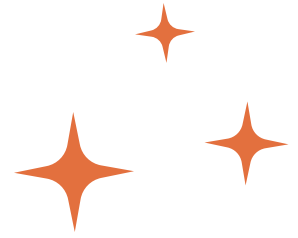


CDT 2025 Updates



CDT 2025 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Federal HIPAA law requires that CDT codes be used in electronic health care transactions. When the ADA changes the codes, carriers must adopt the changes. Please use CDT 2025 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2025.

The CDT updates for 2025 include ten new codes, twelve revised codes, two deletions, and several policy revisions. Following is a summary for the changes; please note that coverage for new codes is dependent on the patient's particular benefit plan.

The Delta Dental Dentist Handbook will be updated to reflect CDT 2025 by January 1, 2025, and available by logging in to Provider Tools at deltadentalins.com/dentists.



Important notes:

- CDT coding and nomenclature are the copyright of the American Dental Association and a trademark of the ADA; all rights reserved. There are important differences between Delta Dental's plan benefits and processing policies and the descriptors found in the CDT code.
- Fees for services not billable to the patient are not chargeable to the patient or Delta Dental.
- Fees for denied services are the responsibility of the patient.
- Text that appears in italics is specifically intended to clarify the delivery of benefits and is not to be interpreted as CDT 2025 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

New CDT codes

(Effective January 1, 2025)

D2956

Removal of an indirect restoration on a natural tooth

The removal of an indirect restoration is included in the definitive treatment and the fees are not separately billable to the patient.

D6180

Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments

This service is a benefit only when implants are covered by group/individual contract, and when codes D6114 and D6115 are covered. When implants are not covered, the fee for this service is the patient's responsibility.

- 1. When covered, D6180 is a benefit once in 36 months, per arch. D6180 and D6080 share a 36-month frequency interval and when D6180 is done within 36 months of D6080, benefits will be denied for D6180.*
- 2. D6180 is not a benefit when done within 12 months of the insertion of a fixed hybrid prosthesis. When D6180 is done within 12 months of the denture service, by the same dentist/dental office, the fee for D6180 is included in the fee for the denture. When D6180 is done within 12 months of the denture service, by a different dentist/dental office, the fee for D6180 is the patient's responsibility.*

D6193

Replacement of an implant screw

This service is a benefit only when implants are covered by group/individual contract.

- 1. When implants are covered, D6193 is a benefit once every 24 months.*
- 2. When the replacement of an implant screw is done, within 6 months of the initial placement of an implant supported prosthesis, by the same dentist/dental office, the fee for the replacement implant screw is included in the fee for prosthesis.*
- 3. The fee for D6089 is not separately billable to the patient when done on the same date of service as D6193.*

D7252

Partial extraction for immediate implant placement

This service is a benefit only when implants are covered by group/individual contract.

- 1. When covered, this service is a benefit only once in a lifetime, per tooth, in conjunction with implant placement. When implants are not done at the same date of service, this service is not a benefit.*
- 2. Subsequent extraction procedures submitted for the same tooth, irrespective of provider, are not a benefit.*

D7259

Nerve dissection

- 1. Nerve dissection is part of code D7241, removal of impacted tooth - completely bony, with unusual surgical complications. When nerve dissection is performed with D7241, the fee for nerve dissection is included in the fee for the extraction.*
- 2. When D7259 is not performed with code D7241, nerve dissection is a specialized procedure and is not a covered benefit of most dental plans.*

D8091**Comprehensive orthodontic treatment with orthognathic surgery**

1. Benefits are permitted when the supporting documentation meets the criteria for coverage.
2. Orthodontic procedures D8010-D8090 are not separately billable to the patient when provided in conjunction with code D8091.

D8671**Periodic orthodontic treatment visit associated with orthognathic surgery**

1. Delta Dental considers the fee for periodic orthodontic treatment visit associated with orthognathic surgery to be included in the fee for comprehensive orthodontic treatment with orthognathic surgery, D8091. A separate fee may not be charged to the patient.
2. Periodic orthodontic treatment, D8670, is not separately billable on the same date as D8671.

D9913**Administration of neuromodulators**

1. This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.
2. When covered by a plan, D9913 is subject to primary coverage by the patient's medical carrier.
3. When covered by a plan, D9913 is a benefit only for enrollees with coverage for TMJ services. The benefit is limited to one administration every 60 months.

D9914**Administration of dermal fillers**

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

1. When covered by a plan, D9914 is subject to primary coverage by the patient's medical carrier.
2. D9914 is a cosmetic service and is a benefit only for enrollees with coverage for cosmetic services. The benefit is limited to one administration every 60 months.

D9959**Unspecified sleep apnea procedure**

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

Nomenclature (only) revisions

(Effective January 1, 2025)

D5520

Replace missing or broken teeth - complete denture - per tooth

D5640

Replace missing or broken teeth - partial denture - per tooth

D5650

Add tooth to existing partial denture - per tooth

D6051

Placement of interim implant abutment

D6081

Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure

Descriptor (only) revisions

(Effective January 1, 2025)

D0160

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 perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders, conditions requiring multi-disciplinary consultation, etc.

D1330

Oral hygiene instructions

(Descriptor deleted)

D6011

Surgical access to an implant body (second stage implant surgery)

This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed.

Nomenclature, Descriptor and Policy revisions

(Effective January 1, 2025)

D0801

3D intraoral surface scan – direct

A surface scan of any aspect of the intraoral anatomy.

3D intraoral scans - direct are included in the fee as part of a definitive procedure, e.g., restorative, fixed/removable prosthodontics and/or implant services. The fee for this service is not separately billable to the patient in these circumstances.

D2940

Placement of interim direct restoration

Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration.

- 1. The fee for procedure D2940 is considered included in the fee for any restorative procedure, fixed prosthodontic procedure, or endodontic procedure (D3220-D3950) performed by the same dentist/dental office, on the same date of service.*
- 2. When procedure D2940 is a benefit, D3110, direct pulp cap, and D3120, indirect pulp cap, are not separately billable to the patient.*

D6080

Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments

This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system, including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s).

This service is a benefit only when implants are covered by group/individual

contract, and when codes D6114 and D6115 are covered. When implants are not covered, the fee for this service is the patient's responsibility.

1. When covered, D6080 is a benefit once in 36 months, per arch. D6080 and D6180 share a 36-month frequency interval and when D6080 is done within 36 months of D6180 benefits will be denied for D6080.
2. D6080 is not a benefit when done within 12 months of the insertion of a fixed hybrid prosthesis. When D6080 is done within 12 months of the denture service, by the same dentist/dental office, the fee for D6080 is included in the fee for the denture. When D6080 is done within 12 months of the denture service, by a different dentist/dental office, the fee for D6080 is the patient's responsibility.

D6090 **Repair of implant/abutment supported prosthesis**

(Descriptor deleted)

This service is a benefit only when implants are covered by group/individual contract.

1. When covered, procedure D6090 is a benefit once in a 24-month period.
2. Fees for the repair of an implant/abutment supported prosthesis, if performed within six months of the initial placement of the prosthesis, by the same dentist/dental office who placed the prosthesis, are not billable to the patient.

Deleted codes

(Effective January 1, 2025)

D2941 **Interim therapeutic restoration - primary dentition**

D6095 **Repair implant abutment, by report**

Processing policy revisions

(Effective January 1, 2025)

D0802 **3D dental surface scan - indirect**

3D dental surface scans - indirect are included in the fee as part of a definitive procedure, e.g., restorative, fixed/removable prosthodontics and/or implant services. The fee for this service is not separately billable to the patient under these circumstances.

D2991 **Application of hydroxyapatite regeneration medicament - per tooth**

This service is not a benefit of most Delta Dental plans. The fee is the patient's responsibility.

D6096 **Remove broken implant retaining screw**

This service is a benefit only when implants are covered by group/individual contract.

1. When covered, procedure D6096 is a benefit once in a 24-month period.

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.