



Frequently Asked Questions about New Code G0330

New Code G0330 — does this apply in Michigan?

The short answer is no. Hospitals and ambulatory surgical centers in Michigan should continue to use CPT code 41899 to be paid by Michigan Medicaid health plans. As of Oct. 1, 2022, the rate for this code in Michigan is \$2,300 for hospitals and \$1,495 for ambulatory surgical centers. No Medicaid reduction factor can be applied.

What is the new code G0330 and why was it created?

Historically, CPT code 41899 has been used as the primary billing code covering the facility fee for dental cases treated in hospital or ambulatory surgery centers. According to the Medicare fee schedule, the payment rate was set at approximately \$200. Because the code was in a “miscellaneous” category, the rate was not compared with other similar services and that resulted in a chronically low payment amount.

The American Dental Association and American Academy of Pediatric Dentistry sought to change that by recommending that CMS establish a new code that would appear on the appropriate fee schedules with comparable services. CMS agreed and a new rate was established at \$1,722.43 (actual rates may vary).

However, according to CMS, this new code and rate do not apply to ambulatory surgical centers. In addition, states are allowed to apply the standard Medicaid reduction factor.

Why don't we want to use this code in Michigan?

Michigan Medicaid already allows for and pays for dental treatment under general anesthesia in a hospital or ambulatory surgical center under CPT code 41899. In addition, Michigan's legislature placed the rates at \$2,300 for hospitals and \$1,495 for ambulatory surgical centers and said no Medicaid reduction factor can be applied.