

GENERAL ANESTHESIA AND CONSCIOUS SEDATION SERVICES

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Related Policies
None

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Different types of sedation are used in dentistry and are proven to decrease anxiety, diminish fear and increase tolerance for dental procedures. It may also be the only way to provide safe and comprehensive dental treatment for individuals of certain criteria.

Local Anesthesia is not covered in conjunction with operative or surgical procedures. It is considered an inclusive component of any dental procedure unless used for pain relief or if pain relief is required to make an accurate diagnosis.

Nerve blocks are not addressed in this Dental Coverage Guideline; please refer to the appropriate Medical Policy. Regional and trigeminal block anesthesia is not a covered service.

Nitrous Oxide

Nitrous oxide may be indicated in the following:

- Ineffective Local Anesthesia
- Anxiety
- Individuals with special needs
- Extensive and/or complex services for individuals
- Behaviorally challenged or uncooperative individuals
- Management of a severe gag reflex

Nitrous oxide is contraindicated for but not limited to the following:

- Severe underlying medical conditions (e.g., severe chronic obstructive pulmonary diseases, congestive heart failure, sickle cell anemia, acute otitis media, recent tympanic membrane graft, acute severe head injury)
- Upper respiratory tract infections or other acute respiratory conditions
- Severe emotional disturbances
- Severe behavioral disorders
- Drug related dependencies
- Claustrophobic individuals
- Pregnancy – first trimester
- Treatment with bleomycin sulfate (injection used in cancer patients)
- Methylenetetrahydrofolate reductase (MTHFR) deficiency
- Vitamin B12 deficiency

Coverage Limitations and Exclusions

- Limited to once per day
- Excluded when reported on same date of service as IV sedation, non-IV sedation or General Anesthesia
- Member convenience

Moderate/Conscious Sedation

Moderate/Conscious Sedation administered intravenously may be indicated for the following:

- Anxiety
- Fear
- Pain control
- Oral surgery
- Management of gag reflex if nitrous oxide not suitable
- Individuals that are medically compromised or those with special needs

Moderate/Conscious Sedation administered intravenously is contraindicated for but not limited to the following:

- Allergy to intravenous medications
- Certain prescribed pharmaceuticals
- In any individual where intravenous sedation presents increased risk of adverse outcome or complications

Coverage Limitations and Exclusions

- Limited to once per day

Non-Intravenous Sedation

Non-intravenous sedation may be indicated for the following:

- Anxiety
- Individuals that are uncooperative or unmanageable

Non-intravenous sedation is contraindicated for individuals with but not limited to the following:

- Member or dentist convenience

Coverage Limitations and Exclusions

- Not allowed on same day as General Anesthesia

Nerve Blocks

Nerve blocks are not covered for dental services. Please refer to the appropriate Medical Policy for specifics regarding coverage for nerve blocks.

Deep Sedation/General Anesthesia

Deep Sedation/General Anesthesia is a proven and effective form of sedation. However, the decision to administer Deep Sedation/General Anesthesia should be made on an individual basis.

Deep Sedation/General Anesthesia may be indicated for the following:

- Clinical procedures of extensiveness or complexity or situations that require more than a local anesthetic
- Uncooperative or unmanageable individuals for which other behavior management techniques are inappropriate or inadequate
- Physical, cognitive or developmental disabilities
- Significant underlying medical condition
- Allergy or sensitivity to Local Anesthesia
- Lengthy restoration procedures for pediatric members
- Individuals with extreme anxiety or fear

Deep Sedation/General Anesthesia is contraindicated for but not limited to the following:

- Individuals with predisposing medical and/or physical conditions that potentially make Deep Sedation/General Anesthesia unsafe
- Cooperative individuals with minimal dental needs
- Choice of an alternative option for treatment
- Language or cultural barriers
- Parental objection

DEFINITIONS

Conscious Sedation: A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

Deep Sedation: A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often 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.

Local Anesthesia: The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

Minimal Sedation: A minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation: A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9211	Regional block anesthesia

CDT Code	Description
D9212	Trigeminal division block anesthesia
D9215	Local anesthesia in conjunction with operative or surgical procedures
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia
D9222	Deep sedation/general anesthesia – first 15 minutes
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
D9248	Non-intravenous conscious sedation

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DESCRIPTION OF SERVICES

The administration of local anesthetic is common and used for most routine dental procedures. For some patients, Moderate/Conscious Sedation, non-intravenous sedation and Deep Sedation/General Anesthesia may be necessary to safely provide dental care. These procedures generally are safe when administered by trained, certified providers in the appropriate setting, but are not without risk. According to the American Dental Association (ADA), dentists must comply with their state laws, rules and/or regulations when providing sedation and anesthesia, and follow the educational and training requirements for the level of sedation intended. The ADA maintains clinical guidelines and educational/training requirements for all levels of sedation and includes specific information for the following:

- Patient history and evaluation
- Personnel and equipment requirements
- Monitoring and documentation (including consciousness, oxygenation, ventilation, and circulation)
- Recovery and discharge
- Emergency management

This guideline can be found at: <https://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements>. (Accessed January 30, 2018)

According to the American Academy of Pediatric Dentistry (AAPD), the sedation of children is different from the sedation of adults, and the in-office use of deep sedation or general anesthesia may be appropriate on select pediatric dental patients administered in appropriately-equipped and staffed facilities. The *Guideline for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures* addresses pediatric specific considerations, and was developed in conjunction with the American Academy of Pediatrics (AAP). The AAPD guideline highlights the higher risks of adverse outcomes associated with sedation of pediatric patients and emphasizes the steps and actions needed to minimize the risks. This guideline can be found at: http://www.aapd.org/policies/policies_and_guidelines_2017/. (Accessed January 31, 2018)

Additionally, the following are some of the recommendations from the American Society of Anesthesiologists focusing on appropriate patient selection, quality anesthesia care and patient safety in the dental office:

- Pediatric patients and adults with major medical problems (ASA Physical Status III and above) are at higher risk of adverse events than other patients. For these high-risk patients and younger pediatric patients, ASA recommends evaluation by a primary care physician or physician anesthesiologist prior to scheduling a procedure
- Prolonged and extensive procedures with longer periods of sedation and anesthesia care are of concern in the office-based setting and qualified anesthesia providers, in consultation with such patients, should consider more suitable facilities for the procedure.
- Personnel with training in advanced resuscitative techniques (e.g., ACLS, PALS) should be immediately available until all patients are discharged home. A designated individual, other than the individual performing the procedure, should be present to monitor the patient throughout procedures performed with sedation. During deep sedation and/or general anesthesia, this individual should have no other responsibilities.
- At a minimum, all facilities should have a reliable source of oxygen, suction, resuscitation equipment and emergency drugs.
- Ensure there is a protocol for accessing emergency medical services, managing life-threatening complications, and maintaining emergency life support/rescue services.

This guideline can be found at: <https://www.asahq.org>. (Accessed January 30, 2018)

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GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">Updated list of applicable CDT codes to reflect annual code edits; revised description for D9219Archived previous policy version DCG016.05