INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Sedation for dentistry is proven to help decrease anxiety, diminish fear and increase tolerance for dental procedures. It is necessary for the safe and comprehensive dental treatment of patients that meet selection criteria. Local anesthesia is not covered in conjunction with operative or surgical procedures. Nerve blocks are not addressed in this coverage guideline; please refer to appropriate medical policy.

Local Anesthesia is considered an inclusive component of any dental procedure unless used for pain relief or if pain relief is required to make an accurate diagnosis.

Regional and trigeminal block anesthesia is not a covered service.
Nitrous Oxide
Nitrous oxide is proven effective for sedation in adults and children for the following:
• Ineffective local anesthesia
• Anxiety
• Special needs patients
• Lengthy procedures for special needs patients and children
• Behaviorally challenged or uncooperative patients
• Management of a severe gag reflex

Nitrous oxide is contraindicated for patients with but not limited to the following:
• Severe underlying medical conditions (e.g., severe chronic obstructive pulmonary diseases, congestive heart failure, sickle cell anemia, acute otitis media, recent tympanic membrane graft, acute severe head injury)
• Severe emotional disturbances
• Severe behavioral disorders
• Drug related dependencies
• Pregnancy – first trimester
• Treatment with bleomycin sulfate (injection used in cancer patients)
• Methlenetetrahydrofolate reductase deficiency
• Vitamin B12 deficiency

Coverage Limitations and Exclusions
• Limited to once per day
• Excluded when reported on same date of service as IV sedation, non-IV sedation or general anesthesia
• Patient convenience

Intravenous (IV) Sedation
IV sedation is proven and effective for the following:
• Anxiety/fear
• Pain control
• Oral surgery
• Medically compromised patients or those with special needs

IV sedation is contraindicated for patients with but not limited to the following:
• Allergy to IV medications
• Certain prescribed pharmaceuticals
• In any patient where IV sedation has been considered unsafe

Coverage Limitations and Exclusions
• Limited to once per day

Non-IV Sedation
Non-IV sedation is proven and effective for the following:
• Anxiety
• Uncooperative or unmanageable patient

Non-IV sedation is contraindicated for patients with but not limited to the following:
• Patient or dentist convenience

Coverage Limitations and Exclusions
• Not allowed on same day as general anesthesia

Nerve Blocks
Nerve blocks are not covered for dental services. Please refer to appropriate Medical Policy for specifics regarding coverage for nerve blocks.

General Anesthesia
General anesthesia is proven and effective. The decision to administer should be made on an individual patient basis and should be limited to:
• Clinical procedures of extensiveness or complexity or situations that require more than a local anesthetic
• Minimum of 2 failed attempts at other office anesthetic techniques with the failures documented
• Uncooperative or Unmanageable Patient
• Physical, Cognitive or Developmental Disabilities
• Significant underlying medical condition
• Allergy or sensitivity to local anesthesia
• Lengthy restoration procedures for pediatric patients
• A child who has resisted all other conventional management procedures
• Patients with extreme anxiety or fear

General anesthesia is contraindicated for patients with but not limited to the following:
• Patients with predisposing medical and/or physical conditions that potentially make general anesthesia unsafe
• Cooperative patients with minimal dental needs
• Choice of an alternative option for treatment
• Language or cultural barriers
• Parental objection

DEFINITIONS

Conscious Sedation: A minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

Deep Sedation: A 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.

General Anesthesia: A 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.

Local Anesthesia: The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

Minimal Sedation: A minimally depressed level of consciousness, produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation: 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, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

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<th>CDT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D9210</td>
<td>local anesthesia not in conjunction with operative or surgical procedures</td>
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<td>D9211</td>
<td>regional block anesthesia</td>
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<td>D9212</td>
<td>trigeminal division block anesthesia</td>
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<tr>
<td>D9215</td>
<td>local anesthesia in conjunction with operative or surgical procedures</td>
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<tr>
<td>D9219</td>
<td>evaluation for deep sedation or general anesthesia</td>
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<tr>
<td>D9223</td>
<td>deep sedation/general anesthesia – each 15 minute increment</td>
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<td>D9230</td>
<td>inhalation of nitrous oxide/analgnesia, anxiolysis</td>
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<tr>
<td>D9243</td>
<td>intravenous moderate (conscious) sedation/analgnesia – each 15 minute increment</td>
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<tr>
<td>D9248</td>
<td>non-intravenous conscious sedation</td>
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DESCRIPTION OF SERVICES

The administration of local, intravenous (IV) sedation, non-IV sedation and general anesthesia is an integral part of dental services and considered safe and effective when properly administered by trained individuals. The administration of anesthesia has proven effective when addressing anxiety, fear and pain control. The administration of local anesthetics is not covered unless used for pain control or accurate diagnosis of a clinical condition.

REFERENCES


American Dental Association (ADA) CDT 2017 Dental Procedure Code Book.


American Dental Association Guidelines for Use of Sedation and General Anesthesia by Dentists. Available at: http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements#Anesthesia


Davies, Caroline, Dr., Mike Harrison, Mr., and Graham Roberts, Prof. UK National Clinical Guidelines in Paediatric Dentistry. May 2008. Available at: https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/clinical-guidelines/


Heaton LJ, McNeil DW, Milgrom P. Propranolol and D-cycloserine as adjunctive medications in reducing dental fear in sedation practice. SAAD Dig. 2010 Jan;26:27-35.


**GUIDELINE HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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| 04/01/2017 | - Revised coverage rationale for:  
  - **Nitrous Oxide**  
    - Updated list of conditions/circumstances for which nitrous oxide is proven effective for sedation in adults and children; added “management of a severe gag reflex”  
    - Updated list of conditions/circumstances for which nitrous oxide is contraindicated; added “patients with severe behavioral disorders”  
  - **General Anesthesia**  
    - Updated criteria for decision to administer:  
      - Replaced “at least 2 attempts using office technique and the failure documented” with “a minimum of 2 failed attempts at other office anesthetic techniques with the failures documented”  
      - Added “patients with extreme anxiety or fear”  
  - Updated supporting information to reflect the most current references  
  - Archived previous policy version DCG016.01 |