

Anesthesia for Dental Procedures and Oral and Maxillofacial Surgery — New York

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Medical Guideline Disclaimer

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Methods of Anxiety and Pain Control

Deep Sedation/Analgesia	<p>Drug-induced depression of consciousness during which patients cannot be easily aroused but respond 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.</p> <p>*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.</p>
General Anesthesia	<p>Drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often 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.</p>
Minimal Sedation ("Anxiolysis")	<p>Drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected.</p>
Moderate Sedation/Analgesia ("Conscious Sedation")	<p>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, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.</p> <p>*Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.</p> <p>(See Moderate Sedation Coding Note)</p>
Monitored Anesthesia Care (MAC)	<p>Planned procedure during which the patient undergoes local anesthesia together with sedation and analgesia. MAC includes all aspects of anesthesia care – a preprocedure visit, intraprocedure care and postprocedure anesthesia management. (MAC does not describe the continuum of depth of sedation, rather it describes "a specific anesthesia service in which an anesthesiologist has been requested to participate in the care of a patient undergoing a diagnostic or therapeutic procedure.")</p>

Related Medical Guideline

[Dental Care or Treatment Necessary Due to Congenital Disease or Anomaly — New York](#)
[Dental Trauma Guidelines for Medical Plan](#)
[Orthognathic Surgery](#)

Guideline

General anesthesia and MAC are considered medically necessary components of dental and oromaxillofacial surgical procedures when the procedure or surgery is covered under the member's benefit package* and when **any** of the following criteria are met:

1. Member is ≤ 6 years of age 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 combinations of these noted or other dental procedures).
2. Member exhibits physical/mental behaviors that would likely impede the successful completion of treatment(s) without the use of anesthesia. (E.g., diagnoses such as mental retardation, cerebral palsy, epilepsy, cardiac problems, hyperactivity, etc.)
3. Member has severe dental needs, but is either uncommunicative, extremely uncooperative, fearful, unmanageable or anxious, such that the deferment or postponement of treatment would be likely result in dental/oral pain, infection, loss of teeth or other increased oral or dental morbidity.
4. Allergy or sensitivity to local anesthesia.
5. Member has sustained extensive oral-facial/dental trauma for which treatment under local anesthesia would be ineffective or compromised.
6. Excision of bony impacted wisdom teeth is required.

Limitations/Exclusions

1. Anesthesia is only covered for dental procedures listed as covered benefits.
2. For claims remittance, the medical benefit applies if an anesthesiologist, Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry or Doctor of Dental Medicine (DMD), submits a claim and the above criteria are met.
3. Local Anesthesia is considered an inclusive component of any dental procedure for pain control.
4. Commensurate with the American Society of Anesthesiologists' standards for monitoring, MAC should be provided by qualified anesthesia personnel, (anesthesiologists or qualified anesthetists such as certified registered nurse anesthetists or anesthesia assistants). These individuals must be continuously present to monitor the member and provide anesthesia care. The provider of monitored anesthesia care must be prepared and qualified to convert to general anesthesia when necessary. If the member loses consciousness and the ability to respond purposefully, the anesthesia care is a general anesthetic, irrespective of whether airway instrumentation is required.
5. Coverage of nitrous oxide and intravenous (IV) sedation is limited to once per day. (More than once per day is allowable when sedation or general anesthesia is administered for the purposes of a distinct procedure performed on an urgent or emergent basis, on the same day, following

recovery from initial sedation or anesthesia. In rare cases, complications of a dental or oral/maxillofacial surgery may necessitate urgent or emergent re-operation on the same day).

6. Nitrous oxide is excluded when reported on same date of service as IV sedation, non-IV sedation or general anesthesia. Non-IV sedation is not allowed on the same day as general anesthesia.
7. Reimbursement for anesthesia services by the servicing provider will not be paid.

Applicable Procedure Codes

00100	Anesthesia for procedures on salivary glands, including biopsy
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate
00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)

References

American Academy of Pediatric Dentistry Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office. Revised 2019. <https://www.aapd.org/link/e23cd5aea5424cb7868bbe98bea944f6.aspx>. Accessed June 14, 2022.

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