Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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***Current Policy Effective Date: 3/1/12**

Title: Dental Anesthesia

Description / Background

Anesthesia services consist of the administration of an anesthetic agent in one of the following forms:

- General anesthesia means the loss of ability to perceive pain when associated with loss of consciousness produced by intravenous infusion of drugs or inhalation of anesthetic agents.
- Regional anesthesia is the use of local anesthetic solution(s) to produce circumscribed areas of loss of sensation. This includes nerve, spinal, epidural and field blocks. Epidural anesthesia is produced by injection of a local anesthetic solution into the epidural space. Spinal anesthesia places the anesthetic agents into the subarachnoid space.
- Local anesthesia is infiltration or topical application of an anesthetic into or onto the operative site.
- Intravenous sedation produces a depressed level of consciousness that retains the patient's ability to independently and continuously maintain the airway.

Most dental care is provided in an office setting using local anesthesia. Occasionally, intravenous sedation may be offered. Under certain circumstances, it may be necessary to perform these procedures in a hospital or outpatient surgical facility using intravenous sedation or general anesthesia.

Medical Policy Statement

The safety and efficacy of general anesthesia and/or intravenous sedation for specified dental procedures have been established. They are useful therapeutic options for patients meeting the appropriate patient selection criteria.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

For anesthesia services during a dental procedure to be eligible for separate reimbursement, the anesthesia must be rendered by a provider **other than** the provider (such as an anesthetist), performing the dental service itself. All facility charges incurred in association with the anesthesia charges are covered under the medical/surgical benefit if any **ONE** the following criteria are met.

- For children under age seven (i.e., through the end of the sixth year)
- For older patients (over the age of seven), consider the extent of the procedures required. At a minimum, the patient should require:
  - A total of six or more teeth to be extracted, **or**
  - Other procedures that must be performed in two or more quadrants of the mouth on the same date of service.

  In addition, for patients over the age of seven, **one** of the following conditions must exist:
  - A concurrent hazardous medical or behavioral condition that creates a documented medical necessity for performing the procedure in a facility using general anesthesia or sedation. These conditions may include, but are not limited to, labile hypertension, severe cerebral palsy and/or spasticity, morbid obesity, severe autism, movement disorders, etc. Note: A history of chronic diabetes mellitus is *not* considered a concurrent hazardous medical condition under the above criteria.
  - Significant cellulitis or swelling and associated trismus (a sustained spasm of the jaw muscles, characteristic of the early stages of tetanus) that does not allow the use of local anesthesia.
  - Extensive orofacial and/or dental trauma for which treatment under local anesthesia would be ineffective or compromised.

Exclusions:

- Patients with situational anxiety and/or stable chronic medical conditions do not satisfy the above criteria.
- Intravenous sedation administered in the provider's office.

CPT / HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

00170 41899

Regulatory Status:

N/A

Rationale

Dental procedures done in the office setting do not allow for more carefully monitored and controlled conditions necessary when a patient has a documented medical necessity to perform the procedure in a facility under general anesthesia or sedation.

Related Policies

N/A

References

1. Blue Cross Blue Shield of Michigan, *Dental Care News*, pp.3-4, published January 2008.
2. Center for Medicare and Medicaid Services (CMS), "Guide to Children's Dental Care in Medicaid, available at https://www.cms.gov/MedicaidDentalCoverage/Downloads/dentalguide.pdf (October 11, 2011).

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 10/7/11, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
7/9/02	7/9/02	7/9/02	Joint medical policy established
10/11/04	10/11/04	10/11/04	Policy updated, title changed to "Dental Anesthesia"
5/1/07	2/9/07	2/9/08	Routine maintenance
11/1/07	8/21/07	8/29/07	Revised Inclusionary/Exclusionary Guidelines section, revised CPT code section
11/1/08	8/19/08	10/30/08	Routine maintenance
3/1/12	12/13/11	12/21/11	Routine maintenance

Next Review Date: 4th Qtr, 2012

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 8/27/00	Revised: N/A
BCBSM: 6/30/97	Revised: N/A

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: DENTAL ANESTHESIA

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered; criteria apply.
BCNA (Medicare Advantage)	Covered; criteria apply.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.
BlueCaid	Covered; criteria apply.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.