**MEDICAL POLICY**

**SUBJECT:** COVERAGE FOR AMBULATORY SURGERY UNIT (ASU) AND ANESTHESIA FOR DENTAL SURGERY  
**POLICY NUMBER:** 7.03.01  
**CATEGORY:** Contract Clarification  
**EFFECTIVE DATE:** 09/16/99  
**REVISED DATE:** 01/24/02, 03/27/03, 01/22/04, 02/24/05, 12/01/05, 10/26/06, 10/24/07, 10/23/08  
**ARCHIVED DATE:** 12/11/08  
**EDITED DATE:** 10/28/09, 12/08/11, 12/06/12, 12/12/13

| • If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract.  
In such cases, medical policy criteria are not applied.  
• Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.  
• Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service. |

### 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 behavioral issue, the severity of a hazardous medical condition, 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.

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A nonprofit independent licensee of the BlueCross BlueShield Association.
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 PROTOCOL AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than protocol updates.

**CPT:**

00170 Anesthesia for intraoral procedures, including biopsy; not otherwise specified

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**HCPCS:**

No specific code(s)

**ICD9:**

- 520-520.9 Disorders of tooth development and eruption (code range)
- 521-521.09 Disease of the hard tissues of teeth (code range)
- 522-522.9 Diseases of pulp and periapical tissues (code range)
- 523-523.9 Gingival and periodontal diseases (code range)
- 524.3-524.39 Anomalies of tooth position of fully erupted teeth (code range)
- 525.0 Exfoliation of teeth due to systemic causes
- 525.1-525.19 Loss of teeth due to trauma, extraction, or periodontal disease
- 525.3 Retained dental root
- 525.4-525.44 Complete edentulism (code range)
- 525.5-525.54 Partial edentulism (code range)
- 525.6-525.69 Unsatisfactory restoration of tooth (code range)
- 525.7-525.79 Endosseous dental implant failure (code range)
- 525.8 Other specified disorders of the teeth and supporting structures
- 525.9 Unspecified disorders of the teeth and supporting structures
- 935.0 Foreign body in mouth
- V72.2 Dental examination

**ICD10:**

- E08.630 Diabetes mellitus due to underlying condition with periodontal disease
- E09.630 Drug or chemical induced diabetes mellitus with periodontal disease
- E10.630 Type 1 diabetes mellitus with periodontal disease
- E11.630 Type 2 diabetes mellitus with periodontal disease
- E13.630 Other specified diabetes mellitus with periodontal disease
- K0.00-K0.11 Disorder of tooth development (code range)
- K0.23-K0.29 Dental caries (code range)
- K03.0-K03.9 Diseases of hard tissues of teeth (code range)
- K04.0-K04.99 Diseases of pulp and periapical tissues (code range)
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.