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

Policy

Dental general anesthesia is considered medically necessary when both of the following criteria are met:

• 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:
  o The patient is less than seven years of age
  o The patient is developmentally disabled
  o The patient's health is compromised

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 California 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.
**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)) prohibit 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.

**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 790:

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**


**Documentation Required for Clinical Review**

- History and physical including: dental procedure to be performed
- Post Service
- Anesthesia report
Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

MN/IE

The following service/procedure may be considered medically necessary in certain instances and investigational in others. Services may be medically necessary when policy criteria are met. Services are considered investigational when the policy criteria are not met or when the code describes application of a product in the position statement that is investigational.

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT®</td>
<td>00170</td>
<td>Anesthesia for intraoral procedures, including biopsy; not otherwise specified</td>
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<tr>
<td></td>
<td>41899</td>
<td>Unlisted procedure, dentoalveolar structures</td>
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<tr>
<td>HCPC</td>
<td>None</td>
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<tr>
<td>ICD-9 Procedure</td>
<td>None</td>
<td></td>
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<tr>
<td>ICD-10 Procedure</td>
<td>For dates of service on or after 10/01/2015</td>
<td></td>
</tr>
<tr>
<td>ICD-9 Diagnosis</td>
<td>None</td>
<td>All Diagnoses</td>
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Policy History

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

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Action</th>
<th>Reason</th>
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<tbody>
<tr>
<td>2/4/2011</td>
<td>New policy</td>
<td>Medical Policy Committee</td>
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<tr>
<td>2/27/2015</td>
<td>Policy revision without position change</td>
<td>Medical Policy Committee</td>
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</table>

Definitions of Decision Determinations

**Medically Necessary:** A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

**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**

This service (or procedure) is considered **medically necessary** in certain instances and **investigational** in others (refer to policy for details).

For instances when the indication is **medically necessary**, clinical evidence is required to determine **medical necessity**.

For instances when the indication is **investigational**, you may submit additional information to the Prior Authorization Department.

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 also be directed to the Prior Authorization Department. Please call 1-800-541-6652 or visit the Provider Portal www.blueshieldca.com/provider.

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.