Anesthesia or Sedation for Dental Procedures

Lines of Business	*Document Type*
Commercial, Medicaid, Medicare	Policy
Who This Applies To	***States***
Health Services	Idaho, Montana, Oregon, Washington

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Pediatric patients and occasionally adults can present special circumstances that make routine in-office dental treatment difficult or impossible. In these cases, it may be necessary to use anesthesia in order to perform necessary dental procedures safely. Facility charges (free standing or hospital based) licensed medical or dental providers, anesthesiologists, and assistant physicians may be coverable under the member's medical benefit if criteria is met.

This policy pertains to outpatient surgical procedures in a free standing or hospital-based ambulatory surgical facility.

Criteria

Commercial

Prior authorization is required.

I. **Pediatric Medical/Dental Benefit:** This benefit is limited to one time per year (calendar or member benefit plan year).

   A. PacificSource considers pediatric anesthesia medical/dental benefit medically necessary when **ALL** of the following criteria is met:

      1. Prevents a child from cooperating with dental treatment due to **ONE** of the following:

         a. Child is under the age of eight (8)

b. Has a behavioral health diagnosis

c. Has a developmental disorder

2. Extensive treatment required (e.g., extraction, root or pulp procedures or deep drilling) during one visit due to **ONE** of the following:

a. Severe infection

b. tooth decay (cavities)

c. gum (periodontal) disease

d. root infection abscesses

3. Clinical documentation of failed treatment attempts utilizing behavioral interventions and/or conscious sedation.

B. Exclusions for Pediatric Medical/Dental Benefit

1. PacificSource does not cover anesthesia secondary to the patient's apprehension or for convenience of dentist/family. See member benefit book for contract language exclusions

II. Non-Pediatric Medical/Dental Benefit

A. PacificSource considers anesthesia Medical/Dental Benefit medically necessary when **ALL** of the criteria is met:

1. The member has a medical or physical condition that requires monitoring during dental procedures (e.g., coronary disease, asthma, chronic obstructive pulmonary disease (COPD), heart failure, serious blood/bleeding disorder, unstable diabetes/hypertension, or developmental disability/autism).

B. Exclusions for Non-Pediatric Medical/Dental Benefit

1. Anesthesia secondary to the patient's apprehension or convenience is not covered. See member benefit book for contract language exclusions.

Medicaid

PacificSource Community Solutions (PCS) follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-123-1060 through 1620, 410-141-3820 through 3830 and 410-151-0000 through 410-151-0003 for coverage of Anesthesia or Sedation for Dental Procedures.

PCS covers facility and anesthesia charges for children and adults with eligible plans as part of Hospital Dentistry cases, in accordance with OAR 410-123-1490 and in coordination with Dental Care Organizations (DCOs). Prior Authorization (PA) is required according to the following process:

A. The dental provider submits a first-level Hospital Dentistry PA request to the appropriate DCO.

B. The DCO reviews the request and any and all clinical documentation to ensure appropriateness and that the request meets the required criteria in OAR 410-123-1490.

C. The DCO then issues the dental provider an approval or denial notice/letter.

D. The dental provider or facility submits the anesthesia PA, DCO approval notice/letter, and facility PA to PCS for final review.

PCS reviews, makes determination, and notifies the provider. If the PA request from the provider or facility does not include the DCO approval notice/letter, PCS will deny the PA request. Eligible DCOs do not require a letter.

Medicare

PacificSource Medicare follows Medicare Benefit Policy Manual Chapter 15, §150 for coverage of Anesthesia of Sedation for dental procedures.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

41899 Unlisted procedure, dentoalveolar structures

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

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).
HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

References

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American Academy of Pediatric Dentistry. (2024). Use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. In The Reference Manual of Pediatric Dentistry. Chicago, IL: American Academy of Pediatric Dentistry. https://www.aapd.org/research/oral-health-policies--recommendations/use-of-anesthesia-personnel-in-the-administration-of-office-based-deep-sedationgeneral-anesthesia-to-the-pediatric-dental-patient/

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Coté, C. J., Wilson, S., AMERICAN ACADEMY OF PEDIATRICS, & AMERICAN ACADEMY OF PEDIATRIC DENTISTRY (2019). Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures. Pediatrics, 143(6), e20191000. https://pubmed.ncbi.nlm.nih.gov/31138666/

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410
https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Salerno, C., Cirio, S., Zambon, G., D'Avola, V., Parcianello, R. G., Maspero, C., Campus, G., & Cagetti, M. G. (2023). Conscious Sedation for Dental Treatments in Subjects with Intellectual Disability: A Systematic Review and Meta-Analysis. International journal of environmental research and public

health, 20(3), 1779. https://doi.org/10.3390/ijerph20031779 https://www.mdpi.com/1660-4601/20/3/1779

Appendix A. Document Control – *to update appendix fields, go to Properties Wizard*

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Applicable regulation(s):

- MMCM Chapter 15 § 150 - Dental Services
- OAR 410-123-1060 Definitions and Acronyms
- OAR 410-123-1620 Coding and Documentation
- OAR 410-141-3820 Covered Services
- OAR 410-141-3825 Excluded Services and Limitations
- OAR 410-141-3830 Prioritized List of Health Services
- OAR 410-151-0000 Early and Periodic Screening, Diagnostic and Treatment Program
- OAR 410-151-0001 Definitions
- OAR 410-151-0002 Coverage Requirements
- OAR 410-151-0003 Utilization Management Requirements

Policy Function: Posted to PacificSource.com - Clinical Policy

External entities affected: N/A

LOBO Committee Review completed: Committee Approval Date: 09/17/2026