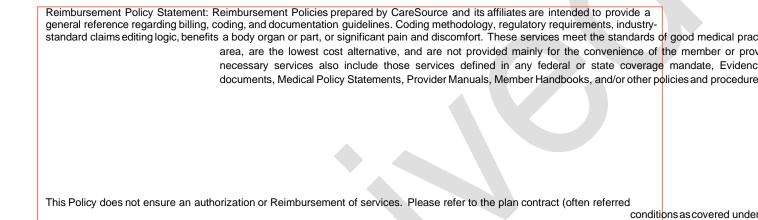
## REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy







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

PY-1304

Effective Date: 08/01/2021

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.
- o 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 - A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
- Short Procedure Unit (SPU) A unit of a hospital organized for the delivery of ambulatory surgical, diagnostic or medical services.
- x Medically Necessary The Indiana definition of Medical Necessity is used for Medicaid and states: "Medically reasonable and necessary service" as used in this title means a covered service (as defined in section 6 of this rule) that is required for the care or well-being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. For a service to be reimbursable by the office, it must:
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covered service." As such, it would exclude any diagnostic or preventive dental services delivered in a hospital setting, if these services can be performed in office setting.

- I. Dental Prior Authorization Process
  - A. A prior authorization is required for all dental services performed in a Hospital Inpatient or Outpatient Facility, or an Ambulatory Surgery Center Facility.
  - B. Dental Services Authorization for an Outpatient/ASC setting:
    - Requests for dental services under general anesthesia are submitted to CareSource Dental Utilization Review; via the SKYGEN Dental Vendor Portal.
    - CareSource Dentist Reviewer determines appropriate medical necessity requirements (listed in the CareSource Dental Office Reference Manual) for general anesthesia or deep sedation in the outpatient hospital or ASC setting.
    - 3. If service request does not meet medical necessity criteria, the Notice of Adverse Benefit Determination (Denial Notice) is issued by CareSour ce Utilization Management (UM).
    - 4. If dental procedure(s) and the general anesthesia/sedation in the outpatient hospital or ambulatory surgery center are approspiC.5 (/)-6.6 (s)our D3 ur 4Tj -0.00an Tw 0













