

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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SUBJECT: Dental Anesthesia
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2007

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Supplement ()		Medicare Select ()		OOA/DOC ()	
				All (X)	
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS ()	All ()
PID-CHIP:					
Free ()			Sub ()		All ()

I. POLICY

It is the policy of UPMC Health Plan to provide coverage for Anesthesia related to Dental Services when the services are medically necessary and covered under the member's benefit plan. Services will be considered after review on an individual basis when performed for the specific indications detailed in this policy.

Coverage of these medically necessary anesthesia services is available only in connection with underlying services that are covered under the member's benefits plan. This policy is applicable to UPMC Health Plan products in accordance with specific benefit plans and separate from the benefits available through UPMC Health Plan's contract with a dental subcontractor.

All denials are based on medical necessity and appropriateness as determined by a UPMC Health Plan Medical Director (Medical Director).

II. DEFINITIONS

Deep Sedation is a drug induced depression of consciousness from which the patient is not easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Minimal Sedation (anxiolysis) is a drug induced state during which members respond normally to verbal commands. Ventilatory and Cardiovascular functions are unaffected, even though cognition and coordination may be temporarily impaired.

Moderate Sedation (conscious sedation) is a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, spontaneous ventilation is adequate and cardiovascular function usually maintained.

Sound natural teeth are defined as teeth that are free of any pathological, functional or structural disorders at the time of injury and not having had any restorative treatment including, but not limited to fillings, root canals, crowns, caps and orthodontia in place at the time of trauma.

Structures directly supporting the teeth mean the periodontium, which includes the gingiva, periodontal membrane, cementum of the teeth and the alveolar bone (i.e. alveolar bone and tooth sockets).

Structures contiguous of the jaw include structures of the facial area below the eyes, e.g., mandible, gums, tongue, palate, salivary glands sinuses etc.

III. PURPOSE

The purpose of this policy is to define the appropriate indications for coverage of dental anesthesia services and to provide guidelines for application.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Background

Covered Anesthesia services apply to only those procedures that are medically necessary and are appropriate for treatment of disease or injury. Additionally, coverage of anesthesia services depends upon whether the primary surgical procedure being performed is covered. Generally, if the primary procedure is not covered, the administration of anesthesia is not covered. However, there are exceptions to this in situations where anesthesia related to non covered dental services may be covered based on circumstances that warrant deep sedation or general anesthesia.

Sedation and anesthesia for procedures performed on dental patients in nontraditional settings have increased over the past several years. These services could be in the office, outpatient surgical facility or hospital. Care must be provided by qualified and appropriately trained individuals in accordance with state regulations and professional society guidelines.

All locations that administer general anesthesia must be equipped with anesthesia emergency drugs, appropriate resuscitation equipment and properly trained staff to skillfully respond to anesthetic emergencies.

B. Specific Indications

These indications and limitations are applicable to the Commercial and Medicare Product.

For other specific product related indications, refer to the “Variations section” of this policy.

Coverage of facility and dental anesthesia charges for non-covered dental services:

Charges incurred in connection with non-covered dental services are routinely not covered except in the following circumstances:

- Services incurred in connection with a member’s co-morbid condition (other than age, dental phobia, and the need for safety restraints) that necessitates such a level of care;
OR
- A child under 2 years of age .In cases where the significance of co-morbidities is unclear, Health Plan reserves the right to require a written recommendation from the Medical Provider indicating the preferred surgical approach.

C. Limitations

1. Minimal or moderate sedation is not covered separately since it is considered an integral part of the primary procedure.
2. Anesthesia must be provided by a credentialed anesthesiologist
3. The following **categories** of services are **not covered**:
 - A primary service provided for the care, treatment, removal or replacement of teeth or structures directly supporting teeth. (e.g. preparation of the mouth for dentures, removal of diseased teeth in an infected jaw).
 - A secondary service that is related to the teeth or structures directly supporting the teeth unless it is incident to and an integral part of a covered primary service that is necessary to treat a non-dental condition (e.g. tumor removal).
 - All charges including hospitalization and anesthesia services incurred in connection with non-covered dental related services are routinely not covered.

The following **services** are also **not covered**:

- Frenulectomies for dental reasons including when performed in conjunction with fitting of dentures.

- Care required due to bottle caries.
 - Non-surgical treatment for temporo mandibular joint disorders.
 - Removal of asymptomatic, non-impacted third molars.
 - Services encompassing orthognathic or prognathic surgical procedures and other occlusal defects.
 - Cases involving covered services in which the dentist and Member select a more expensive course of treatment than is customarily provided by the dental profession consistent with sound professional standards of dental practice for the dental condition concerned.
 - Duplicate and temporary devices, appliances and services.
 - Services submitted by a professional provider and a dentist that are the same services performed on the same dates for the same patient.
 - Covered under the same conditions and to the same extent that amalgam and composite restorations are covered.
 - Local anesthesia when billed for separately by a dentist.
4. Professional Services for the dentist are not covered in any location when the services are not covered as per the indications listed above.

D. Information Required for Review

In order to assess medical necessity for Dental Anesthesia services, adequate information must be furnished by the treating physician. Necessary information includes, but is not limited to, the following:

1. A letter of medical necessity, with the physician's evaluation of the member's condition and co-morbidities.
2. Documentation of emotional and psychological status of member.
3. Additional information will be requested if necessary.

E. Review Process

1. The Medical Management staff assigned to review obtains the clinical information to determine if there is adequate clinical information. If the case does not meet the established criteria, it is referred to a UPMC Health Plan Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the member's benefit plan.

F. Variations

For the Medical Assistance (MA) Product:

The Anesthesiologist or Dentist uses his/her discretion with regard to member safety when evaluating members for type of anesthesia and location of service.

1. Anesthesia/Sedation in relation to Oral/Dental surgery is covered in the following:

- When the child is less than five (5) years of age and more than one simple extraction or surgical extraction is performed.
Requests for services for children over five (5) years of age will be reviewed for medical necessity on a case by case basis.
- When the recipient has medical conditions that preclude the use of local anesthesia.
- When there is severe infection at the oral injection site.
- For recipients with mental retardation, other mental health or physical conditions and who are unmanageable using local anesthesia.
- When there are multiple extractions in more than one quadrant of the mouth.
If the treatment is simple or surgical extractions, two or more quadrants must have had at least two teeth extracted per quadrant or three or more quadrants have had at least one tooth extracted per quadrant.

2. Mandate related to location of service - Hospital vs. Surgi Center vs. Office

Payment is made for dental anesthesia for procedures performed in the Surgi Center unit of a hospital only if:

- The Surgi Center unit has been approved for participation in the MA Program.
- The nature of the surgery or the condition of the member precludes performing the procedure in the dentist's office or other outpatient setting.
- A physician or dentist has documented in the member's medical record the medical justification for performing the procedure in a short procedure unit setting.

H. References

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3. American Academy of Pediatric Dentistry (AAPD). Policy statement on the use of deep sedation and general anesthesia in the pediatric dental office. Adopted May 1999; revised 2004. Oral Health Policies. In: AAPD Reference Manual 2004-2005. Chicago, IL: AAPD; 2004:50-51.

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5. Highmark Medicare services –frequently asked questions – www.highmarkmedicare.com/faq/dental.html.
6. Social Security Act, Section 1862. www.ssa.gov
7. Medicare Benefit Policy Manual, Chapter 15, section 150- Dental services.
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9. Guidelines for Monitoring & Management of Pediatric patients during and after sedation for Diagnostic and Therapeutic procedures: An update. American Academy of Pediatrics, American Academy of Pediatric Dentistry, Cote, Charles J., Wilson, Stephen et al. Pediatrics Vol.118 No..6; Dec. 2006 P2587-2602
10. American College of Surgeons: Statement on patient safety and continuum of depth of sedation. www.facs.org/fellows_info/statements
11. ASA. Statement on qualifications of anesthesia providers in the office based setting. Oct. 2004.
12. Pennsylvania Department of Public Welfare, Medical Assistance Program Fee Schedule, Dental Anesthesia/Sedation, 10/4/2007.
http://www.dpw.state.pa.us/omap/provinf/promhb/omapprom_DentalFeeSched.pdf
13. UPMC Health Plan Certificate of Coverage, Dental Services, HMO 2007

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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