

GUIDANCE FOR DENTAL PROVIDERS

New Requirements for Enteral and Parenteral Conscious Sedation Specialty and License Requirements for Billing for General Anesthesia

Dentists with appropriate New York State (NYS) Education Department certification have been able to request that specialty code 810 –conscious sedation be added to their NYS Medicaid enrollment. However, to align with NYS Education Department regulations and to more accurately adjudicate and process dental anesthesia claims, specialty code 810 has been end-dated and replaced with four new specialty codes as follows:

Specialty Code 122 – Dental Parenteral Conscious (Moderate) Sedation 13 and Up

Specialty Code 123 – Dental Enteral Conscious (Moderate) Sedation 13 and Up

Specialty Code 124 – Dental Parenteral Conscious (Moderate) Sedation Under 13

Specialty Code 125 - Dental Enteral Conscious (Moderate) Sedation Under 13

Effective February 13, 2026, dentists who are **newly enrolling** in the NYS Medicaid program will be able to add any of the above specialty codes to their provider enrollment file as long as the appropriate certification appears on their NYS professional license.

Currently enrolled dentists who have Specialty Code 810 (parenteral conscious sedation) listed on their NYS Medicaid provider enrollment file **must update their enrollment file** with the appropriate new specialty code(s), noted above, along with the required documentation **by May 1, 2026**. After that date, claims submitted by providers with specialty code 810 will be denied payment. To request the addition of the new dental conscious sedation specialty codes to their provider enrollment profile, providers should complete the *Application for Enrollment as a Specialist* form, eMedNY-490301 (7/25), found at https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490301_APPLSPEC_ApplSpec.pdf and submit it via one of the following methods:

1. By secure fax to the Bureau of Provider Enrollment at
(518) 473-7251
Attn: Dental Specialty
2. By United States Postal Service to:
eMedNY
P.O. Box 4610
Rensselaer, NY 12144-4610

Be sure to include a copy of the provider's NYS professional license indicating the requested certification.

Allowable procedures codes when billing under each of the new specialty codes are as follows:

Specialty Code	Allowable Procedure Codes
122 – Dent Parenteral Conscious (Mod) Sedation 13 and Up	D9239, D9243, D9246
123 – Dent Enteral Conscious (Mod) Sedation 13 and Up	D9245
124 – Dent Parenteral Conscious (Mod) Sedation Under 13	D9239, D9243, D9246
125 - Dent Enteral Conscious (Mod) Sedation Under 13	D9245

In addition, a provider's NYS professional license must include a General Anesthesia designation to bill the two recently added Current Dental Terminology (CDT) codes:

CDT Code	Description	Certification Required
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof	NYSED certificate in General Anesthesia
D9225	Administration of general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof	NYSED certificate in General Anesthesia

Questions regarding adding the specialty codes to an enrollment file or any questions related to billing with these new specialty codes can be directed to the eMedNY Call Center at (800) 343-9000.

Medicaid Managed Care (MMC) requirements for documentation and/or questions related to billing a MMC Plan should be directed to the specific MMC Plan of the enrollee receiving the service. MMC Plan contact information and plan directory can be found in the [eMedNY New York State Medicaid Program Information for All Providers - Managed Care Information document](#).