Unwrapping CDT 2026: Updates for the New Year and G0330 Successes from 2025

AAPD Research & Policy Center Webinar

12/12/2025

Q&A

Re: CDT 2026 Updates

1) **If we use nitrous oxide with oral sedation, are we supposed to bill for both nitrous oxide and moderate sedation code?**

   The sedation codes effective 2026 now *all* include language that indicates they are for use "with or without co-administration of nitrous oxide." The intent is for nitrous – when administered – to be recognized as one of the agents used in attaining moderate sedation. The nitrous code (D9230) also now states that it is reportable when "administered as a single agent." Therefore, one would not bill separately for these services. We anticipate additional guidance from the ADA Code Maintenance Committee in the near future. *Take-home message: Only bill for nitrous when using nitrous only.*

   The revisions to the suite of sedation codes are designed to focus more heavily on the targeted level of anesthesia and sedation – mild, moderate, or deep/general – with route of delivery being secondary.

   Dental teams should always verify compliance with state regulations, which sometimes do not immediately reflect updates to the CDT code set.

2) **If you are using intranasal sedation, you should use D9246?**

   Yes, the appropriate code would be the non-intravenous parenteral code, D9246. This code encapsulates intranasal, submucosal and intramuscular administration.

3) **If we are bringing in an outside anesthesiologist, can the dentist put D9224 on the claim even though they are not the one administering anesthesia?**

   The billing approach depends on the arrangement with the anesthesia provider, as well as individual state laws. These are some of the possible scenarios, depending on the arrangement, payers, and other factors:

- Dental claim includes anesthesia services and are paid together
- Anesthesia services are on a separate claim but paid to dental provider
- Anesthesiologist bills anesthesia services independently

Teams should confirm with the anesthesia provider and the relevant payer organizations to determine the appropriate billing structure.

4) **How does one report minimal sedation dosing at home? Would you use D9244? What is needed to submit to insurance companies for reimbursement?**

D9244 is for *in-office* administration of minimal sedation.

Requirements vary by payer. It is becoming more common for dentists to have to submit their clinical notes or anesthesia records for reimbursement.

As a reminder, the joint AAPD-AAP *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures** do not support the administration of ANY medications with the intent of sedation outside of the office.

5) **If you start with enteral moderate sedation and then add a drug via submucosal would you code both sedation codes?**

This is an uncommon practice. Clinicians should consult with their state dental board regarding mixing of routes. As stated earlier, the new ADA codes are intended to reflect the targeted level of sedation. When mixing routes, there is a greater chance of a child moving into deeper levels of sedation.

Re: G0330 Updates

6) **We are currently using CPT codes 00170 and 41899 for our dental services under general anesthesia. Should we only be using the HCPCS code G0330 now?**

This depends on which state you are in and if the state is recognizing G0330 for Medicaid populations. (The G0330 code originated in the Medicare system [federal] but is available for state Medicaid agencies to adopt/implement for the Medicaid population if they choose.) It also depends on the insurance status of the patient.

To our knowledge, there are not many commercial insurance plans currently covering G0330.

If you are working in a hospital or ASC, you should contact the hospital or ASC billing/coding/revenue team to figure out how to navigate claims for publicly insured (Medicaid) and privately insured patients.

It is important to understand that G0330 is a code for billing facility fees by hospitals and ambulatory surgical centers when dental care is provided in their operating rooms. This code is not appropriate for billing the actual dental services provided, nor is it applicable to care provided in a dental practice.

The G0330 Toolkit is a useful tool for understanding the code. It includes a sample letter to communicate the basics of G0330 to hospital administrators. If you have questions about G0330 after referencing the Toolkit, please reach out to the Research & Policy Center at RPC@aapd.org.

7) **We are having difficulty with our hospital accepting the G0330 code for dental cases for adults with disabilities. The billing team at the hospital think that this code should only be used if the dental procedure is "inextricably linked to the clinical success of an otherwise covered medical service and are related and essential to that primary medical service" (so essentially a dental clearance situation). Who do I reach out to in order to help the billers understand this differently?**

The AAPD has heard of this issue in at least one other location/state, where hospital administrators were conflating recent changes to Medicare dental services overall with the new G0330 code. These were separate and distinct policy changes. The “inextricably linked” requirement relates to the limited dental services now covered in Medicare overall. Coverage for G0330 is dependent on state-level adoption of the code in Medicaid programs and policies the insurer/payer organization.

If G0330 is recognized by the state Medicaid agency and the patient is enrolled in a Medicaid plan, then G0330 should be covered and reimbursable.

The G0330 Toolkit contains examples of how to bill for these cases. Once again, please reach out to the RPC team (RPC@aapd.org) if you need additional guidance.

8) How do we check which code our state uses?

The AAPD Research & Policy Center (RPC) has been tracking implementation of G0330 or use of similar codes (e.g., 41899) since 2023. Please check it out here, and let us know (RPC@aapd.org) if you have other updates that we may be missing or if this is not consistent with your experience.

Thank you!