


MEDICAL POLICY	Dental Anesthesia Services (All Lines of Business Except Medicare)
Effective Date: 11/1/2022	Medical Policy Number: 65
 11/1/2022	Medical Policy Committee Approved Date: 11/98; 8/99; 8/00; 7/02; 2/03; 3/04; 3/05; 3/06; 3/09; 2/11; 4/12; 6/13; 8/14; 8/15; 12/15; 4/16; 6/17; 12/18; 12/19; 2/2021; 10/2021; 10/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

All lines of business except Medicare (*unless otherwise directed by a Medicare medical policy. Note that investigational services are considered “not medically necessary” for Medicare members.*)

BENEFIT APPLICATION

Medicaid 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.

POLICY 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**

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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.

CPT CODES

All Lines of Business Except Medicare	
<p>Unlisted Codes</p> <p>All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then prior-authorization is required.</p>	
41899	Unlisted procedure, dentoalveolar structures

BILLING GUIDELINES

See Local Coverage Article (LCA): Routine Dental Services ([A52977](#)) for additional billing guidance.¹

DESCRIPTION

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 PRACTICE GUIDELINES

American Academy of Pediatric Dentistry (AAPD)

The 2019 AAPD guideline 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:²

“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 anesthesia personnel to administer deep sedation/general anesthesia in the pediatric dental population is an accepted treatment modality. Caution must be used in patients younger than two years of age. Practitioners must always be mindful of the increased risk associated with office-based deep sedation/general anesthesia in the infant and toddler populations. This level of pharmacologic behavioral modification should only be used when the risk of orofacial disease outweighs the benefits of monitoring, interim therapeutic restoration, or arresting medications to

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slow or stop the progression of caries. The AAPD supports the provision of deep sedation/general anesthesia when clinical indications have been met and additional properly-trained and credentialed personnel and appropriate facilities are used. In many cases, the patient may be treated in an appropriate out-patient facility (including the dental office) because the extensive medical resources of a hospital may not be deemed necessary for delivering routine health care.”²

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:

- licensed anesthesia provider who is independent of performing or assisting with the dental procedure; and
- operating dentist

It is the exclusive responsibility of the operating dentist, when employing anesthesia providers to administer deep sedation/general anesthesia, to verify and carefully review 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. In order to provide anesthesia services in a no office-based setting:

- The anesthesia care provider must be a licensed dental and/or medical practitioner with current state certification to independently administer deep sedation/general anesthesia in a dental office. He/She must be in compliance with state and local laws regarding 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 deep sedation/general anesthesia and be licensed to 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 deep sedation/general anesthesia in a dental office. He/She must be in compliance with state and local laws regarding anesthesia practices. Laws vary from state to state and may supersede any portion of this document.

The dentist and anesthesia care provider must be compliant with the American Academy of Pediatrics/AAPD’s Guideline on Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures 2 or other appropriate guideline(s) of the American Dental Association, the American Society of Dental Anesthesiologists (ASDA), the American Society of Anesthesiologists (ASA), 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 and/or is superseded by state law.”

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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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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 PHP and PHA Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

MEDICAL POLICY CROSS-REFERENCES

[Dental Anesthesia Services \(Medicare Only\)](#)

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Article: Routine Dental Services (A52977). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52977>. Published 2017. Accessed 9/1/2022.
2. American Academy of Pediatric Dentistry. Use of Anesthesia Providers in the Administration of Office-based Deep Sedation/General Anesthesia to the Pediatric Dental Patient. 2019.