A separate copy of this form must accompany each policy submitted for review. Policies submitted without this form will not be considered for review.

Plan: Aetna Better Health

<table>
<thead>
<tr>
<th>Policy Number: 0124</th>
<th>Submission Date: 05/01/2019</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>Revision Date: 04/24/2009</td>
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</tbody>
</table>

Policy Name: General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and Dental Services

Type of Submission – Check all that apply:
- [ ] New Policy
- [ ] Revised Policy
- [x] Annual Review – No Revisions*

*All revisions to the policy must be highlighted using track changes throughout the document. Please provide any clarifying information for the policy below:

CPB #0124 General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and Dental Services

Clinical content was last revised on 04/24/2009. No additional non-clinical updates were made by Corporate since the last PARP submission.

Name of Authorized Individual (Please type or print):

Dr. Bernard Lewin, M.D.

Signature of Authorized Individual:

[Signature]
General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and Dental Services

*Please see amendment for Pennsylvania Medicaid at the end of this CPB.*

**Note:** Aetna covers medically necessary general anesthesia and monitored anesthesia care (MAC) for oromaxillofacial surgery (OMS) and dental-type services that are covered under the medical plan. Aetna also covers general anesthesia and MAC in conjunction with dental or OMS services that are excluded under the medical plan when the criteria below are met.

Aetna considers general anesthesia and MAC medically necessary for dental or OMS services if any of the following criteria is met:

1. The member is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) 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); or

2. Members who exhibit physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without
additional adjunctive techniques and modalities cannot be expected to provide a successful result and which, under anesthesia, can be expected to produce a superior result. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation); or

3. Members who are extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative members with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity; or

4. Members for whom local anesthesia is ineffective (such as due to acute infection, anatomic variations or allergy); or

5. Members who have sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised; or

6. Members with bony impacted wisdom teeth.

**Note:** In general, coverage of medically necessary anesthesia services is available only in connection with underlying services that are covered under the medical benefits plan. Please check your benefits plan to determine whether services are covered. Note that most Aetna plans exclude coverage of cosmetic surgery.

**Background**

According to guidelines from the American Academy of Pediatric Dentistry (AAPD, 2004 and 2005), the indications for deep sedation and general anesthesia in pediatric dental patients include:

1. Patients with certain physical, mental or medically compromising conditions;
2. Patients with dental restorative or surgical needs for whom local anesthesia is ineffective;
3. Patients who are extremely uncooperative, fearful, anxious including physically resistant children or adolescents with substantial dental needs and no expectation that the behavior will improve soon;
4. Patients who have sustained extensive orofacial or dental trauma;
5. Patients with dental needs who otherwise would not receive comprehensive dental care.
The French National Authority for Health (Hittenger, 2005) stated that, for standard dental and oral procedures, local anesthesia should be preferred whenever possible. Patients undergoing general anesthesia should have a pre-anesthesia consultation and informed of the potential risks of general anesthesia. Informed consent should be obtained from the patient or their legal representative.

CPT Codes / HCPCS Codes / ICD-10 Codes

Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+":

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
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<tbody>
<tr>
<td></td>
<td>CPT codes covered if selection criteria are met:</td>
</tr>
<tr>
<td>00170 - 00176</td>
<td>Anesthesia for intraoral procedures, including biopsy; not otherwise specified, or repair of cleft palate, or excision of retropharyngeal tumor, or radical surgery</td>
</tr>
<tr>
<td>00190 - 00192</td>
<td>Anesthesia for procedures on facial bones or skull</td>
</tr>
<tr>
<td>21010 - 21030, 21034 - 21116, 21141 - 21268, 21275, 21295 - 21497</td>
<td>Incision, excision, introduction or removal, repair, revision, and/or reconstruction, and fracture and/or dislocation procedures of skull, facial bones and temporomandibular joint (except excision of torus mandibularis or maxillary torus palatinus, genioplasty, augmentation of mandibular body or angle, and reduction forehead, malar augmentation, medial canthopexy, or lateral canthopexy)</td>
</tr>
<tr>
<td></td>
<td>HCPCS (ADA/CDT-4) codes covered if selection criteria are met:</td>
</tr>
<tr>
<td>D9248</td>
<td>Nonintravenous conscious sedation</td>
</tr>
<tr>
<td></td>
<td>Other HCPCS Codes related to the CPB:</td>
</tr>
<tr>
<td>D9210</td>
<td>Local anesthesia not in conjunction with operative or surgical procedures</td>
</tr>
<tr>
<td>D9211</td>
<td>Regional block anesthesia</td>
</tr>
<tr>
<td>D9212</td>
<td>Trigeminal division block anesthesia</td>
</tr>
<tr>
<td>D9215</td>
<td>Local anesthesia in conjunction with operative or surgical procedures</td>
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</tbody>
</table>

The above policy is based on the following references:


AETNA BETTER HEALTH® OF PENNSYLVANIA

Amendment to
Aetna Clinical Policy Bulletin Number: 0124 General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and Dental Services

For PA Medicaid, the following codes are added to list of CPT Codes/HCPCS Codes/ICD-10

CPT Codes / HCPCS Codes / ICD-10

Other HCPCS Codes related to the CPB:

D9222 Deep sedation/general anesthesia – first 15 minutes
D9223 Deep sedation/general anesthesia – each 15 minutes increment
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis
D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minutes increment