

## **DENTAL ANESTHESIA COVERAGE**

Policy # D008

Implementation Date: 1/1/09

Review Dates: 07/28/22, 01/05/2023

Revision Dates: 01/05/23

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial and SelectHealth Advantage (Medicare/CMS) plans. Refer to the “Policy” section for more information.

### **Description**

**Local anesthesia:** The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

**Conscious Sedation:** A minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

**Deep Sedation:** An induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method or a combination thereof.

**General Anesthesia:** An induced state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method or combination thereof.

### **Commercial Plan Policy**

General anesthesia and IV sedation are covered for medically necessary services. In order for anesthesia to be covered, the related procedure must also be a covered benefit under the plan. In addition, the provider must have the appropriate state certification to perform general anesthesia/intravenous sedation (see Dentist and Dental Hygienist Practice Act Rules **R156-69-201 and 202**) and have the necessary insurance coverage to perform such functions.

**Local Anesthesia:** Local anesthesia is considered to be inclusive to operative or surgical procedures.

#### **General Anesthesia and IV Sedation**

General anesthesia and IV sedation are considered dentally necessary and covered under dental benefits when provided as an in-office adjunctive procedure for the following covered dental procedures:

1. Removal of completely and partially bony impacted teeth.
2. Surgical extraction of three or more teeth performed on the same day.

3. Full edentulous arch alveoloplasty or alveolectomy.
4. Placement of one or more implants.
5. Surgical exposure of bony impacted or unerupted cuspids (e.g., includes impacted bicuspid or canine teeth).
6. One or more quadrants of periodontal (osseous)surgery performed on the same day.
7. A child under 7 years old, with a dental condition of significant complexity (e.g., multiple amalgam and/or resin-based composite restoration, pulpal therapy, extractions or any combinations of these noted or other dental procedures).

#### Non-IV Conscious Sedation

Non-IV conscious sedation is covered where there is appropriate monitoring and is approved for patients who are six or under, or where it is shown to be medically necessary in other settings.

1. Allow Non-IV conscious sedation for members who are ages 6 and under.

Anesthesia will not be covered for anxiety management, fear of dentists, etc.

SelectHealth will allow 1 hour and 15 minutes of anesthesia. Additional charges beyond this limit will require review to determine dental necessity. The additional charges will be allowed when documentation supports dentally necessary situations, such as; extremely complex treatment plans or when a large number of procedures are to be performed.

#### Drugs

Charges for therapeutic parenteral drugs are considered inclusive with anesthesia charges.

### SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan**

#### **Billing/Coding Information**

##### **CDT CODES:**

|              |  |
|--------------|--|
| <b>D9210</b> | Local anesthesia not in conjunction with operative or surgical procedures                |
| <b>D9211</b> | Regional block anesthesia  |
| <b>D9212</b> | Trigeminal division block anesthesia   |
| <b>D9222</b> | Deep sedation/general anesthesia- first 15 minutes                                       |
| <b>D9223</b> | Deep sedation/general anesthesia- each subsequent 15 minute increment                    |
| <b>D9239</b> | Intravenous moderate (conscious) sedation/analgesia- first 15 minutes                    |
| <b>D9243</b> | Intravenous moderate (conscious) sedation/analgesia- each subsequent 15 minute increment |
| <b>D9248</b> | Non-intravenous conscious sedation   |
| <b>D9610</b> | Therapeutic parenteral drug, single administration                                       |
| <b>D9612</b> | Therapeutic parenteral drugs, two or more administrations, different medications         |

**Key References**

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

**Disclaimer**

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included 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.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Dental Provider Relations at **800-538-5054**.

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