



**Louisiana Department of Health
Informational Bulletin 25-13
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**Ambulatory Surgical Centers (Hospital Outpatient and Non-Hospital) Dental
Procedure Codes**

Effective January 1, 2024, Healthcare Common Procedure Coding System (HCPCS) code G0330 was added as a covered Ambulatory Surgical Center (ASC) service. G0330's anticipated impact is to promote the allocation of operating room time for dental services within ASCs.

HCPCS code G0330 describes facility services for dental rehabilitation procedures provided to patients who require monitored anesthesia [general, intravenous sedation (monitored anesthesia care)] and the use of an operating room. G0330 only describes the technical facility component furnished by ASCs, both outpatient hospital and non-hospital. Code G0330 does not describe the professional services of dentists or anesthesia providers; reimbursement for dental professionals and anesthesia fees should be billed separately. Medicaid Fee Schedules can be accessed online at <https://www.lamedicaid.com>. Direct links for ASCs are:

- Fee schedules for ASC non-hospital:
https://www.lamedicaid.com/Provweb1/fee_schedules/ProServLabXRayRadASC_Fee.htm
- Fee schedule for ASC outpatient hospital:
https://www.lamedicaid.com/Provweb1/fee_schedules/OutPatAmbSur_Fee.htm

Current Procedural Terminology (CPT) 41899 remains a Louisiana Medicaid covered procedure code and is defined as an unlisted procedure for dentoalveolar structures. This code reports a procedure on the teeth and adjoining alveolar structures when an existing code doesn't accurately describe the medical procedure performed.

Facilities should always choose the CPT or HCPCS code that most accurately describes the service rendered and only submit unlisted procedures for services without an existing code.

Questions related to this bulletin should be directed to MedicaidDental@la.gov.