

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.049.MH  
Last Review Date: 02/09/2017  
Effective Date: 04/01/2017

### PA.049.MH – Dental Anesthesia

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Dental Anesthesia** medically necessary for the following indications:

1. The patient is a child seven years of age or younger, or is developmentally disabled (physically, intellectually or other medically compromising conditions):  
For whom a successful result cannot be expected for treatment under local anesthesia and for whom a superior result can be expected for treatment under general anesthesia.  
OR
2. At any age, requests will be reviewed for medical necessity on a case by case basis for any of the following conditions:
  - a. Severe infection at the oral injection site
  - b. Member has documented medical conditions that preclude the use of local anesthesia
  - c. Member who is unmanageable using local anesthesia due to any of the following documented conditions:
    - i. Developmentally disabled (as defined in Indication #1)
    - ii. Diagnosed mental health condition
    - iii. Physical conditions that limit functionality
  - d. When there are multiple extractions in more than one quadrant of the mouth and treatment is simple or surgical extractions with either:
    - i. Two or more quadrants having at least two teeth extracted per quadrant
    - ii. Three or more quadrants having at least one tooth extracted per quadrant

#### Requirements for Dental Anesthesia Coverage:

1. The Anesthesiologist or Dentist uses his/her discretion with regard to member safety when evaluating members for type of anesthesia and location of service.
2. Anesthesia must be provided by a credentialed anesthesiologist or properly trained and permitted dentist in accordance with applicable state or federal laws/regulations.

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### Limitations:

The following services are not covered:

- Services performed for cosmetic or aesthetic reason.
- General anesthesia associated with removal of asymptomatic, non-pathologic, third molars.
- Services encompassing orthognathic or prognathic surgical procedures and other occlusal defects.
- Services submitted by more than one provider or facility, including ASCs (Ambulatory Surgical Centers) that are the same services performed on the same dates for the same patient.
- Local anesthesia when billed for separately by a dentist.

### Background

The American Academy of Pediatric Dentistry states that dental treatment under general anesthesia provides a safe approach for children and persons with special health care needs who cannot accept treatment in a conventional office setting. It includes a clinician-controlled state of patient unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command. The use of anesthesia sometimes is necessary to provide quality dental care for the child. Depending on the patient and other factors, it can be done in a hospital or an ambulatory setting, including the dental office.

### Variation –

**Medicare:** CPT D9248 is not a covered benefit.

### Codes:

<b>HCPSC codes covered if selection criteria are met (If Appropriate):</b>	
D9220	Deep sedation/general anesthesia – 1 <sup>st</sup> 30 minutes
D9221	Deep sedation/general anesthesia - each additional 15 minutes
D9241	Intravenous conscious sedation/ analgesia- 1 <sup>st</sup> 30 minutes
D9242	Intravenous conscious sedation/ analgesia- each additional 15 minutes
D9248	Non-Intravenous conscious sedation
00170	Anesthesia for intraoral procedures, including biopsy, not otherwise specified

### References

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