



General Anesthesia and Facility Reimbursement Increase for Dental Treatment

General anesthesia for dental procedures is a necessary part of surgical services for some children and, when clinically indicated, for individuals with intellectual and developmental disabilities. To increase access to these necessary services and reduce wait lists, funding has been provided by implementation of House Bill 1 of 2021 to increase facility and general anesthesia reimbursement for dental procedures.

Effective July 1, 2021, rates for the services below increased:

General Anesthesia

Additional reimbursement of \$20.00 per 15 minutes time unit.

Anesthesia providers:

To receive the additional reimbursement, modifier -23 must be appended to the anesthesia CPT code 00170 in addition to other appropriate anesthesia modifiers when a dental procedure is performed. The general anesthesia reimbursement formula has been revised to calculate the additional reimbursement. The additional reimbursement will be applied after all other calculations take place.

The updated Anesthesia chapter of the Professional Services manual will be published following the completion of the public posting process. The fee-for-service Anesthesia Fee Schedule has been updated to reflect this additional calculation as part of the general anesthesia formulabased reimbursement.

Fee-for-Service:

The fee-for-service claims processing system has been updated to allow the additional reimbursement for the general anesthesia services described above. Applicable claims previously submitted for dates of service on or after July 1, 2021, may be submitted for adjustment or be voided and resubmitted to receive the additional reimbursement. (See Appendix E of the Professional Services manual for information on adjustments and voids).

MCOs:

MCOs must notify providers, via their provider portals, of the updated policy within four business days of this bulletin and publish updated provider manuals that reflect this policy within 30 calendar days thereafter.

MCOs are to update their claims processing systems to accommodate the additional reimbursement and be able to accept claims no later than 60 days from the publishing of the updated Anesthesia fee schedule available on the Medicaid website.

Facility Reimbursement

Additional reimbursement of at least \$400.00 per procedure.

Hospital Providers:

To receive the additional reimbursement, CPT code 41899 must be used. To qualify for the enhanced reimbursement, the procedure must take place in a hospital outpatient setting.

Fee-for-Service:

The Outpatient Hospital Ambulatory Surgery fee schedules and fee-for-service claims processing system have been updated to allow the additional facility reimbursement as described above. Applicable claims previously submitted for dates of service on or after July 1, 2021, may be submitted for adjustment or be voided and resubmitted to receive the additional reimbursement.

MCOs:

MCOs are to update their claims processing systems to accommodate the additional facility reimbursement and be able to accept claims no later than 60 days from the publishing of the updated Outpatient Hospital Ambulatory Surgery fee schedule available on the Medicaid website.

LDH has published [Informational Bulletin 21-15](#) for your reference - [IB23-02.pdf \(la.gov\)](#)
Questions or concerns regarding this bulletin can be addressed by contacting United Healthcare Community Plan at 1-866-675-1607.