

Delta Dental of Virginia Clinical Policy # 900
Subject

General Anesthesia

Originating Department

Clinical Professional Services

Signature Authority

Dental Director

Type: New Replacement Revision Clarification

Date: 11/09/2009 **Revision Date:** 11/15/2011

Preamble:

The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.

Each group defines covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.

History:

General anesthesia for dentally related oral surgical procedures may be indicated as part of comprehensive management of patients with elevated levels of anxiety and for patients that are medically compromised. General anesthesia is defined as "a drug induced depression of consciousness during which the patients cannot be aroused, even by painful stimuli"(1,2). General anesthesia procedures, when properly used, help to achieve safe and effective pain control, alleviate the patient's fear and anxieties, minimize spontaneous movement by the patient, alter the patient's post-operative perception of the procedure, and allow relatively rapid post-operative recovery(4).

The American Dental Association (ADA), for classification purposes, divides pain and anxiety control into six subcategories, and designates the sixth subcategory as "general anesthesia"(1,2). The ADA has further published guidelines for the management of pain and anxiety in each category(1,2,5). For general anesthesia, the guidelines call for pre-operative evaluation of the patient according to the American Society of Anesthesiologists Physical Status Classification System(6), and the pre-anesthetic securing of informed consent(1,2). In addition to the

	<p>surgeon, the presence of a minimum of two auxiliary personnel trained in Basic Life Support (BLS) for Healthcare Providers is recommended. If patients are intubated for airway maintenance, the recommendations call for use of in-line oxygen analyzers and end-tidal carbon dioxide monitoring. Without intubation, either end-tidal CO₂ monitoring or precordial stethoscope monitoring of the patient's respiratory rate is recommended. The ADA recommends body temperature and vital signs be monitored continuously until the patient meets the criteria for recovery. Appropriate documentation of general anesthesia includes a time-oriented anesthetic record indicating start and stop time of anesthesia and surgery including the name and dosage of all drugs administered, time of administration of drugs including local anesthetics, as well as monitored and recorded physiological parameters(1,2).</p> <p>According to the ADA 2009-2010 CDT code book, "Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration."</p> <p>The American Association of Oral and Maxillofacial Surgeons (AAOMS) has divided guidelines for anesthesia into three categories, with category three being deep sedation/general anesthesia(4). The AAOMS has established four criteria for determination of general anesthesia: the inability to respond to physical or verbal stimuli; partial or complete loss of protective reflexes; absence of pain, anxiety, awareness, and recall; and the inability to maintain an airway(3,4).</p> <p>The ADA recommends that dentists who administer general anesthesia complete an advanced education program accredited by the ADA Commission on Dental Accreditation. Additionally, dentists should have current certification in Basic Life Support (BLS) for Healthcare Providers as well as Advanced Cardiac Life Support (ACLS), or an appropriate sedation and anesthesia emergency management course(1,5).</p>
<p>Policy:</p>	<p>DDVA Guidelines:</p> <ol style="list-style-type: none"> 1. May be achieved by either inhalation or intravenous delivery. 2. Must be administered by a licensed dentist. 3. Will be considered for use in conjunction with surgical procedures D3351/52/53, 3410/21/25/26/50, 4240/41/49/60/61, and 6010. 4. If deemed necessary due to concurrent medical conditions that exhibit physical, intellectual or medically compromised conditions, such as mental retardation, cerebral palsy, epilepsy cardiac conditions and hyperactivity. Medical conditions which require the need for general anesthesia must be substantiated by submission of a statement of necessity from the oral surgeon or physician administering the anesthesia. 5. The level of anesthesia is not determined by the route of administration, but by the dentist's documentation of the anesthetic agent's effect on the patient's central nervous system.

	<ol style="list-style-type: none"> 6. The time of general anesthesia begins when the dentist starts administering the anesthetic agent and non-invasive monitoring protocol. 7. The dentist administering the anesthesia must remain in constant attendance with the patient until completion of the anesthesia procedure. 8. Services are considered complete when the patient may be safely left under the observation of trained personnel, and the dentist may safely leave the operatory to attend to other patients. 9. In excess of 60 minutes will require written documentation explaining the rationale for excessive anesthesia for the surgical service. Necessary documentation includes all associated X-rays, progress notes and the complete anesthesia record. 10. General anesthesia may be considered for two or more surgical extractions, or for three or more routine extractions on the same date of service dependent upon statement of necessity. 11. General anesthesia will be considered appropriate for patients five years of age or younger.
Codes(7):	D9220, D9221
References:	<ol style="list-style-type: none"> 1. American Dental Association. Guidelines for Use of Sedation and General Anesthesia by Dentists. Chicago IL, ADA. Oct 2007. 2. American Dental Association. Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. Chicago IL, ADA. Oct 2007. 3. Guidelines for Anxiety Control and Pain Management in Oral and Maxillofacial Surgery. Zuniga JR. J Oral Maxillofac Surg 2000; 58(Suppl 2):4-7. 4. Parameters of Care for Oral and Maxillofacial Surgery. A Guide for Practice, Monitoring, and Evaluation (AAOMS Parameters of Care-(95). J Oral Maxillofac Surg 1995; 53(Suppl 5):1-29. 5. American Dental Association. The Use of Sedation and General Anesthesia by Dentists. Policy Statement. Chicago IL, ADA. Oct 2007. 6. American Society of Anesthesiologists, 520 N Northwest Hgwy, Park Ridge IL. 7. American Dental Association. <i>Current Dental Terminology. CDT 2011-2012</i>;73 (©ADA 2010).