

General Anesthesia Guidelines

Education for Medical and Dental Providers

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Overview

What: Nebraska Medicaid's MLTC will reimburse physician anesthesiologists and certified registered nurse anesthetists (CRNA) to administer general anesthesia in the dental office.

When: Effective 8/1/25

Who Qualifies to Receive Services: Individuals that qualify to receive these services are patients included in the American Society of Anesthesiologists (ASA) Class I and some patients in ASA Class II. Descriptions of those ASA Classes can be found on the next slide.

Why: Expanding physician anesthesiologists and CRNA services in the dental office setting will increase access to dental care.

Providers

Dental providers will not have any changes in their billing or claim submission processes for general anesthesia or the way patients are currently treated. **This is for informational purposes only for dental providers and they are not required to take any action.**

Medical providers have guidelines for billing practices, including appropriate procedure codes and reimbursement.

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American Society of Anesthesiologists (ASA) Class Descriptions

APA PS Classification	Definition	Adult Examples, Including but not limited to:	Pediatric Examples, Including but not limited to:	Obstetric Examples, Including but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use	Healthy (no acute or chronic disease), normal BMI percentile for age	
ASA II	A patient with mild systemic disease	Mild disease only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well controlled DM/HTN, mild lung disease	Asymptomatic congenital cardiac disease, well controlled dysrhythmias, asthma without exacerbation, well controlled epilepsy, non-insulin dependent diabetes mellitus, abnormal BMI percentile for age, mild/moderate OSA, oncologic state in remission, autism with mild limitations	Normal pregnancy*, well controlled gestational NTN, controlled preeclampsia without severe features, diet controlled gestational DM.

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Billing Guidelines for Medical Providers: CDT Codes for Anesthesia Services

Medicaid Enrollment: Anesthesiologists and CRNAs must be enrolled with Nebraska Medicaid.

Providers can bill the procedures codes listed in the table below and must use the current CMS 1500 professional claim form.

D9219 – Evaluation for sedation or anesthesia

D9222 – Deep sedation/general anesthesia – first 15 minutes

D9223 – Deep sedation/general anesthesia – each additional 15 minutes

D9239 – IV moderate sedation – first 15 minutes

D9243 – IV moderate sedation – each additional 15 minutes

Reimbursement for services can be found on the anesthesia fee schedule through the link below:

[Medicaid Provider Rates and Fee Schedules](#)

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Questions & Support

Questions about your Medicaid enrollment can be directed to Maximus at 1-844-374-5022 or NebraskaMedicaidPSE@Maximus.com.

Provider Bulletins are posted on the DHHS website at DHHS.NE.gov/pages/Medicaid-Provider-Bulletins.aspx.

Please subscribe to the page to help you stay up to date about important provider news.

For additional questions please contact the MCOs below:

United Healthcare Community & State Provider Services: (866) 331-2243 (TTY)

Provider Service Hours: Monday – Friday 7:00 a.m. – 7:00 p.m. CST

Nebraska Total Care Provider Services: (844) 385-2192 (TTY 711)

Provider Service Hours: Monday-Friday 7:00 a.m. – 6:00 p.m. CST

Molina Healthcare of NE Provider Services: (844) 782-2678 (TTY 711)

Provider Service Hours: Monday-Friday 7:00 a.m. – 6:00 p.m. CST

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