REIMBURSEMENT POLICY STATEMENT
GEORGIA MARKETPLACE

Policy Name	Policy Number	Effective Date
Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center	PY-1308	08/01/2021-05/31/2022

Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Most dental care can be provided in a traditional dental office setting with local anesthesia and if medically necessary, a continuum of behavior guidance strategies, ranging from simple communicative techniques to nitrous oxide, enteral or parenteral sedation. Monitored Anesthesia Care or Sedation (Minimal, Moderate or Deep) may be a requirement of some patients including those with challenges related to age, behavior or developmental disabilities, medical status, intellectual limitations or other special needs. As noted by the American Academy of Pediatric Dentistry (AAPD) and the American Society of Anesthesiologists (ASA), there are certain situations where appropriate candidates may require as a medical necessity, general anesthesia in a healthcare facility such as an Ambulatory Surgical Center or Outpatient Hospital facility.

C. Definitions

- **Ambulatory Surgical Center (ASC)** - An "ambulatory surgery center (ASC)" is any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.
- **Hospital** - Hospital means any building, facility or place in which are provided two (2) or more beds and other facilities and services that are used for persons received for examination, diagnosis, treatment, surgery or maternity care and which is classified by the Department of Community Health of the State of Georgia as a hospital.
    - **Inpatient Hospital** - A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
    - **Off Campus Outpatient Hospital** - A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
    - **On Campus Outpatient Hospital** - A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

  - **Short Procedure Unit (SPU**) - A unit in a hospital organized for the delivery of ambulatory surgical, diagnostic or medical services.
- **Medically Necessary** - The health insurance exchange defines medically necessary services as “health care services or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.” As outlined by the Centers for Medicare & Medicaid Services (CMS), medically necessary services or supplies:
  - Are proper and needed for the diagnosis or treatment of your medical condition;
  - Are provided for the diagnosis, direct care, and treatment of your medical condition; and
  - Meet the standards of good medical practice in the local area and are not mainly for the convenience of you or your doctor.
- **Minimal Sedation (Anxiolysis**) **-** A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilatory and cardiovascular functions are unaffected.
- **Moderate Sedation (Analgesia) (Conscious Sedation) -** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- **Monitored Anesthesia Care (MAC)** - Does not describe the continuum of depth of sedation; rather it describes “a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure”. Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.
- **Deep Sedation (Analgesia) -** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- **General Anesthesia -** A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

  NOTE: Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering Moderate Sedation/Analgesia (“Conscious Sedation”) should be able to rescue patients who enter a state of Deep Sedation/Analgesia, while those administering Deep Sedation/Analgesia should be able to rescue patients who enter a state of General Anesthesia.

Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in airway management and advanced life support. The qualified practitioner corrects adverse physiologic consequences of the deeper than intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation. It is not appropriate to continue the procedure at an unintended level of sedation.

D. Policy

Most dental care and/or oral surgery is effectively provided in an office setting. However, some members may have a qualifying condition that requires the procedure be provided in a hospital setting or ambulatory surgical center under general anesthesia. The purpose of this document is to provide reimbursement and billing guidance for facility related services when dental procedures are rendered in a in a Hospital or Ambulatory Surgical Center (ASC) Place of Service (POS) under general anesthesia. Hospital Inpatient or Outpatient Facility services and ASC Facility services for the provision of dental care under general anesthesia are addressed in this policy, not dental care or oral surgery in an office setting. Professional dental services are covered only to the extent that the member has dental benefits and guidelines for dental services are provided in the delegated dental vendor's Dental Office Reference and Policy Manual.

CareSource policy notes the intent of Hospital, Outpatient, and ASC facility requests is the medical necessity of general anesthesia services to perform dental procedures on a member. Requests with the goal of no, minimal, moderate or deep sedation services, will only be considered in extenuating circumstances mandated by systemic disease for which the patient is under current medical management and which increases the probability of complications, such as respiratory illness, cardiac conditions or bleeding disorders. Medical Record and Physician attested letter would be required with authorization requests.

Dental services are only covered in a hospital setting when "the nature of the surgery or the condition of the patient precludes performing the procedure in the dentist's office or other non-hospital outpatient setting and the inpatient or outpatient service is a "Health Insurance Marketplace covered service." As such, it would exclude any diagnostic or preventive dental services delivered in a hospital setting, if these services cannot be performed in office.

I. Dental Prior Authorization Process
   A. A prior authorization is required for all dental services performed in a Hospital Inpatient or Outpatient Facility or an Ambulatory Surgery Center Facility.
   B. Dental Services Authorization for an Outpatient/ASC setting:
      1. Requests for dental services under general anesthesia are submitted to DentaQuest Dental Utilization Review.
      2. DentaQuest reviews for appropriate medical necessity requirements (listed in the DentaQuest Dental Office Reference Manual) for general anesthesia or for IV sedation in the outpatient hospital or ASC setting.
      3. If service request does not meet medical necessity criteria, the Notice of Adverse Benefit Determination (Denial Notice) is issued by DentaQuest.

4. If dental procedure(s) and the general anesthesia/sedation in the outpatient hospital or ambulatory surgery center are approved, DentaQuest will send an automated approval letter to the requesting dentist and this can be viewed in the DentaQuest provider portal.

C. Facility Authorization Process
   1. Upon approval, DentaQuest Participating Providers are required to administer services at CareSource participating hospitals/facilities. Upon receipt of approval from DentaQuest, the provider should use the information below for facility authorization as applicable.
   2. For Facility Administrative Pre- certification, the (hospital or ASC facility) may:
      a. Submit the request on the CareSource Provider Portal at CareSource.com >Login >Provider Portal; or
      b. Request a Facility Certification by calling CareSource directly at: CareSource: 800.488.0134 and select option to “Request an Authorization” (if immediate precertification needs).

NOTE: The Request should Include the facility services requested, the Dental Authorization Approval Letter and the dental authorization number.

   3. CareSource Medical Utilization Management team will complete ALL of the following:
      a. Verify that facility is in network;
      b. Review the Dental pre-determination letter (PDL) or authorization;
      c. Determine medical necessity for any other facility- related CPT/HCPCS codes submitted that require PA; and
      d. Fax a Facility Approval to the hospital/ASC which can also be viewed in CareSource Provider portal.

NOTE: The fact that a physician, dentist or other licensed practitioner renders, prescribes, orders, certifies, recommends, approves, or submits a claim for a procedure, item or service does not, in and of itself make the procedure, item, or service medically necessary and does not guarantee payment for it.”

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

Outpatient Hospital Facility (SPU) POS (19, 22); Ambulatory Surgical Center POS (24)

Facility	Reimbursement Policy
Use CPT code 41899 as Facility Fee code	Will be paid according to CareSource contract and the Medicare Physician Fee Schedule (PFS).
	Dental-related facility charges must be billed on an institutional claim (UB-04 claim form, Portal institutional claim, 837I transaction).

Anesthesia Professional Services	Reimbursement Policy
CPT Anesthesia Code **00170 Anesthesia for intraoral treatments, including biopsy; not otherwise specified** The administration or management of anesthesia as a non-institutional professional service rendered by qualified medical practitioners	Will be paid according to CareSource contract and the Medicare Physician Fee Schedule (PFS). All associated professional services, such as radiology and anesthesia, as well as ancillary services related to the dental services, must be billed on a professional claim (CMS-1500 claim form or electronic equivalent).

Inpatient Hospital Facility POS (21)
All services as well as any additional Room and Board fees would have to be pre-certified and receive medical necessity review. Services are subject to benefit provisions and criteria for dental hospital admissions for both adult and pediatric members is in accordance with CareSource and Dental Benefits Administrator clinical guidelines.

Dental/Oral Surgery Professional Services
The scope of this policy is limited to medical plan coverage of the facility and/or general anesthesia services provided in conjunction with dental treatment, and not the dental or oral surgery services. The professional dental procedure codes listed are for reference only and do not imply coverage of dental procedures. Information on dental benefits, please consult the DentaQuest Office Reference Manual for clinical guidelines, policies, and procedures.

CDT Code	Description
(D0100-D9999) Reimbursed according to provider contractual rate	Through CareSource's Marketplace Dental Benefit's Administrator (DentaQuest) covered services provided outside the dental office are reimbursed at the amount allowed for the same service provided in the office. It is not appropriate for providers to bill DentaQuest or member (member's family) an additional charge for performing covered dental services in a hospital or surgery center setting.
	Dental-related services provided in an inpatient, outpatient, or ASC setting can be billed with CDT codes on the ADA dental claim form or electronic equivalent. Billed to (DentaQuest) the Dental Benefits Administrator for CareSource Marketplace.

F. Related Policies/Rules

Dental and Oral & Maxillofacial Surgical Services Covered under Medical Plan
CareSource and Dental Benefits Administrator Clinical Guidelines.

G. Review/Revision History

	DATE	ACTION
Date Issued	05/12/2021	New Policy
Date Revised		
Date Effective	08/01/2021	
Date Archived	05/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. (2018, October 23). Retrieved July 30, 2020 from www.asahq.org
2. American Academy of Pediatric Dentistry. Oral Health Policies and Recommendations. (2019). Retrieved July 20, 2020 from www.aapd.org
3. American Association of Oral and Maxillofacial Surgeons, Ambulatory Surgical Center Coding and Billing. Retrieved April 5, 2019 from www.aaoms.org
4. Georgia Department of Community Health. HEALTHCARE FACILITY REGULATION DIVISION. Retrieved January 5, 2021 from www.dch.georgia.gov
5. Georgia Secretary of State. Rules and Regulations of the State of Georgia. Retrieved January 10, 2021 from www.sos.ga.gov

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.