Unwrapping CDT 2026: Updates for the New Year and G0330 Successes from 2025

December 12, 2025

AAPD Research & Policy Center

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Q&A

- Please use the Q&A box to ask questions of the speakers.
- We also have your questions entered during registration. Thank you for thinking ahead and providing these!
- We will address questions at the end of the webinar.

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Learning Objectives

1. **Identify** the CDT changes going into effect in 2026 that will impact pediatric dentistry
2. **Describe** the process for recommending revisions, deletions, or additions to the CDT code set for future years
3. **Discuss** various mechanisms of implementing G0330 or similar coding and payment changes to improve access to care in hospital operating room and surgical center settings

Agenda and Speakers

Dr. Jim Nickman

AAPD Coding Consultant

- Review of Member Benefits
- Overview of CDT codes
- Review of upcoming 2026 CDT changes
- Review of previous 2025 CDT changes

Dr. Chelsea Fosse

AAPD Research & Policy Center

- G0330 (the "OR access" code) updates

Member Benefits

How does AAPD help members?

Assist	Assist members with dental insurance issues
Guide	Provide insurance industry with guidance on pediatric dental related issues and perspective
Represent	Represent the AAPD on the ADA Code Maintenance Committee
Educate	Provide educational information on coding

Coding and Insurance Assistance

- AAPD offers free Coding and Insurance Workshops to State Chapters
  - 2.5 hour course with 30 minutes of Q&A
    - Coding issues
    - Claims processing
    - Tips on writing narratives
  - State chapter is responsible for airfare and one night hotel expense
  - Interested? Contact Jim Nickman at 612-817-6514 or james.nickman@comcast.net

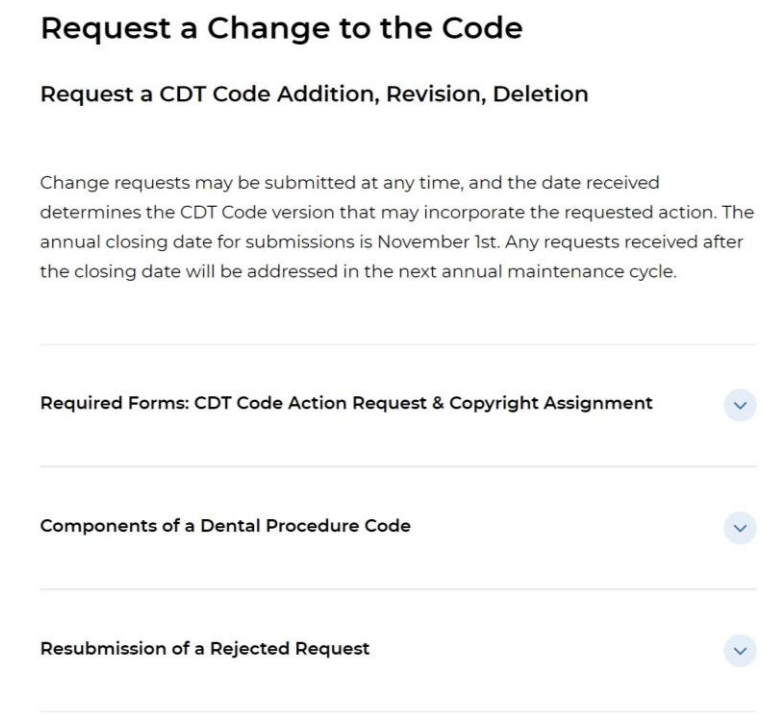
CDT Code Overview

Overview of CDT Codes

- Used to document what services are performed
- Code for what you do, not what you get paid for
- Benefits are determined by contract provisions
  - Read before you sign
  - Understand benefit limitations
- Codes are maintained by the ADA Code Maintenance Committee made up of 22 members
  - ADA
  - Dental specialties
  - Dental insurers
  - Other stakeholders

CDT Change Actions

- Code change requests can be submitted to the CMC
- Types of code changes include:
  - **Addition**
    - Document a new procedure of material
    - Written in blue and new code given
  - **Revision**
    - Modify existing code to add clarity
  - **Deletion**
    - Removal of obsolete procedures
    - ~~Written in red and strikethrough~~
  - **Editorial**
    - Stylistic changes



Request a Change to the Code

Request a CDT Code Addition, Revision, Deletion

Change requests may be submitted at any time, and the date received determines the CDT Code version that may incorporate the requested action. The annual closing date for submissions is November 1st. Any requests received after the closing date will be addressed in the next annual maintenance cycle.

Required Forms: CDT Code Action Request & Copyright Assignment

Components of a Dental Procedure Code

Resubmission of a Rejected Request

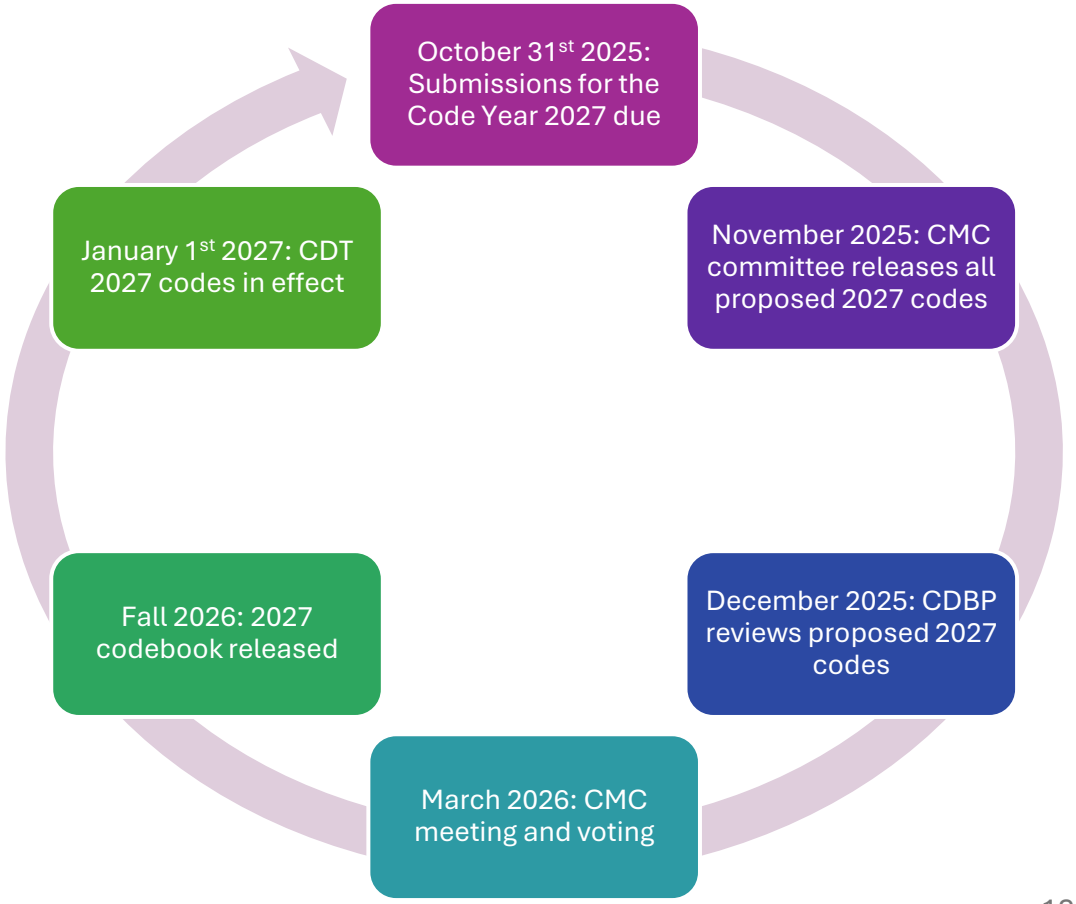
https://www.ada.org/publications/cdt/request-to-change-to-the-code

CDT Change Request Timeline

Code Submission

- Anyone can submit a request for a code change, however, **AAPD's Committee on Dental Benefits and Coding (CDBP) requests that all pediatric related proposals are shared with AAPD to work collaboratively**
- Trends in codes:
  - Removal of diagnostic criteria from codes
  - Frequent updates to reflect procedures in EDR/EHR environment
  - Separation into unique steps

Example Timeline for 2027 Codes



2026 Coding Updates

CDT 2026 Changes

- Effective January 1, 2026
  - 9 Editorial changes
  - 31 Additions
  - 14 Revisions
  - 6 Deletions
- This presentation will review changes to:
  - Diagnostic
  - Preventive
  - Restorative
  - Adjunctive general services codes

Diagnostic Code Changes 2026

Deletions and Editorial: None

Additions:

D0426 collection, preparation, and analysis of saliva sample- point-of-care

D0461 testing for cracked tooth

Includes multiple teeth and the contra lateral comparison(s), as indicated. Diagnostic aids may include but are not limited to pressure sensitivity testing, transillumination, staining, etc.

Diagnostic Code Changes 2026

Revisions:

D0417 collection and preparation of saliva sample for laboratory analysis ~~diagnostic testing~~

D0418 analysis of saliva sample – laboratory

~~Chemical or biological analysis of saliva sample for diagnostic purposes.~~

D0180 comprehensive periodontal evaluation – new or established patient

~~This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes~~ A comprehensive evaluation of periodontal conditions, including full mouth probing and periodontal charting~~,~~. Indicated for patients exhibiting signs or symptoms of periodontal disease, systemic medical conditions, or patients with social risk factors. It includes an evaluation for oral cancer, ~~the~~ an evaluation ~~and recording~~ of the patient's ~~dental and~~ medical history, a ~~and~~ general ~~health~~ wellness assessment~~.~~, and ~~It may~~ includes ~~the~~ an evaluation of current dental conditions ~~and recording of dental caries, missing or unerupted teeth, restorations, and occlusal relationships~~.

Preventive Code Changes 2026

Editorial and Revisions: None

Additions:

D1720 influenza vaccine administration

Deletions:

~~**D1705** AstraZeneca Covid-19 vaccine administration – first dose~~
~~SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1~~
~~**D1706** AstraZeneca Covid-19 vaccine administration – second dose~~
~~SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2~~
~~**D1707** Janssen Covid-19 vaccine administration~~
~~SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE~~
~~**D1712** Janssen Covid-19 vaccine administration – booster dose~~
~~SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER~~

Preventive Code Changes 2026

Deletions:

~~**D1352 preventive resin restoration in a moderate to high caries risk patient – permanent tooth**~~

~~Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.~~

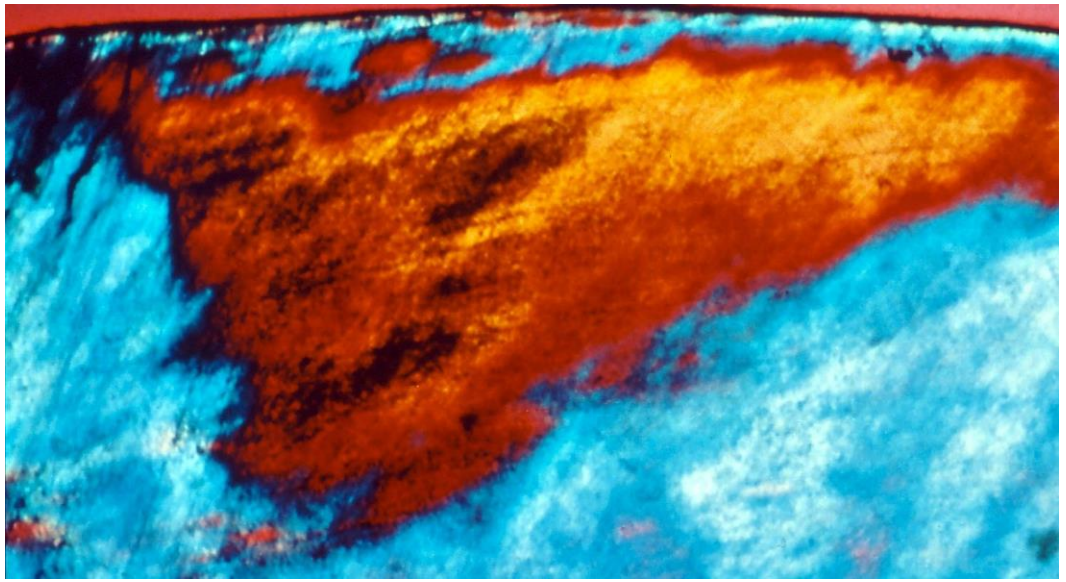
Restorative Code Changes 2026

<u>Additions, Deletions, Editorial:</u> None

<u>Revisions:</u>

D2391 resin-based composite – one surface, posterior

~~Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.~~



Adjunctive General Services Code Changes 2026

Editorial: None

Additions:

D9128 photobiomodulation therapy - first 15 minute increment, or any portion thereof

The use of low-level laser therapy to alleviate pain or inflammation, modulate the immune response, and promote tissue healing or regeneration.

D9129 photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof

D9936 cleaning and inspection of occlusal guard – per appliance

This procedure does not include any adjustments.

Updates in Anesthesia Coding

- Reflect Intended Level of Sedation
- Utilize Contemporary Language
- AAPD Was Part of the Process
- Two CDT Cycles
- AAPD part of anesthesia Work Group

Adjunctive General Services
Minimal Sedation

D9230 ~~**inhalation**~~ **administration of nitrous oxide**~~**/analgesia, anxiolysis**~~

When nitrous oxide is administered as a single agent.

~~**D9248 non-intravenous conscious sedation**~~

~~This includes non-IV minimal and moderate sedation~~

D9244 in-office administration of minimal sedation – single drug – enteral

In-office administration of a drug, as a single or divided dose, to achieve the desired clinical effect, not to exceed the FDA maximum recommended dose (MRD) for unmonitored home use. The single drug may be administered with or without co-administration of nitrous oxide.

Adjunctive General Services
Moderate Sedation

Additions:

D9245 administration of moderate sedation – enteral

When moderate sedation is achieved by administration of drug(s) by enteral route only. With or without co-administration of nitrous oxide. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.

Adjunctive General Services
Moderate Sedation

D9239 ~~intravenous~~ administration of **moderate** ~~(conscious)~~ **sedation**~~/analgesia~~ **– intravenous –** **first 15 minute**~~s~~ **increment, or any portion thereof**

When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide.

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room ~~to attend to other patients or duties~~.

The level of anesthesia is determined by the ~~anesthesia~~ provider's documentation of the anesthetic effects upon the central nervous system ~~and not dependent upon the route of administration~~.

D9243 ~~intravenous~~**administration of moderate** ~~(conscious)~~ **sedation**~~/analgesia~~ **– intravenous – each subsequent 15 minute increment, or any portion thereof**

Adjunctive General Services
Moderate Sedation

D9246 administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof

When moderate sedation is achieved by administration of drug(s) by parenteral route, not including intravenous. With or without co-administration of nitrous oxide.

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room.

The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.

D9247 administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof

Adjunctive General Services
Deep / General Anesthesia

Adjunctive General Services
Deep / General Anesthesia

D9222 administration of deep sedation/general anesthesia – first 15 minutes increment, or any portion thereof

With or without co-administration of nitrous oxide.

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.

The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic effects upon the central nervous system and not dependent upon the route of administration.

D9223 administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof

Adjunctive General Services
General Anesthesia

D9224 administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof

With or without co-administration of nitrous oxide.

Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room.

This procedure is determined by the provider's documentation of the presence of an advanced airway such as a supraglottic or subglottic airway device, which includes laryngeal tube, esophageal-tracheal tube (Combitube), laryngeal mask airway, or endotracheal tube.

D9225 administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof

Oral Surgery

Other Surgical Procedures

D7285 incisional biopsy of oral tissue - hard (bone, tooth)

For partial removal of ~~specimen~~ lesion ~~only~~. This procedure involves biopsy of osseous or intra-osseous lesions (example cyst, tumor) and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision.

D7286 incisional biopsy of oral tissue - soft

For partial removal of a~~n architecturally intact~~ lesion ~~specimen only~~. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision.

Other CDT 2026 Changes

Prosthodontics

- Two new codes for duplication of complete dentures and revision of D5876 (add framework to complete denture)
- Addition of fourteen new codes and two revisions for Maxillofacial Prosthodontics
- Three new implant codes

Editorial

- Nine editorial changes to clarify language for two periodontal and seven prosthodontic codes.

2025 CDT Coding Refresher

Diagnostic Code Changes 2025

Clinical Oral Evaluations

D0160 detailed and extensive oral evaluation – problem focused, by report

A detailed and extensive problem focused evaluation entails extensive diagnosis and cognitive modalities based on the findings of a comprehensive oral evaluations. 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 unknow origin, conditions requiring multi-disciplinary consultation, sleep related breathing disorders, etc.

Diagnostic Imaging

D08013 D ~~dental~~ intraoral surface scan – direct

A surface scan of any aspect of the intraoral anatomy.

Preventive Code Changes 2025

D1330 oral hygiene instructions

~~This may include instructions for home care/ Examples include tooth brushing technique, flossing, use of special oral hygiene aids.~~

AAPD Coding and Insurance Assistance

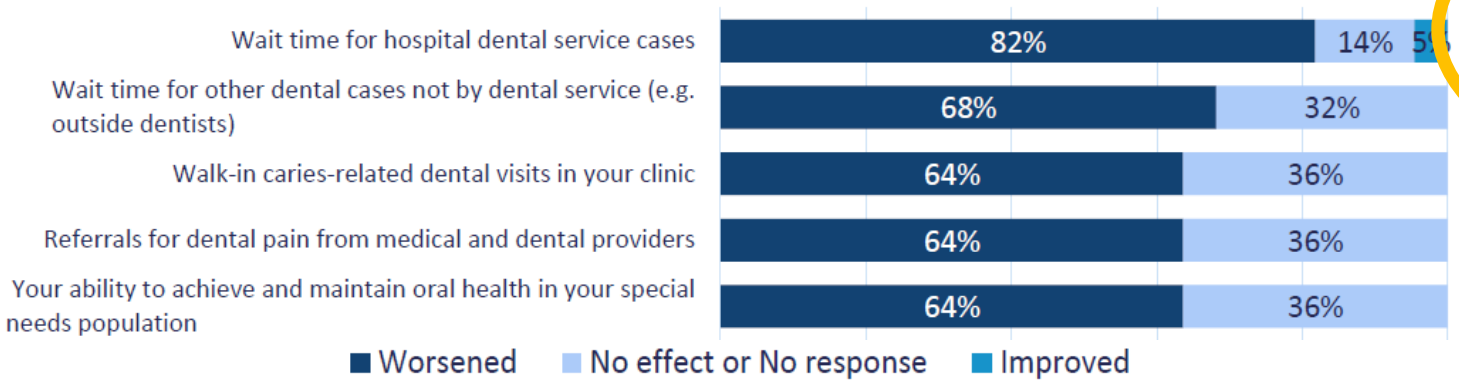
- Contact AAPD
- Contact Jim Nickman DDS, MS
  - james.Nickman@comcast.net
- Use Hot Button on the AAPD website
  - Provide Member Support
  - Allow tracking of common issues
  - Provide feedback to AAPD and Insurance Companies

G0330 Updates and Successes

Operating Room Access

Impact of decreased hospital OR time on provider access and patient care

In your opinion, have any of the following changed since 2017 due to decreased availability of operating room time? (Check all that apply)



Factors contributing to HOR availability for dental cases

What factors have contributed most to the change in OR availability for dental cases at your hospital? (Ranked by order of importance.)

1. **Shortage of staff in OR** or surgical center
2. **Inadequate OR availability for all providers** who need it
3. **Poor reimbursement** to hospitals for facility fees for dental cases
4. **Competing medical cases are a priority,** based on perceived value/importance
5. **Shortage of staff in dental** program
6. **Availability of other venues** in the community (eg, non-affiliated surgicenters)

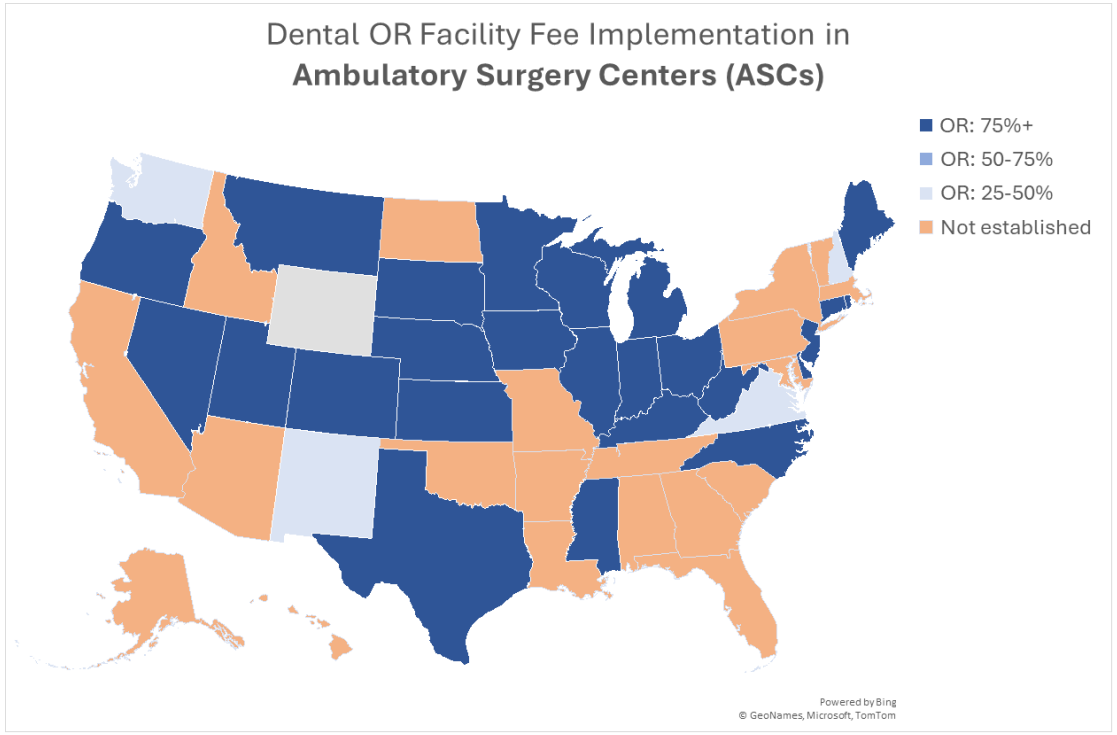
Implementation Pathway

CMS establishes a payment mechanism to ensure dental cases are financially viable for hospitals: G0330 HCPCS code

State Medicaid Agency (SMA) adopts the G0330 HCPCS code OR establishes another coding and billing mechanism to address this issue in the state

Hospitals and ASCs are apprised of the availability of the coding and billing mechanism, use/bill the code, and can preserve – or improve – the time available for dental cases in ORs

April 2025


Dental OR Facility Fee Implementation in
Ambulatory Surgery Centers (ASCs)
OR: 75%+
OR: 50-75%
OR: 25-50%
Not established
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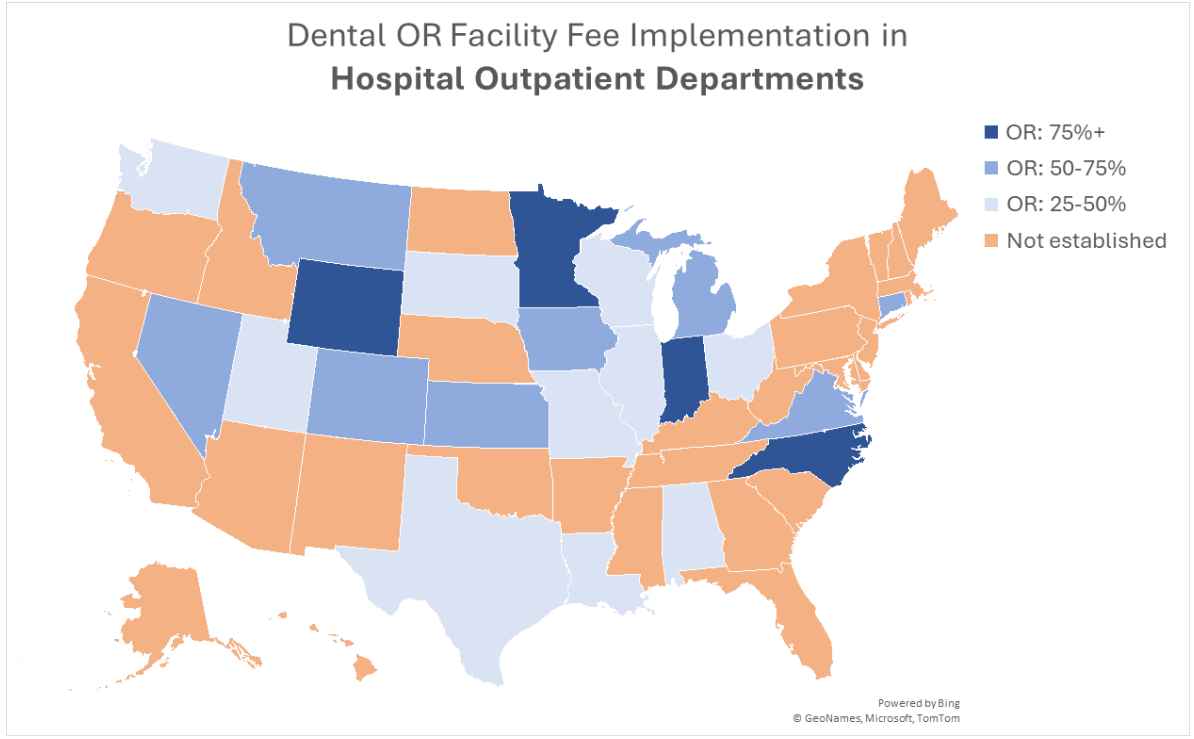
Dental OR Facility Fee Implementation in
Hospital Outpatient Departments
OR: 75%+
OR: 50-75%
OR: 25-50%
Not established
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Success Story: Florida

January 2025

What is required to ensure timely claim adjudication and payment of fees for a Facility?

To ensure timely claim adjudication and payment of fees, please follow these requirements:

For Ambulatory Surgical Centers (ASCs) and Hospitals (Facilities) claims:

Hospitals and ambulatory surgical centers should use HCPCS Code G0330 to be paid by DentaQuest Florida Medicaid plan. DentaQuest is implementing the use of G0330 to reimburse for outpatient services at 100% of the Florida Medicaid Enhanced Ambulatory Patient Grouping (EAPG) base rate, including any applicable provider policy adjustors Hospital Outpatient Prospective Payment Reimbursement Methodology/ASC | Florida Agency for Health Care Administration. Please include print out of the EAPG payment associated with your facility.

August 2025

Statewide Medicaid Managed Care: Non-Emergency Dental Services in Ambulatory Surgical Center and Outpatient Hospital Settings Effective October 1, 2025

On February 1, 2025, the Agency for Health Care Administration (Agency) implemented new contracts with Medicaid health and dental plans to provide State Plan services to plan enrollees in the Statewide Medicaid Managed Care (SMMC) program. The new contracts required dental plans' reimbursement of non-emergency outpatient dental services performed in an Ambulatory Surgical Center (ASC) and outpatient hospital settings.

Effective **October 1, 2025**, payment responsibility for non-emergency dental outpatient anesthesiology and sedation services (those performed in a hospital or ASC) will move from Florida Medicaid's dental plans to Medicaid health plans. This change is part of the Agency's ongoing efforts to reduce administrative complexity and simplify billing for providers.

2025 Observations

- Rate increases: some modest, a couple substantial
- Adoption in new settings (hospital OR vs. ASC)
- Recognition of G0330, sometimes in addition to 41899 and other times as a replacement
- State Medicaid agencies are paying attention, looking at and *sharing* data
- Gaining experience in implementation, sharing methods/strategy (e.g., states using EAPG)

Thank You!

Please use the Q&A box to pose your questions.

Follow RPC Updates!

CE Evaluations are due 12/22

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