

## Time Limits for Anesthesia in Dentistry?

On November 1, 2024, the giant commercial insurance company Anthem<sup>1</sup> announced that it was instituting billing policy updates that would limit anesthesia reimbursement when surgeries run long. Starting in February 2025, these changes would impact the coverage and reimbursement for anesthesia services provided to its Anthem Blue Cross and Blue Shield insured patients in Connecticut, Missouri, and New York. Similar notices sent out early December in other states, including Colorado, mirrored the initial policy updates but had start dates of early March 2025.<sup>2</sup> These changes would have established an arbitrary cap on the number of anesthesia units (ie, a time limit) for which anesthesia providers would have been reimbursed for a given surgical procedure, with no reimbursement for anesthesia times beyond the allotted amount. According to Anthem, the time limits were to be based on the Centers for Medicare and Medicaid Services (CMS) Physician Work Time values data. Although the Anthem policy updates provided exclusions for patients less than 22 years of age and maternal-related care, they lacked any mention of other exclusions or exceptions. However, Anthem clarified in a subsequently released statement that it had no intent to deny prolonged anesthesia times if medically necessary and that payment would have occurred following the submission of required supportive documentation in such instances.

The outcry from many healthcare providers, professional anesthesia organizations, politicians, and the public was boisterous and virtually unanimous, deriding this move by Anthem as an appalling cash grab. Interestingly, this all came on the heels of Elevance Health, Anthem's parent company, reporting in June of 2024 that it saw a 24.12% increase (~\$2.3 billion) in its year-over-year net income and a 24.29% increase in its year-over-year net profit margin.<sup>3</sup> Various politicians across the nation representing both sides of the political spectrum lashed out in disgust at this move, and several lawmakers from the aforementioned 3 states aggressively pushed Anthem to reconsider. In a press release from November 14, 2024, the American Society of Anesthesiologists<sup>4</sup> (ASA) decried Anthem's plan, calling for complete reversal of this new billing policy. Representatives of the ASA and other anesthesia-related professional organizations had a call with Anthem to clarify these changes, but those discussions were apparently short-lived.

The tragic and senseless murder of Brian Thompson, CEO of UnitedHealthcare, on December 4, 2024, added further fuel to this incendiary situation, drawing even more

of the nation's attention toward this hot button topic involving healthcare and health insurance. On December 5, 2024, Anthem<sup>5</sup> released an update stating that the policy change for anesthesia billing times would not be pursued. Anthem's reasons for abandoning this change were negative feedback and misinformation. They stated that this policy "was only designed to clarify the appropriateness of anesthesia consistent with well-established clinical guidelines. Any medically necessary anesthesia would have been paid under the update. In circumstances when anesthesia providers went outside of well-established clinical guidelines, they would have been able to submit medical documentation to support accurate payment."

The fallout seems to have stabilized, and it appears that for now coverage and reimbursement for time-based anesthesia billing for medical procedures will remain the status quo. The attention garnered by Anthem and its policy reversal has prompted several responses, but perhaps most notable is that of Representative Ritchie Torres (Democrat; New York). Just days after the Anthem reversal, Torres<sup>6</sup> introduced a bill in the US House of Representatives banning insurance companies from setting time limits on anesthesia. That bill, if passed, would have prohibited health insurers from instituting such practices and would have pertained to Medicaid managed care organizations and other private healthcare plans. It also stated that "Reimbursement for anesthesia services shall be determined based on medical necessity as assessed by the attending anesthesiologist or licensed anesthesia provider." Although Torres's bill failed to receive any support, it may be revived in a future session of Congress.

As a dentist anesthesiologist, I reflect upon the recent intense focus and general support given to medicine's current anesthesia billing practices and wonder where all of this leaves dentistry. The time limits or caps for medical anesthesia that were vocally derided by so many have long been barriers to fair reimbursement from many private and government-funded dental plans. While many commercial dental insurance plans do not even cover sedation or general anesthesia at all, those that do often set arbitrary limits on the number of reimbursable anesthesia units. Where is the public outrage and political outcry?

Sedation and general anesthesia are part of dentistry, no different than with medicine. Unlike the rest of dentistry which generally codes and bills based on the completion of a procedure, contemporary coding and billing for intravenous moderate sedation (D9239/D9243) and deep sedation/general anesthesia (D9222/D9223) for dentistry is based on time like medical anesthesia. If time limits are deemed unacceptable for medical anesthesia, shouldn't they be equally unacceptable for dental anesthesia? It seems logical given that both use essentially the same time-based billing conventions.

The recent controversy surrounding Anthem's proposed anesthesia reimbursement policy highlights the broader

implications of time-based billing practices in medicine and dentistry. While public and political outcry successfully pressured Anthem to reverse its policy for medical anesthesia, similar restrictions persist in dental anesthesia without garnering comparable attention or action. This situation warrants continued observation by organized dentistry to ensure dental billing is not inadvertently forgotten or excluded from any enacted legislative changes banning time limits for anesthesia. Additionally, organized dentistry should consider taking this opportunity to press both private and government-funded dental plans on reversing any established policies featuring arbitrary time limits for dental anesthesia. It is imperative that policymakers, professional organizations, and the public extend the same scrutiny and advocacy to dental anesthesia as medical anesthesia to ensure fair reimbursement practices and to improve access to necessary sedation and anesthesia care for all patients.

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