

# AAPD Coding and G0330 Update

**Dr. Jim Nickman**  
**AAPD Insurance Consultant**

**Dr. Chelsea Fosse**  
**Research and Policy Center**

# DISCLOSURE

Neither I nor my immediate family have any financial interests that would create a conflict of interest or restrict my independent judgment with regard to the content of this course.



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# Goals



Review member benefits



CDT Code Change Process



CDT-CDT-2024 Changes



Hassle Insurance Assistance Form



G0330 update - Hospital Access

# WHAT DOES AAPD DO TO HELP MEMBERS?

1

Assist members with insurance claim issues

2

Provide insurance industry with guidance on pediatric dental related issues and perspective

3

Represent the AAPD at the ADA Code Maintenance Committee Meetings

4

Provide code workshops to state chapters



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# WHAT DOES AAPD DO TO HELP MEMBERS?

- AAPD offers free Coding and Insurance Workshops to State Chapters
  - 2.5 hour course with 30 minutes of Q and A
    - Coding issues
    - Claims processing
    - Tips on writing narratives
  - State Chapter responsible for airfare and one night hotel expense
- Contact Jim Nickman at 612-817-6514 or [james.nickman@comcast.net](mailto:james.nickman@comcast.net)



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CDT-2024 Changes



Hot Button Insurance Assistance Form



G0330 Update - Hospital Access

# CDT Codes



Used to document what services are performed



Code for what you do, not what you get paid for



Benefits are determined  
by contract provisions

Read before you sign  
Understand benefit  
limitations

# CDT Changes

Annually maintained by the ADA Code Maintenance Committee (CMC)

Twenty-two members

- 5 ADA Members (one will serve as Chair)
- 10 Reps from each dental specialty organization
- 1 Rep from AGD
- 5 Reps from third-party payers
  - DDPA (Delta Dental Plans of America)
  - AHIP (America's Health Insurance Plans)
  - CMS (Centers for Medicare and Medicaid)
  - BCBS (Blue Cross Blue Shield Association)
  - NADP (National Association of Dental Plans)
- 1 Rep from ADEA (American Dental Education Association)



# CDT Change Actions

- **Addition**
  - Document a new procedure or material
- **Revision**
  - Modify existing code to add clarity
- **Deletion**
  - removal of obsolete procedures

# Code Change Request



## Request a Change to the Code

### Request a CDT Code Addition, Revision, Deletion

Change requests may be submitted at any time, and the date received determines the CDT Code version that may incorporate the requested action. The annual closing date for submissions is November 1st. Any requests received after the closing date will be addressed in the next annual maintenance cycle.

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Required Forms: CDT Code Action Request & Copyright Assignment



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Components of a Dental Procedure Code



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Resubmission of a Rejected Request



<https://www.ada.org/publications/cdt/request-to-change-to-the-code>

# CDT Change Requests

Anyone can submit a request for a code change

Submission deadline is November 1 for next cycle

Recommend that members contact the CDBP

Submitters can attend CMC meeting to provide testimony

- Assist in code change process
- Submit as AAPD request or Co-submit

# CDT Change Trends

- Removal of diagnostic criteria from codes
- Frequent update of dental codes to accurately document procedures in an EDR / EHR environment
- Separation into unique steps (e.g., Fabrication / Insert)

# 2024 Coding Updates

# CDT 2024 Changes (01/01/2024)

No  
Editorial

14  
Additions

2  
Revisions

No  
Deletions

# CDT 2024 Changes - Diagnostic

- 1 Addition

## Post Processing of Image or Image Sets

### D0396 3D printing of a 3D surface scan

3D printing of a 3D dental surface scan to obtain a physical model



Courtesy of Sprint Ray

# CDT 2024 Changes - Preventative

- 1 Addition

## **D1301 immunization counseling**

A review of a patient's vaccine and medical history, discussion of the vaccine benefits, risks, and consequences of not obtaining it. It also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine.



# CDT 2024 Changes - Restorative

- 3 Additions
- 1 Revision

## **D2976 band stabilization – per tooth**

A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and resistance to fracture until a patient is ready for a full cuspal coverage restoration.

# CDT 2024 Changes - Restorative

- 3 Additions (continued)

**D2989 excavation of a tooth resulting in the determination of non-restorability**

**D2991 application of hydroxyapatite regeneration medicament – per tooth**

Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.

# CDT 2024 Changes - Restorative

- 1 Revision

Resin-Based Composite Restorations - Direct

**D2335 resin-based composite – four or more surfaces ~~or involving~~  
~~incisal angle~~ (anterior)**

~~Incisal Angle to be defined as one of the angles formed by the  
junction of the incisal and the mesial or distal surface of an  
anterior tooth.~~

# CDT 2024 Changes - Prosthodontics

- 1 Revision

## Other Removable Prosthetic Services

**D5876 add metal substructure to acrylic full denture (per arch)**

Use of metal substructure in removable complete dentures without a framework.

# CDT 2024 Changes - Implant Services

- 1 Addition

## Other Implant Services

**D6089 accessing and retorquing loose implant screw**



# CDT 2024 Changes - Oral Surgery

- 2 Additions

**D7284 excisional biopsy of minor salivary glands**

**D7939 indexing for osteotomy using dynamic robotic assisted or dynamic navigation**

A guide is stabilized to the teeth and/or bone to allow for virtual guidance of osteotomy.

# CDT 2024 Changes - Adjunctive

- 2 Additions

## Miscellaneous Services

**D9938 fabrication of a custom removable clear plastic temporary aesthetic appliance**

**D9939 placement of a custom removable clear plastic temporary aesthetic appliance**

# CDT 2024 Changes - Sleep Apnea

## Four Changes

### Sleep Apnea Services

#### **D9954 fabrication and delivery of oral appliance therapy (OAT) morning repositioning device**

Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.

#### **D9955 oral appliance therapy (OAT) titration visit**

Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's response to treatment, integrity of the device, and management of side effects.



# CDT 2024 Changes - Sleep Apnea

## Sleep Apnea Services

### **D9956 administration of home sleep apnea test**

Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as allowed by applicable laws. Also to help the dentist in defining the optimal position of the mandible.

### **D9957 screening for sleep related breathing disorders**

Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-related breathing disorders.

# AAPD CDT-2025 CODE SUBMISSIONS

Send to AAPD your recommendations for codes.

The Committee on Dental Benefit Programs (CDBP) will review your suggestion and offer advice to make changes based on historical decisions of the Code Maintenance Committee (CMC) and its abiding rules and regulations for approval. We may submit it on behalf of AAPD as CMC considers requests from recognized specialty associations with more success than a single requestor.

Deadline for submission to the ADA is November 1



# AAPD Hassle Insurance Assistance Form

# AAPD Hassle Insurance Assistance Form

Another method to allow members to report insurance issues

Easy submission from AAPD.org

## GOALS:

Provide member support

Allow tracking of common issues

Provide feedback to AAPD and insurance companies





# Dental Coding & Insurance

This section keeps you up to date about the latest issues in dental procedure coding impacting pediatric dentistry and the related activities of the AAPD Council on Dental Benefit Programs. All code terminology is Copyright© of the American Dental Association.

For further questions about dental coding issues impacting pediatric dentistry, please contact CDBP Board Liaison Colleen Greene at [greenecolleen@gmail.com](mailto:greenecolleen@gmail.com) or CDBP Chair and AAPD Dental Insurance Consultant James Nickman at [james.nickman@comcast.net](mailto:james.nickman@comcast.net). The AAPD greatly appreciates your continued support as a valued AAPD member.

We would like to thank our generous corporate partners: Avesis Dental, Delta Dental of California, Liberty Dental and MCNA Dental.



[Insurance Hassle Form](#)

# AAPD Insurance Issue Reporting Form

This form is for AAPD members to report challenges experienced with insurance carriers.

**Please be careful not to submit or disclose any protected health information while completing this form.**

When emailing additional information, all **patient information must be de-identified.**

By filling out this form, you are authorizing AAPD to contact you.

[jimnickmandds@gmail.com](mailto:jimnickmandds@gmail.com) [Switch account](#)

\* Indicates required question

Email \*

Your email

01. Name of individual completing form \*

Your answer

02. Phone Number \*

10. Insurer / Plan Type(s) \*

- Commercial / Private (e.g., PPO)
- Medicaid / Medicaid MCO / CHIP
- Marketplace / health insurance exchange plan
- TRICARE (military)
- Not sure

11. Is the dentist in-network with this insurer/plan? \*

- Yes
- No

12. Insurance Issue: Please describe in detail. \*

Your answer

13. What has been done to date to try to resolve this issue (i.e. has there been any \* contact established with the carrier)?

Your answer

# Contact Information

Jim Nickman, DDS, MS

[james.nickman@comcast.net](mailto:james.nickman@comcast.net)

Cell: 612-817-6514

AAPD CMC Representative / CDBP Chair

AAPD Insurance Consultant

# Goals



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G0330 update - Hospital Access



# Explaining the Problem

**There is a critical lack of access to Operating Rooms (ORs) for dental procedures that must be performed under anesthesia.**

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**1**

**Lack of access disproportionately impacts states and congressional districts:**

- \* Rural Populations
- \* Children
- \* Disabled individuals and those with special health care needs
- \* Dual Eligibles (Medicare / Medicaid)

**2**

**Lack of access to ORs has been caused in significant part by two key concerns:**

- \* Insufficient payment for the hospital facility services involved; and
- \* Exclusion of dental procedures from the ASC covered procedures list



# United Front: Dental Coalition Advocacy Before the Centers for Medicare & Medicaid Services (CMS)



This document is scheduled to be published in the Federal Register on 07/31/2023 and available online at [federalregister.gov/2023-14788](https://www.federalregister.gov/2023-14788), and on [govinfo.gov](https://www.govinfo.gov). 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 416, 419, 424, 485, 488, 489

Office of the Secretary

45 CFR Part 180

[CMS-1786-P]

RIN 0938-AV09

**Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Proposed rule.

**SUMMARY:** This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for calendar year 2024 based on our continuing experience with these systems. In this proposed rule, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. This proposed rule also would update and refine the requirements for the Hospital Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting (ASCQR) Program, and the Rural Emergency Hospital Quality Reporting (REHQR) Program. This proposed rule would also



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September 11, 2023

#### VIA ELECTRONIC SUBMISSION

The Honorable Chiquita Brooks-LaSure,  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1786-P  
P.O. Box 8010  
Baltimore, MD 21244-1810

**Re: Comments on CY 2024 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule ("HOPPS/ASC Proposed Rule" or "Proposed Rule")**

Dear Administrator Brooks-LaSure:

On behalf of the members of the American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS), we are writing to you to provide our comments on the 2024 HOPPS/ASC Proposed Rule.

We very much appreciate CMS' responsiveness to our concerns about access to hospital and ASC Operating Rooms (ORs) for those of our patients whose dental procedures must be provided under monitored anesthesia. Last year's decision by CMS to adopt a new HCPCS code for dental rehabilitation (G0330) and to increase the Ambulatory Payment Classification (APC) rate for these procedures has begun to significantly help us to address the lack of OR access for dental cases. In this context, we thank CMS for following up on last year's action by including in the Proposed Rule a provision that would include dental rehabilitation (HCPCS G0330) on the ASC Covered Procedures List (CPL). Finalizing this proposal has the potential to make ASC ORs available not only for our Medicare patients but also for Medicaid and other patients whose third-party payers utilize the CPL to determine which procedures are eligible for ASC coverage.

At the same time, we believe that the inadequacy of the proposed payment rates for dental rehabilitation in both the hospital and the ASC settings is likely to stymie use of the dental rehabilitation code to increase OR access for our patients. We also believe that CMS' approach to coverage and payment for other dental services under HOPPS and under the ASC payment system is confusing and is likely to increase administrative burden unless changes are made to reconcile the two payment systems.

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# Building a Community of Support

- \* American Academy of Pediatrics
- \* Consortium for Citizens with Disabilities Health Task Force – 22 Groups
  - \* Autism Speaks
  - \* Brain Injury Association of America
  - \* National Down Syndrome Congress
  - \* The Arc
  - \* United Spinal Association
- \* Ambulatory Surgery Center Association



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March 31, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Access to Dental Surgical Services for Children and Adults with Disabilities**

Dear Administrator Brooks-LaSure:

On behalf of the undersigned members of the Consortium for Constituents with Disabilities (CCD) Health Task Force, we write to thank the Centers for Medicare and Medicaid Services (CMS) for taking significant initial action to address timely operating room access for individuals with disabilities in need of dental surgical services. We were pleased to see CMS' responsiveness to this issue being raised last year, and we would like to work with the agency again this year to ensure that agency actions can be built upon to support all individuals with disabilities, regardless of where they reside. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination.

As we have previously noted, children and adults with disabilities often face significant health disparities with respect to oral health care access. Often times, the optimal care setting to address the complex oral health care needs for certain children and adults with disabilities is in a hospital or an ambulatory surgical center (ASC). We want to acknowledge CMS's work to ensure that beginning January 1, 2023, hospitals have a viable way to bill for and receive more fair reimbursement for dental surgical services. We are hopeful this important agency action will support individuals with disabilities who can access the hospital for their needed dental care.

We remain concerned, however, that despite CMS's efforts to develop a new dental billing mechanism, Medicare still does not cover dental surgeries that are performed in ASCs, and as a result of this coverage limitation, neither do many state Medicaid programs. For individuals with disabilities who require access to an operating room to address their complex dental needs and who do not live within close geographic proximity to a hospital, an ASC is a needed resource for these surgeries to be provided.

820 First Street, NE Suite 740 • Washington, DC 20002 • PH 202-567-3516 • FAX 202-408-6520 • info@cc-d.org • www.cc-d.org

We ask that CMS work with our communities to build upon the agency's progress in addressing access to medically necessary dental services, and in 2024, allow the new dental rehabilitation billing mechanism established for hospitals to be included on Medicare's ASC covered procedures list in order to further support children and adults with disabilities throughout the country.

Thank you for your time and attention to this important issue. If you have further questions, please contact the CCD Health Task Force co-chairs: Caroline Bergner (cbergner@asha.org), David Machiedt (machiedt@healthlaw.org), and Greg Robinson (grobison@autisticadvocacy.org).

Sincerely,

American Association on Health and Disability  
American Medical Rehabilitation Providers Association  
American Music Therapy Association  
American Therapeutic Recreation Association  
Association of University Centers on Disabilities  
Autism Speaks  
Autistic Self Advocacy Network  
Autistic Women & Nonbinary Network  
Brain Injury Association of America  
Center for Medicare Advocacy  
CommunicationFIRST  
Disability Rights Education and Defense Fund  
Family Voices  
Justice in Aging  
Lakeshore Foundation  
National Association of Councils on Developmental Disabilities  
National Disability Rights Network  
National Down Syndrome Congress  
National Health Law Program  
The Arc  
United Spinal Association  
VisionServe Alliance

Cc:  
Natalia Chalmers, DDS, MHS, PhD, CMS Chief Dental Officer  
Meena Seshamani, MD, PhD, Deputy Administrator and Director, Center for Medicare  
Anne Marie Costello, Deputy Director, Center for Medicaid & CHIP Services



# 2023 G0330 Creation

- \* **CMS created new HCPCS G0330 (APC5871) code**
- \* **Available for use in Hospitals for facility fee reimbursement**
- \* **National average fee \$1722.43**
- \* **Not applicable for ASCs**



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**ADA** American Dental Association®



## Toolkit

### G0330 Implementation for Dental OR Access

*Developed by the American Academy of Pediatric Dentistry, American Dental Association, and American Association of Oral and Maxillofacial Surgeons*

Contents:

[G0330 Frequently Asked Questions](#)

[Sample Letter to State Medicaid Agencies](#)



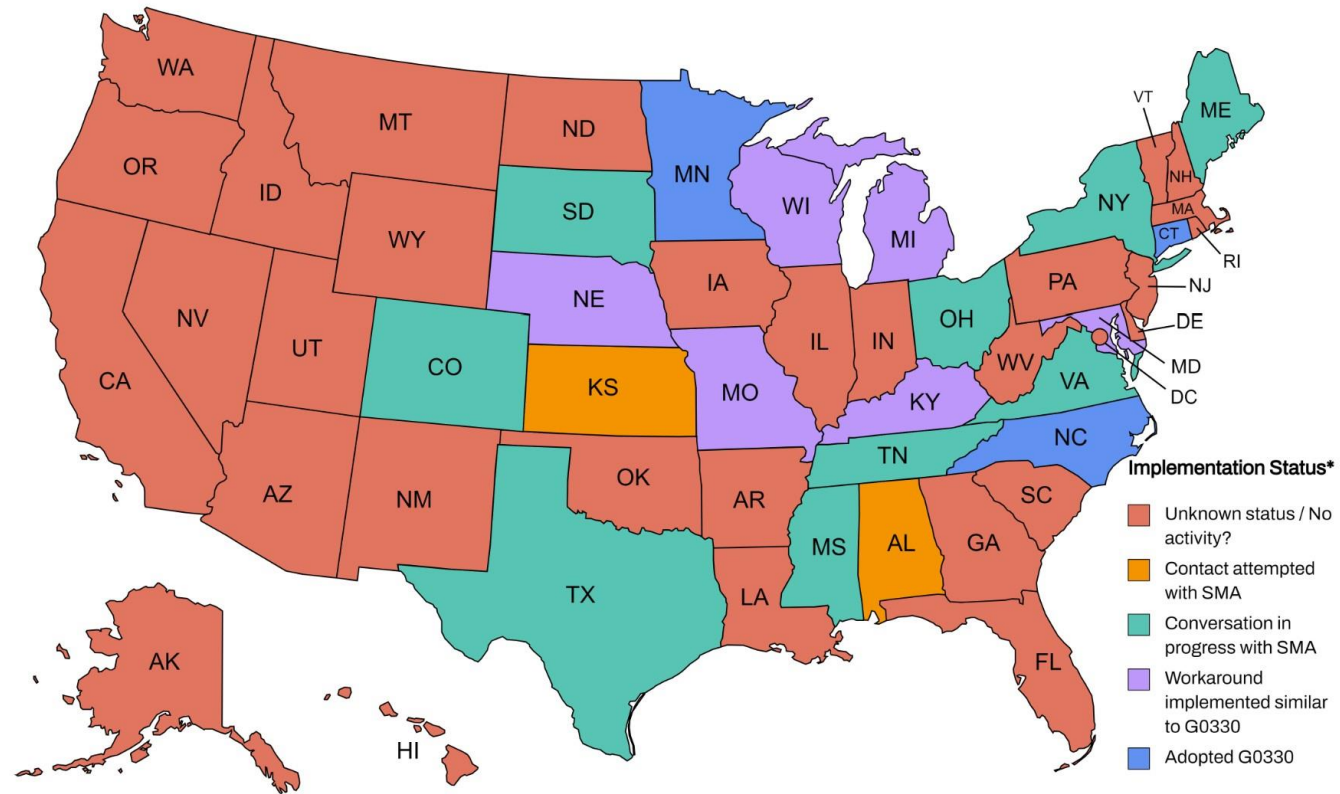
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# May 2023 G0330 Status

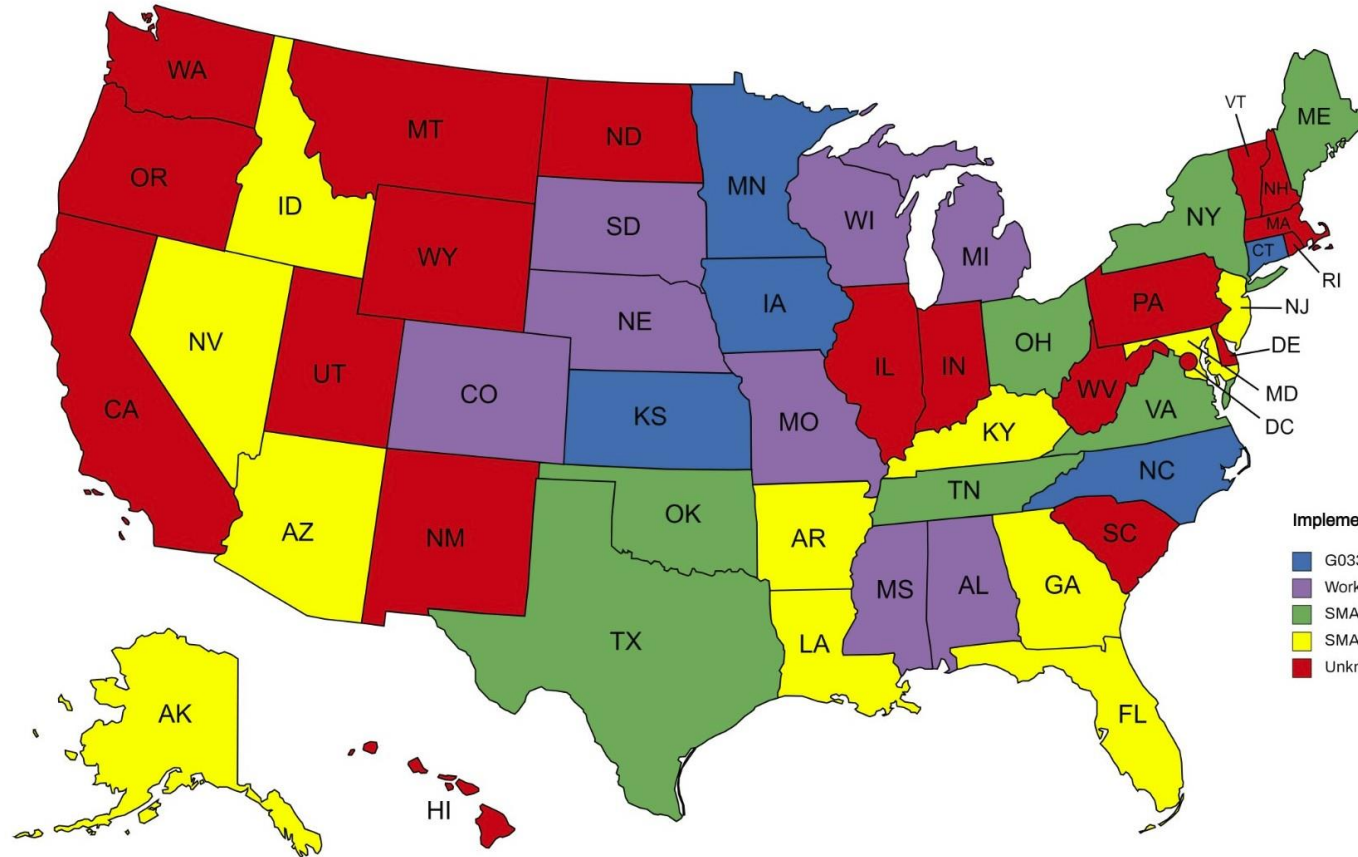
## May 2023 State Implementation Status



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# November 2023 G0330 Status



## Implementation Status

- G0330 Adopted
- Workaround
- SMA Involved
- SMA Contacted
- Unknown/No Activity

- Implementation Status
- G0330 Adopted
  - Workaround
  - SMA Involved
  - SMA Contacted
  - Unknown/No Activity



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# 2024 G0330 Improvements

- \* **CMS assigned new APC to HCPCS G0330 (APC5874) code**
- \* **Available for use in Hospitals AND ASCs for facility fee reimbursement**
- \* **New fees established for both Hospitals and ASC usage**
  - \* **reimbursable CDT codes**
    - \* **243 Hospital Codes**
    - \* **26 ASC**



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ADA American Dental Association®



## TOOLKIT

**Hospital and ASC Coding and Payment for Dental Cases**

*3rd Edition, updated January 2024*

Developed by the American Academy of Pediatric Dentistry, American Dental Association, and American Association of Oral and Maxillofacial Surgeons

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# Advocacy Example



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**POWERS** | 40  
POWERS PYLES SUTTER & VERVILLE PC  
ATTORNEYS AT LAW *Years*





# Implementation of G0330

## Team Formation



State Dental Association

Allied Dental Organizations At State Level

- \* Oral Surgery, Pediatric Dental

Allied Provider Groups

- \* Safety Net Clinics
- \* Other clinics with hospital access



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# State Medicaid Meeting

Communicate / Meet with SMA

Connection with State Dental Association and other professional associations may assist with connections

## Sample follow-up letter to State Medicaid Agencies (SMAs)

Director  
State Medicaid Agency

Dear \_\_\_\_\_:

On behalf of the \_\_\_\_\_ Dental Association, \_\_\_\_\_ of Pediatric Dentistry, and the \_\_\_\_\_ Society of Oral and Maxillofacial Surgeons, we are writing to request the opportunity to [continue recent discussions concerning] [name of state] Medicaid patients' access to hospital and ambulatory surgical center (ASC) Operating Room (OR) facilities for dental cases. These discussions are particularly timely, in light of the recent issuance of a Medicare rule that addresses the continued lack of -Operating Room (OR) access for dental procedures performed under monitored anesthesia for Medicare patients.

In spite of advances in preventive care and reduction in untreated tooth decay, significant oral health disparities exist, including racial and ethnic disparities and geographic disparities. Children, patients of all ages with special needs and disabilities and the frail elderly are especially likely to require extensive dental rehabilitation that must be performed under monitored anesthesia and that therefore requires ORs that meet state and federal safety standards. The majority of these patients are covered under the Medicaid program.

Unfortunately, there is a critical lack of OR access for these patients, both nationally and in our state. We have collectively witnessed a major decrease in OR access for dental procedures over the last decade. The American Academy of Pediatric Dentistry has conducted surveys of the pediatric dental community, finding that, in a majority of states, OR access for pediatric dentists is a persistent problem, and in most states – particularly rural states – it can be a severe problem, given fewer access sites and longer scheduling delays. COVID-19 made things far worse as hospitals had to halt elective procedures and then faced immense backlogs of medical and dental cases. Too often, pediatric, general dentists, and oral and maxillofacial surgeons are



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## Communicate with Hospitals / ASCs

- Utilize your staff privileges and connections
  - Chief of Staff, Coding Services
- Team with associated professionals (OMFS, other Peds Dentists) may assist.



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POWERS PYLES SUTTER & VERVILLE PC  
ATTORNEYS AT LAW

40  
*Years*



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# Implementation Case Study

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The Minnesota Experience

# Stakeholder Engagement

- \* Minnesota Dental Association



- \* Minnesota Dental Services Advisory Committee

- \* Composed of providers and state administrative personnel with goal provide guidance to the health commissioner

- \* Minnesota Safety Net Coalition



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## Engaged the Dental Services Advisory Committee

Dental Director worked with Department of Human Services to add G0330 to the approved code set and determine payment rate



## Minnesota Hospital Association

Difficult as not an apparent priority



Coordinate engagement with MDA, MAPD and Mn AOMFS to consign joint letter to encourage coverage and adequate payment level



# Post CMS Approval

- \* MN DHS added G0330 effective March 1, 2023
- \* FFS program only, anticipated that nine PMAP's would follow suit
- \* Decided to allow usage by both Hospitals and ASC's

## DHS and Medicaid Updates

- **G 0330:** Covered in MHCP at \$1722.43 (effective March 1, 2023)
- **KePro:** the four "questionnaire for PA" is meant to assist your office in reporting the required information for KePro to approve your request. The links to these questionnaires are embedded in Kenro, not on the MHCP Provider Manual (as



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# Post CMS Approval

As of 05/07/2023, the PMAP's responded:

MCO	Is your MCO covering, or considering covering the outpatient facility fee code for dental services, G0330?
Blue Plus	Blue Plus is set up to accept this new code under our medical plan.
Hennepin Health	Hennepin Health is currently covering this service. The code is covered effective 3/1/2023.
HealthPartners	Currently, code G0330 is set as covered for HealthPartners Medicaid.
Itasca Medical Care	IMCare will cover this code
Medica	Medica is considering
PrimeWest	Yes, PW is covering this code.
South Country Health Alliance	Yes, SCHA is covering this code.
Ucare	yes, UCare will be covering G0330 effective 3/1/23
United Health Care	UHC will be covering G0330. We are currently working on adding the code to our covered codes list.







# Major Health Systems in Metro



# Hospital Code Usage

Unsure of how high utilization of G0330 is to date in hospitals

Have tried to leverage Minnesota Hospital Association with mixed results

Will continue to communicate through all channels



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# Lessons Learned



Educate



Utilize what ever  
contacts are available



Follow-up



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# 2024 G0330 Case Examples

- \* Hospital / ASC Facility Fee ONLY
  - \* Your professional fee is reported separately for services provided
- \* Hospitals
  - \* Not allowed to use G0330 unless no reimbursed codes reported (243 available)
- \* ASCs
  - \* May use G0330 when ancillary dental procedures reported (26 ancillary codes)
- \* Reporting may depend on how the state administers G0330 changes



# Hospital / ASC Support Information

- \* May need to provide ICD-10 Dental Diagnostic Codes
  - \* K02.51 Pit and Fissure caries in enamel
  - \* K02.52 Pit and Fissure caries in dentin
  - \* K02.53 Pit and Fissure caries in pulp
    - \* [dental.nv.gov/uploadedFiles/dentalnvgov/content/Home/Features/ICD-10%20Dental%20Diagnosis%20Codes.pdf](http://dental.nv.gov/uploadedFiles/dentalnvgov/content/Home/Features/ICD-10%20Dental%20Diagnosis%20Codes.pdf)
- \* May need CDT codes and surfaces for procedures performed



**Case 1—A pediatric dentist performs pulpotomies, stainless steel crown placements, and resin restorations on multiple teeth on a three-year old child with early childhood caries.**

CDT Codes Reported by Pediatric Dentist (Professional Services)	CDT Codes and G0330 Reported by Facility (Facility Fees)	Average Facility Payment Rate and Status/Payment Indicators (2024)	
		HOPD	ASC
N/A	<b>G0330</b> facility svcs. dental rehab	Does not report G0330	<b>\$1318.93 (G0330)</b> <i>Subject to multiple procedure payment reduction (MPPR); first service paid at 100% of allowed amount, second and subsequent services paid at 50% (PI:D2)</i>
D0220 intraoral- periapical first radiographic image	D0220	<b>\$86.67</b> <i>Conditionally packaged, payment may be bundled with other covered services (SI:Q1)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D9222 deep sedation/general anesthesia first 15 minutes (X1)	-----	Not paid under the OPPS	Not paid under the ASC system



# Case 1 (continued)

D9222 deep sedation/general anesthesia first 15 minutes (X1)	-----	Not paid under the OPPS	Not paid under the ASC system
D9223 deep sedation/general anesthesia- each subsequent <u>15 minute</u> increment (X5)	-----	Not paid under the OPPS	Not paid under the ASC system
D3220 therapeutic pulpotomy (excluding final restoration)- removal of pulp coronal to the <u>dentino</u> <u>cemental</u> junction and application of <u>medicament</u> (#B)	D3220	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2930 prefabricated stainless steel crown- primary tooth (#B)	D2930	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>



# Case 1 (continued)

D2934 prefabricated esthetic coated <u>stainless steel</u> crown- primary tooth (#D)	D2934	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D3230 pulpal therapy (resorbable filling)- anterior primary tooth (excluding final restoration) (#E)	D3230	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2934 prefabricated esthetic coated <u>stainless steel</u> crown- primary tooth (#E)	D2934	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D3230 pulpal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration) (#F)	D3230	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2934 prefabricated esthetic coated <u>stainless steel</u> crown- primary tooth (#F)	D2934	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>





# Case 1 (continued)

D3230 pulpal therapy (resorbable filling)- anterior, primary tooth (excluding final restoration) (#F)	D3230	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2934 prefabricated esthetic coated <u>stainless steel</u> crown- primary tooth (#F)	D2934	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D3230 pulpal therapy (resorbable filling)- anterior primary tooth (excluding final restoration) (#G)	D3230	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2934 prefabricated esthetic coated <u>stainless steel</u> crown- primary tooth (#F)	D2934	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>



# Case 1 (continued)

D2930 prefabricated stainless steel crown-primary tooth (#I)	D2930	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2930 prefabricated stainless steel crown-primary tooth (#L)	D2930	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2930 prefabricated stainless steel crown-primary tooth (#S)	D2930	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2391 resin-based composite – one surface, posterior (#K-O)	D2931	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D2391 resin-based composite – one surface, posterior (#T-O)	D2931	<b>\$839.78</b> <i>Subject to MPPR or may be bundled with comprehensive/primary service (SI:T)</i>	<b>\$0</b> <i>Ancillary dental service, separate payment may not be made (PI:D1)</i>
D1206 topical application of fluoride varnish	-----	Not paid under the OPPS	Not paid under the ASC system



A serene sunset over a calm lake. The sky transitions from a deep blue at the top to a bright orange and yellow glow near the horizon. The water is still, reflecting the colors of the sky and the silhouettes of the trees and structures on the island in the background. In the foreground, a wooden dock with a wheel is visible on the left side, and a rocky shoreline is partially seen at the bottom left. The overall mood is peaceful and quiet.

# Thank you

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612-817-6514

# State Developments re: G0330 & OR Access

March 22, 2024

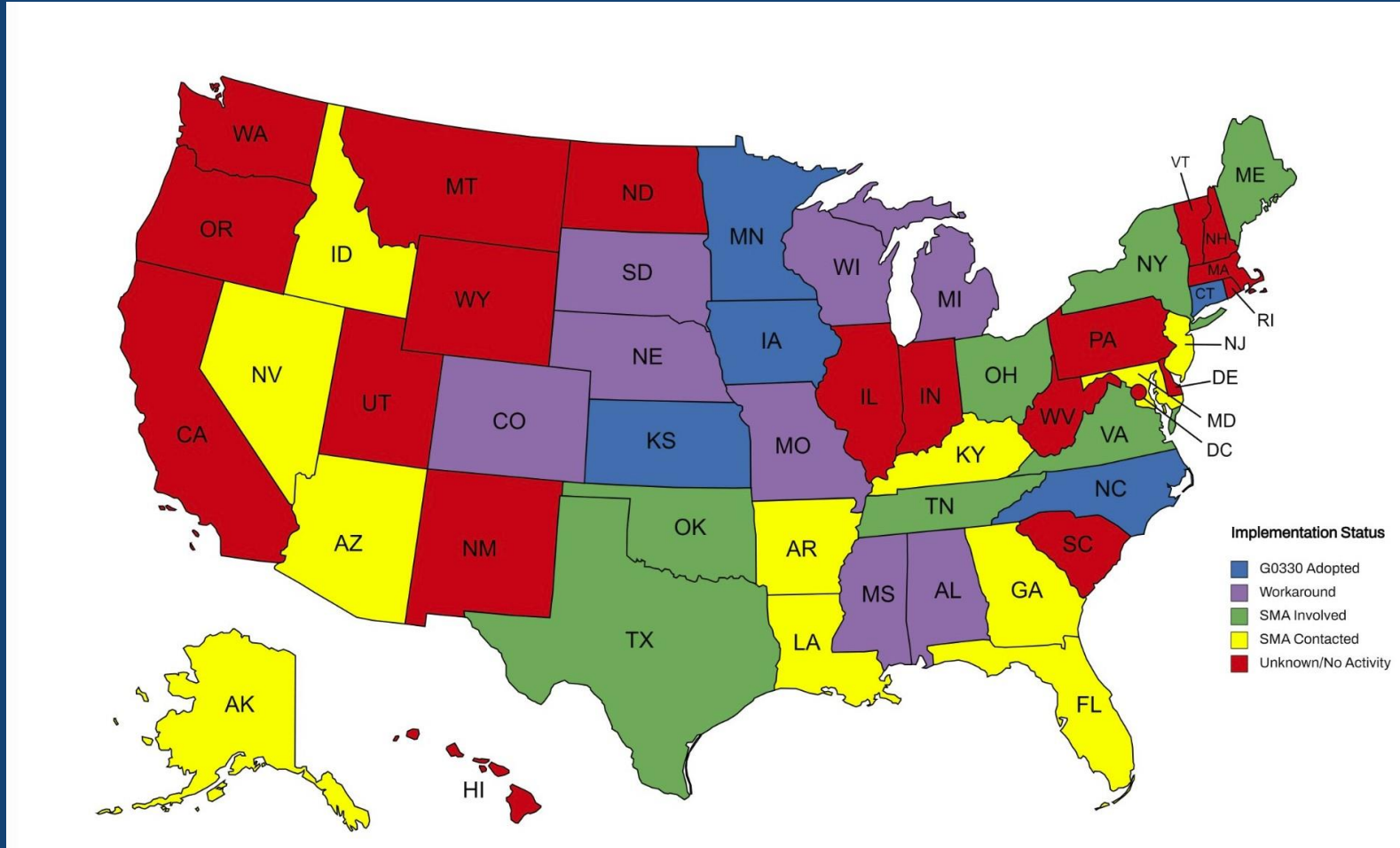
Chelsea Fosse, DMD, MPH

AAPD Research & Policy Center



# November 2023

# UPDATE IN PROGRESS!



## Implementation Status

- G0330 Adopted
- Workaround
- SMA Involved
- SMA Contacted
- Unknown/No Activity

## Implementation Status

- G0330 Adopted
- Workaround
- SMA Involved
- SMA Contacted
- Unknown/No Activity



STATE	HOSPITAL OUTPATIENT			AMBULATORY SURGICAL CENTERS		
	Code	Rate	Effective	Code	Rate	Effective
Alabama	G0330	\$1,205.70	11/01/23	--	--	--
Arkansas	?	?	04/01/24	--	--	--
Colorado	41899	\$1,942.04	06/05/23	--	--	--
Connecticut	G0330	\$1,781.18	01/01/23	G0330	\$1,722.43	04/01/23
Iowa	G0330	\$1,600.00 - \$1,900.00	01/01/23	G0330	\$1,289.77	01/01/23
Kansas	G0330	\$1,722.43	09/01/23	G0330	\$1,722.43	09/01/23
Michigan	41899	\$2,300.00	10/01/22	41899	\$1,495.00	10/01/22
Minnesota	G0330	\$3,067.62	03/01/23	G0330	\$3,067.62	03/01/23
Mississippi	G0330	\$1,722.00	01/01/23	G0330	\$1,377.00	12/01/23
Missouri	state-specific	\$1,000.00 - \$2,000.00	07/01/23	state-specific	?	07/01/23
Nebraska	41899	~\$2192.42	?	41899	\$637.00	?
Nevada	41899	\$968.15	04/01/20	41899	\$968.15	04/01/20
New Jersey	?	?	?	G0330	\$861.22	09/01/23
New Mexico	41899	?	01/01/23	41899	\$574.68	07/01/20
North Carolina	41899	?	--	G0330	\$1,636.31	01/01/23
South Dakota	G0330	\$1,050.00	07/01/23	G0330	\$1,187.00	07/01/23
Texas	G0330	\$1,377.94	09/01/24	G0330	\$1,377.94	09/01/24
West Virginia	?	?	?	G0330	\$640.39	01/01/24
Wisconsin	41899	\$700.00	01/01/23	--	--	--

To the best of our knowledge... See an inaccuracy? Email us at [RPC@aapd.org](mailto:RPC@aapd.org).

# Variations we're seeing in state implementation

- Maintain 41899 or implement G0330
- Regulatory vs. legislative pathways
- Rate setting between hospitals and ASCs (uniform?)
- Attachment (or not) of associated Medicare rules for use

# Hurdles we're working through with state partners

- Navigating implementation of G0330 (or a workaround) in states using the EAPG system
- Getting the right people at the table (Shout out to the Dental Advisory Committees in Medicaid agencies)
- Communicating the policy changes to hospitals, ASCs, credentialed dentists, etc. (& who's in charge of this?)



# Advanced Innovators

1. Michigan – 10/01/22
2. Nevada – 04/01/20
3. New Mexico – 07/01/20

Michigan Medicaid Policy | MMP

## BULLETIN

BEHAVIORAL AND PHYSICAL HEALTH AND AGING SERVICES ADMINISTRATION



**Bulletin Number:** MMP 23-04

**Distribution:** Hospitals, Ambulatory Surgical Centers, Dentists, Dental Clinics, Dental Health Plans, Federally Qualified Health Centers, Local Health Departments, Medicaid Health Plans, Tribal Health Centers

**Issued:** December 29, 2022

**Subject:** Outpatient Hospital and Ambulatory Surgical Center Reimbursement Increase

**Effective:** As Indicated

**Programs Affected:** Medicaid, Healthy Michigan Plan

The purpose of this policy is to increase the Medicaid reimbursement rate for covered dental services provided under general anesthesia in ambulatory surgical centers (ASCs) and outpatient hospitals. Effective October 1, 2022, this policy increases the minimum facility rate for covered dental services provided in ambulatory surgical centers to \$1,495.00 and increases the minimum rate for covered dental services provided in outpatient hospitals to \$2,300.00.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

\*Code Type Procedure

\*Procedure Code or Description 41899-UNLISTED PX DENTALVLR STRUX

\*Service Category Ambulatory Surg Ctr

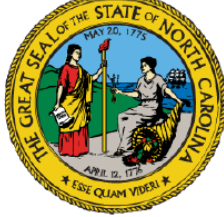
Search Reset

**Search Results** Total Records: 6

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
41899-UNLISTED PX DENTALVLR STRUX	10-Outpatient Surgery, Hospital Based	All Specialties		\$968.15	000 - 005	4/1/2020 - 12/31/2299
41899-UNLISTED PX DENTALVLR STRUX	46-Ambulatory Surgical Centers	All Specialties		\$968.15	000 - 005	4/1/2020 - 12/31/2299

# Early Adopters

1. Connecticut
2. Iowa
3. Minnesota
4. Mississippi
5. North Carolina



**NCDHHS**  
NC Medicaid  
Division of Health Benefits

DECEMBER 21, 2022

**New Procedure Code for Facility Services for Dental Rehabilitation Cases in an Ambulatory Surgical Center**  
Annual update effective Jan. 1, 2023

Effective Jan. 1, 2023, new HCPCS procedure code G0330, Facility Services Dental Rehab, will be added to Clinical Coverage Policy 4A, Dental Services.

March 28, 2023

CONNECTICUT LAW JOURNAL

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Finally, the Freestanding Ambulatory Surgical Center (ASC) fee schedule will be updated with the following: (1) addition of procedure code G0330 - Facility services dental rehab, which will be priced using a methodology consistent with other codes on the same fee schedule and (2) rate increase of bariatric surgery

# Rhode Island: Legislation Introduced!

*Bravo, RIDA!*



## STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2024

AN ACT

RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

Introduced By: Senators DiPalma, Britto, Murray, Zurier, F. Lombardi, DiMario, Picard,  
Gu, Bissaillon, and Miller

Date Introduced: March 08, 2024

28           (1) EOHHS shall not reimburse ambulatory surgical centers based solely on the length of  
29 the procedure. As of July 1, 2024, EOHHS shall reimburse ambulatory surgical centers so that  
30 services billed under procedure code G0330 are reimbursed at ninety-five percent (95%) of the  
31 total payment rate listed on the Medicare Part B Hospital Outpatient Prospective Payment System  
32 (OPPS), in effect as of January 1, 2024. Starting January 1, 2025, and each year thereafter, EOHHS  
33 shall update these rates annually so that services are reimbursed at ninety-five percent (95%) of the  
34 Medicare Part B OPPS payment rate, in effect as of January 1, for that procedure code; and

1           (2) Because services billed under procedure code G0330 are surgical procedures and not  
2 traditional dental procedures, all Medicaid benefit plans shall be required to cover these procedures.

# AAPD is requesting clarifications from CMS

- Confirm that Medicare rules are not intended as limits for state Medicaid or private payers
- Delineate rules in which G0330 may be used in an ASC setting under Medicare
- Clarify ancillary service requirements
- Refine the Ambulatory Payment Classifications (APCs) associated with dental procedures

# Thank you!



**G0330 State  
Implementation Updates**



**AAPD Public  
Policy Advocates**



**AAPD Research &  
Policy Center**

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