



MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	COVERAGE FOR AMBULATORY SURGERY UNIT (ASU) AND ANESTHESIA FOR DENTAL SURGERY
Policy Number	7.03.01
Category	Contract Clarification
Effective Date	10/18/01
Revised Date	01/24/02, 03/27/03, 01/22/04, 02/24/05, 12/01/05, 10/26/06, 10/24/07, 10/23/08
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Product Disclaimer	<ul style="list-style-type: none"> • <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i> • <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i> • <i>If a Medicare 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.</i>

POLICY STATEMENT

Facility and ambulatory surgery services, including anesthesia by an anesthesiologist, for dental services are considered **medically appropriate** for members with any of the following:

- I. developmental disability, when treatment has been unsuccessful in the traditional dental setting; OR
- II. 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
- III. 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 paragraphs I and III above if, in the judgment of the Health Plan, it is inappropriate to treat the patient in the dental office due to the severity of a hazardous medical condition, 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 regarding Dental and Oral Care under Medical Plans.

POLICY GUIDELINES

- I. Anesthesia provided in an ambulatory surgical facility 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, documentation is required, which should include the treatment plan, the patient's health history, date(s) treatment was attempted and the patient's response when treatment was attempted.
- III. Coverage for dental benefits, as well as prior authorization and the number of covered treatments, is contract-dependent. Please refer to your customer (Member/Provider) Service Department for determination of contract benefits.

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DESCRIPTION

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

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 and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified

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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)
K05.00-K06.9	Disorders of teeth 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)
T180xxA	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. Policy on hospitalization and operating room access for dental care of infants, children, adolescents, and persons with special health care needs. Last revision: 2015
[http://www.aapd.org/media/Policies_Guidelines/P_HospitalizationInfants.pdf] accessed 07/30/19.

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American Dental Association. Guidelines for the use of sedation and general anesthesia by dentists [http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/anesthesia_use_guidelines.pdf?la=en] accessed 07/30/19.

BlueCross BlueShield Association. Anesthesia services – Archived. Medical Policy Reference Manual Policy #10.01.06. 2010 Jul 8.

Glassman P, et al. Special Care Dentistry Association consensus statement on sedation, anesthesia, and alternative techniques for people with special needs. Spec Care Dentist 2009 Jan;29(1):2-8.

Roberts HW, et al. Cardiac risk stratification for postmyocardial infarction dental patients. Oral Surg Oral Med Oral Pathol Oral Radiol Endo 2001 Jun;91(6):676-81.

*Key Article

KEY WORDS

Dental, ambulatory surgery, anesthesia.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on 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.

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