

Kansas Medicaid Coverage of Hospital Dental Care

Effective September 1, 2023, hospitals in Kansas will see a higher Medicaid reimbursement when billing facility fees related to dental rehabilitation services that require monitored anesthesia in the operating room or ambulatory surgical centers. Read the [KMAP General Provider Bulletin #23218](#).

A new code has been added that will make it easier for hospitals and ambulatory surgical centers to schedule and block operating room time for dental cases. It makes it financially feasible for hospitals to allocate operating room dental time for dental care.

Frequently Asked Questions

What is the new code?

The Centers for Medicare and Medicaid Services (CMS) created a new Healthcare Common Procedure Coding System (HCPCS) G code, G0330, which will be added to the Medicare Ambulatory Payment Classification (APC) 5871 and increase the national average reimbursement from about \$200 to \$1,722.43. The state of Kansas now is covering G0330 in the state's Medicaid program.

What is the purpose of G0330?

By increasing the reimbursement to hospitals and ambulatory surgical centers for dental care provided under monitored anesthesia, sedation dental care should be easier to schedule and provide. Increased reimbursement is vital to helping hospitals allow access to operating rooms for dental procedures.

What is the rate for G0330?

The Kansas Medicaid rate is \$1,722.43, which matches the Medicare rate for the code.

Are prior authorizations required?

Medical review is required for people ages 0 to 20, and prior authorization is required for people 21 years and older.

When did G0330 go into effect?

Coverage for G0330 in the Kansas Medicaid program went into effect September 1, 2023.

Will coverage of G0330 change the codes dental providers use when billing for services provided in a hospital operating room or ambulatory surgical center?

No. The code is a facility fee meant to be billed by the hospital or ambulatory surgical center. The dental provider will bill for dental care separately.

How does coverage of G0330 impact the reimbursement for services provided by the anesthesiologists?

Anesthesia fees will not be impacted by coverage of G0330. Services provided by an anesthesiologist will be billed separately. G0330 is a facility fee only and will be billed by the hospital or ambulatory surgical center.

Is G0330 available only for hospital operating rooms?

No. The Kansas Medicaid program will cover G0330 for ambulatory surgical centers as well as hospital operating rooms.