

Clinical Policy: Dental Anesthesia and Facility Services

Reference Number:

Effective Date: September 1, 2018

Last Review Date: n/a

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

When medical necessity requires that dental procedures be performed in a hospital or ambulatory surgical center, New Hampshire Healthy Families reimburses for the ancillary services associated with the dental procedure such as anesthesia. For all dental procedures performed in an outpatient hospital or ambulatory surgical center, NHHF reimburses the facility charges under CPT codes 41899.

New Hampshire Healthy Families will only reimburse the facility charges for dental procedures performed in a hospital or ambulatory surgical center when prior authorized.

New Hampshire Healthy Families will not reimburse these costs when the operating room is used for convenience of the member or provider in the absence of medical necessity.¹

Dental Anesthesia Performed In Dental Offices

Effective July 1, 2018, a number of dental providers have opted to obtain a permit from the NH Board of Dental Examiners for providing general anesthesia and moderate sedation in their offices. These providers have been authorized by DHHS to allow either a dental anesthetist or a CRNA to provide such services to NHHF members. The service must be prior authorized by the Dental department at DHHS to be reimbursed by NHHF. The anesthesia charges must be billed separately on a CMS 1500 form using the specific coding in the table below, Dental Anesthesia Performed in Dental Offices.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that requests for *general anesthesia or IV sedation in an inpatient setting or ambulatory surgery center when services are not available in the provider office* are considered **medically necessary** when any of the following are met:
 - A. Member is younger than eight (8) years of age with a dental condition that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combination of these or other dental procedures); *or*
 - B. Member exhibits physical, intellectual, or medically-compromised conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a humane and successful result and which, under general anesthesia, may be expected to produce a superior result; *or*

¹ Reference: New Hampshire Title XIX Program Dental Provider Manual

- C. Member needs local anesthesia with dental treatment but the local anesthesia is/will be ineffective because of acute infection, anatomic variation, or allergy; *or*
- D. Member is extremely uncooperative, fearful, anxious, or uncommunicative with dental needs of such magnitude or clinically apparent and functionally threatening to the well-being of the individual that treatment should not be postponed or deferred, and the lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity or mortality; *or*
- E. Member has sustained oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.

Background

Sedation and anesthesia for dental procedures performed on patients in nontraditional settings, such as acute inpatient facility or ambulatory surgery center, have increased over the past several years. Providers must be qualified and appropriately trained individuals in accordance with state regulations and professional society guidelines.

All locations that administer general anesthesia must be equipped with anesthesia emergency drugs, appropriate resuscitation equipment, and properly trained staff to skillfully respond to anesthetic emergencies. Locations covered under this policy are acute care inpatient facilities and ambulatory surgery centers.

General anesthesia allows for the safe and humane provision of dental diagnostic and surgically invasive procedures. General anesthesia is only necessary for a small subset of members but is an effective, efficacious, and safe way to provide necessary treatment. Those included in this subset are children who may be cognitively immature, highly anxious or fearful, have special needs, or medically compromised and unable to receive treatment in a traditional office setting.

Withholding of general anesthesia can result in less access to quality oral health care and long term consequences. Less effective management of these members may increase avoidance behaviors of oral health professionals in the future and increase care being sought in the emergency department. Improved diagnostic yield and greater quality of procedures improves the cost-effectiveness of general anesthesia over local anesthesia in some children.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

This code list does not indicate if a procedure is or is not considered medically necessary.

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CPT®* Codes	Description
Dental Services performed in an OR and ASC Setting	
41899	Unlisted procedure, dentoalveolar structures

CPT®* Codes	Description	Modifiers	Maximum Units
Dental Anesthesia performed in Dental Offices			
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	U1	1 unit (15 minutes)
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	U3, U1	7 units (15 minutes each)
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	U1	1 unit (15 minutes)
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	U1	1 unit (15 minutes)
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	U3, U1	7 units (15 minutes each)

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Reviews, Revisions, and Approvals	Date	Approval Date
Policy creation	5/2018	

Bibliography

1. New Hampshire Title XIX Program Dental Provider Manual

References

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2. American Academy of Pediatric Dentistry. General Anesthesia Legislation. Accessed at: http://www.aapd.org/advocacy/general_anesthesia_legislation/
3. American Academy of Pediatric Dentistry. Pediatric Oral Health Research & Policy Center, Technical Report 2-2012: An essential health benefit: general anesthesia for treatment of early childhood caries. Accessed at: <http://www.aapd.org/assets/1/7/POHRPCTechBrief2.pdf>
4. American Dental Association Policy Statement: The use of conscious sedation, deep sedation and general anesthesia in dentistry. As adopted by the October 2007 ADA House of Delegates.
5. American Academy of Pediatric Dentistry. Guideline on use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. Adopted 2001, Revised, 2005, 2007, 2009, 2012.
6. Cote CJ, Wilson S, American Academy of Pediatrics, American Academy of Pediatric Dentistry. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016. Available at: <http://pediatrics.aappublications.org/content/early/2016/06/24/peds.2016-1212>. Accessed March 20, 2018.
7. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists. Adopted by the ADA House of Delegates, October 2016

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

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discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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