



## REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID

Policy Name		Policy Number	Effective Date
Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center		PY-0847	10/1/2019
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) 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.

CSMG Co. 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.

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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)** is defined as any freestanding institution, building, or facility or part thereof, devoted primarily to the provision of surgical treatment to patients not requiring hospitalization, as provided under provisions of Georgia Code Section 88-1901. Such facilities do not admit patients for treatment, which normally requires overnight stay, nor provide accommodations for treatment of patients for period of twenty-four (24) hours or longer. It is not under the operation or control of a hospital. The term does not include individual or group practice offices of private physicians or dentists, unless the offices have a distinct part used solely for outpatient surgical treatment on a regular and organized basis, and has been regulated and certified by the state as such.
- **Inpatient Hospital** is defined as 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** is defined as 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** is defined as 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.
- **SPU**—Short procedure unit—A unit of a hospital organized for the delivery of ambulatory surgical, diagnostic or medical services.



- **Minimal Sedation (Anxiolysis)** is 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”)** is 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** is 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** is 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.

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 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 applicable dental 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.

I. Prior authorization

- A. A prior authorization is required for all Hospital Inpatient or Outpatient Facility or Ambulatory Surgery Center Facility procedures that require general anesthesia or anesthesia monitoring with sedation.
- B. The review for dental services in a Hospital Inpatient or Outpatient Facility or Ambulatory Surgery Center Facility under anesthesia is a two-step process.
  - 1. **STEP ONE is completed by the Treating Dentist.** An authorization for the requested dental services is sent to the Dental Utilization Management (UM-DM) team who will determine the medical necessity of the services being completed in a hospital or outpatient setting.
    - a. For authorization requests for POS (19, 21, 22, or 24) medical necessity review, the Treating Dentist should submit at least one (1) unit of (D9420) hospital or ambulatory surgical center call.
    - b. The pre-determination letter (PDL) or authorization is sent to the treating/submitting dentist and to the member.
    - c. The treating/submitting dentist must provide the facility with the PDL.
  - 2. **STEP TWO is completed only after the first step** has been approved.
    - a. The Facility will submit a precertification/authorization to the medical management team and must include a copy of the PDL.
    - b. The Medical Utilization Management (UM-MM) team will complete ALL of the following:
      - 01. Verify that facility is in or out of network AND;
      - 02. Review the pre-determination letter (PDL) or authorization AND;
      - 03. Determine medical necessity for any other non-dental CPT/HCPCS codes submitted AND;
      - 04. The Medical Management **approval** of D9420 is sent via a letter to the facility, member, and Treating Dentist. This letter indicates approval of D9420 for (19) Off Campus-Outpatient Hospital, (21) Inpatient Hospital, (22) On Campus-Outpatient Hospital, or (24) Ambulatory Surgical Center setting and General Anesthesia Services if applicable.

II. Additional guidelines on the benefit limits/frequencies of D9420 can be found in the Dental Health Partner Provider Manual.

**NOTE:** Please remember that the provider who submits the authorization for the dental therapeutic services must be the provider that performs the services. If the authorized provider does not perform the service, claims will deny. In the event the authorized provider is unable to perform the services or the location changes, CareSource must be notified to update the authorization prior to the services being performed.



### E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Georgia Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual Georgia Medicaid 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.**
- **Revenue codes** and additional information can be found in the Department of Community Health and ASC Policy manuals as well as the Dental Health Partner Provider Manual.

#### Outpatient Hospital Facility (SPU) POS (19, 22)

CPT Code	Description
<b>D9420</b>  <b>D9420 for the technical component to the facility SPU/OR use is calculated in time units 1 unit = 30 minutes. The maximum units reimbursable per date of service is 6 units</b>	Operating Room - When a hospital outpatient, SPU or organized outpatient clinic operating room is used for patient dental services, a <b>single</b> HCPCS code for reporting the facility technical component of multiple dentoalveolar procedures is used. That code must be utilized rather than reporting the tests or procedures individually. (CPT/HCPCS code 41899, discontinued by State, should not be used). Facility should use D9420 with appropriate billed charges of <b>OR time use</b> for dental services performed. <b><i>Any other "D" codes listed will be for procedural documentation only and not for reimbursement.</i></b>
<b>No HCPCS required</b>	Recovery Room - Recovery Room is intended for cases when a patient requires recovery from deep sedation or anesthesia. Recovery room use is reimbursable only when billed for the same date of service as a surgery that is not considered a "common office procedure."
<b>No HCPCS required</b>  <b>HCPCS required for revenue code 0636*</b>	Hospital Add- On (HAO) services only applicable if state or contract required. Separate reimbursement may not be applicable. Maximum allowances may be applicable

**00170**

**00170 is  
calculated in**

Anesthesia Services - Anesthesiology professional Services for intraoral procedures. Time units for physician and CRNA services - both personally performed and medically directed are determined by dividing the actual

Archived



<b>CMS Base units. The Base unit =5 units. Reimbursement will be subject to maximum allowances.</b>	anesthesia time by 15 minutes or fraction thereof. Since only the actual time of a fractional unit is recognized, the time unit is rounded to one decimal place. Total minutes are listed as the units (i.e. 75 minutes) 75 = 6 units (of 15 min increments). CMS Base units =5. Maximum state allowances may be applicable.
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#### **Inpatient Hospital Facility POS (21)**

All of the above facility codes 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

#### **Ambulatory Surgical Center POS (24)**

<b>CPT Code</b>	<b>Description</b>
<b>D9420</b>  <b>D9420 for the technical component to the facility or ASC use is calculated in time units 1 unit = 30 minutes. The maximum units reimbursable per date of service is 6 units.</b>	<b>Operating Room</b> - A single code for reporting the facility fee must be used for the ASC or Facility should use D9420. (CPT/HCPCS code 41899), discontinued by State, should not be used. CareSource's policy is aligned with State policy is D9420 is used a global code for ASC facility services.
<b>00170</b>  <b>00170 is calculated in CMS Base units. The Base unit =5 units. Reimbursement will be subject to maximum allowances.</b>	General Anesthesia for intraoral procedures, including biopsy; not otherwise specified - Anesthesiology professional Services for intraoral procedures. Time units for physician and CRNA services - both personally performed and medically directed are determined by dividing the actual anesthesia time by 15 minutes or fraction thereof. Since only the actual time of a fractional unit is recognized, the time unit is rounded to one decimal place. Total minutes are listed as the units (i.e. 75 minutes) 75 = 6 units (of 15 min increments). CMS Base units =5. Maximum state allowances may be applicable.

#### **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 Dental Health Partner manual for clinical guidelines, policies and procedures



CPT Code	Description
<b>(D0000-D9999)</b>	Dental Services using the CDT codes - Follow applicable clinical policy guidelines in <b>Dental Health Partner Provider Manual</b>
<b>Reimbursed according to provider contractual rate</b>	Dental service charges will be paid directly to the TREATING DENTIST PAYEE GORUP  All dental services that require authorization must receive prior authorization via Dental Management.
<b>ICD-10 and CPT code for Oral or Maxillofacial region</b>	Other Services Oral or Macillofacial Services using CPT codes - Follow applicable benefit guidelines in Health Partner manual for CPT code  All medical services of the oral, maxillofacial, head and neck regions performed in the hospital/ASC must receive prior authorization from the Medical Management team

#### F. Related Policies/Rules

#### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	10/1/2019	New Policy
<b>Date Revised</b>		
<b>Date Effective</b>	10/1/2019	

#### H. References

1. Part II Policies and Procedures for Ambulatory Surgical and Birthing Center Services (2019, April). Retrieved on 6/1/22019 from <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Ambulatory%20Surgical%20and%20Birthing%20Center%20Services%2020190325210148.pdf>
2. Part II Policies and Procedures for Dental Services (2019, April). Retrieved on 6/1/22019 from <https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Dental%20Svcs%2020190320145248.pdf>
3. Part II Policies and Procedure for Hospital Services (2019, April). Retrieved on 6/1/22019 from [https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital\\_Services%2020190401195313.pdf](https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Hospital_Services%2020190401195313.pdf)
4. Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. (2014, October 15). Retrieved June 12, 2019, from <https://www.asahq.org/standards-and-guidelines/continuum-of-depth-of-sedation-definition-of-general-anesthesia-and-levels-of-sedationanalgesia>
5. American Academy of Pediatric Dentistry. Oral Health Policies and Recommendations. Retrieved March 22, 2019 from: <https://www.aapd.org/research/oral-health-policies--recommendations/>
6. American Association of Oral and Maxillofacial Surgeons, Ambulatory Surgical Center Coding and Billing. Retrieved April 5, 2019 from: [https://www.aaoms.org/images/uploads/pdfs/asc\\_coding\\_and\\_billing.pdf](https://www.aaoms.org/images/uploads/pdfs/asc_coding_and_billing.pdf)



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

GA-P-0776

DCH Approved: 07/25/2019