

Covered Anesthesia Code for Dental Procedures

Effective with the processing date of August 1, 2018, HCPCS code 00170 can be billed when providing anesthesia in conjunction with dental procedures. Providers are to bill the anesthesia code appropriate for their provider type and provider specialty. For the most current information and verification of coverage, access the [KMAP Reference Codes](#) page under **Interactive Tools** on the [Provider](#) tab of the KMAP [public](#) website or under Pricing and Limitations from the KMAP [secure](#) website.

Note: The effective date of the policy is August 1, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

KMAP

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Note: Refer to the CPT® codebook for complete descriptions.

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For the changes resulting from this provider bulletin, view the updated *Dental Fee-for-Service Provider Manual*, Section 8000, page 8-15; and *Professional Fee-for-Service Provider Manual*, Section 7010, page 7-2.