





- Sedation Continuum When patients undergo procedural sedation/analgesia, a sedation continuum is entered. Several levels have been entered. TQq0.00000912 0 612 792 reW*nBT/F

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

Dental Services Rendered in a Hospital or
Ambulatory Surgery Center-GA MCD-PY-0847
Effective Date: 08/01/2024

The REIMBURSEMENT Policy Statement detailed above has received due consideration as d



authorization portal. This feature allows submission of prior authorization requests through a centralized source, the [Georgia Medicaid Management Information System \(GAMMIS\)](#)

2. The dental provider may also request a Facility Certification by calling Authorization.
3. The facility request should include the facility services requested (ie, operating room charges, anesthesia), the Dental Authorization Approval Letter, and the dental authorization number.
4. CareSource Medical Utilization Management team will complete ALL of the following:
 - a. Verify that facility is in network.
 - b. Review the dental pre-determination letter (PDL) or dental authorization.
 - c. Complete the administrative approval for facility fee and anesthesia. Determine medical necessity for any other facility-related CPT/HCPCS codes submitted. CDT code D9420 (technical component) for facility fee and HCPCS/CPT code 00170 for general anesthesia only require administrative review if dental authorization already obtained.
 - d. Fax a Facility Approval to the hospital/ASC which can also be viewed in the CareSource Provider Portal.

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 fee schedule for appropriate codes. The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Revenue codes and additional information can be found in the Department of Community Health and ASC Policy manuals.

- Outpatient Hospital Facility (SPU) POS (19, 22): Ambulatory Surgical Center POS (24)
 - Use CDT code D9420 for the technical component of the operating room facility fee charge
 - Time is calculated as 1 unit = 30 minutes, where the maximum units reimbursable per date of service is 6.
 - Use CPT 00170 for anesthesia for intraoral treatments, including biopsy.
 - Time units for physician and CRNA services both personally performed and medically directed are determined by dividing the actual anesthesia 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, 75 minutes) $75 = 5$ units (of 15-minute increments).
CMS Base units = 5. Maximum state allowances may be applicable.
 - Recovery room is intended for cases when a patient requires recovery from deep sedation or anesthesia. Recovery room use is reimbursable only when billed for the same date of service as a surgery that is not considered a common office procedure.

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