

Dental Therapy Under General Anesthesia

Reference Number: TX.CP.MP.518

Last Review Date: 08/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Medical necessity guidelines for anesthesia for dental therapy in a facility (HCPCS G0330) and general anesthesia in an office or facility (CPT 00170). All locations that administer general anesthesia or intravenous (IV) sedation must be equipped with anesthesia emergency drugs, appropriate resuscitation equipment, and properly trained staff in order to respond skillfully to anesthetic emergencies.

This policy applies to the following products: STAR, STAR Health, STAR PLUS, STAR Kids, and CHIP.

Policy/Criteria

- I. It is the policy of Superior Health Plan™ that anesthesia or deep sedation, regardless of place of service or anesthesiologist, is **medically necessary** when scoring at least 22 points on the Criteria for Dental Therapy Under General Anesthesia policy as follows:
 - A. Age of member at the time of examination:
 1. Less than four years of age = 8 points;
 2. Four to five years of age = 6 points;
 3. Six to seven years of age = 4 points;
 4. Eight years of age and older = 2 points;
 - B. Treatment requirements (carious and/or abscessed teeth):
 1. One or two teeth, or one sextant = 3 points;
 2. Three or four teeth, or two or three sextants = 6 points;
 3. Five to eight teeth, or four sextants = 9 points;
 4. Nine or more teeth, or five or six sextants = 12 points;
 - C. Behavior of member, with detailed supporting documentation:
 1. Definitely negative – unable to complete exam, unable to cooperate due to lack of physical ability or emotional maturity, and/or intellectual or developmental disability = 10 points;
 2. Somewhat negative – defiant; reluctant to accept treatment; disobeys instruction; reaches to grab or deflect operator's hand, refusal to take radiographs = 4 points
 3. Other behaviors such as moderate levels of fear, nervousness, and cautious acceptance of treatment = 0 points;
 - D. Additional factors, with detailed supporting documentation:
 1. Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention = 15 points;
 2. Failed conscious sedation = 15 points;
 3. Medically compromised due to a handicapping condition = 15 points.

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II. Authorizations submitted for dental therapy under general anesthesia require the following documentation:

A. Members through age 6

1. CPT 00170 for anesthesia in the dental office or facility setting
2. HCPCS G0330 for the facility
3. Criteria for Dental Therapy Under General Anesthesia Form (The “22 Point Form”)
4. Dentist’s DMO approval letter for the dental procedure (not required for CHIP members).

B. Members over age 6

1. CPT 00170 for anesthesia in the dental office or facility setting
2. HCPCS G0330 for the facility
3. Criteria for Dental Therapy Under General Anesthesia Form (The “22 Point Form”)

Note: CPT code 00170 does not require prior authorization for members over age 20.

Background

Definitions

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.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2021, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room.

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HCPSC Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	02/12	02/12
Added Description; Updated Policy/Criteria to specify diagnosis requirement (e.g. 521.00 or 522.0); Updated work process; Added definition for general anesthesia; Attached Dental Therapy Under Anesthesia Updated references. Updated Signatories.	04/14	04/14
Removed work process and imbedded in attachment section.	02/15	02/15
No changes.	03/15	03/15
Grammatical corrections. Updated Signatories. Review of NCQA 2016 Standards. Removal of work processes embedded in attachments. ICD 10 codes inserted.	03/16	03/16
Removed product regional references. Added STAR Kids to products. Updated scope, references, and signatories. Grammatical edits.	02/17	02/17
Updated references and signatories. Deleted revision history prior to 2014.	02/18	02/18
Updated references and revision date. Added “required documentation” and identified the Criteria for Dental Therapy Under General Anesthesia form “ <i>The 22 Point Form</i> ”.	05/18	05/18
Updated documentation requirements for Members through age 6 and over age 6.	07/18	07/18
Updated documentation requirements for Members over age 6 to include CPT 00170 for anesthesia in the dental office or facility setting. Noted no PA requirement for CHIP members. Noted CPT code 00170 does not require PA for members over age 20.	09/18	09/18
Updated to new template from TX.UM.10.18 (TX.CP.MP.518 nomenclature implementation 09/14/19). Grammatical edits.	09/19	09/19
Updated References. Annual Review.	7/20	7/20
Updated References. Annual Review. Grammatical edits	7/21	7/21
Updated References. Annual Review.	7/22	07/22
Correction to place STAR+Plus back in products, removed in error.	05/23	05/23
Updated References. Annual Review.	07/23	07/23
Updated References. Annual Review.	07/24	07/24

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Reviews, Revisions, and Approvals	Date	Approval Date
Ad hoc revision to update procedure codes that will be Medicaid/chip benefits on 09/01/2024 per HHSC. 41899 removed and replaced with HCPCS G0330 in tables and throughout policy language.	08/24	08/24

References

1. American Academy of Pediatric Dentistry
2. CP.MP.61 Dental Anesthesia
3. Texas Medicaid Provider Procedures Manual, Children's Services Handbook, 3.2.28.2.1 Dental Therapy Under General Anesthesia, June 2024
4. Texas Medicaid Provider Procedures Manual, Inpatient and Outpatient Hospital Services Handbook, 6.2.7 Dental Therapy Under General Anesthesia, June 2024

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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