

ADMINISTRATIVE GUIDELINE – 10.01.503

General Anesthesia and Facility Services Related to Dental Treatment

Effective Date: Apr. 1, 2025

Last Revised: Mar. 24, 2025

Replaces: N/A

RELATED MEDICAL POLICIES / GUIDELINES:

None

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Introduction

Anesthesia is a way to control pain during a surgery or procedure by using medicine called anesthetics. Dentists can provide most types of anesthesia in their office, including general anesthesia. When an individual has a medical condition, it may be necessary for another skilled professional to give this medicine in place of the dentist. The individual may also need to have the procedure done in a place other than the dentist's office. In those cases, the anesthesia or other location may be covered under the member's medical benefit. Only certain medical conditions support this additional staff, service, or special setting. This policy explains some of the circumstances when anesthesia may be covered by a member's medical benefit during a dental procedure.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

| Service | Medical Necessity |
|--|---|
| Hospital or outpatient facility care | <p>Hospital or outpatient facility care related to administration of general anesthesia for dental treatments may be considered medically necessary when one or more of the following are true:</p> <ul style="list-style-type: none"> • A physician has determined that the member's medical condition would cause undue risk if the dental treatment were performed in a dental office. Some examples, though not all inclusive, are: <ul style="list-style-type: none"> ○ Cardiac conditions ○ Chronic respiratory disease, such as emphysema ○ Hemophilia or other blood disorder ○ History of allergy or previous reaction to local anesthesia ○ Severe anemia ○ Severe hypertension ○ Uncontrolled diabetes <p>OR</p> <ul style="list-style-type: none"> • The severity and extent of the dental condition prevents treatment in the dental office setting |
| General anesthesia and medical monitoring | <p>General anesthesia and medical monitoring related to dental treatments in a hospital, outpatient facility, or a dental office may be considered medically necessary when one or more of the following are true:</p> <ul style="list-style-type: none"> • The member has a physical or mental disability and cannot be managed with local anesthesia, intravenous (IV) or non-intravenous conscious sedation • The member is a child who has tried and failed other means of individual management (including premedication) in the office setting • The member is a child and other means of individual management are contraindicated <p>Note: General anesthesia services must be provided by a licensed anesthesia professional other than the dentist or physician performing the dental treatment. See the criteria for general anesthesia provided in a dental office from the Dental Quality Assurance Commission – WAC 246-817-770; WAC 246-817-771; WAC 246-817-772-Accessed February 25, 2025</p> |



Documentation Requirements

Submit narrative, chart notes, treatment plan, and diagnosis supporting medical necessity.

Coding

| Code | Description |
|-------------|---|
| CPT | |
| 00170 | Anesthesia for intraoral treatments, including biopsy; not otherwise specified |
| 01999 | Unlisted anesthesia procedure(s) |
| 41899 | Unlisted procedure, dentoalveolar structures |
| CDT | |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment |
| HCPC | |
| 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 |

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS). CDT codes, descriptions and materials are copyrighted by the American Dental Association (ADA).

Related Information

| Abbreviation | Definition |
|--------------|--------------------------------|
| DDS | Doctor of Dental Science |
| DMD | Doctor of Dental Medicine |
| MD | Doctor of Medicine |
| DO | Doctor of Osteopathic Medicine |



Benefit Application

Note: Submission of a pre-service review request to the Dental Review Team is recommended before the dental treatment starts.

- Treatment professional services of a dentist with a general anesthesia permit or a licensed anesthesiologist when criteria are met.
- Medical procedures performed by oral surgeons or by a DDS, DMD, MD, or DO when medically necessary are eligible for medical benefits according to the same guidelines as surgeries performed on the rest of the body. Examples of oral surgeries, though not all-inclusive, are:
 - Excision of exostoses of the jaw and hard palate
 - Excision of tumors or cysts of the jaw, tongue, roof and floor of the mouth
 - Frenulectomy for congenital ankyloglossia (tongue tied only)
 - Incision and drainage of cellulitis of the oral region
 - Incision or excision of abscess of accessory sinuses, salivary glands, or ducts
 - Surgical treatments required due to injuries that involve dental or oral conditions, such as fractures of the jaw, intra-oral lacerations, and dislocations.
- Treatment professional services of a dentist with a general anesthesia permit or a licensed anesthesiologist related to dental treatments in a hospital or outpatient facility may be paid under medical benefits when criteria are met.
- Professional payment for dental care is not covered under medical benefits except as specified in the member's contract.

Evidence Review

Description

In limited situations, when specific risk factors or significant medical conditions are documented where a member cannot tolerate a dental treatment in the dental office setting, it may be necessary to receive the dental treatment in a hospital or outpatient surgical facility.



It may be necessary to receive deep sedation anesthesia (general anesthesia) by a dentist with a general anesthesia permit or a licensed anesthesiologist in a dental office, outpatient facility, or hospital.

General anesthesia as defined by the American Dental Association is a drug-induced loss of consciousness during which individuals are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Individuals 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.¹

Rationale

According to the American Dental Association (ADA), in-office sedation has been a useful and cost-effective means to assist individuals such as children, those afraid of the dentist, the behaviorally or medically challenged, as well as those with gagging problems, to receive dental care. The ADA has guidelines for the use of conscious sedation, deep sedation, and general anesthesia. The ADA guideline recommends that individuals must be evaluated prior to the start of any sedative treatment and especially when deep sedation/general anesthesia is being considered.¹

Medicare has a statutory dental exclusion which states, "...where such expenses are for services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting teeth, except that payment may be made under part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of services."²

Individuals with special health care needs may have behaviors that interfere with the safe delivery of a dental treatment. When in-office protective stabilization is not possible or effective, sedation using general anesthesia in a hospital or outpatient surgical facility may be necessary to provide treatment.³

References



1. American Dental Association (ADA) Guidelines for the use of sedation and general anesthesia by dentists. October 2016. Available online at: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada_sedation_use_guidelines.pdf?rev=b8b34313071d416a99182e8b37add4dd&hash=E5FAB383105610C2988B0ECA2ADBDF95. Accessed February 25, 2025.
2. Centers for Medicare & Medicaid Services. Medicare Dental Coverage. Baltimore, MD. CMS. Last modified 01.03.2025. Available at URL: <https://www.cms.gov/Medicare/Coverage/MedicareDentalCoverage> . Accessed February 25, 2025.
3. American Academy of Pediatric Dentistry (AAPD) Council on Clinical Affairs. Guideline on management of dental patients with special health care needs. Revised 2012. Available at: https://www.ctdhp.com/documents/g_shcn.pdf Accessed February 25,, 2025.
4. <https://www.medicaid.gov/medicaid/benefits/dental-care/index.html>. Accessed March 5, 2025.

History

| Date | Comments |
|----------|--|
| 12/01/98 | Add to Administrative Section - New Policy |
| 06/19/01 | Replace Policy - Scheduled review; policy guidelines clarified |
| 07/01/02 | Replace Policy - Scheduled review; no criteria changes |
| 10/08/02 | Replace Policy - Policy language cleaned up. |
| 06/17/03 | Replace Policy - Policy reviewed, no changes required. |
| 09/01/04 | Replace Policy - Policy renumbered from PR.10.01.103. No date changes. |
| 05/10/05 | Replace Policy - Scheduled review; no changes to policy statement. |
| 06/16/06 | Replace Policy - Scheduled review; no changes to policy statement. |
| 03/13/07 | Replace Policy - Scheduled review; no changes to policy statement. |
| 01/08/08 | Replace Policy - Policy updated with literature review; no change to policy statement. |
| 01/13/09 | Replace Policy - Policy updated with literature search; no change to policy statement. |
| 01/12/10 | Replace Policy - Policy updated with literature search; no change to policy statement. |
| 02/08/11 | Replace Policy - Routine review; no change in policy statement. |
| 01/06/12 | Replace Policy – Routine review; no change in policy statement. |
| 01/29/13 | Replace policy. Policy rationale updated based on a literature review through November 2012, reference 1 added, others renumbered. Policy statement unchanged. CPT codes (01999 and 41899) and CDT codes (D9220 and D9221) added. Title changed to General Anesthesia and Facility Services Related to Dental Treatment. |
| 07/08/13 | Replace policy. Policy statement added about hospital or outpatient surgery facility care as medically necessary. Added clarification Note: General anesthesia related to |



| Date | Comments |
|----------|---|
| | dental treatments in the office setting is not addressed in this policy. Rationale updated based on a literature review through May 2012. Reference 3 added. Minor edits for readability. Added definitions in Appendix for medical abbreviations used in the policy. Policy statement changed as noted. |
| 06/13/14 | Annual Review. No change in policy statements. |
| 06/09/15 | Annual Review. Policy updated with addition in scope; Policy now applies to anesthesia services provided in a dental office setting; reference to applicable criteria for general anesthesia provided in a dental office from the Dental Quality Assurance Commission added to Policy Guidelines section. |
| 04/01/16 | Annual Review, approved March 8, 2016. Policy updated; no change in policy statements. HCPCS codes D9220-D9221 deleted 12/31/15 (notation added) and replaced with D9223 and D9243, effective 1/1/16. |
| 07/01/16 | Update Related Policies. Remove 11.01.500 as it was archived. |
| 03/01/17 | Annual Review, approved February 14, 2017. Policy reviewed with no changes to policy statements. Moved to new policy format. No change in coverage. |
| 11/21/17 | Formatting update; changed heading from "Medical Policy" to "Administrative Guideline". |
| 05/01/18 | Annual Review, approved April 3, 2018. No changes to coverage statements. |
| 04/01/19 | Annual Review, approved March 5, 2019. Guideline statement unchanged. |
| 04/01/20 | Annual Review, approved March 3, 2020. Administrative guideline reviewed. Guideline statements unchanged. |
| 09/01/21 | Annual Review, approved August 24, 2021. Administrative guideline reviewed. References updated. Guideline statements unchanged. |
| 04/01/22 | Annual Review, approved March 21, 2022. Administrative guideline reviewed. References updated. Guideline statements unchanged. |
| 11/01/22 | Coding update. Updated coding description for CDT codes D9223 & D9243. |
| 04/01/23 | Annual Review, approved March 6, 2023. Administrative guideline reviewed. References updated. Guideline statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization. |
| 05/01/23 | Coding update. Added new HCPC code G0330. |
| 08/01/24 | Annual Review, approved July 22, 2024. Administrative guideline reviewed. References updated. Guideline statements unchanged except for minor editorial refinement for clarity only. |
| 04/01/25 | Annual Review, approved March 24, 2025. Administrative guideline reviewed. Reference deleted. References updated. Guideline statements unchanged. |



Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

