

Anesthesia Provided in Conjunction with Noncovered Services

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

COVERAGE

Anesthesia is used to create a loss of sensation and consciousness through the administration of one or more agents that block the transmittal of pain impulses along nerve pathways to the brain.

POLICY POSITION

Anesthesia services may be considered medically necessary when performed in conjunction with other covered services.

When a claim is received for anesthesia services which are provided in conjunction with noncovered services, the physician's charge for the anesthesia service is not covered, except for the following criteria:

- Anesthesia services rendered in conjunction with routine noncovered dental procedures and bony impacted wisdom teeth may be considered medically necessary for children and special needs individuals for EITHER of the following criteria which must be verified by appropriate medical documentation:
- The individual is seven (7) years of age or younger or is developmentally disabled; and
 - A successful result cannot be expected from dental care provided under local anesthesia because of a physical, intellectual, or other medically compromising condition; and
 - A superior result can be expected from dental care provided under general anesthesia; or
- The individual is age 12 or younger; and
 - Has documented phobias; or
 - Documented mental illness; and
 - Has dental needs of such magnitude that treatment should not be delayed or deferred; and
 - Lack of treatment can be expected to result in infection, loss of teeth or other increased oral or dental morbidity; and
 - A successful result cannot be expected from dental care provided under local anesthesia because of such condition; and
 - A superior result can be expected from dental care provided under general anesthesia.

- Monitored anesthesia care (MAC)/general anesthesia and associated facility charges may be considered medically necessary in conjunction with dental surgery or procedures performed by a dentist, oral surgeon, or oral maxillofacial surgeon when it meets the above criteria and there is an appropriately trained and licensed professional to both administer and monitor MAC/general anesthesia in EITHER of the following locations:
 - A properly equipped and staffed office or clinic; or
 - A hospital or outpatient surgery center.

Anesthesia services for any other indication or when the above criteria are not met are considered not medically necessary.

Medical documentation must be part of the medical record and available upon request.

Code	Description
00170	Anesthesia for intraoral procedures, including biopsy.
D9222	Deep Sedation/General Anesthesia, initial 15 minutes.
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment.
D9239	for intravenous moderate (conscious) sedation/analgesia, initial 15 minutes.
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment.
D9248	Non-IV Conscious Sedation: Moderate sedation using pills or intramuscular injection.

Diagnosis Codes

F23	F28	F29	F30.10	F30.11
F30.12	F30.13	F30.2	F30.3	F30.4
F30.8	F40.232	F40.298	F40.8	F40.9
F41.0	F41.1	F41.3	F41.8	F41.9
F43.0	F44.89	F44.9	F68.11	F68.13
F68A	F70	F71	F72	F73
F78	F79	F90.1	F90.2	F90.8
F90.9	F93.8	F93.9	G80.0	G80.1
G80.2	G80.4	G80.8		

Place of Service: Outpatient

Anesthesia provided in conjunction with noncovered services is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

Professional Claims

This policy is applied on a post-payment basis for Professional claims. The services will pay on initial processing and are subject to retrospective review.

Facility Claims

This policy is applied on a post-payment basis for Facility claims. The services will pay on initial processing and are subject to retrospective review.

References

1. Cooke M, Cuddy M, Farr B, Moore P. Cerebrovascular accident under anesthesia during dental surgery. *Anesthesia Progress*. Summer2014 2014; 61(2):73-77 5p. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed February 11, 2016.
2. Barak M, Yoav L, Abu el-Naaj I. Hypotensive anesthesia versus normotensive anesthesia during major maxillofacial surgery: a review of the literature. *The scientific world journal*. 2015; 2015:480728. Available from: MEDLINE Complete, Ipswich, MA. Accessed February 11, 2016.
3. Sitalci T, Demirgan S, Cankaya A, Comparison of patients with and without intellectual disability under general anesthesia: A retrospective study. *Nigerian Journal of Clinical Practice* [serial online]. 2017;20(4):438-444.
4. Guney SE, Araz C, Tirali RE, Cehreli SB. Dental anxiety and oral health-related quality of life in children following dental rehabilitation under general anesthesia or intravenous sedation: A prospective cross-sectional study. *Niger J Clin Pract*. 2018; 21:1304-10.
5. Lim MA, Borromeo GL. The use of general anesthesia to facilitate dental treatment in adult patients with special needs. *J Dent Anesth Pain Med*. 2017; 17(2):91-103.
6. Mallineni SK, Yiu CK. A retrospective audit of dental treatment provided to special needs patients under general anesthesia during a ten-year period. *J Clin Pediatr Dent*. 2018; 42(2):155-60.