

# Clinical Policy: Dental Anesthesia

Reference Number: PA.CP.MP.61

Effective Date: 01/18

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Coding Implications

Revision Log

## Description

Medical necessity guidelines for dental anesthesia in the inpatient or ambulatory surgery setting. This policy governs only the services cited. For guidance in prior authorization processes refer to PA Health & Wellness Provider Manual and Pennsylvania PROMISE™ 837 Dental/ADA form.

## Policy/Criteria

- I. It is the policy of Pennsylvania Health and Wellness® that requests for *general anesthesia or IV sedation in an inpatient setting or ambulatory surgery center when services are not available in the provider office* are considered **medically necessary** when any of the following are met:
  - A. Member is younger than eight (8) years 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*
  - B. 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; *or*
  - C. Member needs local anesthesia with dental treatment but the local anesthesia is/will be ineffective because of acute infection, anatomic variation, or allergy; *or*
  - D. 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*
  - E. Member has sustained oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

## 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

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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.

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.

### 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 2020, 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

HCPCS Codes	Description
D9222	Deep sedation/general anesthesia – first 15 minutes
D9223	Deep sedation/general anesthesia – each 15 minute increment
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
D9248	Non-intravenous conscious sedation

Reviews, Revisions, and Approvals	Review Date	Approval Date
References reviewed and updated. Code updates	05/18	07/18
References reviewed and updated. Specialist reviewed.	10/19	2/18/2020
Annual Review performed, References reviewed and updated. Specialist reviewed.	2/26/2021	
Update reference PA Health & Wellness Provider Manual and reference to April 15, 2021 Medical Assistance Bulletin-Dental Benefit Limit	07/2021	

Exception Process Update-Provider Handbook, 837 Dental/ADA 2012 Claim form. “This policy governs only the services cited. For guidance in prior authorization processes refer to PA Health & Wellness Provider Manual and Pennsylvania PROMIS <sup>™</sup> 837 Dental/ADA form.”		
Annual review. References reviewed, updated, and reformatted. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.”	6/24/2022	

## References

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