

Memo

To: Ambulatory Surgical Unit, Hospital Ambulatory Surgical Centers, and Hospitals
From: El Paso First Health Plans, Inc.
Date: February 2, 2017
Update: Prior Authorization Level 4 Deep Sedation/General Anesthesia with Therapeutic Dental Treatment

Beginning March 1, 2017, prior authorization is required for level 4 deep sedation/general anesthesia provided in conjunction with dental therapeutic treatment. This requirement applies to services provided to Medicaid managed care Members ages 0 through 6 years of age.

This requirement affects the following provider types:

Dentist - Level 4 deep sedation/general anesthesia administered by a dentist in a dental office, ambulatory surgical center, hospital ambulatory surgical center, or hospital using CDT code D9223. Dentists providing level 4 deep sedation or anesthesia services must have the appropriate permit from the Texas State Board of Dental Examiners (TSBDE).

Anesthesiologist - Deep sedation/general anesthesia administered by an anesthesiologist (M.D., D.O.) in an ambulatory surgical center, hospital ambulatory surgical center, or hospital using CPT code 7-00170. *Note: This code may be billed in an ambulatory surgical center, hospital ambulatory surgical center or hospital setting only. Claims submitted by anesthesiologists (M.D., D.O.) for deep sedation/general anesthesia administered in a dental office will be denied.*

Certified Registered Nurse (CRNA) - Deep sedation/general anesthesia administered by a CRNA in an ambulatory surgical center, hospital ambulatory surgical center, or hospital using CPT code 7-00170. *Note: This code may be billed in an ambulatory surgical center, hospital ambulatory surgical center or hospital setting only. Claims submitted by CRNAs for deep sedation/general anesthesia administered in a dental office will be denied.*

Prior Authorization:

- 1) The dentist performing the dental therapeutic procedures is responsible for obtaining prior authorization for both the dental services and the deep sedation/general anesthesia from the dental plan.
- 2) Prior authorization of level 4 deep sedation/general anesthesia is dependent upon prior authorization of the dental therapeutic procedures.
- 3) Hospitals, ASCs, and anesthesiologists must obtain proof of prior authorization from the dental provider.
- 4) For dental procedures requiring prior authorization, the member's managed care plan may require a copy of the dental plan's authorization prior to payment to anesthesiology providers and/or facilities.

- 5) Proof of prior authorization is an electronic form letter from the member's managed care dental plan that contains the following information:
 - a) Name of member
 - b) Member's Medicaid ID number
 - c) Name of treating dental provider
 - d) Dental therapeutic services authorized
 - e) Place of service
 - f) Expiration date of authorization

El Paso First Authorization/Claims Processing

El Paso First claim system does not support the Dental DMO authorization numbering process. El Paso First will need to process its own authorization in order to adjudicate claim reimbursement. This authorization will need to be obtained by the Dentist performing the dental procedures by submitting the electronic form letter received from the Dental DMO as proof of authorization. The Dental DMO's electronic form must include all elements as mentioned above in order to avoid delay in processing approval from EPF. It is necessary for the ASU, Hospital ambulatory surgical center, or hospital to attach an El Paso First issued authorization number to their claims for reimbursement.

Have questions or concerns? Contact our Provider Relations Team at 915-532-3778 x1507 for assistance Monday thru Friday from 8am - 5pm.