

# Dental Office Update



## 2025 CDT Code and Processing Changes

Effective **January 1, 2025**, Delta Dental of Oregon (DDOR) will implement new codes that the ADA has outlined in the CDT-2025 handbook. The table below shows which new codes may be covered by DDOR. Any new CDT codes not listed on the chart are not covered under DDOR plans.

Please refer to the group limitations of each patient’s plan in Benefit Tracker for specific benefits information as some plans may benefit the new codes differently.

Also, the following codes **will be deleted** in the CDT-25 revision and DDOR will no longer accept these deleted codes after April 1, 2025.

- D2941
- D6095

CDT-2025 code books can be purchased through the American Dental Association at [ada.org](http://ada.org).

## New 2025 CDT Codes:

Code	Nomenclature	2025 Coverage
D2956	Removal of an indirect restoration on a natural tooth	Inclusive of other procedures and is not billable to the patient.
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prostheses and abutments	For plans that cover implants: Covered once in a 36-month period. If billed within 12 months of D6114 or D6115 the fee is not billable to the patient.
D6193	Replacement of an implant screw	For plans that cover implants: Covered once in a 24-month period per implant. If billed on the same day as D6089 or within 6 months of initial implant placement, the fees are not billable to the patient.

Code	Nomenclature	2025 Coverage
D7252	Partial extraction for immediate implant placement	For plans that cover implants: Benefits are limited to once per tooth per lifetime in conjunction with immediate implant placement.
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Covered for plans with orthodontia benefits. If billed with other orthodontia treatment, the fees are not billable to the patient.
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	Covered for plans with orthodontia benefits. If billed with other orthodontia treatment, the fees are not billable to the patient.

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## 2025 Medicare Advantage Changes

**Moda Health** and **Summit Health Medicare Advantage plans** will no longer be available for 2025.

Moda Health Plan, Inc. has made the difficult decision to discontinue **Moda/Summit** individual Medicare Advantage medical plans in the state of Oregon as of December 31st, 2024.

- This does not affect **Providence Health** or **Devoted Health Medicare Advantage plans**. These plans will continue in 2025.
- This does not affect current provider Medicare Advantage Supplemental Dental contract status. Your participation status will not change.
- This does not affect other Medicare Advantage Supplemental plans offered by other Delta Dental member companies.

Members will need to select a new Medicare Advantage plan and may inquire which carriers you are contracted with.

Please direct patients to our [member support page](#) for any questions on their current 2024 benefits.

Delta Dental of Oregon's Medicare Advantage reimbursement will also transition from the Premier fee schedule to the PPO fee schedule **January 1st, 2025**. This change is an effort to help maintain plan affordability and availability for seniors while supporting our Medicare Advantage health plan partners.

### Key Information for Providers

- If you are a Premier + Medicare Advantage contracted provider, this change will not automatically enroll you into the Delta Dental PPO network. This change means that you will accept the PPO fee schedule and not balance bill over the PPO rate for your Delta Dental of Oregon's **Medicare Advantage** patients.
- No action is needed to remain in-network with the Medicare Advantage Network.
- Providers who wish to end their Medicare Advantage contract can request a form from [orcontracting@deltadentalor.com](mailto:orcontracting@deltadentalor.com). Requests to end your contract will follow the Center for Medicaid and Medicare Services guidelines, requiring a 60-day notice.

## Out-of-Network Providers

Out-of-network providers can still see Medicare Advantage patients, but certain plans **may require** treatment from an in-network Medicare contracted provider. Services provided by non-contracted Medicare Advantage providers could be fully out-of-pocket for the patient. Please check Benefit Tracker for patient eligibility and benefits.

For current PPO fee schedule access, please email Dental Professional Relations at [dpror@deltadentalor.com](mailto:dpror@deltadentalor.com).

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## Important Network Security & Privacy Insurance Requirements

### Insurance coverage updates for providers seeing OEBB & PEBB patients

**Oregon Health Authority** has recently changed their insurance requirements for providers who see Oregon Educators Benefit Board (**OEBB**) or Public Employees Benefit Board (**PEBB**) patients. **Effective** 10/1/24 for OEBB and 1/1/25 for PEBB, participating providers or affiliates are now required to carry Network Security and Privacy Liability insurance in the amount listed below.

Your liability coverage must have a combined single limit of no less than \$500,000.00 per claim or incident and must cover third party claims as well as losses, thefts, unauthorized disclosures, access, or use of OEBB, PEBB or member data in any format including coverage for accidental loss, theft, unauthorized disclosure access or use of OEBB, PEBB or member data. Providers may need to confirm these insurance requirements or attest to having excess/umbrella policy, which may be used to meet the required limits of insurance.

If you are currently seeing OEBB and PEBB members, you may continue providing care to these patients while in the process of obtaining the required coverage.

Please check with your liability insurance company to ensure that you have adequate coverage.

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## Health through Oral Wellness Tips & Tricks

How to get the most from this program!



## Remember to reassess your Health through Oral Wellness patients every 6-14 months

Please complete a PreViser reassessment on all of your **Health through Oral Wellness** patients once **every 6-14 months** from their last qualifying risk assessment. Patients

not reassessed within 14 months of their previously qualifying risk assessment will lose their enhanced benefits and revert back to their plan's standard benefits.

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## Webinars

Thank you to everyone who attended our on-line **Providers' Workshop** last month! Please also join us for our 2-part **Health through Oral Wellness** training series this month!

If you did not receive an invitation to our upcoming **Health through Oral Wellness** webinar series, please email us at [RSVPdpror@deltadentalor.com](mailto:RSVPdpror@deltadentalor.com).

In your RSVP, please note the following: first and last names of the attendee(s), office name, the email where you would like the invitation to be sent, and which training(s) you wish to attend.



Part 1

### **Beginners Basic Training**

**Tues. Dec. 3rd**  
12-1 pm

If you're new to the **Health through Oral Wellness** program or you just need a refresher, join us to learn how to get your patients extra benefits!



Part 2

### **Advanced Tips & Tricks**

**Dec. 10th**  
12-1 pm

Want to know more program tips and tricks? Join us for the second part of our **Health through Oral Wellness** series.



### **Oregon Providers Workshop**

**Feb. 5th, 2025**  
12-1 pm

Save the date! Join us to learn more about plan and policy changes, Delta Dental Benefits, any important office updates, and more!

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Happy Holidays!



Wishing you and yours  
a very merry  
season and a healthy  
new year!



Warm wishes from  
everyone here at  
**Delta Dental**

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