



## REIMBURSEMENT POLICY STATEMENT

### Georgia Medicaid

Policy Name & Number	Date Effective
Dental Services Rendered in a Hospital or Ambulatory Surgery Center- GA MCD-PY-0847	02/01/2026
Policy Type	
REIMBURSEMENT	

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 Services Rendered in a Hospital or Ambulatory Surgery Center****B. Background**

The decision to perform dental care in a particular place of service is based on a wide variety of factors, including the age and special health care needs (physical, intellectual and developmental disabilities, long-term medical conditions) of the individual, in addition to the type, number, and complexity of procedures planned. These factors also determine the type of anesthesia used during the procedure.

Most dental care can be provided in a dental office setting with local anesthesia or local anesthesia supplemented with non-pharmacological behavior guidance (basic to advanced techniques) and/or pharmacological options. Basic non-pharmacological behavior guidance includes communication guidance, positive pre-visit imagery, direct observation, tell-show-do, ask-tell-ask, voice control, non-verbal communication, positive reinforcement and descriptive praise, distraction, and desensitization. Pharmacological options may include nitrous oxide, oral conscious sedation and intravenous (IV) sedation (mild, moderate, or deep), or monitored general anesthesia by trained certified individuals in each level of sedation dentistry. 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 the use of general anesthesia as medically necessary in a healthcare facility, such as an ambulatory surgery center, hospital operating room, or short procedure unit (SPU).

**C. Definitions**

- **Ambulatory Surgery Center (ASC)** – 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 GA. CODE ANN. § 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 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 have been regulated and certified by the state as such.
- **Inpatient Hospital** – A nonpsychiatric facility 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.
- **Monitored Anesthesia Care (MAC)** – 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.
- **Outpatient Hospital** – A facility which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require admission or an overnight stay.

- **Sedation Continuum** – When patients undergo procedural sedation/analgesia, a sedation continuum is entered. Several levels have been formally defined along this continuum, as follows:
    - **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. 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. 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 should be able to rescue patients who enter a state of deep sedation, while those administering deep sedation 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 physiological 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.
- **Short Procedure Unit (SPU)** – A unit of a hospital organized for the delivery of ambulatory surgical, diagnostic, or medical services.

#### D. Policy

This policy is intended to provide guidance on the process for obtaining authorization and reimbursement for dental services performed in a place of service (ASC or hospital

OR/SPU) and reimbursement for related facility charges (eg, operating room, anesthesia, medical consults).

**CareSource Dental Benefits:** Coverage for professional services performed by the dentist/oral surgeon in the POS (ASC or Hospital OR/SPU) and reimbursement for these services may be provided through the dental benefit once approved via the dental vendor, SKYGEN's process of dental utilization review for medical necessity of services and requested place of service. Medical necessity criteria and clinical policies are in the SKYGEN Provider Manual located upon provider portal account login.

**CareSource Medical Benefits:** Coverage and reimbursement for facility charges (eg, operating room, anesthesia) related to dental services performed in POS (ASC or OR/SPU), are eligible for coverage and reimbursement under the member's medical benefit when the dental services have been approved via the SKYGEN Dental Utilization Management process to be performed in Hospital/ASC.

The two-step process for dental services and facility services should be followed for obtaining authorization prior to submitting claims for reimbursement:

I. Step 1 - Dental authorization for services to be performed in a (OR/SPU or ASC)

A prior authorization is required for all dental services performed in a hospital inpatient or outpatient facility, or an ambulatory surgery center facility.

1. Requests for dental services in POS (19, 21, 22, 24) are submitted by the treating dental provider to the SKYGEN Dental Authorization Determination Department via the partner vendor SKYGEN Provider Portal. The provider must include the correct POS on dental claim and add in authorization notes request is for hospital or ASC setting.
2. All requested dental services (treatment plan) should be included in the authorization request, in addition to at least one (1) unit of **D9420**, that identifies the request as hospital/ASC request.
3. The SKYGEN Dental UM department reviews for appropriate medical necessity requirements listed in the SKYGEN GA Office Reference Manual.
4. If the dental authorization is approved, an automated Caresource approval letter to the requesting dentist will be sent and this can also be viewed in the SKYGEN provider portal.
5. If the dental authorization request is not approved, a Notice of Adverse Benefit Determination letter will be issued to the submitting dental provider.

II. Step 2 – Facility authorization process

Once dental services to be performed in hospital/ASC approval has been obtained, providers are required to administer services at CareSource participating hospitals and must obtain facility authorization.

1. For facility authorization, the facility provider (hospital or ASC) may submit the request using the [Georgia Medicaid Prior Authorization Request Form](#) to the [CareSource Provider Portal](#) at CareSource.com or the preferred method for submission of **medical** prior authorization requests is through the use of

Georgia's Department of Community Health (DCH) centralized prior authorization portal. This feature allows submission of prior authorization requests through a centralized source, the [Georgia Medicaid Management Information System \(GAMMIS\)](#)

2. The hospital/ASC facility may also request a Facility Certification by calling CareSource directly at 800.488.0134 and select option to "Request an Authorization."
3. The facility request should include the facility services requested (ie, operating room charges, anesthesia), the Dental Authorization Approval Letter, and the dental authorization number.
4. CareSource Medical Utilization Management team will complete **ALL** the following:
  - a. Verify that facility is in network.
  - b. Review the dental pre-determination letter (PDL) or dental authorization.
  - c. Complete the **administrative** approval for facility fee and anesthesia. Determine medical necessity for any other facility-related CPT/HCPCS codes submitted. CDT code D9420 (technical component) for facility fee and HCPCS/CPT code 00170 for general anesthesia only require administrative review if dental authorization already obtained.
  - d. Fax a Facility Approval to the hospital/ASC which can also be viewed in the CareSource Provider Portal.

#### E. Conditions of Coverage

Facility Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT/CDT 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. Revenue codes and additional information can be found in the Department of Community Health and ASC Policy manuals.

- **Outpatient Hospital Facility (SPU) POS (19, 22): Ambulatory Surgical Center POS (24)**
  - **Use CDT code D9420 for the technical component of the operating room facility fee charge**
    - Time is calculated as 1 unit = 30 minutes, where the maximum units reimbursable per date of service is 6.
  - **Use CPT 00170 for anesthesia for intraoral treatments, including biopsy.**
    - 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 (ie, 75 minutes) 75 = 5 units (of 15-minute increments). CMS Base units = 5. Maximum state allowances may be applicable.
  - 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.

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

- Hospital add-on (HAO) services only applicable if state or contract required. Separate reimbursement may not be applicable. Maximum allowances may be applicable.
- **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.
- **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. For information on dental benefits, please consult the SKYGEN Office Reference Manual for clinical guidelines, policies, and procedures and the provider contracted fee schedule.

#### F. Related Policies/Rules

Dental Health Partner Provider Manual

#### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	10/01/2019	New Policy
<b>Date Revised</b>	08/19/2020	Removed PA for CPT 00170.
	01/28/2022	Annual Review. Removed tables, simplified coding information.
	04/10/2024	Annual review: updated references, updated process, simplified background and definitions. Approved at Committee.
	09/10/2025	Review: updated language based on SKYGEN vendor and references, approved at Committee.
<b>Date Effective</b>	02/01/2026	
<b>Date Archived</b>		

#### H. References

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2. American Academy of Pediatric Dentistry. Policy on hospitalization and operating room access for oral care of infants, children, adolescents, and individuals with special health care needs. *Am Acad Pediatr Dent*. 2025-2026:TBD. Accessed August 5, 2025. [www.aapd.org](http://www.aapd.org)
3. American Academy of Pediatric Dentistry. Policy on third-party reimbursement for management of patients with special health care needs. *Am Acad Pediatr Dent*. 2024-2025:186-189. Accessed August 5, 2025. [www.aapd.org](http://www.aapd.org)
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The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

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