Dental Clinical Policy

Subject: **Anesthesia**
Guideline #: **09-201** **Publish Date:** 01/01/2022
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Description

This document addresses the available benefits for and the medical necessity and appropriateness of the use of local anesthesia, regional and trigeminal division block anesthesia, deep sedation/general anesthesia, intravenous moderate (conscious) sedation/analgesia, non-intravenous conscious sedation, inhalation of nitrous oxide/analgesia.

The plan performs review of anesthesia services due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

In general, coverage of medically necessary anesthesia services is available only in connection with underlying services that are covered under the dental or medical benefits plan or when the services qualify based on state mandate. It is advised to check the dental and medical benefits plan to determine covered services.

Clinical Indications for Anesthesia Services

The administration of local anesthesia, sedation and general anesthesia is an integral part of dental practice. The Plan is committed to the safe and effective use of all anesthesia modalities. Dentists administering anesthesia must be appropriately educated, trained and licensed.

The American Dental Association recommends avoidance of the use of preoperative oral sedatives for children (ages 12 and under) prior to arrival in the dental office, except in extraordinary situations due to the risk of unobserved respiratory obstruction during transport to the dental office by untrained individuals. For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
According to The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD), the definition of a child is between the ages of 0 to 21. While this definition may be appropriate to define a child by these recognized academies, for benefit purposes, Anthem follows criteria and state mandated ages for Intravenous (IV) and inhalation anesthesia for children.

When more advanced anesthetics, such as intravenous (IV) or inhalation are used to induce more profound levels of anesthesia, additional individuals trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist/oral surgeon. If required by the State, a current equipment inspection certificate, sedation license and CPR certification are mandatory.

General anesthesia or conscious sedation may be considered when performed in conjunction with other dental surgical procedures other than oral surgery when deemed necessary due to concurrent patient medical conditions/diagnoses. These conditions may be inclusive of, but not limited to, physical, intellectual or medically compromised conditions for which dental treatment using a local anesthetic cannot be expected to provide a successful result. Medical conditions, which may necessitate general anesthesia or conscious sedation services, must be supported by medical documentation from a physician.

Medical Necessity and Generally Accepted Standards of Care

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:
(1) Consistent with the Member's diagnosis or condition;
(2) Rendered:

- In response to a life-threatening condition or pain; or
- To treat an injury, illness or infection related to the dentition; or
- To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

Monitoring and Documentation:

1. Monitoring: A dentist, or at the dentist's direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient's vital signs continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include observation of proper oxygenation (includes observation of the color of mucosa – pink hue; skin or blood must be continually evaluated. Oxygen saturation by pulse oximetry is appropriate and necessary.

2. Ventilation: chest movement must be continually observed. Respirations must be verified and documented by appropriately trained personnel.
3. Circulation: Blood pressure and heart rate must be evaluated pre-operatively, postoperatively and intra-operatively and properly documented.
4. Documentation: An appropriate, complete anesthesia record must be maintained that includes the names of all drugs administered, time of administration including dosages of local anesthetics or other anesthetic drugs (IV or inhalation). All physiological parameters must be monitored and properly documented.

Emergency Management:
The dentist is responsible for drug management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of intravenous or inhalation drugs as well as providing the appropriate equipment, drugs and office protocol for emergency management.

Criteria

Local Anesthesia

- The administration of local anesthetic; be it traditional, electronic or buffered etc. - is considered inclusive of (part of) all dental procedures [unless a specific plan allows coverage] and is not eligible for a separate benefit.

Regional and Trigeminal Division Block Anesthesia

- Regional and trigeminal block anesthesia may not be a covered service.

Deep Sedation/General Anesthesia, Intravenous Moderate (Conscious) Sedation/Analgesia, Non-Intravenous Conscious Sedation

- These procedures may be benefitted when appropriate in conjunction with covered dental services.
- Medical conditions, which require the use of general anesthesia, must be supported by documentation submitted by the oral surgeon, dentist and/or physician administering the anesthesia.
- To qualify for general anesthesia or conscious sedation benefit, the member must satisfy one of the criteria noted below.
    a. The member is a child, up to the age defined by contract, with a dental condition (such as Early Childhood Caries) that requires repairs of significant complexity (for example, multiple amalgam and/or resin based composite restorations, pulpal therapy, extractions or any combinations of procedures as noted or other dental procedures)
    b. The member has physical, intellectual, or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and which, under anesthesia, can be expected to produce a superior result. Conditions include but are not limited to intellectual disabilities, cerebral palsy, epilepsy, severe cardiac problems and hyperactivity (verified by appropriate medical documentation)

c The member is extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative with complex dental needs which should not be postponed or deferred and for whom lack of treatment can be expected to result in oral pain, infection, loss of teeth, or other increased oral morbidity.

d The member for whom local anesthesia is ineffective (for reasons such as acute infection, anatomic variations or allergy). Failed attempts of local anesthesia administration must be documented and submitted for review

e The member has sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised

- The level of anesthesia is not determined by the route of administration, but by the dentist's documentation of the anesthetic agent's effect on the patient's central nervous system.
- The time of general anesthesia begins when the dentist starts administering the sedative agent and non-invasive monitoring protocol.
- The dentist administering the anesthesia must remain in constant attendance with the patient until completion of the anesthesia procedure.
- Services are considered complete when the patient may be safely left under the observation of trained personnel, and the dentist may safely leave the operatory to attend to other patients.
- Office anesthesia in excess of 60 minutes for any dental or surgical procedure requires written rationale/documentation explaining the necessity. Necessary documentation includes all associated x-ray images, progress notes, operative report and a complete anesthesia record indicating start and stop times of drug administration.

Inhalation of Nitrous Oxide/Analgesia

- These procedures may be benefitted when appropriate in conjunction with covered dental services.
- Nitrous Oxide may be indicated for:
    a. ineffective local anesthesia administration
    b. treatment of dental anxiety
    c. special needs patients
    d. individuals who are uncooperative or behaviorally challenged
- Nitrous Oxide is contraindicated for, but not limited to:
    a. Patients with severe respiratory compromise
    b. First trimester pregnancy because of its potential teratogenic effects
    c. Patients with a history of stroke
    d. Hypotension and known cardiac conditions

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's

contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT including but not limited to:

D9210	local anesthesia not in conjunction with operative or surgical procedures
D9211	regional block anesthesia
D9212	trigeminal division block anesthesia
D9215	local anesthesia in conjunction with operative or surgical procedures
D9219	evaluation for deep sedation or general anesthesia
D9222	deep sedation/general anesthesia – first 15 minutes
D9223	deep sedation/general anesthesia – each 15 minute increment
D9230	inhalation of nitrous oxide/analgesia, anxiolysis
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
D9248	non-intravenous conscious sedation
D9613	infiltration of sustained release therapeutic drug, per quadrant

IDC-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. American Dental Association. Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. Chicago IL, ADA. Oct 2007. Available at: https://www.ada.org/~/media/ADA/Member%20Center/FIles/anxiety_guidelines.ashx. (Accessed June 6, 2016)
2. American Academy of Pediatrics; American Academy of Pediatric Dentistry. Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update. Available at: http:/(pediatrics.aappublications.org/content/118/6/2587.full.pdf+html. (Accessed June 6, 2016)
3. American Society of Anesthesiologists, 520 N Northwest Hgwy, Park Ridge, IL.
4. American Academy of Pediatric Dentistry Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office. Available at: http:/(www.aapd.org/media/Policies Guidelines/P Sedation.pdf. (Accessed June 6, 2016)
5. Parameters of Care for Oral and Maxillofacial Surgery. A Guide for Practice, Monitoring, and Evaluation (AAOMS Parameters of Care-(95). J Oral Maxillofac Surg 1995; 53(Suppl 5):1-29.
6. Guidelines for Anxiety Control and Pain Management in Oral and Maxillofacial Surgery. Zuniga JR. J Oral Maxillofac Surg 2000; 58(Suppl 2):4-7.
7. American Dental Association. Guidelines for Use of Sedation and General Anesthesia by Dentists. Chicago IL, ADA. Oct 2012. Available at: https://www.ada.org/~/media/ADA/About%20the%20ADA/Files/anesthesiauseguidelines.ashx. (Accessed June 6, 2016)

8. American Dental Association. The Use of Sedation and General Anesthesia by Dentists. Policy Statement. Chicago IL, ADA. Oct 2007.
9. REFERENCE MANUAL V 37 / NO 6 15 / 16: Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office: Adopted 1999: Revised: 2004, 2007,2012
10. Revised: 110(4):836; 89 (6): 1110 - A Statement Of Reaffirmation For This Policy Was Published At 129(4):
e1103 135 (4): e1105 Pediatrics - December 2006, VOLUME 118 / ISSUE 6 – "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update" - American Academy of Pediatrics, American Academy of Pediatric Dentistry, Charles J. Coté, Stephen Wilson

History

Revision History	Version	Date	Nature of Change	SME
	Initial	1/1/14		Koumaras
	Revision	2/8/17		
	Revision	2/6/18	Appropriateness and medical necessity	Kahn
	Revised	11/12/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee
	Revised	10/20/2021	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.