

# REIMBURSEMENT POLICY STATEMENT

## Indiana Medicaid

| Policy Name & Number   | Date Effective |
|--|----------------|
| Dental Procedures in Hospital Outpatient Facility or Ambulatory Surgery Center IN MCD PY -1304 | 08/01/2022     |
| Policy Type  |                |
| <b>REIMBURSEMENT</b>   |                |

Reimbursement Policies prepared by CareSource 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 mTiiu.993 ( Tf)-5.995 467.11T4.005 (e)3.993 ( )cti (ε



A. Subject

**Dental Procedures in a Hospital, Outpatient Facility or Ambulatory Surgery Center**

B. Background

Reimbursement policies are designed to assist physicians submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be



a hospital found in Indiana Code 16-18-2-179 must be licensed by the Indiana State Department of Health (ISDH)

- **Inpatient Hospital** - A facility, other than psychiatric, 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.
- **Off Campus Outpatient Hospital** - A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
- **On Campus Outpatient Hospital** - which provides diagnostic, therapeutic (both surgical and nonsurgical)



Dental Procedures  
in Hospital Outpatient Facility or Ambulatory Surgery Center IN MCD PY -1304  
Effective Date: 08/01/2022

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





Dental Procedures  
in Hospital Outpatient Facility or Ambulatory Surgery Center IN MCD PY -1304  
Effective Date: 08/01/2022

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