

BSC2.02	Dental Anesthesia		
Original Policy Date:	February 4, 2011	Effective Date:	May 1, 2021
Section:	7.0 Surgery	Page:	Page 1 of 5

Policy Statement

Dental general anesthesia may be considered **medically necessary** when **both** of the following criteria are met:

- I. Performed in a hospital, outpatient surgery center, or a dental office which has met the requirements established by the Dental Board of California for the provision of general anesthesia
- II. The dental procedure would not ordinarily require general anesthesia and **one** of the following:
 - A. The patient is less than seven years of age
 - B. The patient is developmentally disabled
 - C. The patient's health is compromised

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

Policy Guidelines

General anesthesia services for dental procedures must be prior authorized.

The actual dental procedures and the services of the dentist and/or oral surgeon are not covered under the medical benefit.

General anesthesia services provided in a dentist's office which has not met the requirements by the Dental Board of California¹ for the provision of general anesthesia, or any place of service other than a hospital or outpatient surgery center, are not covered under the medical benefit.

Description

General anesthesia services in a hospital, outpatient surgery center, or a dental office which has met the requirements established by the Dental Board of California, may be indicated for patients who have special needs related to their age, medical comorbidities, developmental disabilities, or intellectual limitations when dental procedures are rendered.

Related Policies

- N/A

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. 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.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Regulatory Status

- N/A

Rationale

Section 1367.71 of the Health and Safety Code requires health plans to provide medical coverage for general anesthesia and associated facility charges when the patient requires general anesthesia in a hospital or surgery center that would not normally require general anesthesia.

Assembly Bill No. 2003 Chapter 790²:

The bill would provide that specified health care services contracts are deemed, commencing January 1, 2000, to cover general anesthesia and associated facility charges for dental procedures for enrollees under 7 years of age, or who are developmentally disabled, or for whom general anesthesia is medically necessary, if rendered in a hospital or surgery center setting, when the clinical status or underlying medical condition of the patient requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting. The bill would authorize the health care service plan to require prior authorization of general anesthesia and associated charges required for dental care procedures in the same manner that prior authorization is required for other covered disease or conditions. Since the willful violation of the provisions relating to health care service plans is a crime, this bill would impose a state-mandated local program.

References

1. Department of Consumer Affairs. Dental Board of California. Laws and Regulations. Dental Practice Act. Accessed on March 23, 2020 from https://www.dbc.ca.gov/about_us/lawsregs/index.shtml.
2. California Health and Safety Code §1367.71, 1998 (no revisions since 1998), ch 790 § 1 (AB 2003). Accessed on March 23, 2020 from http://www.leginfo.ca.gov/pub/97-98/bill/asm/ab_2001-2050/ab_2003_bill_19980924_chaptered.pdf.

Documentation for Clinical Review

Please provide the following documentation:

- History and physical including: dental procedure to be performed and the reason for needing general anesthesia
- Documentation of any developmental disability, if applicable
- Documentation of any health issues and their extent that result in a compromised health status, if applicable

Post Service (in addition to the above, please include the following):

- Anesthesia report

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may

include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
	41899	Unlisted procedure, dentoalveolar structures
HCPCS	None	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
02/04/2011	New policy
02/27/2015	Policy revision without position change
05/01/2016	Policy revision without position change
05/01/2017	Policy revision without position change
05/01/2018	Policy revision without position change
05/01/2019	Policy revision without position change
05/01/2020	Annual review. No change to policy statement. References updated.
05/01/2021	Annual review. No change to policy statement.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p>Dental Anesthesia BSC2.02</p> <p>Policy Statement: Dental general anesthesia may be considered medically necessary when both of the following criteria are met:</p> <ul style="list-style-type: none"> • Performed in a hospital, outpatient surgery center, or a dental office which has met the requirements established by the Dental Board of California for the provision of general anesthesia • The dental procedure would not ordinarily require general anesthesia and one of the following: <ul style="list-style-type: none"> ○ The patient is less than seven years of age ○ The patient is developmentally disabled ○ The patient's health is compromised 	<p>Dental Anesthesia BSC2.02</p> <p>Policy Statement: Dental general anesthesia may be considered medically necessary when both of the following criteria are met:</p> <ul style="list-style-type: none"> I. Performed in a hospital, outpatient surgery center, or a dental office which has met the requirements established by the Dental Board of California for the provision of general anesthesia II. The dental procedure would not ordinarily require general anesthesia and one of the following: <ul style="list-style-type: none"> A. The patient is less than seven years of age B. The patient is developmentally disabled C. The patient's health is compromised