

To: AmeriHealth Caritas Louisiana Providers

Date: September 24, 2021

Subject: Informational Bulletin 21-15: General Anesthesia and Facility Fee Increase for Dental Treatment

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

The effective date of service for the following rate increases is **July 1, 2021**:

General Anesthesia

Additional reimbursement of **\$20.00 per time unit** (each time unit is equal to 15 minutes).

Facility Reimbursement

Additional reimbursement of at least **\$400.00 per procedure**.

Hospital Providers:

To receive the additional reimbursement, CPT code 41899 must be used.

Please review [IB 21-15](#) (revised September 22, 2021) for full details.

Once our claims system is updated, impacted claims will be reprocessed automatically.

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached between 7:00 am – 7:00 pm daily.

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