NEW YORK STATE | Department of Health

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New Requirements: Reimbursement of the Dental Operating Room Facility Fee in Hospital and Freestanding Ambulatory Surgery Centers

For New York State (NYS) Medicaid members with fee-for-service (FFS) coverage, NYS Medicaid reimburses hospital-based and free-standing Ambulatory Surgery Center (ASC) facilities using CPT code **"41899"** for Operating Room dental cases. **Effective immediately, below the entry of Current Dental Terminology (CPT) code "41899", list CDT codes on subsequent claim lines, for procedures rendered while in the Operating Room, for tracking purposes.**

FFS Billing

An ASC must submit an Ambulatory Patient Group (APG) claim to NYS Medicaid using CPT code **"41899"**. The anesthesiologist and the treating dentist may also submit separate professional claims to NYS Medicaid for their professional services rendered in an outpatient hospital-based or free-standing ASC, using appropriate procedure codes.

For ASC billing for NYS Medicaid members with intellectual and/or developmental disabilities, identified by the presence of a RE code **"81"** or RE code **"95"** on their NYS Medicaid eligibility response, NYS Medicaid will allow hospital-based and free-standing ASCs to bill multiple units of code **"41899"**. Providers should refer to the *Reimbursement Changes for Dental Services* article published in the July 2023 issue of the *Medicaid Update*.

For questions related to this communication, please contact the dental policy team at 518-473-2160 or dentalpolicy@health.ny.gov .