

CDT-2025 — Detailed Changes for Dental HMO/Managed Care

Beginning January 1, 2025, all services provided must be submitted using the new CDT-2025 codes.

Additions & Deletions

Code	Copy Code	ADA/CDT Description	New EOB Wording	Applicable co-pay/covered percentage, supplemental, specialist fee and base fee (METCO) based on codes appearing in your current Facility Reference Guide	MET, METCO Plans, including Non-Standard & Custom	HCR Plans	SGX Plans (CA, FL & TX Only) (not including HCR), SGC1028, SGCM1029	SG Plans (CA, FL & TX Only)	All other DHMO group plans (NAMDM, Legacy, Custom, Non-Standard; are client specific, or not currently marketed)
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New Codes Effective 1/1/2025

D2956	D2799	Removal of an indirect restoration on a natural tooth. Not to be used as a temporary or provisional restoration.	REMOVAL INDIRECT RESTORATION	Same as D2799	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D6180	D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments.	IMPLANT MAINTENANCE FIXED	Same as D6080	Yes, if implant covered	Yes, if implant covered	Not Covered	Not Covered	Not Covered
D6193	D6096	Replacement of an implant screw	REPLACEMENT IMPLANT SCREW	Same as D6096	Yes, if implant covered	Yes, if implant covered	Not Covered	Not Covered	Not Covered
D7252	D7251	Partial extraction for immediate implant placement. Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique.	PART EXTRACT IMMEDIATE IMPLANT	75% of base fee, co-pay and supplemental or specialist fee of D7251	Yes, if implant covered	Yes, if implant covered	Not Covered	Not Covered	Not Covered
D7259	D7241	Nerve dissection. Involves the separation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures.	NERVE DISSECTION	50% of base fee, co-pay and supplemental or specialist fee of D7241	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Additions & Deletions (continued)

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D8091	D8090	Comprehensive orthodontic treatment with orthognathic surgery. Treatment of cranofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment, including monitoring growth and development between active phases of treatment.	COMP ORTHO W/ ORTHOGNATHIC SURGERY	Same as D8090	Yes, if ortho covered	Yes, if ortho covered	Yes, if ortho covered	Not Covered	Not Covered
D8671	D8670	Periodic orthodontic treatment associated with orthognathic surgery	PERIODIC ORTHODONTIC TREATMENT	Same as D8670	Yes, if ortho covered	Yes, if ortho covered	Yes, if ortho covered	Not Covered	Not Covered
D9913	D9130	Administration of neuromodulators	ADMINISTRATION NEUROMODULATORS	10% of base fee, co-pay and supplemental or specialist fee of D9130	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9914	D9947	Administration of dermal fillers	ADMINISTRATION DERMAL FILLERS	0.3% of base fee, co-pay and supplemental or specialist fee of D9947	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9959	D9957	Unspecified sleep apnea procedure, by report	UNSPECIFIED SLEEP APNEA PROCEDURE	25% of base fee, co-pay and supplemental or specialist fee of D9957	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Deleted Codes Effective 1/1/2025

Code	ADA Description
D2941	Interim therapeutic restoration-primary dentition. Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.
D6095	Repair implant abutment, by report. This procedure involves the repair or replacement of any part of the implant abutment.

Revision to Descriptions Effective 01/01/2025 (Including Schedule of Benefits)

Code	ADA/CDT Description	EOB Wording
D0801	3D intraoral surface scan – direct. A surface scan of any aspect of the intraoral anatomy.	3D INTRAORAL SURFACE SCAN-DIRECT
D1330	Oral hygiene instructions	ORAL HYGIENE INSTRUCTIONS
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.	INTERIM DIRECT RESTORATION

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