


MEDICAL POLICY	Dental Anesthesia Services (All Lines of Business Except Medicare)
Effective Date: 12/1/2021	Medical Policy Number: 65
	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
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

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 and covered** 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)

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The 2012, 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.

Deep sedation/general anesthesia in the dental office can provide benefits for the patient and the dental team. Access to care may be improved. The treatment may be scheduled more easily and efficiently. Facility charges and administrative procedures may be less than those associated with a surgical center. Complex or lengthy treatment can be provided comfortably while minimizing patient memory of the dental procedure. Movement by the patient is decreased, and the quality of care may be improved. The dentist can use his/her customary in-office delivery system with access to trained auxiliary personnel, supplemental equipment, instrumentation, or supplies should the need arise.

The use of anesthesia personnel to administer deep sedation/general anesthesia in the pediatric dental population is an accepted treatment modality. 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 are not necessary.”²

The AAPD specifically makes the following recommendations regarding anesthesia personnel:

“Office-based deep sedation/general anesthesia techniques re-quire at least three individuals. The anesthesia care provider’s responsibilities are to administer drugs or direct their administration and to observe constantly the patient’s vital signs, airway patency, cardiovascular and neurological

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status, and adequacy of ventilation. In addition to the anesthesia care provider, the operating dentist and other staff shall be trained in emergency procedures.

It is the obligation of treating practitioners, when employing anesthesia personnel to administer deep sedation/general anesthesia, to verify their credentials and experience.

- The anesthesia care provider must be a licensed dental and/or medical practitioner with appropriate and current state certification for deep sedation/general anesthesia.
- The anesthesia care provider must have completed a one-or two-year dental anesthesia residency or its equivalent, as approved by the American Dental Association (ADA), and/or medical anesthesia residency, as approved by the American Medical Association (AMA).
- The anesthesia care provider currently must be licensed by and in compliance with the laws of the state in which he/she practices. Laws vary from state to state and may supersede any portion of this document.
- If state law permits a certified registered nurse anesthetist or anesthesia assistant to function under the supervision of a dentist, the dentist is required to have completed training in deep sedation/general anesthesia and be licensed or permitted, as appropriate to state law.”

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.

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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 09/27/2021.
2. American Academy of Pediatric Dentistry. Clinical Affairs Committee–Sedation and General Anesthesia Subcommittee. Guideline on use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. *Pediatr Dent.* 2012;34(5):170-172. <https://pdfs.semanticscholar.org/84a4/85edecf6bd603607aa28f1fffa9b3eead8a5.pdf>.