

# **Dental**

**Updates for Anesthesia and Radiology Dental Procedure Codes** 



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# **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

image).

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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