

# 2025 CDT code changes

The American Dental Association (ADA) adds, updates or deletes Current Dental Terminology (CDT) codes as part of its annual code maintenance review. This communication provides details of the ADA changes which go into effect on Jan. 1, 2025, as well as how Humana plans to cover any new codes.

Please remember that plan coverage varies by product or group benefits and member benefits and eligibility should be validated on our provider portal [Availity.com](https://www.availity.com). You may also submit a pre-determination or call Humana at the number on the back of your patient's ID card. Please refer to our [Provider Manual](#) for more information.

## Fee Schedules

Humana updates all fee schedules to include new ADA codes when a similar code was on the Fee Schedule.

- For example, if a fee schedule included D2931, then D2928 would be added with that fee.
- If the Fee schedule did not have a similar/like code listed, we did not include the new code to the fee schedule.

For PPO based plans, beginning in 2021, we have added the new CDT codes to our usual customary rate (UCR) tables that will help fee schedules pay to the 80% logic.

## Added CDT Codes - 10 codes were added

Note: Plans are not available in all states and plan benefits may vary by state. Please refer to the plan documents for complete details of coverage.

CDT Code	Nomenclature	Descriptor	Coverage
D2956	Removal of an indirect restoration on a natural tooth	Not to be used for a temporary or provisional restoration	Not covered
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s)	If implants are fully covered, covered per arch with frequency
D6193	Replacement of an implant screw		Not covered
D7252	Partial extraction for immediate implant placement	Sectioning root of a tooth vertically, then extracting the palatal portion of the root. Buccal section of the root is retained in	Not covered

		order to stabilize the buccal plate prior to immediate implant placement (also known as the Socket Shield Technique)	
<b>D7259</b>	Nerve dissection	Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures	Not covered
<b>D8091</b>	Comprehensive orthodontic treatment with orthognathic surgery	Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment	If plan covers medically necessary orthodontia for children for Essential Health Benefits, then covered with diagnosis documentation required. Requires clinical review. Otherwise not covered.
<b>D8671</b>	Periodic orthodontic treatment visit associated with orthognathic surgery		If plan covers medically necessary orthodontia for children for Essential Health Benefits, then covered with diagnosis documentation required. Requires clinical review. Otherwise not covered.
<b>D9913</b>	Administration of neuromodulators		Not covered
<b>D9914</b>	Administration of dermal fillers		Not covered
<b>D9959</b>	Unspecified sleep apnea services procedure, by report		Not covered

**Deleted CDT Codes - 2 codes were deleted**

CDT Code	Nomenclature	Descriptor	Details
<b>D2941</b>	<del>Interim therapeutic restoration – primary dentition</del>	<del>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</del>	Combined D2940 with D2941
<b>D6095</b>	<del>Repair implant abutment, by report</del>	<del>This procedure involves the repair or replacement of any part of the implant abutment</del>	Combined D6090 with D6095

**Changed CDT Codes/Verbiage – 12 codes were changed**

The following codes had revisions or editorial (verbiage) changes. Language that was added is highlighted in **blue**, and language highlighted in **red and struck through** indicates wording that has been removed.

CDT Code	Nomenclature	Descriptor	Details
<b>D0160</b>	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 peri-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, <b>sleep related breathing disorders</b> , conditions requiring multi-disciplinary consultation, etc.	Descriptor change
<b>D0801</b>	3D <del>dental</del> intraoral surface scan – direct	<b>A surface scan of any aspect of the intraoral anatomy.</b>	Nomenclature update and descriptor change
<b>D1330</b>	Oral hygiene instructions	<del>This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids</del>	Descriptor change

<b>D2940</b>	Placement of interim direct restoration protective restorations	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	Nomenclature update and descriptor change. Combined D2940 with D2941
<b>D5520</b>	Replace missing or broken teeth - complete denture (each tooth)-per tooth		Nomenclature update
<b>D5640</b>	Replace missing or broken teeth – partial denture –per tooth		Nomenclature update
<b>D5650</b>	Add tooth to existing partial denture – per tooth		Nomenclature update
<b>D6011</b>	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, or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis	Descriptor change
<b>D6051</b>	Placement of interim implant abutment placement		Nomenclature update
<b>D6080</b>	Implant maintenance procedures when a full arch fixed hybrid prosthesis is prostheses are removed and reinserted, including cleansing of prosthesis prostheses and abutments.	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). This is not a per implant code and is indicated for implant supported prostheses	Nomenclature update and descriptor change
<b>D6081</b>	Scaling and debridement of a single implant in the presence of inflammation or mucositis, including inflammation, bleeding upon probing and increased pocket depths of a single implant, including;		Nomenclature update

	includes cleaning of the implant surfaces, without flap entry and closure		
<b>D6090</b>	Repair of implant/ <b>abutment</b> supported prosthesis	<del>This procedure involves the repair or replacement of any part of the implant supported prosthesis</del>	Nomenclature update and descriptor change. Combined D6090 with D6095. Covered if D6095 was a covered code

GCHL34SEN 1024