2016 INSURANCE CODE UPDATE

PRESENTED BY:  
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PRESENTED BY: CHARLES BLAIR, D. D. S.

STAY OUT OF JAIL:
AVOID CODING ERRORS

DISCLAIMER

1. Coding as presented has been researched. Statements made do not necessarily apply to all plans as there is great variation. There is no guarantee that a given plan will reimburse along the guidelines presented.
2. Always code “what you do.”
3. Follow the current CDT code set exactly to the best of your ability.

CURRENT CDT CODES

- Code and report “what you do” strictly by the current CDT code.
  - HIPAA is “law of the land”
  - Codes are not specialty-specific
  - New codes every year – Over 72 changes for 2015!
  - There are over 600 codes under CDT 2015

ORAL EVALUATIONS (EXAMS)

COMPREHENSIVE ORAL EVALUATIONS

- “2 /Year Rule” or “1/Six Months” (OF ANY KIND)
- D0145-Under age 3 includes counseling.
- D0150-Age 3 and up – probing and charting “where indicated”
  oral cancer evaluation “where indicated”
- D0180-Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.

CHECK-UP EVALUATIONS

- D0120-Periodic Evaluation – probing and charting “where indicated” oral cancer evaluation “where indicated”.
- D0180-Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.

*Insurance companies commonly downgrade D0180 to D0120.
**PALLIATIVE (D9110)**

- One of the least-reported codes.
- Palliative is a minor procedure (not a definitive procedure) at an emergency visit with pain/discomfort reported by the patient.
- Typically allowed up to 2 to 3 times a year.
- Not a “take-back” code, and generally not subject to a deductible.
- Cannot report any other treatment on same visit date with most plans. X-rays are OK.
- Always use narrative.
- Variable fee, depending on procedure and the time spent.

**COMMON X-RAY LIMITATIONS**

- DDS must order all x-rays – No protocol.
- Full Series or Pan – Every 3 or 5 years.
- Maximum x-ray reimbursement – full series UCR. Maximum bitewing reimbursement – four bitewings limitation at recall visit.
- Bitewings – once per year/twice for children? Narratives for periapicals with BWX.
- Vertical bitewings – 7-8 films (D0277) may pay 80% of full series fee but may count under full series limitation rules. May downgrade to 4BWX in some cases.

**FLUORIDE APPLICATION LIMITATIONS**

- Payable once or twice per year. Fluoride cannot be in prophy paste. Payable up to 16-17-18 years.
- D1206-Fluoride Varnish (Children or Adults)
- D1208-Fluoride Application (Children or Adults)
  - Excludes Fluoride Varnish.

*Caries risk is no longer considered for D1206. D1203/D1204 is Deleted.

**MINOR PROCEDURES (PALLIATIVE – D9110) AT EMERGENCY VISIT**

- Smooth sharp corner of tooth
- Adjust occlusion for pain relief
- Remove decay, IRM placed
- Desensitize tooth
- Open tooth (partial debridement) or lance abscess for pain relief
- Partial heavy calculus debridement (only with patient complaint of discomfort)
- Aphthous ulcer relief

**FLUORIDE**

- Excludes Fluoride Varnish.

**CARIES RISK ASSESSMENT AND DOCUMENTATION**

- Three caries risk levels:
  1. D0601 Low Caries Risk
  2. D0602 Moderate Caries Risk
  3. D0603 High Caries Risk

*Report with adult fluoride, six month interval bitewings, and periapicals taken with BWX.

*Not generally reimbursable and reported with “zero” fee.
CROWNS/ONLAYS

ONLAY/CROWN CRITERIA

1. Missing Cusps
2. Undermined Cusps
3. Fractured Cusps
4. Fracture
5. Decay
6. Endodontic Tooth

CORE BUILDUP (D2950)

- Must be for “retention” of crown and “strength” of tooth.
- Cannot report for “box form”, “undercuts”, or “ideal prep.”
- “A core buildup is required for the retention of the crown.”
- “65% of the tooth was missing.”
- “The tooth was endodontically treated on mm/dd/yy”. Enclosed is completed endo radiograph.

PERIODONTICS

QUAD SCALING & ROOT PLANING (SRP)*

- 4-5 mm pocket depth, BOP, evidence of bone loss
- (D4341) 4 teeth or more (quadrant)
- (D4342) 1-3 teeth (list teeth on form)

*D4910 follows Scaling and Root Planning or osseous surgery procedure.

PERIO ONGOING MAINTENANCE (D4910)*

- Show history of SRP/surgery, plus attach full mouth charting with initial D4910 form. Turn switch “on”.
- Always Follow SRP or Perio Osseous surgery.
- Don’t alternate D4910 with prophy (D1110).
- (D4910) treatment is “indefinite” and “ongoing”.
- Many carriers require at least two quads of SRP to qualify for D4910 visits.
- Does not include Periodic Evaluation (D0120) or Comprehensive Perio Evaluation (D0180). D0180 requires full mouth chart and probing to report.
- Sometimes D0180 evaluation is reported, but generally reimbursed as D0120.
D4910 NARRATIVE

“If periodontal maintenance D4910 is not reimbursable, please pay the alternative benefit of Prophylaxis, D1110.

“Periodontal maintenance, D4910 is inclusive of Prophylaxis, D1110.”

SIX WEEK RE-EVALUATION

- D0180-If DDS checks the patient. Evaluation is subject to frequency limitations.
- D1110-paid generally, but beware of certain plans
- D4381-Arestin-Possibly paid
- D4910-Generally not paid six weeks after SRP-Requires three months wait.
- D4999-Probing and Charting, not paid and there is not a separate code for this service.

CAN D4910S BE FOLLOWED BY PROPHYS?

GROSS DEBRIDEMENT TO ENABLE ORAL EVALUATION AND DIAGNOSIS (D4355)

- “A Gross Debridement was necessary for a subsequent evaluation.”
- “Patient has not seen dentist in three - five years.”
- Do not charge out Comprehensive Evaluation on same service date! Charge at 2nd visit.
- With a limited debridement procedure, consider using Palliative (D9110) if the patient reports they have discomfort at an emergency visit.

TYPES OF IMPLANT CROWNS

1. Abutment-Supported Crown
2. Implant-Supported Crown
**IMPLANT CHARGE OUT POSSIBILITIES**

- Abutment Placement for Abutment-Supported Crown
  - Interim Abutment (D6051)
  - Prefabricated Abutment (D6056)

**OR**

- Custom Abutment (D6057)

*Provider must place the abutment to report it.

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**IMPLANT-TYPE CROWN CODES**

1. Abutment-Supported Examples:
   - D6058 Porcelain/Ceramic
   - D6059 PFM Hi-Noble
   - D6062 Gold Hi-Noble

2. Implant-Supported Examples:
   - D6065 Porcelain/Ceramic
   - D6066 PFM (Any Metal)
   - D6067 Gold (Any Metal)

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**OVERDENTURE LOCATOR CODES**

- Mini-Implant Type Overdenture – D6110/D6111
  - D5862 Mini-Implant Cap embedded in overdenture.
- Full-Size Type Implant Overdenture – D6110/D6111
  - D6052 semi-precision attachment abutment with keeper assembly

*D5862 and D6052 are an attachment or “locator”.

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**ORAL SURGERY**

**ROUTINE EXTRACTION**

- Coronal Remnant: Deciduous Tooth (D7111):
  - A remnant is the Crown (no root) of a primary tooth.
- Erupted Tooth (D7140):
  - Single, multiple, permanent and primary teeth extraction – considered routine
- Erupted Root (D7140):
  - Code also applies to erupted root removal (not requiring surgical access)

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**SURGICAL EXTRACTION (D7210)**

*Requires removal of bone and/or section of tooth.*

- “Suture” does not count.
- A flap is optional
- Pays about 60% - 90% more than (D7140) due to time and difficulty.
- Document in clinical notes
**SURGICAL EXTRACTION OF RESIDUAL TOOTH ROOTS (D7250)**

- Cutting procedure to remove bone/residual roots below gum.
- “Residual” generally means roots left by someone else.
- Use of this code may trigger denial of bridgework or implant coverage due to “missing tooth” clause.
- Common code associated with denture fabrication (removing roots) or use by oral surgeon to remove residual roots left by previous dentist.

**SECTION A FAILED BRIDGE (D9120)**

- Section bridge and polish remaining retainer (D9120).
- Charge extraction D7140 plus D9120 for sectioning.

**OCCLUSAL GUARD (D9940)**

- Not TMJ (D7880) or Athletic Mouth Guard (D9941)
- For Bruxism and Perio Stabilization Only
- Three Types of Occlusal Guards:
  1. D9940A – Soft (suck-down)
  2. D9940B – Hard (lab fee - $100)
  3. D9940C – NTI

  Fee: $350 - $650 = Typically 2 or 3 Total Visits

**OCCLUSAL GUARD (D9940) (CONTINUED)**

- Documentation: Always use a narrative. “Diagnosis = Bruxism”
- Mention Bruxism/Clenching.
- Mention patient has undergone periodontal therapy, if appropriate.
- Six month rule: For Perio coverage, the Occlusal Guard may be required for delivery within six months of SRP or Osseous Surgery.

Note: D4341/D4342 or Osseous Surgery is required for Perio statement.

**TOOTH WHITENING**

- Report as upper and lower arch separately, at ½ the total fee.

  D9972 In-office only, includes take home trays.

  D9975 Take home trays and strips only.

**2016 CDT CODES**
19 NEW PROCEDURE CODES

D0251 – Extra-Oral Posterior Dental Radiographic Image

D0422 – Collection and Preparation of Genetic Sample Material for Laboratory Analysis and Report

D0423 – Genetic Test for Susceptibility to Diseases – Specimen Analysis

D1354 – Interim Caries Arresting Medicament Application

2016 CDT CODES

D4283 – Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site

D4285 – Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical and donor material) – Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same graft Site

D5221 – Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)

D5222 – Immediate Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth)

D5223 – Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture bases (including any conventional clasps, rests and teeth)

D5224 – Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture bases (including any conventional clasps, rests and teeth)

D7881 – Occlusal Orthotic Devise Adjustment

D8681 – Removable Orthodontic Retainer Adjustment

D9223 – Deep Sedation/General Anesthesia – Each 15 Minute Increment

D9243 – Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment

D9943 Occlusal Guard Adjustment

2016 CDT CODES

D9932 – Cleaning and Inspection of removable Complete Denture, Maxillary

D9933 – Cleaning and Inspection of removable Complete Denture, Mandibular

D9934 – Cleaning and Inspection of removable Partial Denture, Maxillary

D9935 – Cleaning and Inspection of removable Partial Denture, Mandibular
8 DELETED CODES

2016 DELETED CODES

- D0260 – Extra Oral – Each Additional Radiographic Image
- D0421 – Genetic Test for Susceptibility to Oral Diseases
- D2970 – Temporary Crown (fractured tooth)

2016 REVISED CODES

- D0250 – Extraoral 2D Projection Radiographic Image (must use stationary radiation source and detector)
- D0340 – 2D Cephalometric Radiographic Image (must use cephalostat – no CBCT)

2016 REVISED CODES

- D0260 – Extra Oral – Each Additional Radiographic Image (must use stationary radiation source and detector)
- D0421 – Genetic Test for Susceptibility to Oral Diseases
- D2970 – Temporary Crown (fractured tooth)

2016 REVISED CODES

- D4273 – Autogenous Connective Tissue Graft (clarifies that D4273 reports the first tooth, implant, or edentulous tooth position in graft. There is a donor and recipient site.)
- D4275 – Non-Autogenous Connective Tissue Graft (clarifies that D4275 reports the first tooth, implant, or edentulous tooth position in graft. There is a donor and recipient site.)

Note: Full nomenclature may not be illustrated.
2016 Revised Codes

- D4277 – Free Soft Tissue Graft Procedure (added “implant” to nomenclature and clarified two surgical sites are involved [donor and recipient].)
- D4278 – Free Soft Tissue Graft Procedure (added “implant” to nomenclature and clarified two surgical sites are involved [donor and recipient]. Also clarified, D4278 is used in conjunction with D4277.)

- D5130 – Immediate Denture – Maxillary
- D5140 – Immediate Denture – Mandibular (clarified that immediate dentures do not include second denture.)
- D5875 – Modification of Removable Prosthesis Following Implant Surgery (clarified that attachment assemblies are reported using separate codes.)
- D5630 – Repair or Replace Broken Clasp – Per Tooth
- D5660 – Add Clasp to Existing Partial Denture (clarified that procedure is reported, “per tooth”.)

- D6614 – D6794 – Inlays, Onlays, and Crowns (added the word “retainer” to clarify that the codes were retainers of fixed partial dentures.)
- D9248 – Non-Intravenous – Conscious Sedation (clarified that D9248 includes non-IV minimal and moderate sedation.)

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# CDT 2016 Handout

## New, Revised, and Deleted Procedures for CDT 2016

### New Procedures (Nineteen)

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0251</td>
<td>Extra-oral posterior dental radiographic image - Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.</td>
</tr>
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<td>D0422</td>
<td>Collection and preparation of genetic sample material for laboratory analysis and report</td>
</tr>
<tr>
<td>D0423</td>
<td>Genetic test for susceptibility to diseases – Specimen analysis - Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.</td>
</tr>
<tr>
<td>D1354</td>
<td>Interim caries arresting medicament application - Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.</td>
</tr>
<tr>
<td>D4283</td>
<td>Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site - Used in conjunction with D4273.</td>
</tr>
<tr>
<td>D4285</td>
<td>Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site - Used in conjunction with D4275.</td>
</tr>
<tr>
<td>D5221</td>
<td>Immediate maxillary partial denture – Resin base (including any conventional clasps, rests and teeth) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).</td>
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<td>D5222</td>
<td>Immediate mandibular partial denture – Resin base (including any conventional clasps, rests and teeth) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).</td>
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<td>D5223</td>
<td>Immediate maxillary partial denture – Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).</td>
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<td>D5224</td>
<td>Immediate mandibular partial denture – Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).</td>
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<td>Deep sedation/general anesthesia – Each 15 minute increment - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.</td>
</tr>
</tbody>
</table>
CONTINUED
NEW PROCEDURES

D9243  INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH 15 MINUTE INCREMENT - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.

D9932  CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY - This procedure does not include any adjustments.

D9933  CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR - This procedure does not include any adjustments.

D9934  CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY - This procedure does not include any adjustments.

D9935  CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR - This procedure does not include any adjustments.

D9943  OCCLUSAL GUARD ADJUSTMENT

CODE REVISIONS (TWELVE)

CODE

D0250  EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR - These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.

D0340  2D CEPHALOMETRIC RADIOGRAPHIC IMAGE – ACQUISITION, MEASUREMENT AND ANALYSIS - Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.

D4273  AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT - There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.

D4275  NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT - There is only a recipient surgical site utilizing split thickness incision, retaining the overlying flap of gingiva and/or mucosa. A donor surgical site is not present.

D4277  FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT

D4278  FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE - Used in conjunction with D4277.

D5130  IMMEDIATE DENTURE – MAXILLARY - Includes limited follow-up care only; does not include required future rebasing / relining procedure(s).

D5140  IMMEDIATE DENTURE – MANDIBULAR - Includes limited follow-up care only; does not include required future rebasing / relining procedure(s).

D5630  REPAIR OR REPLACE BROKEN CLASP - PER TOOTH

D5660  ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH
CONTINUED

CODE REVISIONS

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<tbody>
<tr>
<td>D5875</td>
<td>MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY - Attachment assemblies are reported using separate codes.</td>
</tr>
<tr>
<td>D9248</td>
<td>NON-INTRAVENOUS CONSCIOUS SEDATION - This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient’s airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring. The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effects upon the central nervous system and not dependent upon the route of administration.</td>
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CODE DELETIONS (EIGHT)

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<tr>
<td>D0260</td>
<td>EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE</td>
</tr>
<tr>
<td>D0421</td>
<td>GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES - Sample collection for the purpose of certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for oral diseases such as severe periodontal disease.</td>
</tr>
<tr>
<td>D2970</td>
<td>TEMPORARY CROWN (FRACTURED TOOTH) - Usually a preformed artificial crown, which is fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.</td>
</tr>
<tr>
<td>D9220</td>
<td>DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effects upon the central nervous system and not dependent upon the route of administration.</td>
</tr>
<tr>
<td>D9221</td>
<td>DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES</td>
</tr>
<tr>
<td>D9241</td>
<td>INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST 30 MINUTES - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider’s documentation of the anesthetic’s effects upon the central nervous system and not dependent upon the route of administration.</td>
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<td>D9242</td>
<td>INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH ADDITIONAL 15 MINUTES</td>
</tr>
<tr>
<td>D9931</td>
<td>CLEANING AND INSPECTION OF A REMOVABLE APPLIANCE - This procedure does not include any required adjustments.</td>
</tr>
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</table>
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