



Payment Policy

**Subject: Free Standing Ambulatory Surgical Centers Claims for
CPT Code 41899**

Policy

CareSource will reimburse qualified free standing Ambulatory Surgical Centers at the case rate for medically necessary procedures which have no specific, listed CPT code, and which are submitted to CareSource under CPT Code 41899.

Definitions

“Free Standing Ambulatory Surgical Center” (“ASC”) means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions set forth (*From 42 CFR 416.2 Definitions*)

“Current Procedural Terminology” (“CPT”) codes are numbers assigned to every task, medical procedure, and service a medical practitioner may provide to a patient. CPT codes are developed, maintained and updated annually, and copyrighted by the American Medical Association. (*From ama-assn.org*)

“Unlisted Procedure Code” means a medical service or procedure for which there is no specific Current Procedural Terminology. Because of advances in the field of medicine, there may be services or procedures performed by health care professionals that have not yet been designated with a specific CPT code. To report these unlisted procedures or services, a number of specific code numbers have been designated. Each of these unlisted procedure code numbers relates to a specific section of the CPT codebook and is referenced in the guidelines of that section. Unlisted codes provide the means of reporting and tracking services and procedures until a more specific code is established in the CPT code set. When a provider is unable to find a specific CPT code for a particular procedure, the provider may identify the service with an unlisted procedure code. (*From ama-assn.org*)

Provider Reimbursement Guidelines

The available dental CPT codes are extremely limited. Because of this, the unlisted dental procedure code of 41899 is used for dental diagnostic and/or preventive procedures, dental restorations of fillings, tooth replacements, endodontic procedures such as root canals, and many other dental procedures when performed in an ambulatory center setting. CareSource is establishing this payment policy for its providers in the absence of corresponding reimbursement guidance from its member states.

CareSource will reimburse ASC providers at the case rate of \$1,100.00 for the CPT code 41899, for one unit per member per day. Prior authorization may be required. However, for each claim the provider must retain detailed documentation including a surgical report and medical record with complete descriptions of the unlisted dental procedures performed and resources used in case an audit is necessary.

Related Policies & References

“Unlisted Non-Dental Procedure Codes Study,” Permedion for ODJFS, 2010 (<http://permedion.com/ASSETS/5B27856B4A214912865F46783E7BE130/Unlisted%20Procs%20Report-%20Non%20Dental.pdf>.)

OAC 5160-2-03 “General Provisions: Hospital services, Conditions and Limitations”

State Exceptions

NONE

Document History

10/31/2013 – OAC Rule renumbered from “5101:3-2-03,” per Legislative Service Commission Guidelines.