



Subject: General Anesthesia for Dental Procedures

Revision: 4/25

DESCRIPTION

While most dental care is provided in a traditional dental office setting utilizing local anesthesia and, when indicated, a variety of adjunctive pharmacologic and behavioral guidance techniques, a subset of patients cannot benefit from routine approaches. The American Academy of Pediatric Dentistry (AAPD) recognizes that non-pharmacological behavior guidance techniques are not viable for some pediatric dental patients. Some children and patients with special health care needs have treatment conditions, acute situational anxiety, uncooperative age-appropriate behavior, immature cognitive functioning, disabilities, or medical conditions that require deep sedation/general anesthesia to undergo dental procedures in a safe and humane fashion. Included in this group are infants and children who have not yet developed the ability to comprehend the need for their treatment nor the effective and appropriate skills to cope with invasive and potentially uncomfortable and psychologically threatening procedures. For many of these patients, treatment under general anesthesia in a hospital, outpatient facility, dental office or clinic represents the optimum or only venue to deliver necessary oral health care.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans

DEFINITION

General anesthesia: a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to 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.

POLICY

The OSU Health Plan considers general anesthesia for dental procedures medically necessary for the following indications:

- The covered person is a child, up to and including 12 years old, with a dental condition (such as baby bottle syndrome) that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions or any combinations of these noted or other dental procedures); or
- Covered persons, including infants, exhibiting physical, intellectual, or medically compromising 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, can be expected to produce a superior result.
- Covered persons demonstrating dental treatment needs for which local anesthesia is indicated, but is ineffective because of acute infection, anatomic variation, or allergy.
- Covered persons who are extremely uncooperative, fearful, anxious, or uncommunicative patient with dental needs of such magnitude or clinically apparent and functionally threatening the well-being of the individual, that treatment should not be postponed or

deferred and for whom 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.

- Covered persons who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised.
- Covered persons with bony impacted wisdom teeth.

PROCEDURES

Network providers should be utilized, when possible, if required by the benefit plan. However out of network anesthesia services will be considered if performing dentist does not have privileged at a network facility.

PRIOR AUTHORIZATION

Prior authorization is required and must meet the medical necessity criteria in the policy.

EXCLUSIONS

Children whose dental needs are minor and those children whose medical status precludes the use of general anesthesia.

Dental services are not covered under the OSU Health Plan medical benefits.

CODES

Following CPT/HCPSC codes may be covered according to the above guidelines

CPT/HCPCS Code	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
41899	Unlisted procedure, dentoalveolar structures [when used for facility fee only]
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room

REFERENCES

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