



Clinical Policy: Dental Anesthesia

Reference Number: HNA.CP.MP.61

Last Review Date: 04/19

[Coding Implications](#)
[Revision Log](#)

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Description

Medical necessity guidelines for dental anesthesia in the inpatient, ambulatory surgery settings, or dental offices.

Policy/Criteria

- I. It is the policy of Health Net and California Health and Wellness that requests for *general anesthesia or IV sedation in an inpatient setting, ambulatory surgery center, or dental office* are considered **medically necessary** when the use of local anesthesia or conscious sedation to control pain failed or is/was not feasible based on the medical needs of the patient.
 - A. Use of local anesthesia **and** conscious sedation (oral or inhalation) to control pain **failed**: The documentation provided must support and justify the need for the consideration of using IV sedation or general anesthesia (**Attachment 2**).
 - B. Use of local anesthesia **and** conscious sedation (oral or inhalation) to control pain is/was not feasible. Documentation in the clinical record must support any of the following (Attachment 2):
 - a. Effective communicative techniques and the ability for immobilization failed or is/was not feasible based on the medical needs of the patient. The documentation provided must support and justify the need for the consideration of using IV sedation or general anesthesia.
 - b. Requires extensive or complex dental restorative treatment or surgical treatment that cannot be rendered under local anesthesia or conscious sedation. The submitted documentation must outline the extensive treatment or surgical treatment plan based on radiographs or visual exam (if unable to obtain radiographs from the referring dentist). Extensive or complex treatments are multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these or other dental procedures. In a child three (3) years of age or younger, “multiple” may include treatments in two (2) or more quadrants or multiple teeth in one quadrant. In a child older than three (3) years of age, “multiple” may include treatments in three or more quadrants or multiple teeth in two quadrants.
 - c. Patient has acute situational anxiety due to immature cognitive functioning. Submitted documentation must indicate that the patient is uncooperative due to cognitive immaturity whereby they are unable to follow commands from the provider rendering the needed dental/surgical interventions. This includes situations in which the member is extremely uncooperative, fearful, anxious, or uncommunicative with dental needs of such magnitude or clinically apparent and functionally threatening to



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- the well-being of the individual that treatment should not be postponed or deferred, and the lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity or mortality,
- d. Patient is uncooperative due to certain physical or mental compromising conditions. Documentation provided must support and justify the need for the consideration of using IV sedation or general anesthesia. This includes situations in which the member exhibits physical, intellectual, or medically-compromised conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a humane and successful result and which, under general anesthesia, may be expected to produce a superior result.
 - e. Member needs local anesthesia with dental treatment but the local anesthesia is/will be ineffective because of acute infection, anatomic variation, or allergy.
 - f. Member has sustained oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

When a provider determines that a beneficiary meets one of the criteria of in section B it is not automatically considered to be documentation that local anesthesia or conscious sedation was not feasible. The submitted documentation of the criteria that was met must be clearly stated in the patient's records and the submitted documentation requesting IV sedation or general anesthesia must clearly demonstrate the need for this service.

- II. Patients with certain medical conditions, such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias, and significant bleeding disorders (continuous Warfarin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

Background

Sedation and anesthesia for dental procedures performed on patients in nontraditional settings, such as acute inpatient facility or ambulatory surgery center, have increased over the past several years. Providers must be 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. Locations covered under this policy are acute care inpatient facilities and ambulatory surgery centers.

General anesthesia allows for the safe and humane provision of dental diagnostic and surgically invasive procedures. General anesthesia is only necessary for a small subset of members but is an effective, efficacious, and safe way to provide necessary treatment. Those included in this subset are individuals who may be cognitively immature, highly anxious or fearful, have special needs, or medically compromised and unable to receive treatment in a traditional office setting.



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Withholding of general anesthesia can result in less access to quality oral health care and long-term consequences. Less effective management of these members may increase avoidance behaviors of oral health professionals in the future and increase care being sought in the emergency department. Improved diagnostic yield and greater quality of procedures improves the cost-effectiveness of general anesthesia over local anesthesia in some individuals.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified
41899	Other Procedures on the Dentoalveolar Structures (facility fees)

HCPCS Codes	Description
D9220	Deep sedation/general anesthesia, first 30 minutes
D9221	Deep sedation/general anesthesia, each additional 15 minutes
D9241	Intravenous conscious sedation/analgesia, first 30 minutes
D9242	Intravenous conscious sedation/analgesia, each additional 15 minutes
D9248	Non-intravenous conscious sedation

Reviews, Revisions, and Approvals	Date	Approval Date
Extensive revisions to comply with CA DHCS APL 15-012	05/15	06/15
Extensive revisions to combine Centene CP with CA DHCS APL 15-012	06/16	06/16
Changed CH&W policy to new template using latest Centene version Updated Policy/Criteria section based on materials and presentation from DHCS and Denti-Cal Added CPT code 41899 Added Attachments from APL and DHCS/Denti-Cal presentation	05/17	
Removed an already approved TAR as one of the criteria for approval based on DHCS/Denti-Cal guidance received via email on 8/2/2017. References reviewed and updated.	08/17	



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Reviews, Revisions, and Approvals	Date	Approval Date
Combined corporate policy with APL guidelines and approved it for all product lines	4/19	

References

1. American Academy of Pediatric Dentistry. General Anesthesia. Patient Brochure. Chicago, IL: AAPD; 2011. <http://www.aapd.org>
2. American Academy of Pediatric Dentistry. General Anesthesia Legislation. Accessed at: http://www.aapd.org/advocacy/general_anesthesia_legislation/
3. American Academy of Pediatric Dentistry. Pediatric Oral Health Research & Policy Center, Technical Report 2-2012: An essential health benefit: general anesthesia for treatment of early childhood caries. Accessed at: <http://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf>
4. American Dental Association Policy Statement: The use of conscious sedation, deep sedation and general anesthesia in dentistry. As adopted by the October 2007 ADA House of Delegates.
5. American Academy of Pediatric Dentistry. Guideline on use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. Adopted 2001, Revised, 2005, 2007, 2009, 2012.
6. State of California—Health and Human Services Agency Department of Health Care Services, All Plan Letter 15-012, August 21, 2015 Dental Services – Intravenous Sedation And General Anesthesia Coverage. <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-012.pdf>
7. State of California—Health and Human Services Agency Department of Health Care Services, Medi-Cal Dental All Plan Letter 15-005, April 1, 2016 Revised APL 15-005: Prior Authorization for Intravenous Sedation and General Anesthesia Services. <https://www.dhcs.ca.gov/services/Documents/MDS/2015%20DAPLs/APL%2015-005.pdf>
8. State of California—Health and Human Services Agency Department of Health Care Services, Medi-Cal Dental All Plan Letter 17-004, June 28, 2017 (Supplements Revised APL 15-005) Prior Authorization for Intravenous Sedation and General Anesthesia Services. https://www.dhcs.ca.gov/services/Documents/MDS/2017%20DAPLs/APL17_004.pdf

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means Health Net of California and California Health and Wellness, health plans that have



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adopted this clinical policy and that are operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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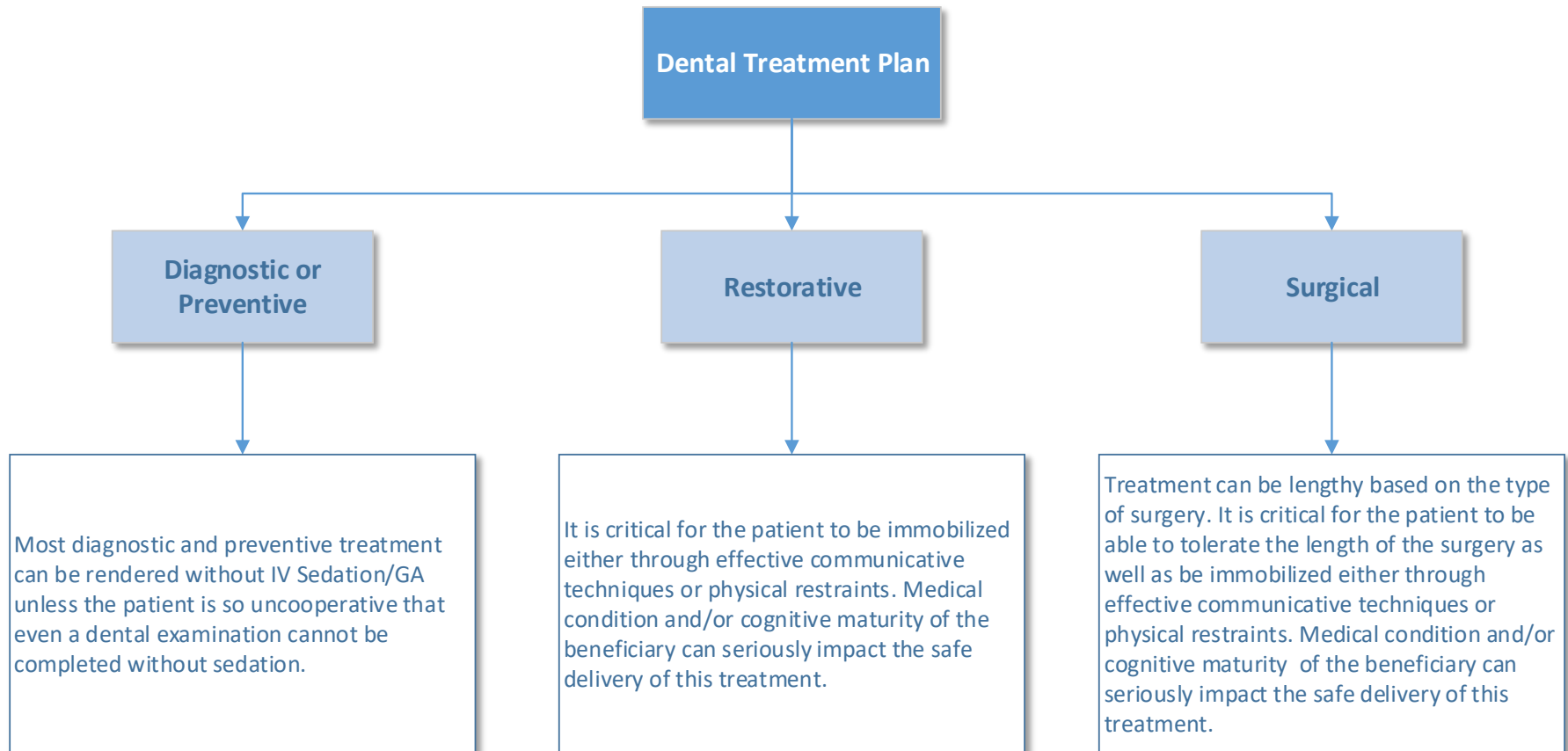
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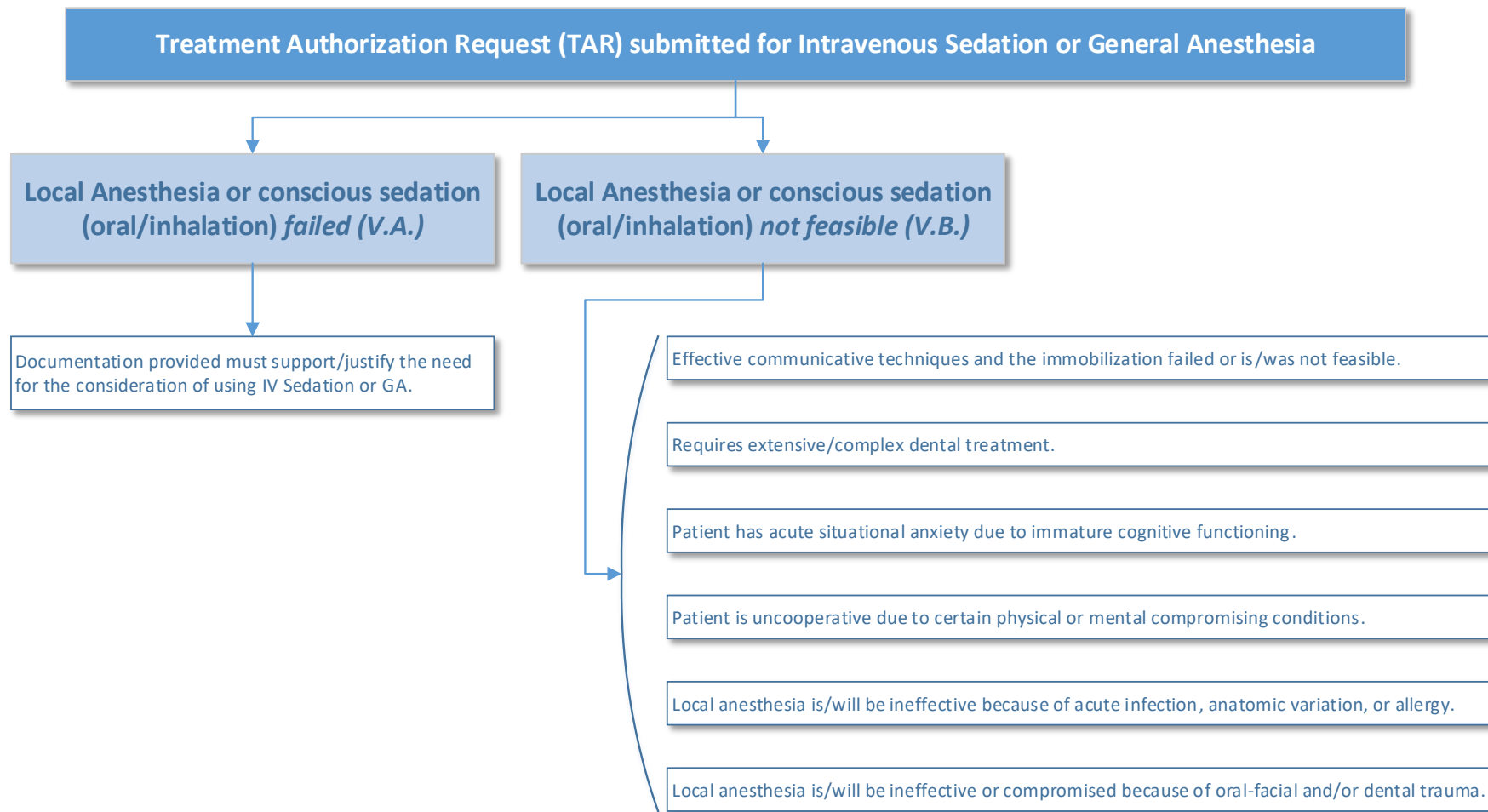
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Attachment 2. Policy/Criteria (Modified from information provided by DHCS/Denti-Cal)



Extensive dental treatment is not defined by the number of procedures rendered but the treatment that can be reasonably tolerated and rendered in a safe and humane fashion based on cognitive maturity and medical condition of the beneficiary.



When a provider determines that a beneficiary meets one of the criteria of V.B., it is not automatically considered to be documentation that local anesthesia or conscious sedation was not feasible; rather the submitted documentation of the criteria that was met must be clearly stated in the patient's records and the submitted documentation requesting IV sedation/GA must clearly demonstrate the need for this service.