



HEALTHCARE OPERATIONS UTILIZATION PROTOCOLS 2004

PROCEDURE: Dental Anesthesia for Children (ENT 005)

Requires Medical Director Review

Created Date: 05/22/03

Last Updated: 10/21/04

Approved for: HPN, SHL, HPN Group, IHMO Group and Individual Plans

INDICATIONS:

- A. The child must meet eligibility requirements regarding limiting age as defined in the EOC, AOC, or COC. Children are generally covered up to age 19, unless a full time student. A child who is a full time student is covered up to age 24 or higher depending on the plan. There is no limiting age for a handicapped child who is financially dependent on the subscriber.
- B. Anesthesia services are covered only when treatment is provided by dentists meeting the criteria set forth in the plan documents. Professional and dental fees are not covered.
- C. Coverage may be extended under the medical plan for the medically necessary use of general anesthesia for dental services when:
 - 1) Prior authorized by the plan;
 - 2) When performed by in plan providers, (except in the event of Urgent or Emergency Services); and,
 - 3) When a child, in the treating dentist's opinion and verified by appropriate medical documentation, satisfies one or more of the following conditions:
 - a. The child exhibits a physical, mental, or medically compromising condition, 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. Such conditions include, but are not limited to:
 - Cerebral palsy
 - Cardiac problems with significant desaturation
 - Mental retardation
 - Pervasive developmental disorder
 - Attention-deficit or disruptive behavior disorder

* These protocols are to be used as guidelines in the decision-making process and do not represent standards of care of any individual patient. They are proprietary documents and may not be copied or distributed without express permission.

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- Tic disorder
- b. Local anesthesia is ineffective because of any of the following:
 - Acute infection
 - Anatomic variation (e.g., due to previous surgery, trauma, or congenital anomaly)
 - Allergy to local anesthesia
 - c. The child is extremely uncooperative, unmanageable or anxious, 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.
 - d. Patients who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

BIBLIOGRAPHY:

1. 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.
2. 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.
3. 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.
4. Nevada Administrative Code Chapter 686A. Attachment Nevada Administrative Code 686A.303 Coverage for dental procedures for children.

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NAC 686A.303 Coverage for dental procedures for children. ([NRS 679B.130](#), [686A.015](#))

A policy or contract of health insurance issued pursuant to chapter 689A, 689B, 689C, 695B or 695C of NRS which is delivered or issued for delivery in this state and which provides coverage for medically required hospital services must not deny coverage for a dependent child covered by that policy or contract who is referred by a dentist to a hospital, a surgical center for ambulatory patients, an independent center for emergency medical care or a rural clinic, licensed pursuant to [chapter 449 of NRS](#), for general anesthesia and associated care and is being referred because, in the opinion of the dentist, the child:

- (a) Has a physical, mental or medically compromising condition;
- (b) Has dental needs for which local anesthesia is ineffective because of an acute infection, an anatomic anomaly or an allergy;
- (c) Is extremely uncooperative, unmanageable or anxious; or
- (d) Has sustained extensive orofacial and dental trauma to a degree that would require unconscious sedation.

An insurer may:

- (a) Require prior authorization for the provision of general anesthesia and for hospitalization or the use of a surgical center for ambulatory patients for dental procedures in the same manner that the insurer requires prior authorization for hospitalization for the provision of general anesthesia for other diseases or conditions covered by the policy or contract of health insurance;
 - (b) Require that the benefits paid be adjusted according to the policy or contract of health insurance if the services are rendered by a provider who is not designated by or associated with the insurer, if applicable; and
 - (c) Restrict coverage to include only general anesthesia provided during procedures performed by:
 - (1) A qualified specialist in pediatric dentistry;
 - (2) A dentist who is qualified, by virtue of his education, in a recognized dental specialty for which hospital privileges are granted; or
 - (3) A dentist who is certified by a hospital, by virtue of his completion of an accredited program of postgraduate hospital training, and is granted hospital privileges.
5. The failure of an insurer to comply with the provisions of this section constitutes an unfair trade practice pursuant to [NRS 686A.170](#).
6. A policy or contract of health insurance subject to the provisions of this section that is delivered, issued for delivery or renewed on or after April 24, 2003, has the legal effect of

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including the coverage required by this section, and any provision of such a policy or contract that conflicts with the provisions of this section is void.
(Added to NAC by Commissioner of Insurance)