GENERAL ANESTHESIA AND CONSCIOUS SEDATION SERVICES

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Effective Date: March 1, 2020

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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.

Nitrous Oxide

Nitrous oxide may be indicated for the following:

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

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

- Severe underlying medical conditions
- Upper respiratory tract infections or other acute respiratory conditions
- Severe emotional disturbances
- Severe behavioral disorders
- Chemical dependencies
- Claustrophobia
- Pregnancy – first trimester
- Treatment with bleomycin sulfate (injection used in cancer patients)
- Methlenetetrahydrofolate reductase (MTHFR) deficiency
- Vitamin B12 deficiency

Moderate/Conscious Sedation

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

- Anxiety and fear when other techniques have proven inadequate
- Pain control when other techniques have proven inadequate
- Management of gag reflex if nitrous oxide is ineffective or 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
- In any individual where intravenous sedation presents increased risk of adverse outcome or complications
**Non-Intravenous Sedation**

Non-intravenous sedation may be indicated for the following situations:

- 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

**Deep Sedation/General Anesthesia**

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

- 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 situations:

- 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

**Nerve Blocks**

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

**Coverage Limitations**

- These procedures are covered when Necessary in conjunction with Covered Dental Services
- Local Anesthesia is inclusive and not covered in conjunction with operative or surgical procedure

**DEFINITIONS**

**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. (ASA)

**General Anesthesia**: A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory 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. (ASA)

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

**Minimal Sedation**: is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected. (ASA)

**Moderate Sedation (“Conscious 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. (ASA)

**Necessary**: Dental Services and supplies which are determined through case-by-case assessments of care based on accepted dental practices to be appropriate; and
- Needed to meet your basic dental needs; and
• Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the dental service; and
• Consistent in type, frequency and duration of treatment with scientifically based guidelines of accepted national clinical, research, or health care coverage organizations or governmental agencies; and
• Consistent with the diagnosis of the condition; and
• Required for reasons other than the convenience of you or your dental provider; and
• Demonstrated through prevailing peer-reviewed dental literature to be either:
  o Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
  o Safe with promising efficacy:
    ▪ For treating a life threatening dental disease or condition; and
    ▪ In a clinically controlled research setting; and
    ▪ Using a specific research protocol that meets standards equivalent to those defined by the National Institutes of Health

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.

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<tr>
<th>CDT Code</th>
<th>Description</th>
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<tr>
<td>D9210</td>
<td>Local anesthesia not in conjunction with operative or surgical procedures</td>
</tr>
<tr>
<td>D9211</td>
<td>Regional block anesthesia</td>
</tr>
<tr>
<td>D9212</td>
<td>Trigeminal division block anesthesia</td>
</tr>
<tr>
<td>D9215</td>
<td>Local anesthesia in conjunction with operative or surgical procedures</td>
</tr>
<tr>
<td>D9219</td>
<td>Evaluation for moderate sedation, deep sedation or general anesthesia</td>
</tr>
<tr>
<td>D9222</td>
<td>Deep sedation/general anesthesia – first 15 minutes</td>
</tr>
<tr>
<td>D9223</td>
<td>Deep sedation/general anesthesia – each subsequent 15 minute increment</td>
</tr>
<tr>
<td>D9230</td>
<td>Inhalation of nitrous oxide/analgesia, anxiolysis</td>
</tr>
<tr>
<td>D9239</td>
<td>Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes</td>
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<tr>
<td>D9243</td>
<td>Intravenous moderate (conscious) sedation/analgies – each subsequent 15 minute increment</td>
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<tr>
<td>D9248</td>
<td>Non-intravenous conscious sedation</td>
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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 December 2019)

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
Performing the procedure, children undergoing dental treatment under general anesthesia.


Heaton LJ, McNeil DW, Milgrom P. Propranolol and D-cycloserine as adjunctive medications in reducing dental fear in sedation practice. SAAD Dig. 2010 Jan;26:27-35.


GUIDELINE HISTORY/REVISION INFORMATION

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| 03/01/2020 | Definitions<br>• Updated definition of "Minimal Sedation"
|            | Supporting Information<br>• Updated References section to reflect the most current information<br>• Archived previous policy version DCG016.08 |

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.