



Appendix A

Reimbursement Policy Statement for Hospital & Ambulatory Surgical Centers & Dental Office Setting Billing of General Anesthesia

FLORIDA MEDICAID

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Purpose/Scope:

Reimbursement Policies prepared by LIBERTY 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. LIBERTY 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.

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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 anaesthesia used during the procedure.

Most dental care can be provided in a dental office setting with local anaesthesia or local anaesthesia supplemented with non-pharmacological behaviour guidance (basic to advanced techniques) and/or pharmacological options. Basic non-pharmacological behaviour 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 anaesthesia by trained certified individuals in each level of sedation dentistry. As noted by the American Academy of Paediatric Dentistry (AAPD) and the American Society of Anaesthesiologist's (ASA), there are certain situations where appropriate candidates may require the use of general anaesthesia as medically necessary in a healthcare facility, such as an ambulatory surgery center, hospital operating room, or other approved settings.

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. 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 has 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 Aesthesia Care (MAC)** – A specific anaesthesia service in which an anaesthesiologist 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.
- **Dental Office Setting** – A dental office is a business facility where dentists and their staff perform dental procedures and other tasks. A qualified anaesthesia provider or a mobile anaesthesia group can provider anaesthesia in an office setting.

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 anaesthesia. 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

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) and reimbursement for related facility charges (operating room, anaesthesia, medical consults).

Dental Benefits: Coverage for professional services performed by the dentist/oral surgeon in the POS (ASC or Hospital) and reimbursement for these services may be provided through the dental benefit once approved via the LIBERTY'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 respective LIBERTY's clinical criteria guidelines located upon provider portal account login.

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

The one-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 (Hospital or ASC).

A prior authorization is required to be submitted by the **treating dentist** for all dental services performed in a hospital outpatient facility, or an ambulatory surgery center.

1. Requests for dental services in POS (19, 22, 24) are submitted by the treating dental provider to the LIBERTY Utilization Management Department via LIBERTY's Provider Portal. The provider must include the correct POS on dental authorization and add in the authorization notes request is for hospital or ASC setting.
2. The treating dentist must submit LIBERTY's Ambulatory Surgical Center (ASC)/Hospital Risk Assessment. This form must be completed and must identify the name of the treating dentist, treating dentist Florida Medicaid ID, the Facility Name, The Facility Florida Medicaid ID, the name of the Florida Medicaid Enrollee, and the Florida Medicaid Enrollees Florida Medicaid ID, and date of birth.
2. All requested dental services (a copy of the treatment plan) should be included with the authorization request, if a treatment plan cannot be submitted document in the narrative how a treatment plan will be developed, along with a detailed narrative of why no treatment plan is being submitted, and a detailed narrative outlining medical necessity for dental treatment to be performed in an ambulatory surgical center or hospital facility setting.
3. LIBERTY's Utilization Management Department will have a dentist review for appropriate medical necessity requirements listed in LIBERTY's clinical criteria guidelines.
4. If prior authorization is approved the authorization number will cover the treating dentists' professional services, the ASC/Hospital facility fee, and sedation/anesthesia.

5. LIBERTY's Utilization Management Department will complete ALL the following:

- a. Verify the treating dentist is in network.
- b. Verify the facility is in network.
- c. Verify authorization of 00170 (anaesthesia) to both in network and Non-PAR providers.
- d. Send to clinical que (bucket) for review: ASC/Hospital Assessment, Treatment Plan, and narrative.
- e. Once approval is received. Complete the administrative approval for the treating dentist's professional services, the facility fee, and general anaesthesia.
- d. Notify the treating dentists and the facility of prior authorization approval.

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 Florida Medicaid Ambulatory Surgical Center EAPG fee schedule for appropriate codes.

Non-Par Provider: If services are rendered by a non-PAR provider reimbursement will default to Florida Medicaid reimbursement rates. The exception to use a Non-Par Provider is for services authorized in conjunction with the treatment provided within the ASC/Hospital facility (example sedation/anaesthesia).

Outpatient Hospital Facility POS (19, 22): Ambulatory Surgical Center POS (24)

Use CDT code D9420 Hospital or Ambulatory Surgical Center (ASC) Call when a dentist or dental professional provides dental treatment within a hospital or ambulatory surgical center.

The procedure will be paid if the patient records demonstrate the medical need for the dental work to be done in a hospital or ASC setting

Use CPT 00170 for anesthesia for intraoral treatments, including biopsy.

A qualified anaesthesia provider or a mobile anaesthesia group will be reimbursed the following for anesthesia billing, CPT code 00170:

- Liberty standard Auth = 2 Units or less
- 3-14 Units require medical necessity review/documentation.
- More than 14 Units will always be sent to for clinical review by a dental director.

Time units for a qualified anaesthesia provider or a mobile anaesthesia group – both personally performed and medically directed – are determined by dividing the actual anaesthesia 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, 30 minutes) $30 \div 15 = 2$ units (of 15-minute increments). LIBERTY standard authorization includes (2) units of anaesthesia. Additional units require medical necessity review.

If additional units are required medical necessity documentation is required to support the additional units billed.

Mobile Anaesthesiology- (POS 10- Office)

Liberty will reimburse contracted mobile anaesthesiology providers in accordance with a flat rate or per unit based on negotiated rates outlined in Liberty's provider agreement.

- The rendering dentist is required to submit a prior authorization using Liberty's "LDP-ASC-Hospital-Assessment-Form", a copy of the treatment plan, and will request authorization to perform dental treatment in its office using a contracted mobile anaesthesiology group.
- The prior authorization will be reviewed to ensure medical necessity requirements are met.

- The prior authorization will be reviewed to approve the dental treatment and to approve medical CPT code 00170 (general anaesthesia) to the mobile anaesthesiology group.

Inpatient Hospital Facility POS (21)

All services as well as any additional room and board fees would have to be pre-certified by the **MEDICAL HEALTH PLAN** and receive medical necessity review. Services are subject to benefit provisions. Inpatient hospital is not covered by the dental plan.

Dental/Oral Surgery Professional Services

The scope of this policy is limited to dental plan coverage of the facility and/or general anesthesia services provided in conjunction with approved dental treatment.

F. References

1. **American Academy of Pediatric Dentistry.** Management of dental patients with special health care needs. *American Academy Pediatric Dentistry*. 2023:337-344. Accessed February 13, 2024. www.aapd.org
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. *American Academy Pediatric Dentistry*. 2023:169-170. Accessed February 13, 2024. www.aapd.org
3. **American Academy of Pediatric Dentistry.** Policy on third-party reimbursement for management of patients with special health care needs. *American Academy Pediatric Dentistry*. 2023:181-184. Accessed February 13, 2024. www.aapd.org
4. **Committee on Quality Management and Departmental Administration.** *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia*. Updated October 23, 2019. Accessed February 13, 2024. www.asahq.org