CDT 2027 — Detailed Changes for DHMO

Beginning January 1, 2027, all services provided must be submitted using the new CDT-2027 codes. New Codes Effective 1/1/2027

ADDITIONS

CODE	ADA/CDT Full 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	PED Plans	SGX Plans (CA, FL & TX Only) (Not Including HCR), SGC1028, SGCM1029	SG Plans (CA, FL & TX Only)	All other DHMO group plans (NAMD, Legacy, Custom, Non-Standard; are client specific, or not currently marketed)
D1209	application of caries preventive medicament - topical non-fluoride; full mouth	NON-FLUORIDE CARIES PREV MED	Same as D1206	Covered	Covered	Covered	Not Covered	Not Covered
D4324	repair of fixed splint - intra-coronal; natural teeth or prosthetic crowns	REPAIR FIXED SPLINT INTRA-COR	50% of base fee, co-pay and supplemental or specialist fee of D4322	Covered, if D4322 is Covered	Covered, if D4322 is Covered	Covered, if D4322 is Covered	Not Covered	Not Covered
D4325	repair of fixed splint - extra-coronal; natural teeth or prosthetic crowns	REPAIR FIXED SPLINT EXTRA-COR	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D4326	removal of fixed splint - intra-coronal; natural teeth or prosthetic crowns does not include repair of resulting defects	REMOVE FIXED SPLINT INTRA-COR	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D4327	removal of fixed splint - extra-coronal; natural teeth or prosthetic crowns	REMOVE FIXED SPLINT EXTRA-COR	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D5521	replace all teeth on complete denture - maxillary	REPLACE ALL TEETH MAX DENTURE	Same as D5670	Covered	Covered	Covered	Not Covered	Not Covered
D5522	replace all teeth on complete denture - mandibular	REPLACE ALL TEETH MAND DENTURE	Same as D5671	Covered	Covered	Covered	Not Covered	Not Covered
D5859	placement of semi-precision abutment – natural tooth This procedure is the initial placement, or replacement, of a semi-precision abutment on a natural tooth; for semi-precision attachment in the removable prothesis, see D6192.	PLACE SEMI-PREC ABUT NAT TOOTH	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D5950	auricular molding Non-surgical molding of the ear. Completed with a custom or pre-fabricated prosthetic prior to and/or in place of surgery.	AURICULAR MOLDING	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D5961	nasal molding Non-surgical molding of the nose. Completed with a custom or pre-fabricated prosthetic prior to and/or in place of surgery.	NASAL MOLDING	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

ADDITIONS - CONTINUED

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D5998	repair maxillofacial prosthesis, by report	REPAIR MAXILLOFACIAL PROSTH	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D6108	placement of healing cap on implant body	PLACE HEALING CAP ON IMPLANT	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D6109	removal of a screw-retained indirect restoration on an implant To enable treatment of the implant body. Not to be used for a temporary or provisional restoration.	REMOVE SCREW-RETAINED IMPLANT	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D6124	implant/abutment retained interim fixed denture for partially edentulous arch - maxillary Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	IMPLANT INTERIM DENTURE MAX	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D6125	implant/abutment retained interim fixed denture for partially edentulous arch - mandibular Used when a period of healing is necessary prior to fabrication and placement of a permanent prosthetic.	IMPLANT INTERIM DENTURE MAND	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D6126	replace all teeth and acrylic on hybrid prosthesis - per arch	REPLACE TEETH/ACRYLIC HYBRID	Same as D6090	Covered	Covered	Covered	Not Covered	Not Covered
D7882	repair and/or reline of occlusal orthotic device	REPAIR/RELINE OCCL ORTHOTIC	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D8689	re-cement or re-bond orthodontic fixed appliance Does not include bracket and standard fixed orthodontic appliances. It may include appliances for adverse oral habit management, adjustment of functional relationships, adjustments of skeletal discrepancies, and/or prevention of complex issues.	RECEMENT/REBOND ORTHO APPL	Same as D8698	Covered	Covered	Covered	Not Covered	Not Covered
D9127	chemodenervation of salivary gland - therapeutic, by report Injection of botulinum toxin into salivary glands to reduce saliva production.	CHEMODENERV SALIVARY GLAND	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

ADDITIONS - CONTINUED

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D9132	chemodenervation of head, neck, and/or supporting musculature - therapeutic, by report Injection of botulinum toxin for therapeutic management of orofacial pain disorders, including, but not limited to, migraine headache.	CHEMODENERV HEAD/NECK MUSCLE	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9134	occipital nerve block Injection of local anesthetic, with or without corticosteroid, into the greater or lesser occipital nerve to provide relief from orofacial pain or headaches.	OCCIPITAL NERVE BLOCK	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9136	peripheral nerve block, by report Injection of local anesthetic, with or without corticosteroid, into a specified peripheral nerve in the orofacial region for pain relief.	PERIPHERAL NERVE BLOCK	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9138	sphenopalatine ganglion block Deposition of local anesthetic, with or without corticosteroid, into the sphenopalatine ganglion to relieve acute or chronic orofacial pain.	SPHENOPALATINE GANGLION BLOCK	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9140	tendon/ligament injection - per site Injection of therapeutic agent into tendon or ligament in the orofacial region. Inclusive of anesthetic, steroid, and/or prolotherapy agent injected.	TENDON/LIGAMENT INJ PER SITE	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9142	trigger point injection - per muscle Injection of anesthetic and/or other agent into a myofascial trigger point in muscle of the head, neck, and supporting musculature.	TRIGGER POINT INJ PER MUSCLE	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
D9937	cleaning and inspection of occlusal orthotic device - per appliance	CLEAN/INSPECT OCCL ORTHOTIC	Same as D9955	Covered	Covered	Covered	Not Covered	Not Covered
D9958	overnight pulse oximetry assessment Dispensing, recovery, data collection and interpretation of an overnight oximeter.	OVERNIGHT PULSE OXIMETRY	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

ADDITIONS - CONTINUED

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D9998	dental case management - pediatric-to-adult transition services, patients with special healthcare needs Planning, execution, and integration support for a patient (child or adult) with special healthcare needs transferring from a pediatric-centric to an adult-focused dental home. Includes patient/family/caregiver readiness assessment, education, and sustained bidirectional communication and care coordination with shared decision-making between pediatric and adult dental teams and the patient and family.	PED-ADULT TRANSITION CASE MGMT	Not Applicable	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

CANCELLATIONS

No deleted codes for 2027

REVISION TO DESCRIPTIONS (including Schedule of Benefits)

CODE	ADA/CDT Description	EOB Wording
D0423	analysis of genetic sample material for susceptibility to diseases – laboratory Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases	GENETIC TEST-SPECIMEN ANALYSIS
D0802	3D dental surface scan – indirect A surface scan of a diagnostic cast or impression	3D DENTAL SURFACE SCAN-INDIRECT
D1206	application of medicament – topical fluoride varnish; full mouth	TOPICAL FLUORIDE-VARNISH
D1208	application of medicament – topical fluoride – excluding varnish; full mouth	TOPICAL APPLICATION-FLUORIDE
D1354	application of caries arresting medicament without surgical intervention – per tooth Conservative management of an active, non-symptomatic initial to advanced carious lesion.	APP OF CARIES ARREST MED-PER TH
D1355	application of medicament – primary prevention, or remineralization without surgical intervention; per tooth For primary prevention, or remineralization of incipient carious lesions. Medicaments applied do not refer to full mouth topical fluorides (e.g varnishes and gels) but may contain fluoride.	CARIES PREV MEDIC APPL PER TOOTH
D2390	resin-based composite crown – direct Full resin-based composite coverage of tooth.	RESIN CROWN
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure	AUTOGENOUS TISSUE GRAFT
D5511	repair complete denture base, mandibular	REPAIR DENTURE BASE MANDIBULAR
D5512	repair complete denture base, maxillary	REPAIR DENTURE BASE MAXILLARY
D5867	replacement of replaceable part of semi-precision attachment of natural tooth borne prosthesis, per attachment	REPLACE PART OF PREC ATTACHMENT
D5942	resection prosthesis, maxillary implant/abutment retained removable prosthesis for edentulous arch A maxillary implant/abutment retained removable resection prosthesis for the edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.	RESECTION PROS MAX IMP COMP REM
D5943	resection prosthesis, mandibular implant/abutment retained removable prosthesis for edentulous arch A mandibular implant/abutment retained removable resection prosthesis for the edentulous mandibular arch in which a portion of the mandible is resected and reconstructed in which mandibular continuity is maintained or restored.	RESECTION PROS MAND IMP COMP REM
D5944	resection prosthesis, maxillary implant/abutment retained removable prosthesis for the partial edentulous arch A maxillary implant/abutment retained removable resection prosthesis for the partial edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed with hard tissue.	RESECTION PROS MAX IMP PART REM
D5945	resection prosthesis, mandibular implant/abutment retained removable prosthesis for the partial edentulous arch A mandibular implant/abutment retained removable resection prosthesis for the partial edentulous mandibular arch in which a portion of the mandible is resected and reconstructed.	RESECTION PROS MAND IMP PART REM
D5982	surgical stent for soft tissue healing Synonymous terminology: periodontal stent, skin graft stent, columellar stent. Stents are utilized to apply pressure to soft tissues to facilitate healing and prevent cicatrization or collapse. A surgical stent may be required in surgical and post-surgical revisions to achieve close approximation of tissues.	SURGICAL STENT
D5993	cleaning and inspection of a maxillofacial prosthesis (extra or intra-oral), by report Does not include adjustments, repairs, or modifications.	MAINTENANCE/CLEANING PROSTHESIS
D5995	medicament carrier with peripheral seal – laboratory processed – maxillary A custom fabricated, laboratory processed carrier for the maxillary arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and/or into the periodontal sulcus or pocket.	PERIO MEDIC CARRIER-MAX
D5996	medicament carrier with peripheral seal – laboratory processed – mandibular A custom fabricated, laboratory processed carrier for the mandibular arch that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and/or into the periodontal sulcus or pocket.	PERIO MEDIC CARRIER-MAND
D5999	unspecified maxillofacial prosthesis procedure, by report Used for a procedure that is not adequately described by a code. Describe the procedure	UNSPEC. MAXILLOFACIAL PROSTHESIS
D6055	connecting bar – implant supported or abutment supported Utilized to stabilize and retain a prosthesis.	CONNECTING BAR
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment retained supported prosthesis, per attachment	REPLC SEMI PRECISION ATTACHMENT
D6110	implant /abutment retained removable denture for edentulous arch – maxillary	IMPLANT OVERDENTURE-MAXILLARY
D6111	implant /abutment retained removable denture for edentulous arch – mandibular	IMPLANT OVERDENTURE-MANDIBULAR
D6112	implant /abutment supported retained removable denture for partially edentulous arch – maxillary	IMPLANT OVERDENTURE PARTIAL-MAX
D6113	implant /abutment retained removable denture for partially edentulous arch – mandibular	IMPLANT OVERDENTURE PARTIAL-MAND

REVISION TO DESCRIPTIONS (including Schedule of Benefits) - CONTINUED

CODE	ADA/CDT Description	EOB Wording
D6191	placement of semi-precision abutment – implant body This procedure is the initial placement, or replacement, of a semi-precision abutment on the implant body.	SEMI-PRECISION ABUT – PLACEMENT
D6280	implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch 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).	REMOVABLE IMPLANT MAINTENANCE
D8210	adjunctive orthodontic therapy – removable appliance Removable appliance therapy utilized alone or as an adjunct to comprehensive orthodontic treatment. Removable indicates patient can remove the appliance and may include appliances for adverse oral habit management, adjustment of functional relationships, adjustment of skeletal discrepancies, and/or prevention of complex issues.	REMOVABLE APPLIANCE THERAPY
D8220	adjunctive orthodontic therapy – fixed appliance Fixed appliance therapy utilized alone or as an adjunct to comprehensive orthodontic treatment. Fixed indicates patient cannot remove the appliance and may include appliances for adverse oral habit management, adjustment of functional relationships, adjustment of skeletal discrepancies, and/or prevention of complex issues.	FIXED APPLIANCE THERAPY
D8696	repair of orthodontic appliance, includes reattachment – maxillary Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	REPAIR OF ORTHO APPLIANCE-MAX
D8697	repair of orthodontic appliance, includes reattachment – mandibular Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.	REPAIR OF ORTHO APPLIANCE-MAND
D9130	temporomandibular joint dysfunction – non-invasive physical therapies – each 15 minute increment, or portion thereof Therapy including, but not limited to, massage, diathermy, ultrasound, or cold application to provide relief from muscle spasms, inflammation or pain, intending to improve freedom of motion and musculoskeletal function.	TMJ NON-INV PHYS THERAPIES
D9910	application of desensitizing medicament – per tooth Includes in-office treatment for root sensitivity. This code is not to be used for bases, liners or adhesives used under restorations.	APPLY DESENSITIZING MEDICINE
D9913	administration of neuromodulators – cosmetic	ADMINISTRATION NEUROMODULATORS
D9959	unspecified sleep related breathing disorder/airway management procedure, by report Used for a procedure that is not adequately described by a code. Describe the procedure.	UNSPEC. SLEEP APNEA PROCEDURE

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