Dental Clinical Policy Bulletins

Number: 016

Subject: Deep Sedation/General Anesthesia and I.V. Sedation

Date: September 13, 2004

Important Note

This Clinical Policy Bulletin expresses Aetna's determination of whether certain services or supplies are medically necessary. We have reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical and dental 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 and dentists practicing in relevant clinical areas, and other relevant factors). We expressly reserve the right to revise these conclusions as clinical information changes, and welcome further relevant information.

Each benefits plan defines which services are covered, which are excluded and which are subject to dollar caps or other limits. Members and their dentists will need to consult the member's benefits plan to determine if there are any exclusions or other benefits 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 benefits 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.

Policy

Medical Plans:

Coverage may be extended under the medical plan for the use of deep sedation/general anesthesia for oral and maxillofacial surgery and dental services provided either in an office or hospital-based environment. This includes, but is not limited to, the management of oral rehabilitation in toddlers with baby bottle syndrome, and children, adolescents or adults with severe physical and/or behavioral abnormalities who require sedation for this care. When such procedures also require the use of a short procedure unit or a hospital stay, this may also be covered under the medical plan, subject to prior review. No coverage is extended for anesthesia in conjunction with any type of cosmetic surgery. Coverage is extended under the medical plan for anesthesia and facility even when the dental procedure is not covered under the medical plan or payment for the

dental procedure is made by another party. All such coverage is subject to usual requirements for precertification review, use of participating dentists and hospitals, referral requirements, etc.

Deep sedation/general anesthesia is considered necessary and covered under the medical plans for the following conditions:

1. Radical excision of lesions in excess of 1.25 cm (1/2 in.).

2. Radical resection or ostectomy with or without bone graft.
3. Patients 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).

4. Chronic disability that is attributable to a mental (e.g., mental retardation and Down's Syndrome) or physical impairment or combination of both; is likely to continue indefinitely; and results in substantial functional limitations in one or more of the following: self care, respective and expressive language, learning, mobility, capacity for independent living and economic self-sufficiency (verified by appropriate medical documentation).

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

6. 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.

7. 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).

8. The following states mandate coverage for anesthesia and/or facility charges associated with dental services at the age listed, includes but not limited to:

State	**Age or younger**	**State**	**Age or younger**
California	6	North Carolina	8
Florida	7	North Dakota	8
Georgia	7	Oklahoma	8
Kentucky	9	Tennessee	8
Maryland	7	Washington	7

Nebraska	8		

9.

10. Removal of two or more impacted teeth on the same day.

11. Extremely uncooperative, fearful, unmanageable, anxious or uncommunicative child or adolescent (age 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.

Refer to Clinical Policy Bulletin #124 for more information on the various medical plan provisions.

Charges by an anesthesiologist may be covered under the medical portion of the plan when deemed necessary by Aetna in connection with covered oral surgery and other covered dental services. All such coverage is subject to usual requirements for precertification review, use of participating dentists and hospitals, referral requirements, etc.

Dental Plans:

Coverage may be extended under the dental plan for the medically necessary use of deep sedation/general anesthesia for oral and maxillofacial surgery (OMS) and dental services if the OMS procedure or dental-type service is covered under the dental plan. (Members should check their benefits plan descriptions for details.)

General anesthesia is considered medically necessary and covered under the dental plans when provided as an in-office adjunctive procedure for the following covered dental conditions:

1. 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.

2. Removal of two or more impacted teeth on the same day (applies to codes D7230, D7240, D7241).

3. The extraction of five or more teeth.

4. More than one surgical extraction (D7210, D7220 and D7250) involving more than one quadrant on the same day.

5. Full edentulous arch alveoloplasty or alveolectomy (applies to code D7320 -- two quadrants).

6. One or more quadrants of periodontal (osseous) surgery performed on the same day.

7. Endodontic surgical procedures (applies to codes D3410-D3450 and D3920).

8. Surgical root recovery from the maxillary antrum (sinus).

9. Tooth transplantation.

10. Surgical exposure of bone impacted or unerupted cuspids (e.g., includes impacted bicuspid or canine teeth).

11. Full arch stomatoplasty/vestibuloplasty.

12. Removal of one or more exostosis(es).

13. Placement of two or more endosteal implants (D6010) on the same date of service or placement of one eposteal (D6040) or transosteal (D6050) implant.

14. A child up to 6 years old, with a dental condition 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). Certain states mandate coverage for anesthesia and /or facility charges associated with dental services. See #8 under the medical policy section.

Refer to Clinical Policy Bulletin #124 for more information on the various medical plan provisions.

Codes*

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[1,2]

CPT Codes

00170 -- Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172 -- Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174 -- Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
00176 -- Anesthesia for intraoral procedures, including biopsy; radical surgery

99141 and 99142 -- Sedation, with or without analgesia (conscious sedation); intravenous; intramuscular or inhalation, oral, rectal and/or intranasal[3]

ICD-9 Codes

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[4]

Place of Service: Inpatient or outpatient

Revision Dates

Sept. 24, 2003, Sept. 13, 2004

The above policy is based on the following references:

1. American Dental Association. *Current Dental Terminology*, CDT-4. 2002: 82-83.

2. American Dental Association. *Current Dental Terminology*, CDT-2005 (draft).

3. American Medical Association. *Current Procedural Terminology*, CPT-2004: 33,298.

4. Practice Management Information Corporation. *ICD-9 CM Millennium Edition*-2004. Los Angeles CA Vol 1&2:170-491.

5. American Academy of Pediatric Dentistry. General anesthesia. Patient Brochure. Chicago, IL: AAPD, 1995-1999. http://www.aapd.org/publications/brochures/anesthesia.asp (accessed November 16, 2004).

6. American Academy of Pediatric Dentistry. 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.

7. American Academy of Pediatric Dentistry. 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.

8. American Academy of Pediatric Dentistry, Council on Clinical Affairs. Third-party reimbursement of medical costs related to sedation/general anesthesia. Origin May 1992, Revised May 2000. Oral Health Policies. In: *AAPD Reference Manual 2000-2001*. Chicago, IL: AAPD; 2001:42.

9. AAOMS: Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (*AAOMS ParPath 01*); Version 3.0; Anesthesia in Outpatient Facilities; pages ANE/1 through ANE/23; copyright 2001 by the American Association of Oral and Maxillofacial Surgeons.

10. American Association of Oral and Maxillofacial Surgeons. Position statement regarding anesthesia. Adopted December 2002, Larry Nissen, DDS, President of AAOMS 2002 - 2003.

11. American Dental Association. Position statement regarding anesthesia. Adopted October 1999, American Dental Association House of Delegates 1999.