

REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Dental Services Rendered in a Hospital or Ambulatory Surgery Center- OH MCD-PY-1244	06/01/2024
Policy Type	
REIMBURSEMENT	

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. These policies are designed to assist providers.

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Effective Date: 06/01/2024

The REIMBURSEMENT Policy Statement detailed above has



- **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.
- **Place of Service (POS) Codes** Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.
- **Sedation Continuum**

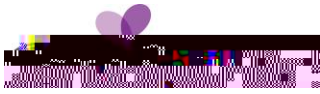
The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

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9. Medicaid Medical Necessity: Definitions and Principles, OHIO ADMIN. CODE 5160-1-01 (2022).
10. Outpatient Hospital Reimbursement, OHIO ADMIN. CODE 5160-2-75 (2020).
11. Policy on hospitalization and oper0912 0 612 792 reW*nBT/FN6S, ho

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