

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Oral Surgeons Filing Anesthesia Services

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>8/1/2011</b>	<b>Policy Last Updated:</b>	<b>05/23/2011</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

**The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that have already been established and does not indicate a change in the payment process.**

### **Description:**

General anesthesia and intravenous sedation provided by an oral surgeon in the office setting is considered a separate covered service under the BCBSRI member's medical benefit when performed in conjunction with a covered surgical procedure. Anesthesia services will be denied when the procedure code submitted is not a covered medical procedure. To ensure correct claims processing, the oral surgeon will submit the oral surgical CPT procedure code and the anesthesia/sedation CDT code (see below) on a CMS1500 form typically filed for BCBSRI medical coverage.

### **Medical Criteria:**

Not required. This is a reimbursement policy.

### **Policy:**

General anesthesia and intravenous sedation provided by an oral surgeon in the office setting is considered a separate covered service under the BCBSRI member's medical benefit when performed in conjunction with a covered CPT surgical procedure code. A separate payment is made for anesthesia services in the office setting.

General anesthesia and intravenous sedation provided in conjunction with a non-covered surgical procedure performed by an oral surgeon in the office setting will be not covered and a member liability.

### **Coverage:**

Benefits may vary by group/contract. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable "Surgery Services" benefit.

**LIMITATIONS:**

Payment under the BCBSRI member's medical benefit for general anesthesia and IV sedation codes are covered under the medical benefit only when performed in conjunction with oral surgical CPT codes that are considered covered.

The following **CDT codes are covered for covered CPT surgical codes:**

**D9220, D9221, D9241, D9242**

The following **CDT codes are not covered and are considered a member liability.**

**D9230, D9248**

**Also Known As:**

Not applicable

**Related Topics:**

Oral Surgeons Filing Evaluation and Management Services  
Dental Service Performed in Outpatient Hospital/Ambulatory Surgical Facility  
Dental Services for Accidental Injury

**Publication:**

Provider Update, August 2011

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.