

General Anesthesia and Conscious Sedation Services

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[Instructions for Use](#)

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Related Dental Policies
None

Coverage Rationale

Nitrous Oxide

Nitrous oxide may be indicated for the following:

- Extensive and/or complex procedures
- Individuals with physical, cognitive or developmental disabilities
- Ineffective Local Anesthesia
- Management of a severe gag reflex
- Management of fear and anxiety

Nitrous oxide may be contraindicated for, but not limited to, the following:

- Claustrophobia
- Pregnancy
- Severe underlying medical conditions
- Significant personality and behavioral disorders
- Upper respiratory tract infections or other respiratory conditions

Nitrous oxide is an absolute contraindication for the following:

- Methylenetetrahydrofolate reductase (MTHFR) deficiency
- Pulmonary hypertension
- Severe Chronic Obstructive Pulmonary Disease (COPD)
- Treatment with bleomycin sulfate
- Vitamin B12 deficiency
- Within 3 months vitreoretinal surgery

Intravenous Moderate/Conscious Sedation and Deep Sedation/General Anesthesia

Intravenous Moderate/Conscious Sedation and Deep Sedation/General Anesthesia may be indicated for the following:

- Allergy or sensitivity to local anesthetic agents
- Extensive and/or complex procedures
- Extreme anxiety and fear, or behavioral management when other techniques have proven inadequate
- Individuals that are medically compromised or those with special needs
- Lengthy restoration procedures for pediatric members

- Management of severe gag reflex if nitrous oxide is ineffective or not indicated
- Pain control when other techniques have proven inadequate

Intravenous Moderate/Conscious Sedation and Deep Sedation/General Anesthesia are contraindicated if there is an increased risk of adverse outcome or complications.

Non-Intravenous Sedation

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

- Individuals with physical, cognitive or developmental disabilities
- Mild to moderate apprehension and anxiety

Non-intravenous sedation is contraindicated if there is an increased risk of adverse outcome or complications.

Nerve Blocks

Nerve blocks are not addressed in this dental coverage guideline. Please refer to the appropriate Medical Policy regarding coverage for nerve blocks.

Coverage Limitations

- These procedures are covered when necessary in conjunction with covered dental services
- Local Anesthesia is inclusive to procedures performed and not separately reimbursed

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 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. (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:

- Safe and effective for treating or diagnosing the condition or sickness for which its use is proposed; or
- 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 Policies and Guidelines may apply.

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

http://www.ada.org/~/media/ADA/Education%20and%20Careers/Files/ADA_Sedation_Use_Guidelines.pdf

(Accessed December 2020)

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:

https://www.aapd.org/globalassets/media/policies_guidelines/bp_monitoringsedation.pdf. (Accessed December 2019)

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/standards-and-guidelines/statement-on-sedation-anesthesia-administration-in-dental-officebased-settings>. (Accessed December 2020)

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Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	<p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Removed duplicative language addressed in the <i>Description of Services</i> section of the policy <p>Nitrous Oxide</p> <ul style="list-style-type: none"> ● Revised list of indications: <ul style="list-style-type: none"> ○ Replaced: <ul style="list-style-type: none"> ▪ “Extensive and/or complex <i>services</i>” with “extensive and/or complex <i>procedures</i>” ▪ “Individuals with <i>special needs</i>” with “individuals with <i>physical, cognitive or developmental disabilities</i>” ▪ “Anxiety” with “<i>management of fear and anxiety</i>” ○ Removed “behaviorally challenged or uncooperative individuals” ● Replaced language indicating “nitrous oxide <i>is</i> contraindicated for, but not limited to, the [listed] <i>situations</i>” with “nitrous oxide <i>may be</i> contraindicated for, but not limited to, the [listed situations]” ● Revised list of contraindications to reflect/include: <p>May be Contraindicated</p> <ul style="list-style-type: none"> ○ Claustrophobia ○ Pregnancy ○ Severe underlying medical conditions ○ Significant personality and behavioral disorders ○ Upper respiratory tract infections or other respiratory conditions <p>Absolute Contraindications</p> <ul style="list-style-type: none"> ○ Methylenetetrahydrofolate reductase (MTHFR) deficiency

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Pulmonary hypertension ○ Severe Chronic Obstructive Pulmonary Disease (COPD) ○ Treatment with bleomycin sulfate ○ Vitamin B12 deficiency ○ Within 3 months vitreoretinal surgery <p><i>Intravenous Moderate/Conscious Sedation and Deep Sedation/General Anesthesia</i></p> <ul style="list-style-type: none"> ● Revised list of indications: <ul style="list-style-type: none"> ○ Added: <ul style="list-style-type: none"> ▪ Allergy or sensitivity to local anesthetic agents ▪ Extensive and/or complex procedures ▪ Extreme anxiety and fear, or behavioral management when other techniques have proven inadequate ▪ Lengthy restoration procedures for pediatric members ○ Replaced “management of gag reflex if nitrous oxide is ineffective or not <i>suitable</i>” with “management of <i>severe</i> gag reflex if nitrous oxide is ineffective or not <i>indicated</i>” ● Revised list of contraindications; removed “allergy to intravenous medications” <p><i>Non-Intravenous Sedation</i></p> <ul style="list-style-type: none"> ● Revised list of indications; replaced: <ul style="list-style-type: none"> ○ “Anxiety” with “<i>mild to moderate apprehension and anxiety</i>” ○ “Individuals <i>that are uncooperative or unmanageable</i>” with “<i>individuals with physical, cognitive or developmental disabilities</i>” ● Revised list of contraindications; replaced “member or dentist convenience” with “an increased risk of adverse outcome or complications” <p><i>Nerve Blocks</i></p> <ul style="list-style-type: none"> ● Modified language to clarify nerve blocks are not <i>addressed in this dental coverage guideline</i>; refer to the appropriate Medical Policy regarding coverage for nerve blocks <p><i>Coverage Limitations</i></p> <ul style="list-style-type: none"> ● Replaced language indicating “Local Anesthesia is inclusive <i>and not covered in conjunction with operative or surgical procedure</i>” with “Local Anesthesia is inclusive <i>to procedures performed and not separately reimbursed</i>” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Description of Services</i> and <i>References</i> sections to reflect the most current information ● Archived previous policy version DCG016.09

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.