Dental Anesthesia Services

MEDICAL POLICY NUMBER: 65

Effective Date: 10/1/2025

Last Review Date: 9/2025

Next Annual Review: 9/2026

COVERAGE CRITERIA 2
POLICY CROSS REFERENCES 3
POLICY GUIDELINES 3
CLINICAL EVIDENCE AND LITERATURE REVIEW 3
HEALTH EQUITY CONSIDERATIONS 5
BILLING GUIDELINES AND CODING 5
REFERENCES 6
POLICY REVISION HISTORY 6

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☐ **Medicaid/OHP*** ☒ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Dental Anesthesia: OAR 410-123-1000 to 1640, OAR 410-123-1490

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Note:

- This policy does not address dental anesthesia performed in a dental office, which should be reviewed under the member's dental benefit.
- This policy is intended to address the rare circumstances for which dental anesthesia may be covered as a medical benefit for select conditions or circumstances.

I. Dental anesthesia services at an ambulatory surgical center or hospital facility may be considered **medically necessary** when **both** of the following criteria are met (A. and B.):

A. Documentation indicates that patient has a complicated medical condition, which indicates routine dental anesthesia; **and**
B. Anesthesia is either unsafe in a dental office **or** cannot be performed in a dental office.

Note: Examples of a complicated medical condition may include, but are not limited to:

- Multiple pulpally involved and abscessed teeth in children and adults with complicating medical disease.
- Emotionally unstable, uncooperative, combative patients where treatment is extensive and impossible to accomplish in the office.
- Blood dyscrasias (leukemia, hemophilia) where transfusions and close postoperative observation is necessary.
- Allergies to local anesthesia in patients who require extensive treatment.
- Healthy children, under 7 years of age, with physician documented necessity relating to the extent of the procedures and the lack of patient cooperation.

Link to Evidence Summary

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

BACKGROUND

Outpatient, facility-based, dental anesthesia services may be applied to the medical benefit for children and adults with complicating medical conditions, mental handicaps, physical disabilities, or combination of reasons which cannot be managed safely or efficiently in the dental office.

CLINICAL EVIDENCE AND LITERATURE REVIEW

CLINICAL PRACTICE GUIDELINES

American Academy of Pediatric Dentistry (AAPD)

In 2023, the AAPD published guidelines regarding the use of anesthesia personnel refers to the use of anesthesia for dental-office-based services, though this policy is not applicable to such locations. The guideline has been extrapolated for the purposes of this policy and is applied to the ambulatory non-dental-office settings referred to in the criteria.

In the administration of deep sedation/general anesthesia in pediatric dental patients, AAPD states the following:[1]

> "Pediatric dentists seek to provide oral health care to infants, children, adolescents, and persons with special health care needs in a manner that promotes excellence in quality of care and concurrently induces a positive attitude in the patient toward dental treatment. Behavior guidance techniques have allowed most pediatric dental patients to receive treatment in the dental office with minimal discomfort and without expressed fear. Minimal or moderate sedation has allowed others who are less compliant to receive treatment. There are some children and special needs patients with extensive treatment needs, acute situational anxiety, uncooperative age-appropriate behavior, immature cognitive functioning, disabilities, or medical conditions who require deep sedation/general anesthesia to receive dental treatment in a safe and humane fashion. Access to hospital-based anesthesia services may be limited for a variety of reasons, including restriction of coverage of by third party payors. Pediatric dentists and others who treat children can provide for the administration of deep sedation/general anesthesia by utilizing properly trained individuals in their offices or other facilities outside of the traditional surgical setting.

Office-based deep sedation/general anesthesia can provide benefits for the patient and the dental team. Such benefits may include:

- improved access to care;
- improved ease and efficiency of scheduling;
- decreased administrative procedure and facility fees when compared to a surgical center or hospital;
- minimized likelihood of a patient's recall of procedures;
- decreased patient movement which may optimize quality of care; and
- use of traditional dental delivery systems with access to a full complement of dental equipment, instrumentation, supplies, and auxiliary personnel.

The use of well-trained CLA to administer DS/GA to pediatric dental patients is an accepted treatment modality.6-11 DS/GA has inherent associated risks. Peri- and postoperative respiratory adverse events are the most common critical complications that can lead to morbidity.12 Pediatric respiratory risk decreases with age.12-15 The pediatric airway evolves dramatically from birth to adolescence.12 The infant and young child are at increased risk of airway obstruction because of smaller tracheal diameter, relatively large tongue and tonsils, and small mandible.12 In addition, patients younger than two years of age have decreased functional residual capacity and, therefore, limited oxygen reserve.9,12 If the CLA will be treating patients younger than three years of age, it has been recommended that they have focused expertise in pediatric airway management and vascular access."[1]

The AAPD specifically makes the following recommendations regarding anesthesia personnel:

"Deep sedation/general anesthesia techniques in the dental office require the presence of the following individuals throughout the procedure:

- CLA who has experience with specific patient populations being treated and is independent of performing or assisting with the dental procedure;
- operating dentist who has experience and specialized training with skills to treat patients under general anesthesia; and
- additional personnel (e.g., dental assistant, nurse) certified in basic life support (BLS), pediatric advanced life support (PALS), or advanced pediatric life support (APLS).

The operating dentist, when employing CLA to administer DS/GA, is responsible for verifying and carefully reviewing their credentials and experience. Significant pediatric training, including anesthesia care of the very young, and experience in a dental setting are important considerations, especially when caring for young pediatric and special needs populations.

As permitted by state regulation, the CLA may be one of the following:

- physician anesthesiologist/dentist anesthesiologist;
- certified registered nurse anesthetist; or
- an oral and maxillofacial surgeon.

To provide anesthesia services in an office-based setting:

- CLA must be a dental or medical practitioner with current state certification to independently administer DS/GA in a dental office. This individual must be in compliance with state and local laws on anesthesia practices. Laws vary from state to state and may supersede any portion of this document.
- if state law permits a certified registered nurse anesthetist (CRNA) or certified anesthesiologist assistant (CAA) to function under the direct supervision of a dentist, the dentist is required to have completed training in DS/GA and be licensed or permitted for that level of pharmacologic management, appropriate to state law. Furthermore, to maximize patient safety, the dentist supervising the CRNA or CAA would not simultaneously be providing dental treatment. The CRNA or CAA must be licensed with current state certification to administer DS/GA in a dental office. Providers must be in compliance with state and local laws on anesthesia practices. Laws vary from state to state and may supersede any portion of this document.

The dentist and CLA must be compliant with the AAP/AAPD's Guideline on Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures9 or other appropriate guideline(s) of the American Dental Association, the American Society of Dentist Anesthesiologists (ASDA), the American Society of Anesthesiologists (ASA) 8 , and other organizations with recognized professional expertise and stature. The recommendations in this document may be exceeded at any time if the change involves improved safety or is superseded by state law."

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online here.

BILLING GUIDELINES AND CODING

CODES*		
CPT	41899	Unlisted procedure, dentoalveolar structures

HCPCS	G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. American Academy of Pediatric Dentistry. Use of Anesthesia Providers in the Administration of Office-based Deep Sedation/General Anesthesia to the Pediatric Dental Patient. https://www.aapd.org/research/oral-health-policies--recommendations/use-of-anesthesia-providers-in-the-administration-of-office-based-deep-sedationgeneral-anesthesia-to-the-pediatric-dental-patient/. Published 2023. Accessed 8/20/2025.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
10/2023	Annual review. No changes.
10/2024	Annual review. No changes.
10/2025	Annual review. No changes.