MEDICAL POLICY

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Medical Policy Title	**Coverage for Ambulatory Surgery Unit (ASU)/Outpatient Facility and Anesthesia for Dental Services**
Policy Number	**7.03.01**
Current Effective Date	**May 21, 2026**
Next Review Date	**May 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service. (Link to Product Disclaimer)

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

POLICY STATEMENT(S)

I. 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:

   A. Age seven years or younger;

   B. Developmental disability, when treatment has been unsuccessful in the traditional dental setting;

   C. 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;

   D. 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 Statement I.B. and I.D listed 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.

RELATED POLICIES

Corporate Medical Policy

7.01.21 Dental and Oral Care under Medical Plans

POLICY GUIDELINE(S)

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 Statement I.B. and I.D. listed 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. Anesthesia is used in dentistry to numb the patient and prevent pain during dental procedures. There are several types of anesthesia available for dental work, including: local anesthesia, sedation dentistry or general anesthesia.

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

The American Academy of Pediatric Dentistry (AAPD) best practice document on the management for pediatric dental patients addresses the following for behavior guidance:

- "General anesthesia is indicated for patients: who cannot cooperate due to a lack of psychological or emotional maturity and/or mental, physical, or medical disability; for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy; who are extremely uncooperative, fearful, or anxious; who are a pre-communicative or non-communicative child or adolescent; requiring significant surgical procedures that can be combined with dental procedures to reduce the number of anesthetic exposures; for whom the use of general anesthesia may protect the developing psyche and/or reduce medical risk; and requiring immediate, comprehensive oral/dental care (e.g., due to dental trauma, severe infection/cellulitis, acute pain)". Conversely, the use of general anesthesia would be contraindicated for healthy, cooperative patients with minimal dental needs; a very young patient with minimal dental needs that can be addressed with deferred treatment or therapeutic interventions; convenience of the patient or practitioner; and/or predisposing medical conditions which would make general anesthesia inadvisable." (AAPD, 2023c, 2023d)

The AAPD best practice document on the management of dental patients with special health care needs also addresses behavior guidance:

- "Behavior guidance of the patient with SHCN [special health care needs] can be challenging. Communication may be limited due to anxiety, intellectual disability, or impaired hearing or vision. Because of dental anxiety, a lack of understanding of dental care, oral aversion, or fatigue from multiple medical visits and procedures, children with SHCN may exhibit resistant behaviors. These behaviors can interfere with the safe delivery of dental treatment. With the parent's/caregiver's assistance, most patients with physical and intellectual disabilities can

receive oral health care in the dental office. Protective stabilization can be helpful for some patients (e.g., those with aggressive, uncontrolled, or impulsive behaviors; when traditional behavior guidance techniques are not adequate) for safe delivery of care and with consent. When non-pharmacologic behavior guidance techniques are ineffective, the practitioner may recommend sedation or general anesthesia to allow completion of comprehensive treatment in a safe and efficient manner." (AAPD, 2023e, 2023f)

REGULATORY STATUS

The U.S. Food and Drug Administration (FDA) is responsible for ensuring the safety, efficacy, and quality of drugs sold in the United States. This includes both prescription and over-the-counter medications. Refer to the FDA Drug website. Available from: https://www.fda.gov/drugs [accessed 2026 Mar 19]

The FDA maintains information for consumers and health professionals on new drug warnings and other safety information, drug label changes, and shortages of medically necessary drug products. Available from: Drug Safety and Availability | FDA [accessed 2026 Mar 19]

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

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
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation [monitored anesthesia care]) and use of an operating room

CDT Codes

Code	Description
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof; With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. This procedure is determined by the provider's documentation of the presence of an advanced airway such as a supraglottic or subglottic airway device, which includes laryngeal tube, esophageal-tracheal tube (Combitube), laryngeal mask airway, or endotracheal tube.
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof

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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)
K05.0-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)

Code	Description
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)

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SEARCH TERMS

Moderate sedation

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Coverage for Ambulatory Surgery Unit (ASU) and Anesthesia for Dental Surgery is not addressed in National or Regional Medicare coverage determinations or policies. Although there are several CMS communication documents regarding ambulatory surgery units and anesthesia, CMS does not specifically address coverage for ASU and Anesthesia for Dental Surgery.

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, 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.

POLICY HISTORY/REVISION

Committee Approval Dates

09/16/99, 01/24/02, 03/27/03, 01/22/04, 02/24/05, 12/01/05, 10/26/06, 10/24/07, 10/23/08, 10/28/09, 10/28/10, 12/08/11, 12/06/12, 12/12/13, 12/11/14, 12/10/15, 12/08/16, 12/14/17, 12/13/18, 12/12/19, 12/10/20, 04/22/21, 05/19/22, 05/18/23, 05/16/24, 05/22/25, 05/21/26, 07/30/26

Date	Summary of Changes
07/30/26	• Code edit: added CDT codes D9224 and D9225
05/21/26	• Annual review; policy intent unchanged
01/14/26	• Policy Edit: Format correction.
06/12/25	• Policy edit to update the policy title as well as the initial sentence within the policy statement section to include “outpatient facility” for clarification and alignment of policy content.
05/22/25	• Annual Review; policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
09/16/99	• Original effective date

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