APG Billing for Dental Anesthesia

In response to a number of concerns raised about the APG payment for dental services in the operating room, the Department of Health reviewed calendar year 2009 and 2010 hospital ambulatory surgery claims for dental services. Approximately 80% of the claims did not report a procedure code for dental anesthesia. If dental anesthesia (APG 375) is provided during the course of the ambulatory surgery service, the applicable dental anesthesia procedure code should be reported on the APG claim. The weight for APG 375 results in a significant line level payment.

As of January 2011, the following procedure codes group to APG 375 - Dental Anesthesia in the 3M Ambulatory Patient Groups (APG) Crosswalk. Hospital ambulatory surgery providers that provide dental services in the operating room in conjunction with dental anesthesia should code dental anesthesia on the APG claim with the applicable code from the table below. Only one code for dental anesthesia is allowed on each Medicaid claim.

APG 375 - Dental Anesthesia	
Procedure Code	**Procedure Description**
D9220	General anesthesia
D9221	General anesthesia ea ad 15m
D9241	Intravenous sedation
D9242	IV sedation ea ad 30 m

Effective July 1, 2011, procedure codes D9221 and D9242 will be Never Pay procedures to ensure that only one code is used per claim.