Clinical Policy: Dental Anesthesia in the Outpatient Hospital or in the Ambulatory Surgical Center

Reference Number: GA.MP.11
Last Review Date: 02/2019

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
The purpose of this document is to define the policy and procedure for determining the proper utilization of, and for obtaining authorization for general anesthesia and intravenous (IV) sedation in an outpatient hospital or ambulatory surgical center (ASC) setting for dental procedures, dental code D9420.

Policy/Criteria
It is the policy of Peach State Health Plan (PSHP) to assure that members are authorized for appropriate anesthesia type for dental procedures. All requests received by the dental vendor for general anesthesia and for IV sedation in an outpatient hospital setting, dental code D9420 will require a medical necessity review. An office setting will be the required location for dental general anesthesia or IV sedation, if there is availability to the dentist, dental surgeon, or oral surgeon in this setting.

Providers must be qualified and appropriately trained 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.

The review of dental anesthesia in an outpatient setting is a two-step process. The first step is to review the authorization for the requested dental services to ensure the services need to be completed in an outpatient setting. The second step is to determine the need for anesthesia services.

A. Process for reviewing dental services:
   1. Requests for dental services and anesthesia goes to the dental vendor:
      a. Dental vendor reviews for appropriate requirements (listed below) for general anesthesia or for IV sedation in the outpatient hospital setting:
         i. Readable pre-operative x-rays
         ii. Dental action plan
         iii. All relevant office chart notes
         iv. Intraoral photos, if requested
         v. Completed scoring tool “Sedation Evaluation Tool for Dental Procedure” (see attached template)
      b. Dental vendor reviews for medical necessity of the requested procedure and denies procedure and anesthesia request if not meeting medically necessary criteria for that dental procedure. The Notice of Adverse Benefit Determination (Denial Notice) is issued by dental vendor.
c. If the dental vendor receives a request for a dental service that is marked as expedited, and judged to be of true urgent nature, the dental vendor may approve the procedure and general anesthesia in any setting if requested.

d. The Dental Director or Dental Consultant evaluates the case and makes clinical judgment of medical necessity for the anesthesia requested based on policy and sedation evaluation tool requirements found in the “Sedation Evaluation Tool for Dental Procedures.”

2. If dental procedure(s) and the general anesthesia or sedation in the outpatient hospital or ambulatory surgery center is approved, the Dental vendor will send an automated fax approval letter to the requesting dentist.

3. The Dental vendor will fax the Peach State Health Plan (PSHP) Outpatient Form and Sedation Tool to PSHP with the dental service authorization number.

4. PSHP Referral Specialist will issue a facility/anesthesia authorization number in TruCare and fax it to the hospital and the provider who initiated the request.

5. The requesting provider calls the facility to schedule the services and informs the member.

6. All standard and urgent service requests will be completed adhering to the process outlined in the Timeliness of UM Decisions and Notifications Policy (GA.UM.05). If request is marked urgent, it will be reviewed by dental vendor and judgment made regarding the urgent nature. Approvals for anesthesia in all settings or of any type can be made by dental vendor if deemed urgent.

7. If the Outpatient Hospital or Ambulatory Surgery Center anesthesia or sedation request is denied, the Dental vendor will fax/mail the Notice of Adverse Benefit Determination or Denial Notices to the requesting provider and mail the Notice of Adverse Benefit Determination or Denial Notice letter to the member, including information about how to appeal the determination.

B. Process for reviewing general anesthesia and/or IV sedation in an outpatient hospital setting or ASC:

1. Dental vendor Dental Director or Dental Consultant assures that all requirements for general anesthesia or for IV sedation in outpatient hospital setting are met. Required documents for review include:
   i. Readable pre-operative x-rays
   ii. Intraoral photos, if requested
   iii. Dental action plan
   iv. All relevant office chart notes
   v. Completed scoring tool (“Sedation Evaluation Tool for Dental Procedures”)

2. Dental Director or Dental Consultant reviews the scoring tool for completion, reviewing member age, services required, and health complications and documented previous anesthesia attempted and failed.

3. Dental Director or Dental Consultant compares clinical notes to scoring on the Sedation evaluation tool for dental procedures for accuracy (see attachment).

4. Dental Director or Dental Consultant will render decision based on scoring tool and clinical documentation. A scoring of 18 points or more on the Sedation
Evaluation Tool for Dental Procedures meets medical necessity for Outpatient Hospital Setting or ASC. Approvals will be made for service type of sedation requested and setting.

5. Dental Director or Dental Consultant documents approval or denial of service in Enterprise system.

**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 2019, 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.

<table>
<thead>
<tr>
<th>CDT® Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>D9222</td>
<td>Deep sedation/general anesthesia – initial 15 minute increment</td>
</tr>
<tr>
<td>D9223</td>
<td>Deep sedation/general anesthesia – each subsequent 15 minute increment</td>
</tr>
<tr>
<td>D9239</td>
<td>Intravenous moderate (conscious) sedation/analgesia – initial 15 minute increment</td>
</tr>
<tr>
<td>D9243</td>
<td>Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment</td>
</tr>
<tr>
<td>D9420</td>
<td>Hospital or ambulatory surgical center call</td>
</tr>
<tr>
<td>D9999</td>
<td>Unspecified adjunctive procedure, by report (hospital or ambulatory surgical center call)</td>
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<table>
<thead>
<tr>
<th>Reviews, Revisions, and Approvals</th>
<th>Date</th>
<th>Approval Date</th>
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<tbody>
<tr>
<td>Original approved date</td>
<td>2/2015</td>
<td>2/2015</td>
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<tr>
<td>Added under Product Type: ALL, and Added References</td>
<td>2/2016</td>
<td>2/2015</td>
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<tr>
<td>Added Readable pre-operative x-rays or intraoral photos if less than 5 years old under A. Process for dental requests and B. Process for dental anesthesia reviews and on the Sedation Evaluation Tool for Dental Procedures.</td>
<td>9/2016</td>
<td>9/2016</td>
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<td>Changed Mental retardation to Mental or developmental disability on the Sedation Evaluation Tool for Dental Procedures.</td>
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<td>Annual Review. Changed name of policy from Dental Anesthesia to “Dental Anesthesia in the Outpatient Hospital or in the Ambulatory Surgical Center”. Change product type from All to Medicaid. Change intraoral photos if less than 5 years old, to “intraoral photos, if requested”.</td>
<td>2/2017</td>
<td>2/2017</td>
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### Reviews, Revisions, and Approvals

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>Updated references. Added Dental code D9420 to general anesthesia and for intravenous or IV sedation in an outpatient hospital setting. Made changes throughout to reflect the new Dental vendor process, and deleted sections of the old Dental vendor process that do not apply. Changes to the Evaluation Tool for Dental Procedures included adding the Dental codes for type of sedation requested, and changing Total points eligible for Outpatient Hospital setting anesthesia or sedation from 20 points to 18 points. References reviewed and updated. Changed name of Notice of Action letter or Denial letter to Notice of Benefit Determination or Denial Notices. Changed Dental Consultant to “Dental Director or Dental Consultant”</td>
<td>2/2018</td>
<td>2/2018</td>
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<td>Converted to new Centene Corporation clinical policy template with minor reformatting throughout. Under Policy/Criteria added, The review of dental anesthesia in an outpatient setting is a two-step process. The first step is to review the authorization for the requested dental services to ensure the services need to be completed in an outpatient setting. The second step is to determine the need for anesthesia services. Under Policy/Criteria B item 4 added, A scoring of 18 points or more on the Sedation Evaluation Tool for Dental Procedures meets medical necessity for Outpatient Hospital Setting or ASC. Approvals will be made for service type of sedation requested and setting. Added CDT codes. Added definitions for General Anesthesia and IV Sedation. References reviewed and updated.</td>
<td>2/2019</td>
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**Attachments:** Sedation Evaluation Tool for Dental Procedures (rev 1/2017)

**Definitions:**

**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.

**IV 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.

References
5. Timeliness of UM Decisions and Notifications Policy (GA.UM.05)
8. Benefit Determination (Denial) Notices, GA.Q1.41.
10. Dental Anesthesia in Outpatient Hospital or Ambulatory Surgical Center Setting, ENVD.UM.CP.0003, 1/1/2019, Envolve Dental Inc.

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 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.

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**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](http://www.cms.gov) for additional information.

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