Updates for Anesthesia and Radiology Dental Procedure Codes

Effective 01/01/2016 the following changes have been made to Dental Procedure Codes for anesthesia and radiology.

ANESTHESIA CODE CHANGES:

The following codes have been DELETED:

- D9220 (Deep sedation/general anesthesia – first 30 minutes)
- D9221 (Deep sedation/general anesthesia – each additional 15 minutes)
- D9241 (Intravenous moderate (conscious) sedation/analgesia – first 30 minutes)
- D9242 (Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes)

The following NEW CODES have been ADDED:

- D9223 (Deep sedation/general anesthesia – each 15-minute increment) – replaces D9220 and D9221
- D9243 (Intravenous moderate (conscious) sedation/analgesia – each 15-minute increment) – replaces D9241 and D9242

In Fee-For-Service:

- D9223 reimburses at $60.00
- D9243 reimburses at $60.00

RADIOLOGY CODE CHANGES:

The following CODE has been DELETED:

- D0260 (Extra-oral – each additional radiographic
The following NEW CODE has been ADDED:

- D0251 (Extra-oral posterior dental radiographic image) – Image is limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image. Reimburses at $ 12.00

The DESCRIPTION of the following code has been REVISED:

- D0250:

  Old Description: Extraoral – first radiographic image
  New Description: Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector. Reimburses at $ 25.00

Please call the Bureau of Dental Review at (518) 474-3575 with any questions.

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