CareSource

REIMBURSEMENT POLICY STATEMENT
INDIANA MEDICAID

Policy Name	Policy Number	Effective Date
Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center	PY-1304	08/01/2021-07/31/2022

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, m edical 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 is a health care facility that specializes in providing surgery, pain management and certain diagnostic (e.g., colonoscopy) services in an outpatient setting. In simple terms ambulatory surgery center procedures are more intensive than those done in the average doctors office but not so intensive as to require a hospital stay.
  - Sec. 14. (a) Definition "Ambulatory outpatient surgical center", for purposes of IC 16-21, IC 16-32-5, and IC 16-38-2, means a public or private institution that meets the following conditions listed in Indiana Code IC 16-18-2-14.
  - Any facility that meets the definition of an ambulatory outpatient surgical center found in Indiana Code IC 16-18-2-14 "Ambulatory outpatient surgical center" must be licensed by the Indiana State Department of Health (ISDH) on an annual basis.
- **Hospital** - A hospital is a health care facility that generally is an institution, a place, a building or an agency that holds out to the general public that it is operated for hospital purposes and that it provides care, accommodat ions, facilities and equipment in connection with the services of a physician, to individuals who may need medical or surgical services. Any facility that meets the definition of a hospital found in Indiana Code 16-18-2-179 must be licensed

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by the Indiana State Department of Health (ISDH)

- **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 of a hospital organized for the delivery of ambulatory surgical, diagnostic or medical services.

- **Medically Necessary** - The Indiana definition of Medical Necessity is used for Medicaid and states: "Medically reasonable and necessary service" as used in this title means a covered service (as defined in section 6 of this rule) that is required for the care or well-being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. For a service to be reimbursable by the office, it must:
  - Be medically reasonable and necessary, as determined by the office, which shall, in making that determination, utilize generally accepted standards of medical or professional practice; and
  - Not be listed in this title as a non-covered service or otherwise excluded from coverage.
- **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

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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 CareSource 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 Medicaid

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covered service." As such, it would exclude any diagnostic or preventive dental services delivered in a hospital setting, if these services can be performed in office setting.

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 CareSource Dental Utilization Review; via the SKYGEN Dental Vendor Portal.
      2. CareSource Dentist Reviewer determines appropriate medical necessity requirements (listed in the CareSource Dental Office Reference Manual) for general anesthesia or deep 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 CareSour ce Utilization Management (UM).
      4. If dental procedure(s) and the general anesthesia/sedation in the outpatient hospital or ambulatory surgery center are approved, CareSource will send an automated approval letter to the requesting dentist and this can be vie wed in the SKYGEN provider portal.
   C. Facility Authorization Process
      1. Upon approval, Dental Participating Providers are required to administer services at CareSource participating hospitals. Upon receipt of approval from CareSource via SKYGEN, 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".

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

II. 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; and
   D. Fax a Facility Approval to the hospital/ASC which can also be viewed in the 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.

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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 IHCP fee schedule. For a list of revenue codes reimbursed, as well as outpatient payment information for relevant codes, see the Revenue Codes tab of the Outpatient Fee Schedule, accessible from the IHCP Fee Schedules page at in.gov/Medicaid/providers.
	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 IHCP fee schedule 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 405 IAC 5-33.

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 CareSource Office Reference Manual for clinical guidelines, policies and procedures.

CDT Code	Description
(D0100-D9999) Reimbursed according to provider contractual rate	Per 405 IAC 5-14-14, and consistent with IHCP, CareSource reimburses covered services provided outside the dental office at the amount allowed for the same service provided in the office. It is not appropriate for providers to bill CareSource 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.

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	01/20/2021	New Policy
Date Revised		
Date Effective	08/01/2021	
Date Archived	07/31/2022	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. INDIANA HEALTH COVERAGE PROGRAMS Provider Reference Module. Inpatient Hospital Services. Retrieved December 11, 2020 from www.in.gov
5. INDIANA HEALTH COVERAGE PROGRAMS Provider Reference Module. Outpatient Facility Services. Retrieved December 11, 2020 from www.in.gov
6. Indiana Department of Health. Ambulatory Outpatient Surgical Centers (ASC) Licensing and Certification Program. Retrieved December 11, 2020 from www.in.gov
7. Indiana General Assembly. Indiana Code, IC 16-18-2-14. Retrieved December 11, 2020 from www.iga.in.gov

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