

# Premier Health Insuring Corporation

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.049.PC  
Last Review Date: 02/09/2017  
Effective Date: 04/01/2017

### PA.049.PC – Dental Anesthesia

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation 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.

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### 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

Covered Anesthesia services apply to only those procedures that are medically necessary and are appropriate for treatment of disease or injury.

Sedation and anesthesia for procedures performed on dental patients in nontraditional settings have increased over the past several years. These services could be in the office, outpatient surgical facility, or hospital. Care must be provided by qualified and appropriately trained individuals in accordance with state regulations and professional society guidelines.

All locations that administer general anesthesia must be equipped with anesthesia emergency drugs, appropriate resuscitation equipment and properly trained staff to skillfully respond to anesthetic emergencies.

### Codes:

| <b>HCPCS codes covered if selection criteria are met (If Appropriate):</b> |  |
|--|--|
| 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 |

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### References

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[http://www.facs.org/fellows\\_info/statements/st-46.html](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>

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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.  
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12. Medicare Dental Coverage. Last modified: 11/19/2013.  
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### **Disclaimer:**

Premier Health Insuring Corporation 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 Insuring Corporation 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 Insuring Corporation 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.

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