

## CLINICAL POLICY

<b>Department:</b> Medical Management	<b>Document Name:</b> Dental Anesthesia
<b>Page:</b> 1 of 5	<b>Reference Number:</b> CA.CP.MP.61
<b>Effective Date:</b> 9/1/16	<b>Replaces Document:</b>
<b>Reviewed:</b> 05/14, 05/15	<b>Revised:</b> 05/16
<b>Specialist Review:</b>	<b>Committee Approval:</b> 06/13, 06/14, 06/15

### IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits (“Benefit Plan Contract”) and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. 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.

### Subject

Medical necessity guidelines for intravenous (IV) sedation and general anesthesia services provided by physicians in conjunction with dental services for managed care beneficiaries in hospitals, ambulatory medical surgical settings, dental offices, or community clinics.

### Description

California Health & Wellness (CH&W) covers medically necessary services administered in connection with dental services that are **not** provided by dentists or dental anesthesiologists.

- I. The coverage for general anesthesia services includes the following:
  - A. CH&W covers services related to dental procedures that require general anesthesia and are provided by individuals other than dental personnel, including any associated prescription drugs, laboratory services, physical examinations required for admission to a medical facility, outpatient surgical center services, and inpatient hospitalization services required for a dental procedure;
  - B. CH&W shall reimburse facility fees for services provided in any hospital, ambulatory surgery center, that meet the requirements set forth in this policy provided by either dental personnel or individuals other than dental personnel; and
  - C. CH&W must coordinate all necessary non-anesthesia covered services provided to a member.

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II. Members may receive treatment for a dental procedure provided under general anesthesia by a physician anesthesiologist in the settings listed below only if CH&W determines the setting is appropriate and according to the criteria outlined under Policy/Criteria:

- A. Hospital;
- B. Accredited ambulatory surgical center (stand-alone facility);
- C. Dental office; and
- D. A community clinic that:
  1. Accepts Medi-Cal dental program (Denti-Cal or DMC plan) beneficiaries;
  2. Is a non-profit organization; and
  3. Is recognized by the Department of Health Care Services as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike.

III. Authorization for general anesthesia provided by a physician anesthesiologist to a beneficiary during an inpatient stay must be part of the authorization for the inpatient admission.

IV. Authorization is not required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled.

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 hospitals, ambulatory medical surgical settings, and dental offices.

### Policy/Criteria

V. It is the policy of California Health & Wellness (CH&W) that requests for *general anesthesia or IV sedation in hospitals, ambulatory medical surgical settings, dental offices, and community clinics* are considered **medically necessary** when either A or B ~~any of the following~~ are met:

- A. Behavior modification and local anesthesia failed or are not possible. This requires documentation in the clinical records of *both*:
  1. Failure of local anesthesia to control pain, *and*
  2. Failure of conscious sedation, either inhalation or oral.
- B. Documentation in the clinical record of *any one of the following*: ~~3 through 12~~.
  3. An approved Denti-Cal TAR for the requested services; ~~or~~
  4. Failure of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff); ~~or~~
  5. Member requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation; ~~or~~
  6. Member has acute situational anxiety due to immature cognitive functioning; ~~or~~

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- ~~7.~~ Member is uncooperative due to certain physical or mental compromising conditions;  
~~or~~
- ~~8.~~ Member is less than eight (8) year of age with a dental condition that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these or other dental procedures); ~~or~~
- ~~9.~~7. 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, can be expected to produce a superior result; ~~or~~
- ~~10.~~8. Member needs local anesthesia with dental treatment, but the local anesthesia is/will be ineffective because of acute infection, anatomic variation or allergy; ~~or~~
- ~~11.~~9. Member is extremely uncooperative, fearful, anxious or uncommunicative with dental needs of such magnitude or clinically apparent and functionally threatening to 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; ~~or~~
- ~~12.~~10. Member has sustained oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

VI. 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 Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

- VII. Providers will adhere to all regulatory requirements (Federal, State, Licensing Board, etc.) for:
- A. Preoperative and perioperative care.
  - B. Monitoring and equipment requirements
  - C. Emergencies and transfers
  - D. Monitoring guidelines

### **Background**

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 children 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 children.

### References

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- 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.
- 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.
- American Dental Board of Anesthesiology -- [www.adba.org](http://www.adba.org)
- American Dental Society of Anesthesiology -- [www.adsahome.org](http://www.adsahome.org)
- American Society of Anesthesiologists -- [www.asahq.org](http://www.asahq.org)
- American Association of Nurse Anesthetists -- [www.aana.com/resources2/professionalpractice](http://www.aana.com/resources2/professionalpractice)
- Cochrane Database of Systematic Reviews 2012 -- [www.update-software.com/BCP/WileyPDF/EN/cd006334.pdf](http://www.update-software.com/BCP/WileyPDF/EN/cd006334.pdf)
- Dental Board of California -- [www.dbc.ca.gov/licensees/dds/permits\\_ga.shtml](http://www.dbc.ca.gov/licensees/dds/permits_ga.shtml)
- National Guideline Clearinghouse -- [www.guideline.gov/content.aspx?id=15258&search=General+Anesthesia](http://www.guideline.gov/content.aspx?id=15258&search=General+Anesthesia)
- National Network for Oral Health Access -- [www.nnoha.org/nnoha-content/uploads/2013/07/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf](http://www.nnoha.org/nnoha-content/uploads/2013/07/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf)
- US National Library of Medicine National Institutes of Health (NIH) -- [www.ncbi.nlm.nih.gov/pubmed/23152234](http://www.ncbi.nlm.nih.gov/pubmed/23152234)
- 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>

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Revision Log	Date
References reviewed and updated	05/14
Added examples of significantly complex dental procedures in policy section	05/15
Extensive revisions to comply with CA DHCS APL 15-012	07/15
Extensive revisions to combine Centene CP with CA DHCS APL 15-012 requirements	05/16

### Coding Implications

The following codes are for informational purposes only. They are current at time of review of this policy. 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® Code	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified

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HCPCS (ADA/CDT-4)	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

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