

MEDICAL POLICY

| MEDICAL POLICY DETAILS | |
|-------------------------|---|
| Medical Policy Title | Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Services |
| Policy Number | 7.03.01 |
| Category | Contract Clarification |
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| Product Disclaimer | <ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line. |

This policy addresses medical coverage for ambulatory surgery unit (ASU) and anesthesia for dental services. It does not address coverage for dental benefits.

POLICY STATEMENT

Services at an outpatient facility or ambulatory surgery unit, including anesthesia by an anesthesiologist, for dental services are considered **medically appropriate** for members with **ANY** of the following indications:

- I. Age seven years or younger; or
- II. Developmental disability, when treatment has been unsuccessful in the traditional dental setting; or
- III. Concurrent hazardous medical condition(s) with medical documentation and justification, subject to review by a Health Plan Medical Director, that this service must be rendered in an ambulatory surgery unit (ASU) setting and not in the traditional setting; or
- IV. Behavioral management issues with documentation of an unsuccessful attempt to treat in the dental office, after the use of a sedation modality (e.g., oral sedation, nitrous oxide).

For situations described in **Policy Statements II. and IV.** above, if in the judgment of the Health Plan, it is inappropriate to treat the patient in the dental office due to the developmental disability, the severity of a behavioral issue, or the complexity of the treatment planned, an attempt to treat in the dental office may not be required.

Refer to Corporate Medical Policy #7.01.21 Dental and Oral Care under Medical Plans.

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POLICY GUIDELINES

- I. Anesthesia provided in an outpatient facility or ambulatory surgical unit is eligible for coverage only when rendered by an anesthesiologist.
- II. When there has been an unsuccessful attempt to treat in the dental office, or it is inappropriate to treat in the dental office due to the severity of a behavioral issue, the severity of a hazardous medical condition, or the complexity of the treatment planned (*Policy Statements II. and IV. above*), medical record documentation is required. Documentation should include the treatment plan, the patient’s health history, date(s) treatment was attempted and the patient’s response.

DESCRIPTION

Anesthesia is the administration of an anesthetic agent or anesthetic drug by injection, inhalation, or ingestion to achieve loss of sensation or loss of consciousness.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA, ADA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

| Code | Description |
|-------|--|
| 00170 | Anesthesia for intraoral procedures, including biopsy; not otherwise specified |
| 41899 | Unlisted procedure, dentoalveolar structures |

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HCPCS Codes

| Code | Description |
|---------------------|-------------|
| No specific code(s) | |

ICD10 Codes

| Code | Description |
|--------------|--|
| E08.630 | Diabetes mellitus due to underlying condition with periodontal disease |
| E09.630 | Drug or chemical induced diabetes mellitus with periodontal disease |
| E10.630 | Type 1 diabetes mellitus with periodontal disease |
| E11.630 | Type 2 diabetes mellitus with periodontal disease |
| E13.630 | Other specified diabetes mellitus with periodontal disease |
| K00.0-K01.1 | Disorder of tooth development (code range) |
| K02.3-K02.9 | Dental caries (code range) |
| K03.0-K03.9 | Diseases of hard tissues of teeth (code range) |
| K04.0-K04.99 | Diseases of pulp and periapical tissues (code range) |

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| Code | Description |
|---------------|--|
| K05.0-K06.9 | Disorders of gingiva and supporting structures (code range) |
| M26.30-M26.39 | Anomalies of tooth position of fully erupted tooth or teeth (code range) |
| M26.79 | Other specified alveolar anomalies |
| M27.61-M27.69 | Endosseous dental implant failure (code range) |
| T18.0XXA | Foreign body in mouth, initial encounter |
| Z01.20-Z01.21 | Encounter for dental examination and cleaning with or without abnormal findings (code range) |

REFERENCES

American Academy of Pediatric Dentistry Clinical Affairs Committee – Behavior Management Subcommittee. Guideline on behavior guidance for the pediatric dental patient. Last Revision: 2020

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[http://www.aapd.org/media/Policies_Guidelines/P_HospitalizationInfants.pdf] accessed 03/21/23.

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*Key Article

KEY WORDS

Dental, ambulatory surgery, anesthesia.

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, coverage for ambulatory surgery unit (ASU) and anesthesia for dental surgery is not addressed in National or Local Medicare coverage determinations or policies. Although there are several CMS communications regarding ambulatory surgery units and anesthesia, they do not specifically address coverage for ASU and anesthesia for dental surgery.