MEDICAL POLICY DETAILS

<table>
<thead>
<tr>
<th>Medical Policy Title</th>
<th>COVERAGE FOR AMBULATORY SURGERY UNIT (ASU) AND ANESTHESIA FOR DENTAL SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td>7.03.01</td>
</tr>
<tr>
<td>Category</td>
<td>Contract Clarification</td>
</tr>
<tr>
<td>Effective Date</td>
<td>09/16/99</td>
</tr>
<tr>
<td>Revised Date</td>
<td>01/24/02, 03/27/03, 01/22/04, 02/24/05, 12/01/05, 10/26/06, 10/24/07, 10/23/08</td>
</tr>
<tr>
<td>Archived Date</td>
<td>12/11/08</td>
</tr>
<tr>
<td>Edited Date</td>
<td>10/28/09, 10/28/10, 12/08/11, 12/06/12, 12/12/13, 12/11/14, 12/10/15, 12/8/16, 12/14/17, 12/13/18</td>
</tr>
</tbody>
</table>
| Product Disclaimer   | • 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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.  
                          • 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. |

POLICY STATEMENT

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

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.

DESCRIPTION

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

Proprietary Information of Excellus Health Plan, Inc.
CODAS

- 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.

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>00170</td>
<td>Anesthesia for intraoral procedures, including biopsy; not otherwise specified</td>
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</tbody>
</table>

CPT Codes

HCPCS Codes

ICD10 Codes

REFERENCES


*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.