



Hospital Dentistry in Northern Nevada

Oral Rehabilitation

(CPT 41899)

Presented to AC4OH on February 16, 2024

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Captain, DC, USPHS retired

Facilities in NNV



Operating Room Construction Costs



- **\$1.4 million dollars per room, including anesthesia equipment**

Hatton, R., Becker's ASC Review, "Equipment, property cost \$1.4M per operating room at ASCs", March 10, 2022.

Hospital Dental Care/Oral Rehabilitation CPT 41899¹

- **60-99% of patients having hospital oral rehab, are Medicaid recipients²**

References:

¹. CPT Code = "Current Procedural Terminology", American Medical Association

². Boynton, J. et al "American Academy of Pediatric Dentistry", V45/ No.6

11,12/2023 pages 504-509



Steps Involved in a Hospital Dental Case

Preoperative Phase



1. Medical history reviewed by nurse and anesthesiologist with parent.
2. Patient receives a medical examination by nurse and then by the anesthesiologist.
3. Consent for medical/anesthesia and dental procedures by nurse.
4. Consent for medical/anesthesia and dental procedures by dentist.

SURGERY



O.R. ATTIRE REQUIRED
BEYOND THIS POINT



O.R. ATTIRE REQUIRED
BEYOND THIS POINT

DO NOT OPEN
THIS DOOR IF

YOU HEAR
THE BELL SOUND



Operating Room Set Up for Oral Rehabilitation

Anesthesia machine, Ventilator, EKG, Pulse oximetry, carbon dioxide monitor, anesthesia medication cart/medications, hospital surgical suction, fiber optic intubation assist, crash cart (Staff: **anesthesiologist + nurse**)

Dental "operator"-dental operator's cart –high, slow speed, surgical, and endodontic handpieces, sonic handpiece, high speed evacuator, sterile water source, x-ray machine, digital sensor, computer, amalgamator, light curing device, restorative & surgical instruments (Staff: **dentist + 2 dental assistants**)



- Pulse oximetry, EKG leads
- Mask (gas) induction to deep sedation/general anesthesia
- IV placement,
- IV medications for sedation
- Paralytic agents (to prevent laryngospasm)



Anesthesiology Procedure CPT 00170

anesthesia of a patient for an oral procedure

Anesthesia CPT codes are assigned a **base unit value by Medicare** that reflects the **relative difficulty and amount of work** involved in administering the anesthesia for the procedure

CPT 00170 is linked to CPT 41899

Base Units for CPT 00170 = 5 units (# assigned by Medicare)

Time units = 15 minutes/unit

The base unit value + time units are then multiplied by the Nevada **Medicaid Conversion factor = \$22.57** to determine the total reimbursement amount.

Nasal Intubation is required for oral rehabilitation procedures

General Anesthesia Induction Procedure Phase (Nasal intubation)



Nasal Intubation, pulmonary & cardiovascular evaluation, ventilator placement, CO₂ monitor, secure tube, protective wrap

Anesthesiologist Fee Calculation

Base units + time units = anesthesiologist reimbursement

Usual Oral Rehabilitation Procedure duration **90-150 minutes**

For 90 minute case = $90/15 = 6$ **time units**

6 time units + 5 conversion units = 11 units @ \$22.57/unit = \$248.27

NV Medicaid Reimbursement

**2021 national average (private insurance) for conversion unit =
\$78- 84.50/unit = \$858¹**

Compare this to Ear Tubes: 4 conversion units (no intubation)

¹Stead SW, Merrick SK. Commercial fees paid for anesthesia services – 2022. ASA Monitor October 2022; 86:1-6.



1999 vs. 2024 Nevada Medicaid Reimbursement

- Operating Room/Surgical Center CPT 41899

1999

\$1194

2023

\$968 (20% or \$226 less!)



- Anesthesiologist Fees CPT 00170/case

1999 (NV Rate)

\$700

2023 (NV rate AFTER alignment to Medicare rates)

\$248 (65% or \$452 less!)

Oral Rehabilitation CPT Code #41899

- CPT Code #41899 oral rehabilitation = 90- 150 minutes and involves multiple procedures
 - For “Other **procedures** on the dentoalveolar structures” Use this code to report a procedure on the teeth and adjoining alveolar structures for which there is no specific code available.” (Codify)
 - **Nevada Medicaid reimbursement = \$968.15**
 - **Private insurance reimbursement = \$5,000¹**
- Compare this to **Ear Tube (Tympanosctomy) case CPT code #69433,69436 = 30 minute procedure**
 - Nevada Medicaid reimbursement = **\$714.65**

¹. Anesthesia Progress 2012 Winter; 59(4):147-153 R. Epstein et al

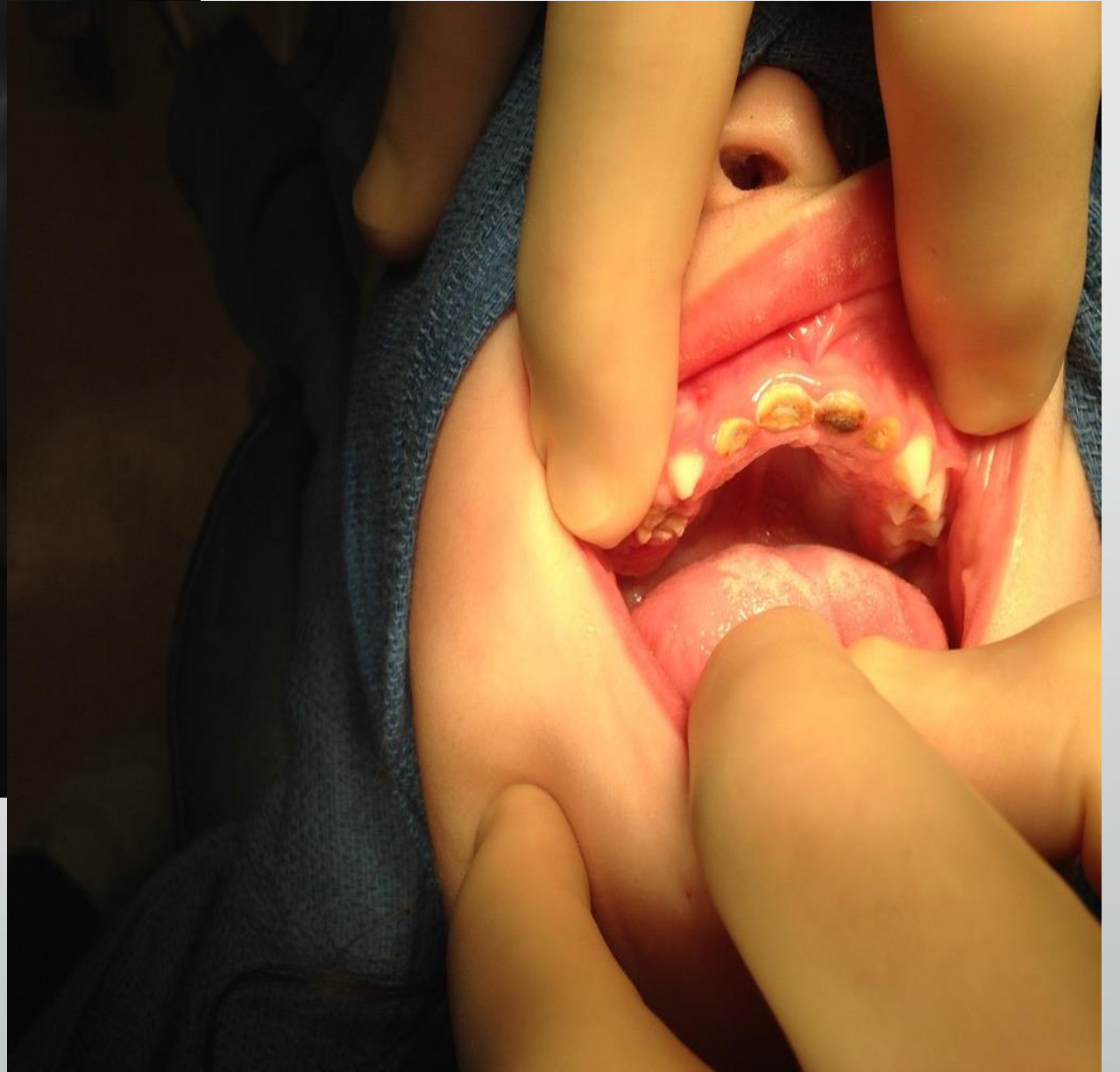
Dental Procedures in the OR

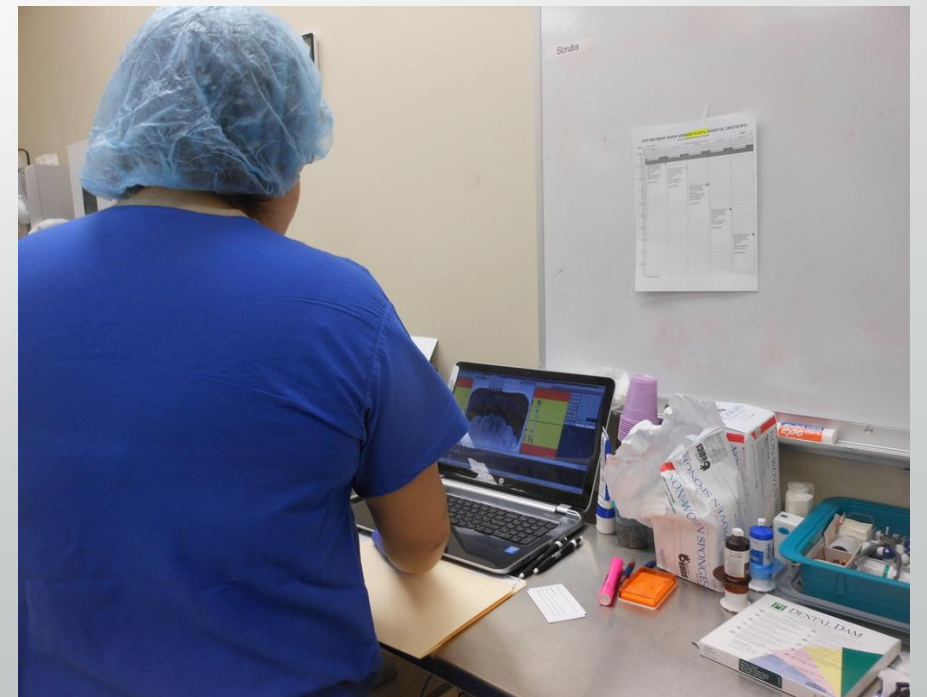
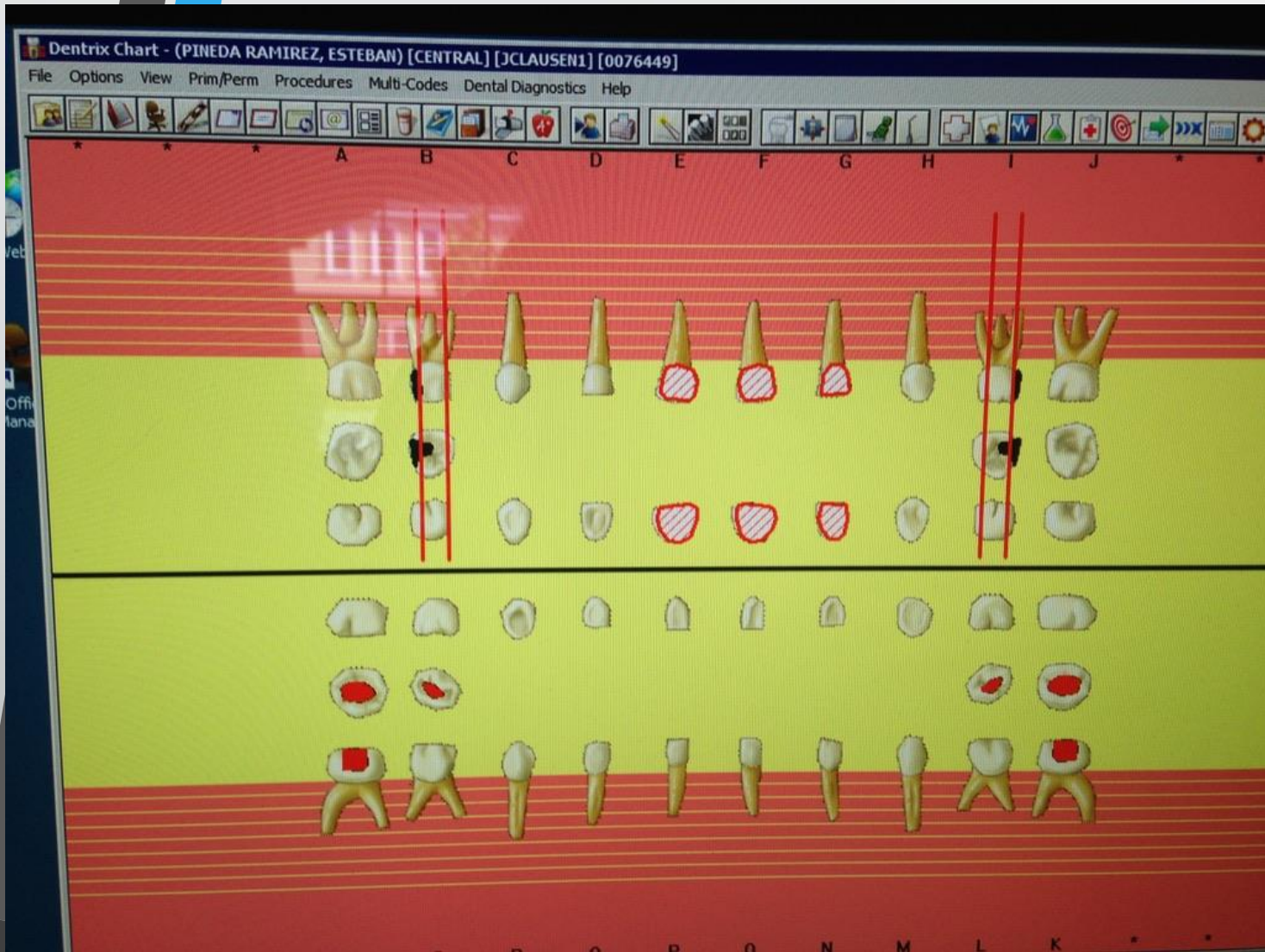
Comprehensive exam, radiographic series, scaling/prophylaxis, restoration of carious teeth-posterior stainless steel crown, anterior esthetic crowns, fillings, pulpotomies, extractions (surgical/impactions + conservative), frenectomy, space maintenance, biopsy, etc.





Special Need Adult Population





Post Op Recovery



Nursing Care



- **Nurse hourly salary \$43.88/hour**
 - Preoperative: 0.5-1 hour
 - Operating Room : 2 hours
 - Postoperative/recovery: 2 nurses for 0.5-1 hour
- **Nursing costs: \$153-300/case**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 410, 411, 412, 413, 416, 419, 424, 485, and 489

[CMS-1772-FC; CMS-1744-F; CMS-3419-F; CMS-5531-F; CMS-9912-F]

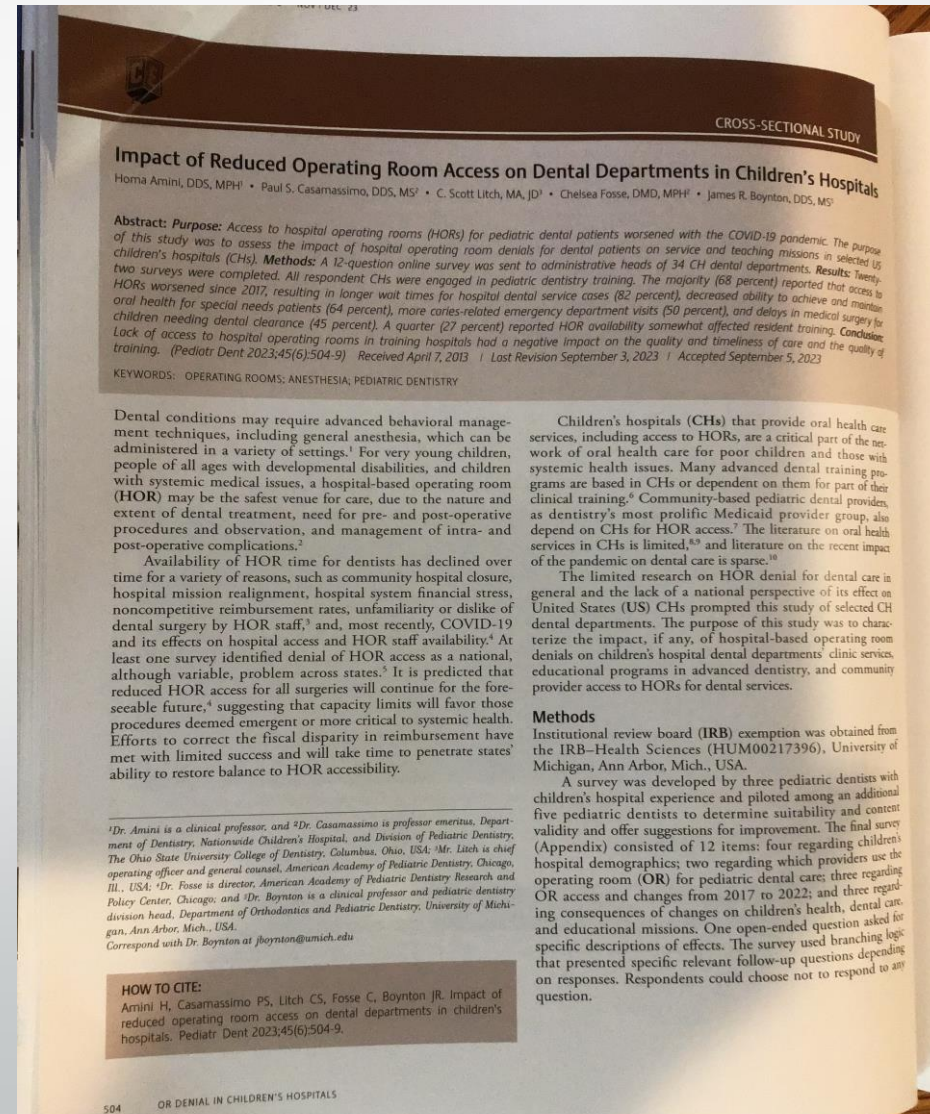
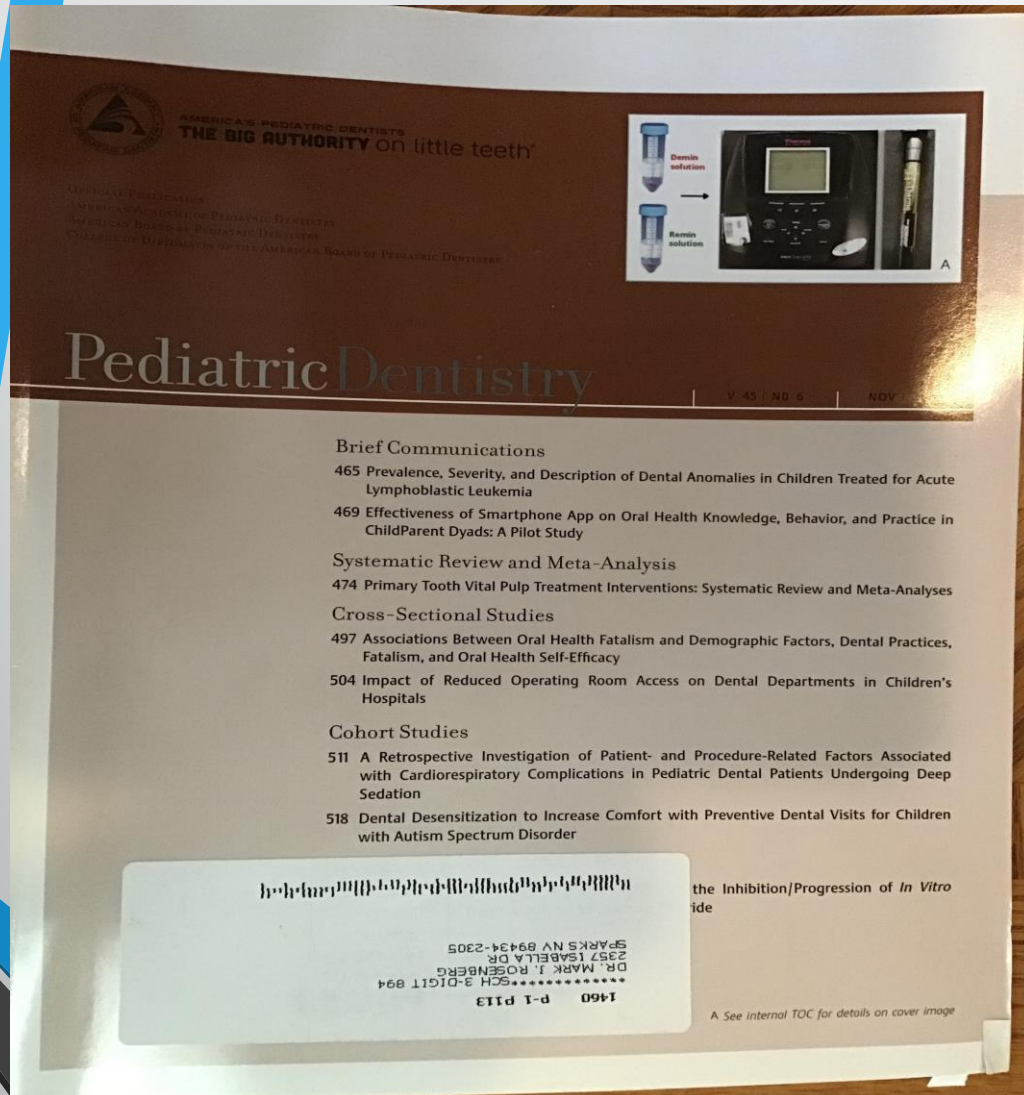
RIN 0938-AU82

CMS has agreed to establish a new HCPCS G code and to assign that code to the **Medicare Ambulatory Payment Classification (APC) 5871 (Dental Procedures)** with a Medicare facility payment rate of approximately \$2000.

The new code is **HCPCS code G0330**, to describe **facility services for dental rehabilitation procedure(s) furnished to patients who require monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care)) and use of an operating room**. CMS is also allowing additional comment on the APC assignment for the new G code through an addendum to this section of the final rule; we will plan to comment on the addendum.

Effective Date: January 1, 2023, Healthcare Common Procedure Coding System (HCPCS). Produced by the Centers for Medicare and Medicaid Services (CMS)

Pediatric Dentistry Vol 45/6, Nov/Dec 2023



Some Things to Consider



**Nevada Medicaid FFS reimbursement is 65%
of usual and customary dental fees for children**

American Dental Association, Health Policy Institute, April 2017

Median dental practice overhead in 2021 was 61.9%

2021 Dental Buyer Advocates

**Dental Services overall make up only 4% of all healthcare
services nationally (2.5 cents per Medicaid dollar spent)**

12/13/2023 CMS

Does Nevada Medicaid Value Oral Health (care)?

What about CPT codes, conversion units, fees?

Nevada Medicaid and HCPCS code G0330

Since HCPCS codes are currently required for other health care areas, such as medication usage, **there should be no need for legislative approval.**



Opportunities

Nevada Medicaid Managed Care for Urban Washoe and Clark Counties

- Anthem Blue Cross Blue Shield
 - Silver Summit Health Plan
 - United Healthcare
 - Molina Healthcare
-
- Beginning in January 2026 ALL COUNTIES

Managed Care Organizations (MCO's)

- Managed care plans are **independent of Nevada Medicaid**, but a **"rate floor"** or **"directed payment"** exists, requiring the plans to reimburse for at least the Nevada Medicaid Fee For Service approved fee.
 - As stated in an interview with Stacie Weeks, Nevada Medicaid Administrator in Nevada Independent by Tabitha Mueller 5/22/23

MCO's are required to meet access standards for all Medicaid benefits, and ensure adequate coverage for all Medicaid Benefits

Nevada Division of Public and Behavioral Health

However, in a personal communication with Cody Phinney, Administrator, in a conversation related to the State Oral Health Officer position (2010), I was told

“We are the state of Nevada. We can do whatever we want to do”.





Any Questions?

Thank you for your time.