

## Dental Services – Anesthesia Services

Policy Number: **M20150610053**

Effective Date: **8/1/2015**

Sponsoring Department: **Health Care Services**

Impacted Department(s): **Health Care Services**

**Type of Policy:** ☒ Internal ☒ External

**Data Classification:** ☐ Confidential ☐ Restricted ☒ Public

### Applies to (Line of Business):

- ☐ Corporate (All)  
☒ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan  
☒ Medicare, if yes, which plan(s): ☒ MAPD; ☐ PDP; ☒ ISNP; ☒ CSNP  
☒ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual  
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

### Excluded Products within the Selected Lines of Business (LOB)

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N/A

**Applicable to Vendors?** Yes ☒ No ☐

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Dental services for MediSource, MediSource Connect, and Child Health Plus, and Essential Plan are managed by HealthPlex.

### Purpose and Applicability:

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To set forth criteria for dental services performed in an ambulatory or inpatient setting.

### Policy:

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**Commercial and Self-Funded:**

For dental services rendered in an ambulatory or inpatient setting, the facility and anesthesia charges may be covered if the member meets established, documented, criteria including, but not limited to:

- Patients who cannot cooperate due to a lack of psychological or emotional maturity and/or mental, physical, or medical disability
- Patients for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy
- Members who are extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity
- Patients requiring significant surgical procedures
- Patients for whom the use of general anesthesia may protect the developing psyche and/or reduce medical risk
- Patients requiring immediate, comprehensive oral/dental care, such as trauma related care

**Note:** Requests for pediatric patients will be reviewed by the Office of the Medical Director.

**Contraindications:**

The use of general anesthesia for dental services is contraindicated for:

- A healthy, cooperative patient with minimal dental needs.
- A patient with predisposing medical conditions which would make general anesthesia inadvisable.

Payment may be made in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his/her underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services.

**Medicare Advantage:**

Covered service information for Medicare Advantage may be found in a National Coverage Determination, and the Medicare National Coverage Determination Manual Chapter Manual. Links to those references may be found in the Reference section below.

**MediSource, MediSource Connect and Child Health Plus:**

Dental care provided to MediSource, MediSource Connect and Child Health Plus members are “Essential” services, not comprehensive services.

The use of hospitals or ambulatory surgery suites to perform routine dental procedures may be indicated for Medicaid patients exhibiting severe behavioral problems, sometimes associated with a developmental disability. The complexity of the procedure may also determine the need for such a setting.

Services include:

- Inpatient hospital or use of ambulatory surgery suite;
- General anesthesia or intravenous sedation in a hospital or ambulatory surgery suite;
- X-rays provided in a hospital or ambulatory surgery suite.

**Essential Plan 1, Essential Plan 2, Essential Plan 3, Essential Plan 4:**

If a medical condition or physical anomaly requires administration of anesthesia for non-surgical treatment in an ambulatory or inpatient setting that is typically provided in a dental office setting, the need for anesthesia for the procedure in the ambulatory/inpatient setting must be reviewed for medical necessity. (See Medical Director for allowable medical conditions/physical anomalies.)

**Background:**

As per the above criteria, after an unsuccessful attempt to treat in the dental office, or if it is inappropriate to treat in the dental office due to the severity of a behavioral issue, the severity of a hazardous medical condition, or the complexity of the treatment planned medical record documentation is required. Documentation should include the treatment plan, the patient's health history, date(s) treatment was attempted and the patient's response.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

**Pre-Authorization Required?** Yes ☐ No ☐ Other ☒

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Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Preauthorization is required for this service for Self-Funded members.

**Definitions**

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**Essential Services** is the application of standards related to individual services as reviewed in the Medicaid Dental Policy and Procedure Manual.

**References**

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**Related Policies, Processes and Other Documents**

Dental Care Provided Under the Medical Benefit, Policy No. M010712307

**Non-Regulatory references**

American Academy of Pediatric Dentistry. Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:321-39.

American Academy of Pediatric Dentistry. Management of dental patients with special health care needs. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:302-9

American Academy of Pediatric Dentistry [web site]. Policy on hospitalization and operating room access for oral care of infants, children, adolescents, and Individuals with special health care needs. 2020. Available at: <https://www.aapd.org/research/oral-health-policies--recommendations/hospitalization-and-operating-room-access-for-oral-care-of-infants-children-adolescents-and-individuals-with-special-health-care-needs/> Accessed June 21, 2024

### Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]. National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (260.6) Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=194&ncdver=1&CoverageSelection=National&Keyword=dental&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d&> Accessed June 21, 2024

Centers for Medicare and Medicaid Services (CMS) [web site]; Medicare Benefit Policy Manual Chapter 15, Section 150 (Rev. 10880 ,08/06/21). Available at: <https://www.cms.gov/manuals/Downloads/bp102c15.pdf> Accessed June 21, 2024

Centers for Medicare and Medicaid Services (CMS) [web site]; Medicare Benefit Policy Manual Chapter 16, Section 140 (Rev. 198, 11-06-14). Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf> Accessed June 21, 2024

Independent Health Child Health Plus Subscriber Contract

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). MA – 00041. 4/11/02 Rev. 3/22/05.

New York State Medicaid Update [web site]; Volume 39; Number 12; July 2023 p. 6-8. Available at: [https://www.health.ny.gov/health\\_care/medicaid/program/update/2023/docs/mu\\_no12\\_jul23\\_pr.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no12_jul23_pr.pdf) Accessed June 25, 2024

New York State Department of Health [web site]. New York State Medicaid Program Dental Policy and Procedure Manual. Version 2024. Available at: [https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental\\_Policy\\_and\\_Procedure\\_Manual.pdf](https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf) Accessed June 21, 2024

***This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.***

## Version Control

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Signature / Approval on File? Yes ☒ No ☐

Revision Date	Owner	Notes
9/1/2024	Health Care Services	Reviewed
1/1/2024	Health Care Services	Revised
9/1/2023	Health Care Services	Reviewed
10/1/2022	Health Care Services	Revised
3/1/2022	Health Care Services	Revised
4/1/2021	Health Care Services	Revised
9/1/2020	Health Care Services	Revised
10/1/2019	Medical Management	Revised
5/1/2019	Medical Management	Revised
9/1/2018	Medical Management	Revised
8/1/2017	Medical Management	Revised
9/1/2016	Medical Management	Revised