ALABAMA MEDICAID AGENCY

ALERT

February 20, 2024

TO: All Dental, Oral Surgeon, and Physician Providers

RE: In-office General Anesthesia for Dental Services

Effective February 1, 2024, Medicaid will cover general anesthesia for dental services provided in an office setting. This service must be billed using CDT code **D1999.**

Medicaid will reimburse $725 per date of service per recipient for D1999. No other dental services may be billed in addition to D1999 per date of service.

Prior authorization is required for D1999. General anesthesia provided for dental treatment in an office setting should be considered when medically necessary. Requests for general anesthesia in an office setting based on lack of cooperation, anxiety, attention deficit disorder, or emotional disorder are not typically approved when the dental claims history shows treatment was rendered in the office in the past. A patient who requires dental treatment that has a documented physical or mental compromising condition or extensive orofacial and dental trauma should be monitored in a hospital setting. At least one of the following criteria must be met to approve the use of general anesthesia in an office setting for recipients eligible for dental services:

1. If the procedure(s) is of sufficient complexity or scope to necessitate general anesthesia.

The mere extent of caries or large quantity of teeth to be treated, or preference to provide all treatment in one appointment, or need for premedication, are not, by themselves, qualifying reasons for general anesthesia.

2. If planned dental treatment was unable to be completed (failed attempt) due to a patient's acute situational anxiety, attention deficit disorder, or emotional disorder.

   This failed attempt should be documented to include (if applicable):

   a. recipient's behavior preoperatively
   b. type(s) of behavior management techniques used that are approved by the American Academy of Pediatric Dentistry
   c. recipient's behavior during the procedure
   d. the use, amount, and type of local anesthetic agent, if attempted
   e. use and dosage of premedication, if attempted
   f. use and dosage (percentage, flow rate, and duration) of nitrous oxide analgesia used, if attempted
   g. dental procedure(s) attempted.

The anesthesia provider should consult with the dental treatment provider to determine that general anesthesia is the best sedation option. This consultation must be documented within the recipient's record.

Dental and oral surgeon enrolled providers who wish to submit claims for this service must be enrolled with the Specialty 279 – Dental Anesthesiologist. In order to enroll with Specialty 279, a provider must submit documentation verifying completion of an accredited dental anesthesiology residency program. Physician enrolled providers who wish to submit claims for this service must be enrolled with the Specialty 279 – Dental Anesthesiology in addition to Specialty 311 – Anesthesiology.

Newly enrolling providers may select Specialty 279 when submitting an enrollment application. If you are a provider and wish to enroll, please see enrollment information on the Medicaid website here. Currently enrolled providers may add the specialty via the Interactive Web Portal by submitting a request on company letterhead with documentation verifying completion of dental anesthesiology residency program. To submit this information, please upload the request by logging on to the web portal and navigation to >Trade Files >Forms >ERU – Enrollment Updates.

Providers must have the Specialty 279 on their enrollment file at each location general anesthesia services are provided.

Questions may be submitted to the Dental Program at dentalprogram@medicaid.alabama.gov.