

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: PA.049.PH
Last Review Date: 02/08/2018
Effective Date: 04/01/2018

PA.049.PH – Dental Anesthesia

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Dental Anesthesia** medically necessary for the following indications:

1. The patient is a child seven years of age or younger, or is developmentally disabled: For whom a successful result cannot be expected for treatment under local anesthesia and for whom a superior result can be expected for treatment under general anesthesia.

OR

2. At any age, requests will be reviewed for medical necessity on a case by case basis for any of the following conditions:
 - a. Member has documented medical conditions that preclude the use of local anesthesia
 - b. Severe infection at the oral injection site
 - c. Member who is unmanageable using local anesthesia due to any of the following documented conditions:
 - i. Developmentally disabled (as defined in Indication #1 above)
 - ii. Diagnosed mental health condition
 - iii. Physical conditions that limit functionality
 - d. When there are multiple extractions in more than one quadrant of the mouth and treatment is simple or surgical extractions with either:
 - i. Two or more quadrants having at least two teeth extracted per quadrant
 - ii. Three or more quadrants having at least one tooth extracted per quadrant

Requirements for Dental Anesthesia Coverage:

1. The Anesthesiologist or Dentist uses his/her discretion with regard to member safety when evaluating members for type of anesthesia and location of service.
2. Anesthesia must be provided by a credentialed anesthesiologist or properly trained and permitted dentist in accordance with applicable state or federal laws/regulations.

PA.049.PH – Dental Anesthesia

Policy Number: PA.049.PH
Last Review Date: 02/08/2018
Effective Date: 04/01/2018

Limitations:

The following services are not covered:

- Services performed for cosmetic or aesthetic reason.
- General anesthesia associated with removal of asymptomatic, non-pathologic, third molars.
- Services encompassing orthognathic or prognathic surgical procedures and other occlusal defects.
- Services submitted by more than one provider or facility, including ASCs (Ambulatory Surgical Centers) that are the same services performed on the same dates for the same patient.
- Local anesthesia when billed for separately by a dentist.

Background

The American Academy of Pediatric Dentistry states that dental treatment under general anesthesia provides a safe approach for children and persons with special health care needs who cannot accept treatment in a conventional office setting. It includes a clinician-controlled state of patient unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command. The use of anesthesia sometimes is necessary to provide quality dental care for the child. Depending on the patient and other factors, it can be done in a hospital or an ambulatory setting, including the dental office.

Codes:

HCPCS codes covered if selection criteria are met (If Appropriate):	
Code	Description
D9220	Deep sedation/general anesthesia – 1st 30 minutes
D9221	Deep sedation/general anesthesia - each additional 15 minutes
D9241	Intravenous conscious sedation/ analgesia- 1st 30 minutes
D9242	Intravenous conscious sedation/ analgesia- each additional 15 minutes
D9248	Non-Intravenous conscious sedation (except for Medicare)
00170	Anesthesia for intraoral procedures, including biopsy, not otherwise specified

PA.049.PH – Dental Anesthesia

Policy Number: PA.049.PH
Last Review Date: 02/08/2018
Effective Date: 04/01/2018

References

1. American Dental Association: Guidelines-for the uses of sedation and general anesthesia by dentists, Issued 2012.
http://www.ada.org/sections/professionalResources/pdfs/anesthesia_use_guidelines.pdf
2. American Academy of Pediatric Dentistry (AAPD). Council of Clinical Affairs. Ad-Hoc Committee on Sedation and Anesthesia: Policy on the Use of Deep Sedation and General Anesthesia in Pediatric Dental Patients. Adopted 1999; Latest Revision: 2012. In: AAPD Reference Manual V 34/No 6. 14/15, Oral Health Policies p. 82-83. Chicago, IL:
http://www.aapd.org/media/Policies_Guidelines/P_Sedation.pdf
3. American Academy of Pediatric Dentistry (AAPD). Health Care Provider Brochure: General Anesthesia. Chicago, IL: AAPD; ©2011.
<http://www.aapd.org/publications/brochures/>
4. American Academy of Pediatric Dentistry (AAPD). Council of Clinical Affairs. Dental Care Committee. Policy on Third-Party Reimbursement of Medical Fees Related to Sedation/General Anesthesia for Delivery of Oral Health Services. Adopted 1989. Latest Revision 2011. Reference Manual: V. 34/ No, 6 12/13. Oral Health Policies p. 87-88. Chicago, IL:
http://www.aapd.org/media/Policies_Guidelines/P_3rdPartySedGA.pdf
5. American Academy of Pediatrics, American Academy of Pediatric Dentistry, Cote JC, Wilson S and Work Group on Sedation. Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: an update. Paediatr Anaesth. 2008 Jan; 18(1):9-10.
<http://onlinelibrary.wiley.com/doi/10.1111/j.1460-9592.2007.02404.x/pdf>
6. American Academy of Pediatrics, American Academy of Pediatric Dentistry, Cote JC, Wilson S and Work Group on Sedation. Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: an update. Pediatrics 2006 Dec; 118(6):2587-2602. DOI: 10.1542/peds.2006-2780.
<http://pediatrics.aappublications.org/content/118/6/2587.full.pdf+html>
7. American College of Surgeons: Statement on Patient Safety Principles for Office-based Surgery Utilizing Moderate Sedation/Analgesia/Deep Sedation/Analgesia of General Anesthesia.. [ST-46]. Bull Am Coll Surg. 2004 Apr; 89(4): 32-34.
http://www.facs.org/fellows_info/statements/st-46.html
8. American Society of Anesthesiologists (ASA): Statement on Qualifications of Anesthesia Providers in the Office Based Setting. Approved: Oct 13, 1999. Last Amended: Oct. 21, 2009; and reaffirmed on October 15, 2014.
<http://www.asahq.org/~media/sites/asahq/files/public/resources/standards-guidelines/statement-on-qualifications-of-anesthesia-providers-in-the-office-based-setting.pdf>

PA.049.PH – Dental Anesthesia

Policy Number: PA.049.PH
Last Review Date: 02/08/2018
Effective Date: 04/01/2018

9. American Society of Anesthesiologists (ASA): Guidelines for Office-Based Anesthesia. Approved: Oct 13, 1999. Last Affirmed: Oct. 21, 2009; and reaffirmed on October 14, 2015.
<http://www.asahq.org/~media/sites/asahq/files/public/resources/standards-guidelines/guidelines-for-office-based-anesthesia.pdf>
10. Medicare Benefit Policy Manual, Chapter 16, Section 140 – Dental Services Exclusion <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>
11. Medicare Benefit Policy Manual, Chapter 15, Section 150 - Dental Services <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>
12. Medicare Dental Coverage. Last modified: 11/19/2013.
<http://www.cms.hhs.gov/MedicareDentalCoverage/>

Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.