

Guideline Number: CCDG.001.01

Effective Date: January 8, 2021

DHMP Medical Policy
Clinical Coverage Determination Guidelines

Dental-Related General Anesthesia and Facility Charges

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by DHMP and may not be covered by all DHMP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a Member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact DHMP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers general anesthesia for certain dental procedures under the medical benefit when provided by a participating provider. Coverage does not include the dental procedure(s) related to the anesthesia and facility charges. Services must be received in a hospital (inpatient or outpatient) or alternative facility.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines. Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background

Health Plan follows guidelines from the American Academy of Pediatric Dentistry (AAPD, 2004 and 2005).

3.0 Clinical Guidelines:

A. Health Plan considers general anesthesia and facility charges in a hospital or outpatient surgical setting medically necessary for certain dental services when any the following guidelines are met:

1. The anesthesia must be rendered by a provider other than the provider performing the dental service. All facility charges incurred in association with the anesthesia charges are covered under the medical/surgical benefit if any one of the following criteria are met:
 - a. Patients, including infants, exhibiting 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 general anesthesia, can be expected to produce a superior result. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation); OR
 - b. The extremely uncooperative, fearful, anxious, or patient with dental needs of such magnitude that treatment should not be postponed or deferred and for who 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
 - c. A total of six or more teeth are extracted in various quadrants, OR
 - d. Dental treatment needs for which local anesthesia is ineffective because of acute infection, anatomic variation, or allergy, OR
 - e. The member is a child under the age of seven years old, 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

- f. Patients with a concurrent hazardous medical condition; OR
- g. Extensive oral-facial and/or dental trauma for which treatment under local anesthesia would be ineffective or compromised.

COVERED CODES**Code Description Prior Approval****Benefit Plan Reference****Anesthesia**

CPT 00170 - Unlisted anesthesia procedure(s)

Benefits and Coverage, Dental-Related General Anesthesia

Facility charge

CPT 41899 - Other Procedures on the Dentoalveolar Structures

ICD-10 DIAGNOSIS CODES**Code Description**

F43.0, 308.3 Acute stress reaction

F90.1 Attention-deficit hyperactivity disorder, predominantly hyperactive type

F90.2 ... combine type

F90.9 ... unspecified type

F95.2 Tourette's disorder

F70 Mild intellectual disabilities

F79 Unspecified intellectual disabilities

G80.0 Spastic quadriplegic cerebral palsy

G80.1 Spastic diplegic cerebral palsy

G80.2 Spastic hemiplegic cerebral palsy

G80.8 Other cerebral palsy

G80.9 Cerebral palsy, unspecified

G40.A01 – GA40.A19 Absence epileptic syndrome, not intractable

G40.101 – G40.109 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable

G40.201 – G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable

G40.301 Generalized idiopathic epilepsy and epileptic syndromes

G40.309 – G40.409 Generalized epilepsy and epileptic syndromes

G40.501 – G40.509 Epileptic seizures related to external causes, not intractable

G40.821 – G40.822 Epileptic spasms, not intractable

G40.901 – G40.909 Epilepsy, unspecified, not intractable

K00.0 – K00.9 Disorders of tooth development and eruption

ICD-10 DIAGNOSIS CODES

Code Description

K01.0 – K01.1 Embedded and impacted teeth

K02.3 – K02.9 Dental caries

K03.0 – K03.9 Other diseases of hard tissues of teeth

K04.0 – K04.99 Diseases of pulp and periapical tissues

K05.00 – K06.9 Gingivitis and periodontal diseases

K08.0 – K08.9 Other disorders of teeth and supporting structures

M26.70 – M26.79 Dental alveolar anomalies

M26.81 – M26.82 Soft tissue impingement, anterior or posterior

Q90.9 Down syndrome, unspecified

R56.1 Post traumatic seizures

R56.9 Unspecified convulsions

4.0 Terms & Definitions:

Alternate Facility. A freestanding health care facility that is:

- Not a Physician's or dentist's office.
- Not a Hospital.
- Not a facility that is attached to a Hospital.
- Is designated by the Hospital as an Alternate Facility
- Can be an ambulatory surgical center or dialysis center, for example.

General Anesthesia. Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to maintain ventilatory function independently often is impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Pediatric Patient. All patients who are infants, children, and adolescents less than the age of majority (18 years old).

Restoration. A surgical procedure that is intended to restore an individual's anatomy to normal function and/or appearance.

5.0 References, Citations & Resources:

1. Journal of Dental Anesthesia and Pain Medicine, "The use of general anesthesia to facilitate dental treatment in adult patients with special needs." 2017 Jun 29. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5564153/>American Dental Association (ADA)

Guidelines for the use of sedation and general anesthesia by dentists. October 2016. Available at:

http://www.ada.org/%7E/media/ADA/Advocacy/Files/anesthesia_use_guidelines.pdf?la=en.