

NETWORK Notification

Notice Date: January 8, 2025

To: Indiana Medicaid Providers

From: CareSource

Subject: Dental Sedation Coverage Rationale and Clinical Criteria Overview

Summary

This notification is intended to provide a reminder and guidance as well as rationale for anxiolysis in the dental setting. This information is presented in thorough detail with reference to the American Academy of Pediatric Dentistry as well as the American Dental Association in the 2024 CareSource Office
Reference Manual. The information included in this document serves as a brief overview of the Coverage guidelines for General Anesthesia and Conscious Sedation Services which may be required receive comprehensive dental care for some patients who have special challenges related to age, behavior, developmental disabilities, medical status, intellectual limitations, or special needs.

Coverage Rationale and Clinical Criteria for Dental Sedation

- Carefully obtain preoperative medical history, physical examination, and laboratory tests (as necessary) to identify high risk patients with contraindications to office-based anesthesia.
- Office-based facilities must ensure timely access to the healthcare system for complications post-surgery (during or days after).
- Different types of sedation are used in dentistry and are proven to decrease anxiety, diminish
 fear and increase tolerance for individuals of certain criteria. Caresource determines medical
 necessity of these adjunctive services. The <u>CareSource Sedation Justification Scoring Tool</u>
 must be completed and submitted for all Moderate, Deep Sedation and General Anesthesia
 requests in either hospital, Ambulatory Surgical Center (ASC), or Office-based settings. Specific
 plan coverage, age, frequency, limitations, etc. can be found in the corresponding benefit
 grids.

Key Information to consider:

- Dental Sedation will not be considered strictly for member or dentist convenience and requires medical necessity.
- **Nitrous Oxide** is **not** reimbursable when used in conjunction with oral or IV sedation, or general anesthesia service codes.
- **Deep Sedation/General Anesthesia (D9222/D9223)** is **not** reimbursable for Age 21 and older in the dental office setting, except in certain instances.
- Per the Indiana Health Coverage Programs (IHCP) direction, **Intravenous Sedation** (D9239/D9243) in a dental office is reimbursable when provided for oral surgery services only.
- Only one type of sedation is allowed per day of service

Questions?

For more information, please email Health Partner Engagement Specialist, Brian Grcevich <u>Brian.Grcevich@CareSource.com</u>.

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