

# Dental Clinical Policy

**Subject:** Anesthesia

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## Description

The services identified in this policy are a part of a continuum of depth of sedation that is widely accepted and sets the standards for defining levels of sedation. The level of anesthesia is dependent upon the effects of the anesthetic agent on the central nervous system.

**General Anesthesia** is a drug-induced loss of consciousness where patients are unarousable, even by painful stimulation. Individuals often require assistance to maintain their airway and may need positive pressure ventilation due to depressed spontaneous breathing or drug-induced depression of neuromuscular function. In this state, cardiovascular function might also be impaired.

**Deep Sedation/Analgesia** refers to a drug-induced depression of consciousness in which a person is not easily aroused but responds purposefully after repeated or painful stimulation. In this state, assistance may be required to maintain an airway and spontaneous breathing may be inadequate. However, cardiovascular function is generally preserved.

**Intravenous Moderate (conscious) Sedation/Analgesia** is a level of drug induced depression of consciousness used to help a person feel relaxed and calm. No interventions are necessary to maintain an airway, spontaneous breathing is adequate and cardiovascular function is usually maintained. The person remains awake, able to follow directions and typically remembers little to nothing of the procedure completed.

**Minimal Sedation (Anxiolysis)** is drug induced state consciousness which allows a person to respond normally to verbal commands. While cognitive function and coordination may be impaired, a person maintains their airway reflexes, breathing and cardiovascular function.

## Clinical Indications for Anesthesia Services

The administration of local anesthesia, sedation and general anesthesia is an integral part of dental practice. The Plan is committed to the safe and effective use of all anesthesia modalities. Dentists administering anesthesia must be appropriately educated, trained and licensed.

The American Dental Association recommends avoidance of the use of preoperative oral sedatives for children (ages 12 and under) prior to arrival in the dental office, except in extraordinary situations due to the risk of unobserved respiratory obstruction during transport to the dental office by untrained individuals. For children 12 years of age and under, the American Dental Association supports the use of

the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

According to The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD), the definition of a child is between the ages of 0 to 21. While this definition may be appropriate to define a child by these recognized academies, for benefit purposes, Anthem follows criteria and state mandated ages for Intravenous (IV) and inhalation anesthesia for children.

When more advanced anesthetics, such as intravenous (IV) or inhalation are used to induce more profound levels of anesthesia, additional individuals trained in either Advanced or Basic Life Support (state specific) for Healthcare Providers must be present in addition to the dentist/oral surgeon. If required by the State, a current equipment inspection certificate, sedation license and CPR certification are mandatory.

General anesthesia or conscious sedation may be considered when performed in conjunction with other dental surgical procedures other than oral surgery when deemed necessary due to concurrent patient medical conditions/diagnoses. These conditions may be inclusive of, but not limited to, physical, intellectual or medically compromised conditions for which dental treatment using a local anesthetic cannot be expected to provide a successful result. Medical conditions, which may necessitate general anesthesia or conscious sedation services, must be supported by medical documentation from a physician.

#### **Medical Necessity and Generally Accepted Standards of Care**

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

(1) Consistent with the Member's diagnosis or condition.

(2) Rendered:

- In response to a life-threatening condition or pain; or
- To treat an injury, illness or infection related to the dentition; or
- To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

#### **Monitoring and Documentation:**

1. **Monitoring:** A dentist, or at the dentist's direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient's vital signs continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include observation of proper oxygenation (includes observation of the color of mucosa – pink hue); skin or blood must be continually evaluated. Oxygen saturation by pulse oximetry is appropriate and necessary.
2. **Ventilation:** chest movement must be continually observed. Respirations must be verified and documented by appropriately trained personnel.
3. **Circulation:** Blood pressure and heart rate must be evaluated pre-operatively, postoperatively and intra-operatively and properly documented.
4. **Documentation:** An appropriate, complete anesthesia record must be maintained that includes the names of all drugs administered, time of administration including dosages of local anesthetics or other anesthetic drugs (IV or inhalation). All physiological parameters must be monitored and properly documented.

**Emergency Management:**

The dentist is responsible for drug management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of intravenous or inhalation drugs as well as providing the appropriate equipment, drugs and office protocol for emergency management.

<b>Criteria</b>
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**Local Anesthesia**

- The administration of local anesthetic; be it traditional, electronic or buffered etc. - is considered inclusive of (part of) all dental procedures [unless a specific plan allows coverage] and is not eligible for a separate benefit.

**Regional and Trigeminal Division Block Anesthesia**

- Regional and trigeminal block anesthesia may not be a covered service.

**Deep Sedation/General Anesthesia, Intravenous Moderate (Conscious) Sedation/Analgesia, Non-Intravenous Conscious Sedation**

- These procedures may be benefitted when appropriate in conjunction with covered dental services.
- Medical conditions, which require the use of general anesthesia, must be supported by documentation submitted by the oral surgeon, dentist and/or physician administering the anesthesia.
- To qualify for general anesthesia or conscious sedation benefit, the member must satisfy one of the criteria noted below.
  - a The member is a child, up to the age defined by contract, with a dental condition (such as Early Childhood Caries) that requires repairs of significant complexity (for example, multiple amalgam and/or resin based composite restorations, pulpal therapy, extractions or any combinations of procedures as noted or other dental procedures)
  - b The member has 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 successful result and which, under anesthesia, can be expected to produce a superior result. Conditions include but are not limited to intellectual disabilities, cerebral palsy, epilepsy, severe cardiac problems and hyperactivity (verified by appropriate medical documentation)
  - c The member is extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative with complex dental needs which should not be postponed or deferred and for whom lack of treatment can be expected to result in oral pain, infection, loss of teeth, or other increased oral morbidity.
  - d The member for whom local anesthesia is ineffective (for reasons such as acute infection, anatomic variations or allergy). Failed attempts of local anesthesia administration must be documented and submitted for review
  - e The member has sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or

compromised

- The level of anesthesia is not determined by the route of administration, but by the dentist's documentation of the anesthetic agent's effect on the patient's central nervous system.
- The time of general anesthesia begins when the dentist starts administering the sedative agent and non-invasive monitoring protocol.
- The dentist administering the anesthesia must remain in constant attendance with the patient until completion of the anesthesia procedure.
- Services are considered complete when the patient may be safely left under the observation of trained personnel, and the dentist may safely leave the operatory to attend to other patients.
- Office anesthesia in excess of 60 minutes for any dental or surgical procedure requires written rationale/documentation explaining the necessity. Necessary documentation includes all associated radiographic images, progress notes, operative report and a complete anesthesia record indicating start and stop times of incremental drug administration.

#### **Inhalation of Nitrous Oxide/Analgesia**

- These procedures may be benefitted when appropriate in conjunction with covered dental services.
- Nitrous Oxide may be indicated for:
  - a. ineffective local anesthesia administration
  - b. treatment of dental anxiety
  - c. special needs patients
  - d. individuals who are uncooperative or behaviorally challenged
- Nitrous Oxide is contraindicated for, but not limited to:
  - a. Patients with severe respiratory compromise
  - b. First trimester pregnancy because of its potential teratogenic effects
  - c. Patients with a history of stroke
  - d. Hypotension and known cardiac conditions

#### **Coding**

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT** including but not limited to:

- D9210 local anesthesia not in conjunction with operative or surgical procedures
- D9211 regional block anesthesia
- D9212 trigeminal division block anesthesia
- D9215 local anesthesia in conjunction with operative or surgical procedures

- D9219 evaluation for deep sedation or general anesthesia
- D9222 deep sedation/general anesthesia – first 15 minutes
- D9223 deep sedation/general anesthesia – each 15 minute increment
- D9230 inhalation of nitrous oxide/analgesia, anxiolysis
- D9239 intravenous moderate (conscious) sedation/analgesia – first 15 minutes
- D9243 intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
- D9248 non-intravenous conscious sedation
- D9613 infiltration of sustained release therapeutic drug, per quadrant

**ICD-10** CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

## References

1. American Society of Anesthesiologists. Statement on Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia. [asahq.org](http://asahq.org). Last Amended: October 23, 2019.
2. American Academy of Pediatric Dentistry. Behavior Guidance for the Pediatric Dental Patient. [aapd.org](http://aapd.org). Updated 2020.
3. American Academy of Pediatric Dentistry. Policy on Patient Safety. [aapd.org](http://aapd.org). Updated 2021.
4. American Academy of Pediatric Dentistry. Use of Nitrous Oxide for Pediatric Dental Patients. [aapd.org](http://aapd.org). Updated 2018.
5. American Academy of Pediatric Dentistry. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. [aapd.org](http://aapd.org). Published August 19, 2019.
6. American Society of Anesthesiologists. Statement on Sedation & Anesthesia Administration in Dental Office-Based Settings\*. [asahq.org](http://asahq.org). Updated October 26, 2022.
7. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists. [ada.org](http://ada.org). Adopted October 2016.
8. American Dental Association. CDT 2025: Current Dental Terminology. Chicago, IL: American Dental Association; 2025.

## History

Revision History	Version	Date	Nature of Change	SME
	Initial	01/01/2014		Koumaras
	Revision	02/08/2017		
	Revision	02/06/2018	Appropriateness and medical necessity	Kahn
	Revised	11/12/2020	Annual Review	Committee
	Revised	12/06/2020	Annual Review	Committee
	Revised	10/20/2021	Annual Review	Committee
	Revised	11/11/2022	Annual Review	Committee

	Revised	11/01/2023	Annual Review	Committee
	Revised	10/31/2023	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged.	Committee

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