concordia	Dental	() - x	
18	Delta	Group #	Concordia	Dental	() - x	
41	Delta Medical	Group #	Blue Cross Blue Shield	Medical	() - x	
14	Delta Of Michigan	Group #		Dental	() - x	
27	Dmo/capitation W/g Emp	Group #	Mettlife Of Atlanta	Dental	() - x	
38	Encounter Form	Group #	Encounter	Dental	() - x	

Estimation Type: Percentage PPO
Contact: << None >>
Notes:

- 2 Find the insurance plan you need from the list, and double-click the plan name. The **Insurance Plan Information** window is displayed.
- 3 Click the **Claim Filing** tab, note the number that is displayed in the **Print Claim Form #** field, and close the **Insurance Plan Information** window.



Plan ID: 4 Trojan Id:
Name: Bcbs - % Ppo

Associated IDs:
Insurance Co: 1 Blue Cross Blue Shi
Mail To: 2 Liberty Mutual
Default Employer: 0
Pre-Auth Mail To: 0

Phone Numbers:
Phone: () - x
Eligibility: () - x
Fax #1: () -
Contact:

Notes:

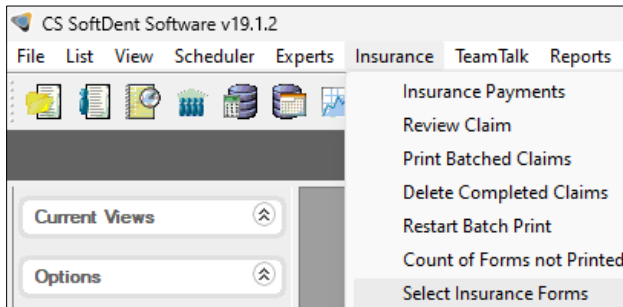
☐ Post Write Off at time of service
☐ Inactive

Information Coverage **Claim Filing** Contact Info

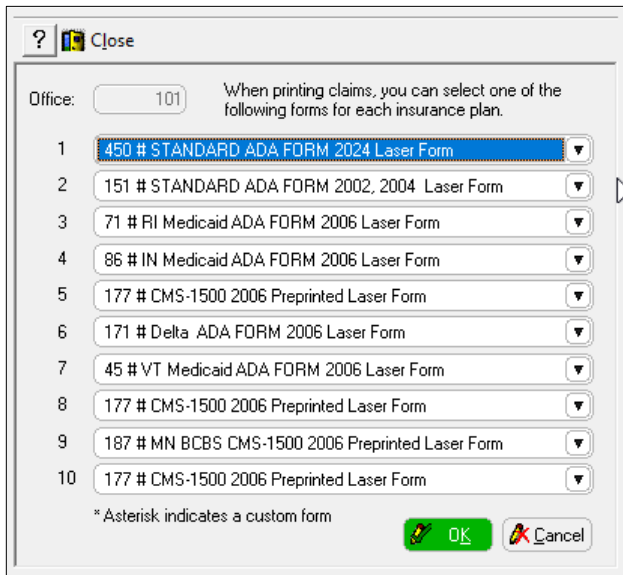
☒ Print Claim Form 01-450 # STANDARD ADA FORM 2024 Laser F
☐ Scale To Fit
☐ Use Alternate Display
☒ Use Diagnosis Codes
☐ Use HCPCS Codes
☒ Preauthorization Required
☐ Use Guarantor Employee #
☐ Benefits to Patient
☐ Accept Signature on File
☐ Accept Dr Signature on File
☒ Subtract Deductible First
☒ Precede CDT Codes with the letter 'D'
This plan accepts CDT Version: 2011
ECS Plan Type: None
☒ ECS Capable Primary ☒ ECS Capable Secondary
☐ ECS Preauth
☐ Resubmit Ortho Ins Form
☐ Resubmit Continuous Care Form
1 Payment/Resubmission Frequency
☒ Treat Patient as Guarantor for Claim

OK Cancel

- 4 Select **Insurance > Select Insurance Forms**. The **Insurance Forms Selection** window is displayed.



- 5 Click the drop-down arrow next to the form number that corresponds with the **Print Claim Form #** determined in step 3.



- 6 Select the new insurance form you want to use, and click **OK**.
- 7 Close the window.