

## Clinical Policy Bulletins

**Number:** 0124

(Updated)

**Subject:** General Anesthesia and IV Sedation for Oral and Maxillofacial Surgery and Dental Services

**Reviewed:** March 22, 2005

### Important Note

This Clinical Policy Bulletin expresses Aetna's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. Aetna has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). Aetna makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this Bulletin. The discussion, analysis, conclusions and positions reflected in this Bulletin, including any reference to a specific provider, product, process or service by name, trademark, manufacturer, constitute Aetna's opinion and are made without any intent to defame. Aetna expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information including correction of any factual error. ***Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.*** The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Issues Manual can be found on the following website: <http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>.

### Policy

Note: Coverage may be extended under the medical plan for the medically necessary use of general anesthesia for oral and maxillofacial surgery (OMS) and dental services if *either* of the following criteria (1 or 2) is met:

1. OMS or dental-type service is covered under the medical plan (members should check benefit plan descriptions for details); *or*
2. General anesthesia is provided in a hospital or outpatient surgical facility *and* any of the following indications for the medically necessary use of general anesthesia are met:
  - a. Local anesthesia is ineffective because of any of the following: acute infection, anatomic variation (e.g., due to previous surgery, trauma, or congenital anomaly), or allergy to local anesthesia.
  - b. Removal of one or more impacted teeth on the same day.
  - c. The extraction of five or more teeth.
  - d. More than one surgical extraction involving more than one quadrant on the same day.
  - e. Full edentulous arch alveoloplasty or alveolectomy.
  - f. One or more quadrants of periodontal surgery performed on the same day.
  - g. Endodontic surgical procedures.
  - h. Surgical root recovery from the maxillary antrum (sinus).
  - i. Tooth transplantation.
  - j. Surgical exposure of bone impacted or unerupted cuspids (i.e., includes impacted bicuspid or canine teeth).
  - k. Full arch stomatoplasty/vestibuloplasty.
  - l. Radical excision of lesions in excess of 1.25 cm (1/2 in.).
  - m. Radical resection or ostectomy with or without bone graft.
  - n. Removal of one (or more) exostosis(es).
  - o. A child up to 6 years old, with a dental condition (such as baby bottle syndrome) requiring repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions or any combinations of these noted or other dental procedures).
  - p. Members 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 anesthesia, can be expected to produce a superior result. Conditions include but are not limited to cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation).
  - q. Extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative child or adolescent (aged 18 years or younger) with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity.
  - r. Chronic disability that is attributable to a mental (e.g., mental retardation and Down's syndrome) or physical impairment or combination of both;

likely to continue indefinitely; and results in substantial functional limitations in one or more of the following: self care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self-sufficiency (verified by appropriate medical documentation).

- s. Members who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

Notes: No coverage is extended for anesthesia in conjunction with any type of non-covered cosmetic surgery.

### **CPT Codes**

CPT Codes covered if selection criteria are met:

00170 - 00176

21010 - 21497

99141, 99142

### **HCPCS Codes**

HCPCS (ADA/CDT-4) Codes covered if selection criteria are met:

D9220	Deep sedation/ general anesthesia - first 30 minutes
D9221	Deep sedation/ general anesthesia - additional 15 minutes
D9241	Intravenous conscious sedation/analgesia – first 30 minutes
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes
D9248	Non-intravenous conscious sedation

### **ICD-9 Codes**

Other ICD-9 Codes related to the CPB:

143.0 - 143.9	Malignant neoplasm of gum
170.0, 170.1	Malignant neoplasm of bones of skull and face, except mandible, or malignant neoplasm of mandible
195.0	Malignant neoplasm of head, face, and neck
210.4	Benign neoplasm of other and unspecified parts of mouth
213.0, 213.1	Benign neoplasm of bones of skull and face, or lower jaw bone
308.0	Predominant disturbance of emotions

308.3	Other acute reaction to stress
314.01	Attention deficit disorder with hyperactivity
317 - 319	Mental retardation
343.0 - 343.9	Infantile cerebral palsy
345.00 - 345.91	Epilepsy
520.0 - 525.9	Disorders of tooth development and eruption, diseases of hard tissues of teeth, diseases of pulp and periapical tissues, gingival and periodontal diseases, dentofacial anomalies, including malocclusion, and other diseases and conditions of teeth and supporting structures
526.0 - 526.89	Diseases of jaws
758.0	Down's syndrome
780.39	Convulsions

### **Revision Dates**

Original policy: May 1, 1996

Updated: June 6, 2003; April 6, 2004; March 22, 2005

Revised: September 14, 1998; August 9, 1999; August 21, 2001; February 22, 2002; March 14, 2003

### **The above policy is based on the following references:**

1. American Academy of Pediatric Dentistry (AAPD). General anesthesia. Patient Brochure. Chicago, IL: AAPD; 1995-1999. Available at: <http://www.aapd.org/publications/brochures/anesthesia.html>. Accessed August 3, 2001.
2. American Academy of Pediatric Dentistry (AAPD). Guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric dental patients. Revised May 1998. Guidelines. In: AAPD Reference Manual 2000-2001. Chicago, IL: AAPD; 2001:73-78.
3. American Academy of Pediatric Dentistry (AAPD). Policy statement on the use of deep sedation and general anesthesia in the pediatric dental office. Adopted May 1999. Oral Health Policies. In: AAPD Reference Manual 2000-2001. Chicago, IL: AAPD; 2001:35.
4. American Academy of Pediatric Dentistry (AAPD), Council on Clinical Affairs. Third-party reimbursement of medical costs related to sedation/general anesthesia. Original policy May 1992, Revised May 2000. Oral Health Policies. In: AAPD Reference Manual 2000-2001. Chicago, IL: AAPD; 2001:42.

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