



October 19, 2020

Web Announcement 2336

Attention Provider Types 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers):

Claims for Procedure Code 41899

Claims submitted by provider types 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers) for Current Procedural Terminology (CPT) code 41899 (Unlisted procedure, dentoalveolar structures) that denied in error with error code 4714 (Age restriction on procedure billing rule) have been automatically reprocessed. The impacted dates of service were March 31, 2020, through August 3, 2020, for recipients age 6 to 20. Results of the reprocessed claims appear on remittance advices dated October 23, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.