



# Aetna Better Health® of Kansas

## Billing for Dental Admissions - Code 41899 (Dentoalveolar Structures)

Medically necessary dental admissions are covered in an outpatient hospital setting or Ambulatory Surgical Center (ASC). Documentation supporting the medical or dental condition requiring hospitalization must be stored in the medical record but is not required to be submitted with the claim.

### Billing for Dental Admissions

Per the KMAP Hospital Manual, billing requirements for code **41899, Dentoalveolar Structures**, require a detailed description of the actual service provided must be included on the claim form. For the service to be covered and the claim to be paid, one of the following descriptors must be on the claim form:

- Surgical removal, soft tissue impact each additional
- Pediatric dental procedures
- Simple extractions
- Full mouth extractions
- Dental service for non KAN Be Healthy recipients

The following screen shots illustrate where we look for the descriptor on electronically submitted claims (EDI) as well as paper CMS 1500 and UB-04 claim forms.

### Paper UB - Field 43 Description

43 PROC. CD.	43 DESCRIPTION	44 HCPCS / PATE / ICD9S CODES
0250		
0360	PEDIATRIC DENTAL PROCEDURE	41899
0370		

## Paper CMS 1500 - Box 19 Additional Claim Information

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20
PEDIATRIC DENTAL	

### Questions?

If you have general questions about this communication, please contact our Provider Experience Department:

By Phone: **1-855-221-5656**

By Email: **[providerexperienceks@aetna.com](mailto:providerexperienceks@aetna.com)**