

BENEFIT COVERAGE POLICY



Title: BCP-16 Dental-Related General Anesthesia

Effective Date: 01/01/2019

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan covers general anesthesia for certain dental procedures under the medical benefit when provided by a participating provider (see Section 5.0 for exceptions).

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines. Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background

Health Plan follows guidelines from the American Academy of Pediatric Dentistry (AAPD, 2004 and 2005).

3.0 Clinical Guidelines:

- A. Health Plan considers general anesthesia in a hospital or outpatient surgical setting medically necessary for certain dental services when any the following guidelines are met:
1. Patients, including infants, exhibiting physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and which, under general anesthesia, can be expected to produce a superior result. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation); OR
 2. The extremely uncooperative, fearful, anxious, or patient with dental needs of such magnitude that treatment should not be postponed or deferred and for who lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity; OR
 3. A total of six or more teeth are extracted in various quadrants, OR

4. Mallampati score Class III or IV; OR
5. Dental treatment needs for which local anesthesia is ineffective because of acute infection, anatomic variation, or allergy, OR
6. The member is a child under the age of seven years old, with a dental condition that requires repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions or any combination of these); OR
7. Patients with a concurrent hazardous medical condition; OR
8. Extensive oral-facial and/or dental trauma for which treatment under local anesthesia would be ineffective or compromised.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Reference
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	N	Benefits and Coverage, Dental-Related General Anesthesia
01999	Unlisted anesthesia procedure(s)	N	Benefits and Coverage, Dental-Related General Anesthesia
D9223	Deep sedation/ general anesthesia, each 15-minute increment	N	Benefits and Coverage, Dental-Related General Anesthesia

ICD-10 DIAGNOSIS CODES	
Code	Description
F43.0, 308.3	Acute stress reaction
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	... combine type
F90.9	... unspecified type
F95.2	Tourette's disorder
F70	Mild intellectual disabilities
F79	Unspecified intellectual disabilities
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G40.A01 – GA40.A19	Absence epileptic syndrome, not intractable
G40.101 – G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, no intractable
G40.201 – G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable
G40.301	Generalized idiopathic epilepsy and epileptic syndromes
G40.309 – G40.409	Generalized epilepsy and epileptic syndromes
G40.501 – G40.509	Epileptic seizures related to external causes, not intractable

ICD-10 DIAGNOSIS CODES	
Code	Description
G40.821 – G40.822	Epileptic spasms, not intractable
G40.901 – G40.909	Epilepsy, unspecified, not intractable
K00.0 – K00.9	Disorders of tooth development and eruption
K01.0 – K01.1	Embedded and impacted teeth
K02.3 – K02.9	Dental caries
K03.0 – K03.9	Other diseases of hard tissues of teeth
K04.0 – K04.99	Diseases of pulp and periapical tissues
K05.00 – K06.9	Gingivitis and periodontal diseases
K08.0 – K08.9	Other disorders of teeth and supporting structures
M26.70 – M26.79	Dental alveolar anomalies
M26.81 – M26.82	Soft tissue impingement, anterior or posterior
Q90.9	Down syndrome, unspecified
R56.1	Post traumatic seizures
R56.9	Unspecified convulsions

5.0 Unique Configuration/Prior Approval/Coverage Details:

ASO groups L0000264 and L0001269 plans provide coverage for non-network providers (if plan has non-network benefits).

6.0 Terms & Definitions:

General Anesthesia – Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to maintain ventilatory function independently often is impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Mallampati Score – Scoring used to assess oropharyngeal anatomy by gauging the visibility of structure in the oral pharynx, and is used to estimate the difficulty in maintaining upper airway in the even breathing is compromised during medical procedures.

- Class I: visualization of the soft palate, fauces, uvula, and anterior and posterior pillars.
- Class II: Visualization of the soft palate, fauces, and uvula.
- Class III: Visualization of the soft palate and the base of the uvula; moderate difficulty.
- Class IV: Soft palate is not visible at all; high degree of difficulty.

Pediatric Patient – All patients who are infants, children, and adolescents less than the age of majority (18 years old).

Restoration – a surgical procedure that is intended to restore an individual’s anatomy to normal function and/or appearance.

7.0 References, Citations & Resources:

1. Anthem, Moderate to Deep Anesthesia Services for Dental Surgery in the Facility Setting. 05/04/17. Available at: https://www.anthem.com/medicalpolicies/guidelines/gl_pw_c159214.htm.
2. American Academy of Pediatric Dentistry (AAPD). Michigan expands negotiated general anesthesia coverage with insurance industry. Adopted 1989; revised 2006. Available at: http://www.aapd.org/assets/1/7/Michigan_G.pdf.

3. American Academy of Pediatric Dentistry (AAPD). Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office. Adopted 1999; revised 2004, 2007, 2012. Available at: http://www.aapd.org/media/Policies_Guidelines/P_Sedation.pdf.

8.0 Associated Documents [For internal use only]:

Business Process Flow (BPF) – None.

Standard Operating Procedure (SOP) – MM-03 Benefit Determinations; SOP 007 Algorithm for Use of Criteria for Benefit Determinations.

Desk Level Procedure (DLP) – None.

Sample Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter.

Form – Request Form: Out of Network/ Prior Authorization.

Other – None.

9.0 Revision History:

Original Effective Date: 07/12/2006

Last Approval Date: 10/22/2018

Next Review Date: 10/22/2019

Revision Date	Reason for Revision
02/11/15	The word “OR” was added to #1-5 of Clinical Determination Guidelines
July 2015	Annual review and renewal. Revised to standardized format, combined criteria under Clinical Determination Guidelines and deleted “Issues” section, deleted duplicate criteria. ICD-9 and ICD-10 codes added.
August 2015	ICD-10 codes added
July 2016	Removed references to Medicaid/DHHS and ICD-9 table
July 2017	Annual review – converted from Medical Policy 006 to BCP format; added 4.0.A.4 Mallampati score, 4.0. B. Dental extractions/restorations subject to Dental benefits; “K” and “M” ICD-10 codes; definition of Mallampati score.
October 2017	Archive as a medical policy and remove prior approval requirements. Use as a benefit policy.
July 2018	No substantive changes upon annual review.