

# Delta Dental of Tennessee

## CDT 2026 Updates

CDT 2026 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 2026 codes when submitting claims to Delta Dental for services you perform on or after January 1, 2026.

The CDT updates for 2026 include 31 new codes, 12 revised codes, 6 deletions and several policy revisions. The following pages summarize these changes. Please note that coverage for new codes is dependent on the patient's particular benefit plan.



### 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 2026 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.



### New CDT codes Effective January 1, 2026

#### **D0426**

Collection, preparation, and analysis of saliva sample — point-of-care

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

#### **D0461**

Testing for cracked tooth

*Testing for cracked tooth is included in the definitive treatment and the fees are not separately billable to the patient.*

#### **D1720**

Influenza vaccine administration

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

#### **D5877**

Duplication of complete denture — maxillary

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

#### **D5878**

Duplication of complete denture — mandibular

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

**D5909**

Maxillary guidance prosthesis with guide flange

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

**D5930**

Maxillary guidance prosthesis without guide flange

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

**D5938**

Resection prosthesis, maxillary complete removable

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

**D5939**

Resection prosthesis, mandibular complete removable

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

**D5940**

Resection prosthesis, maxillary partial removable

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

**D5941**

Resection prosthesis, mandibular partial removable

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

**D5942**

Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch

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

**D5943**

Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch

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

**D5944**

Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch

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

**D5945**

Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch

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

**D5946**

Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch

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

**D5947**

Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch

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

**D5948**

Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch

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

**D5949**

Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch

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

**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

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

**D6196**

Removal of an indirect restoration on an implant retained abutment

*The fee for procedure D6196 is included in the fee for the definitive procedure and is not separately billable to the patient.*

**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

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

**D9128**

Photobiomodulation therapy - first 15 minute increment, or any portion thereof

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

**D9129**

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

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

**D9224**

Administration of general anesthesia with advanced airway — first 15 minute increment, or any portion thereof

*General anesthesia is a benefit of most Delta Dental plans only when provided by a dentist in conjunction with covered oral surgery procedures (D7000 through D7999), selected endodontic and periodontal surgical procedures, or specifically covered by group/individual contract.*

*When otherwise provided, the patient is responsible for the fee. Anesthesia drugs are included in the fee for the anesthesia procedure. Additional charges beyond the cost of the anesthesia service may be the patient's responsibility.*

**D9225**

Administration of general anesthesia with advanced airway — each subsequent 15 minute increment, or any portion thereof

*General anesthesia is a benefit of most Delta Dental plans only when provided by a dentist in conjunction with covered oral surgery procedures (D7000 through D7999), selected endodontic and periodontal surgical procedures, or specifically covered by group/individual contract.*

*When otherwise provided, the patient is responsible for the fee. Anesthesia drugs are included in the fee for the anesthesia procedure. Additional charges beyond the cost of the anesthesia service may be the patient's responsibility.*

**D9244**

In-office administration of minimal sedation — single drug — enteral

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

**D9245**

Administration of moderate sedation — enteral

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

**D9246**

Administration of moderate sedation — non-intravenous parenteral — first 15 minute increment, or any portion thereof

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

**D9247**

Administration of moderate sedation — non-intravenous parenteral — each subsequent 15 minute increment, or any portion thereof

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

**D9936**

Cleaning and inspection of occlusal guard — per appliance

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

## Nomenclature only revisions Effective January 1, 2026

**D0417**

Collection and preparation of saliva sample for laboratory analysis

**D5863**

Overdenture — complete maxillary — natural tooth borne

**D5864**

Overdenture — partial maxillary — natural tooth borne

**D5865**

Overdenture — complete mandibular — natural tooth borne

**D5866**

Overdenture — partial mandibular — natural tooth borne

**D5867**

Replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment

**D5934**

Mandibular guidance prosthesis with guide flange

**D5982**

Surgical stent for soft tissue healing

**D9223**

Administration of deep sedation/general anesthesia — each subsequent 15 minute increment, or any portion thereof

**D9243**

Administration of moderate sedation — intravenous — each subsequent 15 minute increment, or any portion thereof



## Descriptor only revisions Effective January 1, 2026

### D2391

Resin-based composite — one surface, posterior  
(Descriptor deleted)

### D4263

Bone replacement graft — retained natural tooth — first site in quadrant

*This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.*

### D4264

Bone replacement graft — retained natural tooth — each additional site in quadrant

*This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.*

### 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 prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).*

### D7285

Incisional biopsy of oral tissue — hard (bone, tooth)  
For partial removal of lesion. This procedure involves biopsy of osseous or intra-osseous lesions (example cyst, tumor) and is not used for apicoectomy/peri radicular surgery. This procedure does not entail an excision.

*1. Delta Dental considers the fee for this procedure to be included in the fee for the resection of hard tissue. A separate fee may not be charged to the patient.*

*2. A separate fee for this procedure is not chargeable when performed in the same location, on the same date, and by the same dentist/dental office as another surgical procedure.*

### D7286

Incisional biopsy of oral tissue — soft

*For partial removal of a lesion. This procedure is not used at the same time as codes for apicoectomy/ periductular curettage. This procedure does not entail an excision.*

## Nomenclature and descriptor revisions



## Effective January 1, 2026

### D0418

Analysis of saliva sample — laboratory  
(Descriptor deleted)

### D5935

Mandibular guidance prosthesis without guide flange

A prosthesis which helps guide the partially resected mandible to a more normal relation with the maxilla allowing for increased tooth contact. It does not have a flange or ramp, however, to assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency.

### D5876

Add metal substructure to acrylic complete denture — per arch

Use of metal substructure in a removable complete denture for reinforcement, during fabrication or repair.

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

### D9222

Administration of deep sedation/general anesthesia — 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. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.

### D9230

Administration of nitrous oxide

When nitrous oxide is administered as a single agent.

### D9239

Administration of moderate sedation — intravenous — first 15 minute 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. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system.



## Descriptor and policy revisions Effective January 1, 2026

### D0180

Comprehensive periodontal evaluation — new or established patient  
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, an evaluation of the patient's medical history, a general wellness assessment, and includes an evaluation of current dental conditions.

*1. Fees for D0180 are not billable to the patient when done on the same date of service as D4355 by the same dentist/dental office.*



## Deleted codes Effective January 1, 2026

### 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

## Processing policy revisions Effective January 1, 2026



### Delta Dental of Tennessee will align with the ADA's expectations for the following codes: D4211, D4231, D4241, D4261, D4342, D7296, D7311, D7321

As a result, both the applicable quadrant and tooth number(s) must be included for each of these codes when submitting claims. If both quadrant and tooth number(s) are not submitted for these codes, the claim will be denied.

### D4341

Periodontal scaling and root planing — four or more teeth per quadrant

*Loss of alveolar crest height 2.0-millimeter or greater distance to the cementoenamel junction (CEJ) must be evident on radiographs.*

### D4342

Periodontal scaling and root planing — one to three teeth per quadrant

*Loss of alveolar crest height 2.0-millimeter or greater distance to the cementoenamel junction (CEJ) must be evident on radiographs.*

### D4355

Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit

*1. Fees for D0180 are not billable to the patient when done on the same date of service as D4355 by the same dentist/dental office.*

### D7953

Bone replacement graft for ridge preservation — per site

*1. For plans that cover code D7953, this service is a benefit once per tooth or implant site. This service is not a benefit when performed on third molars.*