

**PROFESSIONAL NETWORK REIMBURSEMENT POLICY**

<b>POLICY TITLE</b>	<b>Dental Procedures and Related Anesthesia Services</b>
<b>POLICY NUMBER</b>	<b>NR-10.012</b>

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**I. DESCRIPTION/BACKGROUND**

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This policy addresses the appropriate codes for reporting dental procedures and associated anesthesia services eligible for reimbursement under the medial benefit as well as the reimbursement methodology used to determine the plan allowance for anesthesia services.

**II. DEFINITIONS**

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Anesthesiology – The practice of medicine dealing with, but not limited to, the management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.

Certified Registered Nurse Anesthetist (CRNA) – A registered nurse who has attended an accredited nurse anesthesia education program to receive an extensive education in anesthesia. Upon completion of the program, the nurse must pass a national certification exam to become a CRNA.

Dental - Diseases, disorders, and/or conditions of the oral cavity, maxillofacial area and/or adjacent structures

Dentist – A professional who evaluates, diagnoses, prevents/treats diseases, disorders, and/or conditions of the oral cavity, maxillofacial area and/or adjacent structures. This prevention/treatment can be provided by non-surgical or surgical means, or by related procedures, as is within the scope of his/her license.

Healthcare Common Procedure Coding System (HCPCS) - A national standard, alphanumeric coding system established by the Centers for Medicare and Medicaid Services. It standardizes billing and payment for certain covered services (for example,

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medical supplies, prosthetics and durable medical equipment). HCPCS Level I codes are copyrighted by the American Medical Association (CPT). Level II codes are five-position alphanumeric codes maintained jointly by the Alpha-Numeric Panel (consisting of the Centers for Medicare and Medicaid Services (CMS), the Health Insurance Association of America, and the BlueCross and BlueShield Association). The American Dental Association copyrights the D-code series in Level II HCPCS.

Local anesthesia – The loss of the ability to perceive pain in a small area of the skin, using topical application of an anesthetic agent onto the skin or mucous membranes, or into an incision, wound, catheter or lesion.

Oral/Maxillofacial surgeon – Oral surgeon; a dental specialist who treats conditions, defects, injuries, and esthetic aspects of the mouth, teeth, jaws and face.

**III. POLICY**

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When reporting **dental procedures** and associated services to the medical plan for reimbursement consideration, professional providers should report the most appropriate **HCPCS Level II dental procedure codes (D-codes)** for all services performed. It is not appropriate for providers to report any modifiers with the dental procedure codes regardless of the place of service in which the service(s) was performed. The appropriate procedure code(s) should be submitted on a separate CMS-1500 claim form for each performing provider. Providers should not report the tooth number in the modifier fields of the CMS- 1500 claim form.

Anesthesia services, performed for covered dental procedures, may be considered for reimbursement when administered by an oral surgeon, dentist, anesthesiologist or a qualified Certified Registered Nurse Anesthetist (CRNA) who is supervised by an anesthesiologist, the oral surgeon or the dentist who is performing the procedure. When an eligible provider performs the dental or oral surgical procedure, and a second qualified eligible provider from the same group practice administers the anesthesia, both the procedure and the anesthesia will be eligible for reimbursement consideration. Anesthesia services performed by the same provider who performs the procedure will be eligible for separate reimbursement consideration only when administered in accordance with the American Dental Association (ADA) (Refer to ‘References’ Section VI for a link to the ADA website).

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In addition to the criteria and conditions contained in this policy, the service, procedure or item must be deemed medically necessary, must be a covered member benefit and is subject to member cost sharing provisions.

**IV. EXCLUSIONS**

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Local anesthesia and its administration are not eligible for reimbursement consideration.

**V. VARIATIONS**

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

**VI. REFERENCES**

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*American Dental Association*