



Anesthesia or Sedation for Dental Procedures

State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid
--	---

Enterprise Policy

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 determination 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 controlled 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.

Criteria

Commercial

Prior authorization is required.

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

All of the following criteria must be met:

1. Patient is age 6 or younger **OR** severe behavioral issues prevent the child from cooperating with dental treatment **AND**
2. Multiple procedures (extraction, root or pulp procedures or deep drilling) are required at one session due to severity of disease, infection or near-term jeopardy to dental integrity and the child's health **AND**
3. Dental office treatment utilizing behavioral interventions and/or conscious sedation has been attempted and failed **AND**
4. Anesthesia secondary to the patient's apprehension or for convenience of dentist/family is not covered

II. Hospitalization for Dental Procedures Benefit:

The following criteria must be met:

- The member has a medical or physical condition that requires monitoring during dental procedures, ~~such as, but not limited to:~~ (e.g. coronary disease asthma or chronic obstructive pulmonary disease (COPD), heart failure, serious blood or bleeding disorder, unstable diabetes or hypertension, developmental disability/autism)
- Hospitalization secondary to the patient's apprehension or convenience is not covered

Other

This policy pertains to outpatient surgical procedures and settings. The term “hospitalization” as used in this policy shall mean admission to an ambulatory surgical facility whenever possible and appropriate, or to a hospital facility if special clinical circumstances warrant. Additional medical review will determine if a hospital stay is coverable.

Medicare

PacificSource Medicare follows Local Coverage Determination (LCD) L34574 for coverage of anesthesia or sedation for dental procedures

Medicaid

PacificSource Medicaid follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-123-1000 to 1640 for coverage of Anesthesia or Sedation for Dental Procedures.

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

1. The dental provider requests a first-level Hospital Dentistry PA request approval from the appropriate DCO.

The DCO reviews the request (including any and all clinical documentation) to ensure appropriateness and that the required criteria are met as stipulated in OAR 410-123-1490.

1. Subsequent to this review, the DCO the issues the dental provider a notice/letter recommending either approval or denial.
2. The dental provider or facility submits the facility and/or anesthesia PA (including the DCO approval/notice letter) to PacificSource for final review.

PacificSource Medicaid reviews, makes a decision, and sends the PA Approval notice to the dental provider, the facility, anesthesia group (such as M2), and the DCO. If the PA request does not include the DCO approval notice/letter, PacificSource will deny the PA request.

Appendix

Policy Number: [Policy Number]

Effective: 7/1/2020

Next review: 7/1/2021

Policy type: Enterprise

Depts: Health Services

Applicable regulation(s): N/A