

Annual Current Dental Terminology code changes

The American Dental Association (ADA) releases new and updated Current Dental Terminology (CDT) codes annually. We review the codes, determine which codes will be covered under our standard Dental Preferred Provider Organization (DPPO) plans and retire deleted codes. This information is used to update our system, products and fee schedules to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Understanding the charts

The following charts will help you and your staff efficiently serve your patients.

- New and retired CDT codes for 2026
- 2026 CDT codes should be used for services provided from Jan. 1, 2026 – Dec. 31, 2026
- The reference columns in the codes added in 2026 chart display:
 - Limitation
 - DDS review requirements
 - Price reference
 - Fee factor percentage calculated from an existing CDT code and applied to the 2025 code

2026 CDT codes crosswalk

Codes added and/or covered in 2026 ¹							
CDT code	Nomenclature	Covered under standard plans	Coverage reference (cover if DXXXX is covered)	Limitation reference code	DDS review reference code	Price reference code	Fee factor to reference code
D0426	Collection, preparation and analysis of saliva sample – point-of-care	N	Not covered under standard plans				
D0461	Testing for cracked tooth	N	Not covered under standard plans				
D1720	Influenza vaccine administration	N	D6096	D6096	D6096	D6096	100%
D5877	Duplication of complete denture – maxillary	N	Not covered under standard plans				
D5878	Duplication of complete denture – mandibular	N	Not covered under standard plans				
D5909	Maxillary guidance prosthesis with guide flange	N	Not covered under standard plans				
D5930	Maxillary guidance prosthesis without guide flange	N	Not covered under standard plans				
D5938	Resection prosthesis, maxillary complete removable	N	Not covered under standard plans				
D5939	Resection prosthesis, mandibular complete removable	N	Not covered under standard plans				
D5940	Resection prosthesis, maxillary partial removable	N	Not covered under standard plans				
D5941	Resection prosthesis, mandibular partial removable	N	Not covered under standard plans				
D5942	Resection prosthesis, maxillary implant/ abutment supported removable prosthesis for edentulous arch	N	Not covered under standard plans				

Codes added and/or covered in 2026¹

CDT code	Nomenclature	Covered under standard plans	Coverage reference (cover if DXXXX is covered)	Limitation reference code	DDS review reference code	Price reference code	Fee factor to reference code
D5943	Resection prosthesis, mandibular implant/ abutment supported removable prosthesis for edentulous arch	N	Not covered under standard plans				
D5944	Resection prosthesis, maxillary implant/ abutment supported removable prosthesis for the partial edentulous arch	N	Not covered under standard plans				
D5945	Resection prosthesis, mandibular implant/ abutment supported removable prosthesis for the partial edentulous arch	N	Not covered under standard plans				
D5946	Resection prosthesis, maxillary implant/ abutment supported fixed prosthesis for edentulous arch	N	Not covered under standard plans				
D5947	Resection prosthesis, mandibular implant/ abutment supported fixed prosthesis for edentulous arch	N	Not covered under standard plans				
D5948	Resection prosthesis, maxillary implant/ abutment supported fixed prosthesis for the partial edentulous arch	N	Not covered under standard plans				
D5949	Resection prosthesis, mandibular implant/ abutment supported fixed prosthesis for the partial edentulous arch	N	Not covered under standard plans				
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Y	D6081	D6081	D6081	D6081	100%
D6196	Removal of an indirect restoration on an implant retained abutment	N	Not covered under standard plans				
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	Y	D6080	D6080	D6080	D6080	90%
D9128	Photobiomodulation therapy - first 15-minute increment, or any portion thereof	N	Not covered under standard plans				
D9129	Photobiomodulation therapy - each subsequent 15-minute increment, or any portion thereof	N	Not covered under standard plans				
D9224	Administration of general anesthesia with advanced airway - first 15-minute increment, or any portion thereof	Y	D9222	D9222	D9222	D9222	100%
D9225	Administration of general anesthesia with advanced airway - each subsequent 15-minute increment, or any portion thereof	Y	D9223	D9223	D9223	D9223	100%
D9244	In-office administration of minimal sedation - single drug - enteral	Y	D9248	D9248	D9248	D9248	90
D9245	Administration of moderate sedation - enteral	Y	D9248	D9248	D9248	D9248	100%
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15-minute increment, or any portion thereof	Y	D9248	D9248	D9248	D9248	80%

Codes added and/or covered in 2026¹

CDT code	Nomenclature	Covered under standard plans	Coverage reference (cover if DXXXX is covered)	Limitation reference code	DDS review reference code	Price reference code	Fee factor to reference code
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof	Y	D9248	D9248	D9248	D9248	20%
D9936	Cleaning and inspection of occlusal guard – per appliance	N	Not covered under standard plans				

Codes retired in 2025

D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1705	AstraZeneca Covid-19 vaccine administration – first dose
D1706	AstraZeneca Covid-19 vaccine administration – second dose
D1707	Janssen Covid-19 vaccine administration
D1712	Janssen Covid-19 vaccine administration – booster dose
D9248	Non-intravenous conscious sedation

¹New CDT code is covered ONLY if reference code is covered under the member’s plan.