Report of March 2025 Code Maintenance Committee (CMC) Meeting Decisions

Part 1 – CMC Action on Editorial Changes Requested by CMC Member Organizations

Approved on Consent Calendar

The following Editorial Action Requests **Inventory #s: E4 through E10** (as Submitted) were on the CMC consent calendar and accepted as presented for inclusion in *CDT 2026*.

#: E4 – (as Submitted)

D5863 overdenture – complete maxillary – natural tooth borne

#: E5 – (as Submitted)

D5864 overdenture – partial maxillary – natural tooth borne

#: E6 – (as Submitted)

D5865 overdenture – complete mandibular – natural tooth borne

#: E7 – (as Submitted)

D5866 overdenture – partial mandibular – natural tooth borne

#: E8 – (as Submitted)

D5867 replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment

#: E9 – (as Submitted)

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. Usually such materials as temporary or interim soft denture liners, gutta percha, or dental modeling impression compound may be used.

#: E10 – (as Submitted)

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

Report of March 2025 Code Maintenance Committee (CMC) Meeting Decisions

Part 1 – CMC Action on Editorial Changes Requested by CMC Member Organizations

Not on Consent Calendar

The following Editorial Action Requests **Inventory #s: E1 and E2** were removed from the CMC consent calendar and discussed and voted on (as Amended / CMC voice consensus to vote on E1 and E2 together).

#: E1 (as Amended)

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, ~~or~~ the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration ~~or barrier membranes~~. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site.

#: E2 (as Amended)

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, ~~or~~ the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration ~~or barrier membranes~~. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for this CDT Code action (editorial) is persuasive.

Inventory #: E3 (as Submitted)

D5862 precision attachment for natural tooth borne prosthesis, by report

Each pair of components is one precision attachment. Describe the type of attachment used.

Code Maintenance Committee Action:

Motion to Withdraw for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept		Reject		Other	**X**

Notes
WITHDRAWN – CMC accepted Submitter's request to withdraw from consideration.

Report of March 2025 Code Maintenance Committee (CMC) Meeting Decisions

Part 2 – CMC Action on Submissions Tabled During March 2024 CMC Meeting

Inventory: #s T1a through T2h (as Submitted / CMC voice consensus to vote on T1a through T2h together) are submissions that were tabled during the March 2024 CMC Meeting and were addressed by two CMC Ad Hoc Working Groups.

#: T1a (as Submitted)

D9239 ~~intravenous~~ moderate (conscious) sedation/analgesia – first 15 minutes

Anesthesia time begins when the doctor administering the anesthetic agent initiates the 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 on the central nervous system and not dependent on the route of administration.

#: T1b (as Submitted)

D9243 ~~intravenous~~ moderate (conscious) sedation/analgesia – each subsequent 15 minute increment

(No descriptor)

#: T1c (as Submitted)

D9239 continual titration of ~~intravenous~~ moderate ~~(conscious)~~ sedation /analgesia – first 15 minutes, or any portion thereof

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~~ time is considered complete 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~~ qualified dentist's/ surgeon's intended depth of anesthesia and supported by documentation of the anesthetic effects upon the central nervous system. ~~and~~ It is not dependent upon the route of administration.

#: T1d (as Submitted)

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

(No descriptor)

#: T1e (as Submitted)

D9248 non-intravenous conscious sedation – moderate

This includes non-IV ~~minimal and~~ moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.

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

#: T1f (as Submitted)

Dxxxx non-intravenous conscious sedation - minimal

A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.

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

#: T1g (as Submitted)

D9248 administration of non-readily titratable (such as enteral) ~~non-intravenous conscious~~ minimal / moderate sedation

~~This Includes non-IV minimal and moderate sedation.~~

~~A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and / or analgesic agent(s) and appropriate monitoring.~~

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

Some sedative agents may not be continually titratable due to the nature of their pharmacology or their route of administration (such as the enteral route or certain parenteral routes such as intranasal). These drugs may be given as a single dose or divided dose. Nitrous oxide may be co-administered. Due to sedation being a continuum and the safety margin needed for this procedure, the level of sedation is not entirely based on the effects on the central nervous system. Minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, to achieve the desired clinical effect, not to exceed the maximum recommended dose (MRD). If multiple drugs are administered or a drug exceeding the maximum recommended dose during a single appointment, it is considered to be moderate sedation. The procedure includes the appropriate monitoring per level of sedation.

#: T1h (as Submitted)

D9222 continual titration of deep sedation / general anesthesia – first 15 minutes, or any potion thereof

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~~ time is considered complete 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~~ qualified dentist's/ surgeon's/ anesthesia provider's intended depth of anesthesia and supported by documentation of the anesthetic effects upon the central nervous system. ~~and~~ It is not dependent upon the route of administration.

#: T1i (as Submitted)

D9223 continual titration of deep sedation / general anesthesia – each subsequent 15 minute increment, or any potion thereof

(No descriptor)

#: T1j (as Submitted)

D9230 administration of inhalational ~~of~~ nitrous oxide ~~/~~ for analgesia /minimal sedation~~, anxiolysis~~

None.

#: T1k (as Submitted)

Dxxxx administration of general anesthesia, separate provider – first 15 minutes, or any portion thereof

Anesthesia time begins when the anesthesia provider, not involved in the procedure, administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia time is considered completed when the patient may be safely left under the observation of trained personnel and the anesthesia provider may safely leave the room to attend to other patients or duties.

#: T1l (as Submitted)

Dxxxx administration of general anesthesia, separate provider - each subsequent 15 minutes, or any portion thereof

(No descriptor)

#: T1m (as Submitted)

Dxxxx monitored anesthesia care - first 15 minutes, or any portion thereof

Monitored anesthesia care (MAC) is a type of anesthesia service in which an anesthesia provider, not involved in the procedure, continually monitors and supports the patient's vital functions; diagnoses and treats clinical problems that may occur; administers sedative, anxiolytic, or analgesic medications if needed; and converts to general anesthesia if required. The provider must have the ability and training to provide general anesthesia if necessary.

Anesthesia time begins when the anesthesia provider, not involved in the procedure, administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia time is considered completed when the patient may be safely left under the observation of trained personnel and the anesthesia provider may safely leave the room to attend to other patients or duties.

#: T1n (as Submitted)

Dxxxx monitored anesthesia care - each subsequent 15 minutes, or any portion thereof

(No descriptor)

#: T2a (as Submitted)

Dxxxx removal of interim implant body requiring bone removal or flap elevation: endosteal

Removal of implant body originally placed for a specific clinical purpose and limited period of time determined by the dentist.

#: T2b (as Submitted)

Dxxxx removal of interim implant body not requiring bone removal or flap elevation: endosteal

Removal of implant body originally placed for a specific clinical purpose and limited period of time determined by the dentist.

#: T2c (as Submitted)

D6100 ~~surgical~~ removal of implant body requiring bone removal: endosteal implant

(No descriptor)

#: T2d (as Submitted)

D6105 removal of implant body not requiring bone removal ~~or flap elevation~~: endosteal implant

None.

#: T2e (as Submitted)

Dxxxx removal of implant body requiring bone removal: endosteal mini implant

(No descriptor)

#: T2f (as Submitted)

Dxxxx removal of implant body not requiring bone removal: endosteal mini implant

(No descriptor)

#: T2g (as Submitted)

Dxxxx removal of implant body requiring bone removal or flap elevation: eposteal implant

(No descriptor)

#: T2h (as Submitted)

Dxxxx removal of implant body requiring bone removal or flap elevation: transosteal implant

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	X	Other	

Notes
CMC agreed with the CMC Ad Hoc Working Groups' recommendations to reject these submissions tabled during the March 2024 CMC meeting.

Inventory #: 01 (as Amended)

Dxxxx influenza vaccine administration

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	23	Nay>	0	Abs>	1
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for this CDT Code action (addition) is persuasive.

Inventory #s: 02a and Inventory #: 02b (as Submitted / CMC voice consensus to vote on 02a and 02b together)

#: 02a (as Submitted)

~~**D1705 AstraZeneca Covid-19 vaccine administration – first dose**~~

~~SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1~~

#: 02b (as Submitted)

~~**D1706 AstraZeneca Covid-19 vaccine administration – second dose**~~

~~SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2~~

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for this CDT Code actions (deletion) is persuasive.

Inventory #s: 03a and Inventory #: 03b (as Submitted / CMC voice consensus to vote on 03a and 03b together).

#: 03a (as Submitted)
~~**D1707 Janssen Covid-19 vaccine administration**~~
~~SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE~~
#: 03b (as Submitted)
~~**D1712 Janssen Covid-19 vaccine administration – booster dose**~~
~~SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM DOSE BOOSTER~~

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code actions (deletion) is persuasive.					

Inventory #s: 04a and Inventory #: 04c (as Submitted / CMC voice consensus to vote on 04a and 04b together).

#: 04a (as Submitted)
Dxxxx periodic oral evaluation with three or more medical screenings– established patient
An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. his includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Three or more screening tests or questionnaires would be included with appropriate health education/consultation or referral, if indicated. Report additional diagnostic procedures separately.

Three or more screening tests or questionnaires that are appropriate for the patient may include but are not limited to:

- Blood pressure screening
- Pulse screening
- Fall Risk assessment
- Immunization screening
- Depression screening
- Tobacco use screening
- HPV Vaccine screening
- Diabetes screening
- Substance use disorder screening
- Obstructive sleep apnea screening
- Immunization screening
- Cognitive disorder screening
- HIV screening
- BMI/obesity screening

#: 04b (as Submitted)

Dxxxx periodic oral evaluation with five or more medical screenings– established patient

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Three or more screening tests or questionnaires would be included with appropriate health education/consultation or referral, if indicated. Report additional diagnostic procedures separately. Five or more screening tests or questionnaires that are appropriate for the patient may include but are not limited to:

- Blood pressure screening
- Pulse screening
- Fall Risk assessment
- Immunization screening
- Depression screening
- Tobacco use screening
- HPV Vaccine screening
- Diabetes screening
- Substance use disorder screening
- Obstructive sleep apnea screening
- Immunization screening
- Cognitive disorder screening
- HIV screening
- BMI/obesity screening

#: 04c (as Submitted)

Dxxxx periodic oral evaluation with cardiac and diabetes screening– established patient

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Screening tests for blood pressure pulse and diabetes with appropriate health education/consultation or referral, if necessary. Report additional diagnostic procedures separately.

Screening tests are appropriate for the most common systemic findings that may impact dental health and may create intraoperative and postoperative complications related to dental treatments.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	

Notes
The proposed additions lack clarity and introduce ambiguities that would result in overlap with existing CDT codes.

Inventory #: 05 (as Amended)

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~~.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	13	Nay>	10	Abs>	1
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (revision) is persuasive.					

Inventory #: 06 (as Submitted)

D0425 caries susceptibility tests

This procedure involves the use of a diagnostic test to assess a patient's predisposition to developing dental caries. This test identifies specific factors that may contribute to an increased likelihood of decay.

Not to be used for carious dentin staining.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed addition of language to the descriptor does not improve the understanding of the procedure code. The inclusion of the term "diagnostic" introduces ambiguity in determining which tests meet this qualification.					

Inventory #: 07 (as Submitted)

Dxxxx testing for cracked tooth

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

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	18	Nay>	6	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (addition) is persuasive.					

Inventory #: 08 (as Submitted)

Dxxxx full mouth periodontal probing and recording

Full mouth probing and recording of periodontal pocket depths. May include additional periodontal measurements such as clinical attachment, furcation involvement, bleeding, etc. When not performed as part of a comprehensive oral evaluation or a comprehensive periodontal evaluation.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	9	Nay>	15	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed addition does not adequately describe the procedure in accordance with established guidelines, potentially leading to misinterpretation and inconsistent application.					

Motion Introduced: Revise CDT code D0417

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

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
The revision aligns with the acceptance of inventory #09 and promotes uniformity, clarity, and consistent coding application.					

Motion Introduced: Revise CDT code D0418

D0418 analysis of saliva sample – laboratory

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

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
The revision aligns with the acceptance of inventory #09 and promotes uniformity, clarity, and consistent coding application.					

Inventory #: 09 (as Amended)

Dxxxx collection, preparation, and analysis of saliva sample – point-of-care

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for this CDT Code action (addition) is persuasive.

Inventory #: 10 (as Submitted)

D1355 caries preventive ~~medicament~~ treatment application – per tooth

For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	23	Abs>	1
Decision					
Accept		Reject	**X**	Other	

Notes
The proposed revision lacks clarity and introduces ambiguity that would result in overlap with existing CDT codes (e.g., D1351 sealant – per tooth).

Inventory #: 11 (as Submitted)

Dxxxx enamel hardening

Harden the enamel surface and protect the teeth from acid dissolution. This procedure can be provided under the direct supervision of a dental professional.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**x**	Other	
Notes					
The proposed addition lacks clarity and introduces ambiguity, potentially leading to misinterpretation and inconsistent application.					

Inventory #s: 12a through 12c (as Submitted / CMC voice consensus to vote on 12a through 12c together)

#: 12a (as Submitted)

D1355 application of non-fluoride, caries preventive medicament ~~application~~ – ~~per~~ one tooth per quadrant

For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

#: 12b (as Submitted)

Dxxxx application of non-fluoride, caries preventive medicament – two to three teeth per quadrant

For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

#: 12c (as Submitted)

Dxxxx application of non-fluoride, caries preventive medicament – four or more teeth per quadrant

For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed revision and additions would unnecessarily complicate documentation and reporting while introducing ambiguity regarding the quantity of teeth treated.					

Inventory #s: 13a through 13c (as Submitted / CMC voice consensus to vote on 13a through 13c together)

#: 13a (as Submitted)

Dxxxx application of caries preventive medicament with fluoride – one tooth per quadrant

For primary prevention or remineralization. Medicaments limited to products containing fluoride.

#: 13b (as Submitted)

Dxxxx application of caries preventive medicament with fluoride – two to three teeth per quadrant

For primary prevention or remineralization. Medicaments limited to products containing fluoride.

#: 13c (as Submitted)

Dxxxx application of caries preventive medicament with fluoride – four or more teeth per quadrant

For primary prevention or remineralization. Medicaments limited to products containing fluoride.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	

Notes
The proposed additions would unnecessarily complicate documentation and reporting while introducing ambiguity regarding the quantity of teeth treated.

Inventory #s: 14a through 14c (as Submitted / CMC voice consensus to vote on 14a through 14c together)

#: 14a (as Submitted)

D1355 application of caries arresting medicament – ~~per~~ one tooth per quadrant

Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

#: 14b (as Submitted)

Dxxxx application of caries arresting medicament – two to three teeth per quadrant

Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

#: 14c (as Submitted)

Dxxxx application of caries arresting medicament – four or more teeth per quadrant

Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed revision and additions would unnecessarily complicate documentation and reporting while introducing ambiguity regarding the quantity of teeth treated.					

Inventory #s: 15a and Inventory #: 15b (as Submitted / CMC voice consensus to vote on 15a and 15b together).

#: 15a (as Submitted)

D1206 ~~topical~~ application of topical fluoride varnish – full mouth

Application of prescription strength topical fluoride varnish.

#: 15b (as Submitted)

D1208 ~~topical~~ application of topical fluoride – excluding varnish – full mouth

Application of prescription strength topical fluoride varnish.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The language found within the proposed revisions can be found within the sub-category of service descriptor for “Topical Fluoride Treatment (Office Procedure)” within the CDT Code.					

Inventory #: 16 (as Submitted)

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.~~

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	21	Nay>	3	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (revision) is persuasive.					

Inventory #: 17 (as Submitted)

~~**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.~~

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	20	Nay>	4	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (deletion) is persuasive.					

Inventory #s: 18a and Inventory #: 18j (as Submitted / CMC voice consensus to vote on 18a through 18j together).

#: 18a (as Submitted)

Resin-Based Composite Restorations – Direct

Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration. ~~Glass ionomers, when used as restorations, should be reported with these codes.~~ If pins are used, they should be reported separately (see D2951).

#: 18b (as Submitted)

D2000-D2999 III Restorative

Glass Ionomer Restorations – Direct

Glass ionomers refer to a category of glass polyalkenoate cements which can consist of alumino-silicate glass powder and a polymeric acid. These restorations can include glass ionomers and resin-modified glass ionomers and are efficient in providing fluoride to tooth surfaces. Tooth preparation, conditioning (including cavity conditioners, etches, or bonding agents), and curing are included as part of the restoration.

#: 18c (as Submitted)

Dxxxx placement of glass ionomer – one surface, anterior

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

#: 18d (as Submitted)

Dxxxx placement of glass ionomer – two surfaces, anterior

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

#: 18e (as Submitted)

Dxxxx glass ionomer – three surfaces, anterior

(No descriptor)

#: 18f (as Submitted)

Dxxxx placement of glass ionomer – four or more surfaces, anterior tooth

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

#: 18g (as Submitted)

Dxxxx placement of glass ionomer – one surface, posterior

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

#: 18h (as Submitted)

Dxxxx placement of glass ionomer – two surfaces, posterior

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

#: 18i (as Submitted)

Dxxxx placement of glass ionomer – three surfaces, posterior

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

#: 18j (as Submitted)

Dxxxx placement of glass ionomer – four or more surfaces, posterior

Placement of glass ionomer material or resin-modified glass ionomer material following caries debridement by hand or other method for the management of caries.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	2	Nay>	20	Abs>	2
Decision					
Accept		Reject	**X**	Other	

Notes
Restorations containing glass ionomers are adequately described within the sub-category of service descriptor for “Resin-Based Composite Restorations – Direct” within the CDT Code.

Inventory #: 19 (as Submitted)

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

When nitrous oxide is administered as a single agent.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (revision) is persuasive.					

Inventory #: 20 (as Submitted)

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

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

~~A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes nonintravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.~~

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

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (deletion) is persuasive.					

Inventory: # 21b was taken out of order and addressed before **Inventory: # 21a**.

#: 21a (as Submitted)

Dxxxx minimal sedation – in-office administration of a single drug

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. With or without co-administration of nitrous oxide.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>		Nay>		Abs>	
Decision					
Accept		Reject		Other	
Notes					
Inventory: # 21a was rendered moot by Inventory: # 21b action.					

Inventory #: 21b (as Submitted)

Dxxxx 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.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (addition) is persuasive.					

Inventory #: 22 (as Submitted)

Dxxxx 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.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (addition) is persuasive.					

Inventory: # 23b was taken out of order to discuss and vote on **Inventory: #'s 23b and 23c** (as Submitted / CMC voice consensus to vote on 23b and 23c together) before addressing **Inventory: # 23a**.

#: 23a (as Submitted)

Dxxxx 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.

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

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>		Nay>		Abs>	
Decision					
Accept		Reject		Other	
Notes					
Inventory: # 23a was rendered moot by Inventory: # 23b action.					

#: 23b (as Submitted)

Dxxxx 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.

#: 23c (as Submitted)

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

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	x	Reject		Other	

Notes
Submitters' rationales for these CDT Code actions (addition) are persuasive.

Inventory #s: 24a and Inventory #: 24b (as Submitted / CMC voice consensus to vote on 24a and 24b together).

#: 24a (as Submitted)

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~~.

#: 24b (as Submitted)

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

None.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	X	Reject		Other	
Notes					
Submitter's rationale for these CDT Code actions (revision) is persuasive.					

Inventory #s: 25a and Inventory #: 25b (as Amended / CMC voice consensus to vote on 25a and 25b together).

#: 25a (as Amended)

D9222 administration of **deep sedation/general anesthesia – first 15 minute**~~s~~ **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~~.

#: 25b (as Amended)

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

None.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for these CDT Code actions (revision) is persuasive.

Inventory #s: 26a and Inventory #: 26b (as Amended / CMC voice consensus to vote on 26a and 26b together).

#: 26a (as Amended)

Dxxxx **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.

#: 26b (as Amended)

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

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	14	Nay>	9	Abs>	1
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for these CDT Code actions (addition) is persuasive.

Inventory #s: 27a and Inventory #: 27b (as Submitted / CMC voice consensus to vote on 27a and 27b together).

#: 27a (as Submitted)

D4341 ~~periodontal scaling and root planing~~ periodontal root scaling (or periodontal scaling) — four or more teeth per quadrant

This nonsurgical periodontal procedure involves instrumentation of the crown and root surfaces of the teeth to remove bacterial plaque biofilm and calculus deposits ~~from these surfaces~~. It is indicated for patients with periodontal disease/attachment loss and is therapeutic, not prophylactic in nature. ~~Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some~~ Removal of cementum and dentin that is permeated with calculus and biolfim, or diseased soft tissue ~~removal~~ may occur~~s~~. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

Inventory #: 27b (as Submitted)

D4342 ~~periodontal scaling and root planing~~ periodontal root scaling (or periodontal scaling) – one to three teeth per quadrant

This nonsurgical periodontal procedure involves instrumentation of the crown and root surfaces of the teeth to remove bacterial plaque biofilm and calculus deposits ~~from these surfaces~~. It is indicated for patients with periodontal disease/attachment loss and is therapeutic, not prophylactic in nature. ~~Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some~~ Removal of cementum and dentin that is permeated with calculus and biofilm, or diseased soft tissue ~~removal~~ may occur~~s~~. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed revisions do not improve the universal understanding of these procedure codes.					

Inventory #: 28 (as Amended)

Dxxxx 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 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).

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	23	Nay>	1	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (addition) is persuasive.					

Inventory #: 29 (as Submitted / CMC voice consensus to discuss and vote on **Inventory: # 29** nomenclature and descriptor separately).

#: 29 (nomenclature as Submitted)

D6081 scaling and debridement of a single implant in the presence of mucositis, including inflammation, and bleeding upon probing ~~and increased pocket depths~~; including cleaning of the implant surfaces, without flap entry and closure

~~This procedure is not performed in conjunction with D1110, D4910, or D4346.~~

Code Maintenance Committee Action:

Motion to Accept Nomenclature for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed revisions to the nomenclature do not improve the understanding of the procedure code.					

 # 29 (descriptor as Submitted)

Code Maintenance Committee Action:

Motion to Accept Descriptor for Inclusion in *CDT 2026*					
Yea>	10	Nay>	14	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The descriptor further distinguishes this code from other procedures related to prevention and treatment of gingival/periodontal conditions.					

Inventory #: 30 (as Amended)

Dxxxx 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 procedure is not performed in conjunction with D1110, D4910, or D4346.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	23	Nay>	1	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for this CDT Code action (addition) is persuasive.

Inventory #: 31 (as Submitted)

Dxxxx delivery of a therapeutic medicament intended to desiccate pathogenic biofilms and surface contaminants

Delivery of an FDA cleared therapeutic medicament intended for use as an additional procedure to disrupt and destroy pathogenic microbes and the biofilm matrix during the performance of dental procedures.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	

Notes
The proposed addition describes an integral step to the delivery of other dental procedures and is not a recognized stand-alone dental procedure or treatment.

Inventory #s: 32a and Inventory #: 32b (CMC voice consensus to vote on 32a and 32b together).

#: 32a (as Submitted)

D5934 mandibular ~~resection~~ guidance prosthesis with guide flange

Synonymous terminology: ~~resection~~ guidance device, ~~resection~~ guidance appliance.

A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact, it may also artificially replace missing teeth and thereby increase masticatory efficiency.

#: 32b (as Amended)

Dxxxx maxillary guidance prosthesis with guide flange

Synonymous terminology: guidance device, guidance appliance.

A prosthesis which guides the remaining portion of the mandible, left after a partial resection, into a more normal relationship with the maxilla. This allows for some tooth-to-tooth or an improved tooth contact, it may also artificially replace missing teeth and thereby increase masticatory efficiency.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for these CDT Code actions is persuasive.

Inventory #s: 33a and Inventory #: 33b (CMC voice consensus to vote on 33a and 33b together).

#: 33a (as Submitted)

D5935 mandibular ~~resection~~ 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.

~~Dentists who treat mandibulectomy patients may prefer to replace some, all or none of the teeth in the defect area. Frequently, the defect's margins preclude even partial replacement. Use of a guide (a mandibular resection prosthesis with a guide flange) may not be possible due to anatomic limitations or poor patient tolerance. Ramps, extended occlusal arrangements and irregular occlusal positioning relative to the denture foundation frequently preclude stability of the prosthesis, and thus some prostheses are poorly tolerated under such adverse circumstances.~~

 # 33b (as Amended)

Dxxxx maxillary 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, it does assist in directional closure. It may replace missing teeth and thereby increase masticatory efficiency.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for these CDT Code actions is persuasive.

Inventory #s: 34a and Inventory #: 39b (as Submitted / CMC voice consensus to vote on 34a through 39b together).

#: 34a (as Submitted)

Dxxxx resection prosthesis, maxillary complete removable

A maxillary complete removable resection prosthesis for the maxillary arch in which a portion of the maxilla is resected and reconstructed with hard or soft tissue.

#: 34b (as Submitted)

Dxxxx resection prosthesis, mandibular complete removable

A mandibular complete removable resection prosthesis for the mandibular arch in which a portion of the mandibular is resected and reconstructed with hard or soft tissue. Mandibular continuity is maintained or restored.

#: 35a (as Submitted)

Dxxxx resection prosthesis, maxillary partial removable

A maxillary partial removable resection prosthesis for the maxillary arch in which a portion of the maxilla is resected and reconstructed with hard or soft tissue.

#: 35b (as Submitted)

Dxxxx resection prosthesis, mandibular partial removable

A mandibular partial removable resection prosthesis for the mandibular arch in which a portion of the mandibular is resected and reconstructed with hard or soft tissue. Mandibular continuity is maintained or restored.

#: 36a (as Submitted)

Dxxxx resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch

A maxillary implant/abutment supported removable resection prosthesis for the edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.

#: 36b (as Submitted)

Dxxxx resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch

A mandibular implant/abutment supported 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.

#: 37a (as Submitted)

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

A maxillary implant/abutment supported removable resection prosthesis for the partial edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed with hard tissue.

#: 37b (as Submitted)

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

A mandibular implant/abutment supported removable resection prosthesis for the partial edentulous mandibular arch in which a portion of the mandible is resected and reconstructed.

#: 38a (as Submitted)

Dxxxx resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch

A maxillary implant/abutment supported fixed resection prosthesis for the edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.

#: 38b (as Submitted)

Dxxxx resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch

A mandibular implant/abutment supported fixed 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.

#: 39a (as Submitted)

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

A maxillary implant/abutment supported fixed resection prosthesis for the partial edentulous maxillary arch in which a portion of the maxilla is resected and reconstructed.

#: 39b (as Submitted)

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

A mandibular implant/abutment supported fixed resection prosthesis for the partial edentulous mandibular arch in which a portion of the mandible is resected and reconstructed.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for these CDT Code actions (addition) is persuasive.

Inventory #s: 40a and Inventory #: 40b (as Amended / CMC voice consensus to vote on 40a and 40b together).

#: 40a (as Amended)

Dxxxx duplication of complete denture – maxillary

Does not involve all steps used in initial fabrication.

#: 40b (as Amended)

Dxxxx duplication of complete denture – mandibular

Does not involve all steps used in initial fabrication.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	21	Nay>	3	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for these CDT Code actions (addition) is persuasive.					

Inventory #: 41 (as Amended)

D5876 add metal substructure to acrylic ~~full~~ complete denture – ~~(~~per arch~~)~~

Use of metal substructure in a removable complete denture~~s~~ for reinforcement, during fabrication or repair ~~without a framework~~.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (revision) is persuasive.					

Inventory #s: 42a and Inventory #: 42n (as Submitted / CMC voice consensus to vote on 42a through 42n together).

#: 42a (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – indirect resin based composite

(No descriptor)

#: 42b (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – cast high noble metal

(No descriptor)

#: 42c (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – cast predominantly base metal

(No descriptor)

#: 42d (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – cast noble metal

(No descriptor)

#: 42e (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – titanium

(No descriptor)

#: 42f (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – porcelain fused to high noble metal

(No descriptor)

#: 42g (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – porcelain fused to predominantly base metal

(No descriptor)

#: 42h (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – porcelain fused to noble metal

(No descriptor)

#: 42i (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – porcelain fused to titanium and titanium alloys

(No descriptor)

#: 42j (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – porcelain/ceramic

(No descriptor)

#: 42k (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – resin with high noble metal

(No descriptor)

#: 42l (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – resin with predominantly base metal

(No descriptor)

#: 42m (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – resin with noble metal

(No descriptor)

#: 42n (as Submitted)

Dxxxx pontic for implant/abutment supported FPD – interim

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	1	Nay>	23	Abs>	0
Decision					
Accept		Reject	**X**	Other	

Notes
Fixed Partial Denture Pontics are adequately described within the CDT Code. The fabrication and inclusion of a pontic unit within a fixed partial denture prosthetic does not differ in nature or scope whether the fixed partial denture prosthetic is intended to be supported by a natural tooth or an implant/abutment supported FPD.

Inventory #: 43 (as Submitted)

Dxxxx removal of an indirect restoration cemented or bonded to an implant retained abutment

Not to be used for a temporary or provisional restoration.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (addition) is persuasive.					

Inventory #: 44 (as Amended)

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.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (revision) is persuasive.					

Inventory #: 45 (as Amended)

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.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	24	Nay>	0	Abs>	0
Decision					
Accept	**X**	Reject		Other	

Notes
Submitter's rationale for this CDT Code action (revision) is persuasive.

Inventory #: 46 (as Submitted)

Dxxxx therapy for the prevention of self-induced injury after the use of local anesthesia in a dental procedure

Therapy to minimize or eliminate the risk of self-induced harm, injury or trauma to anesthetized oral soft tissues during or after a dental procedure involving local anesthesia. This therapy includes, but is not limited to, the use of a local anesthetic reversal agent (e.g., photobiomodulation or an injectable medicine) or a physical barrier (e.g., partial- or full-coverage mouth guard). This should be reported on a per session basis.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**x**	Other	

Notes
The proposed addition lacks clarity and introduces ambiguity, potentially leading to misinterpretation and inconsistent application.

Inventory #s: 47a and Inventory #: 47b (as Amended / CMC voice consensus to vote on 47a and 47b together).

#: 47a (as Amended)

Dxxxx 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.

#: 47b (as Amended)

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

(No descriptor)

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	22	Nay>	1	Abs>	1
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for these CDT Code actions (addition) is persuasive.					

Inventory #: 48 (as Amended)

Dxxxx cleaning and inspection of occlusal guard – per appliance

This procedure does not include any adjustments.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	17	Nay>	5	Abs>	2
Decision					
Accept	**X**	Reject		Other	
Notes					
Submitter's rationale for this CDT Code action (addition) is persuasive.					

Inventory #: 49 (as Submitted)

D9994 dental case management – patient education to improve oral health literacy

Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, including "effective communication" for visual, auditory, and kinesthetic communicators, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation that optimizes communication understanding and comprehension.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	24	Abs>	0
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed addition of language to the descriptor does not improve the understanding of the procedure code.					

Inventory #: 50 (as Submitted)

Dxxxx fabrication of customized tray for delivery of fluids – full mouth

A custom fabricated, 3D-printed tray that covers the teeth of both arches simultaneously. Used to deliver pulsating pressurized fluids to tooth surfaces interproximally and above the gingival margin.

Code Maintenance Committee Action:

Motion to Accept for Inclusion in *CDT 2026*					
Yea>	0	Nay>	23	Abs>	1
Decision					
Accept		Reject	**X**	Other	
Notes					
The proposed addition describes a process specific to a proprietary product.					