

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

RMHP Dental Anesthesia

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MCG Health
Ambulatory Care
27th Edition

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Clinical Indications for Procedure

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Approval of Dental Anesthesia services does not imply approval of Dental Care.

Administration of anesthesia or dental sedation **performed by the dentist** is **not covered** for **RMHP PRIME (Medicaid)** plan members.

- This healthcare services is/was needed for the appropriate medical care of the Member due to **1 or more** of the following
 - This Member has **RMHP Individual and Family Plan (IFP) Commercial, PRIME (Medicaid), or CHP+** health plan coverage, and Dental Anesthesia is needed due to **1 or more** of the following
 - The Member , in the treating dentists opinion, satisfies **1 or more** of the following
 - The Member has a physical, mental or medically compromising condition.
 - The Member has dental needs for which local anesthesia is ineffective because of acute infection, anatomic variations or allergy.
 - The Member is an extremely uncooperative, unmanageable, anxious or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred.
 - The Member has sustained extensive orofacial and dental trauma.
 - General anesthesia for dental care will be rendered in a hospital, or an outpatient surgical facility or other facility licensed under section 25-3-101 C.R.S.
 - The Member has **RMHP Medicare (CareAdvantage or Dual Special Needs Plan (DSNP))** health care coverage, and dental anesthesia is needed due to **ALL** of the following
 - The service will be performed at a hospital in connection with a covered Part A dental service

- The Member has an underlying medical condition and clinical status or, because of the severity of the dental procedure, requires hospitalization in connection with the services

Reviewer Guidance

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In most cases if Dental Anesthesia is approved the following charges are also considered to be approved: Anesthesia charges, Anesthesiologist charges, Facility charges, Supplies not unique to dental surgery

The provisions of this policy do not apply to treatment rendered for temporal mandibular joint (TMJ) disorders per Colorado Revised Statute 10-16-104

Policy History

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4/10/2023 annual review with updated plan names, no other changes.

HISTORY SUMMARY: Guideline added in 2012 for benefit management. Annual reviews 2013, 2014, 2015, 2016, 2017, 2019, 2020, 2021, 2022 - No changes to benefit criteria. Note for 2018: 1/24/2018 Annual Review - updated reviewer guidance to show non-coverage for TMJ treatment per CRS 10-16-104

References

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Colorado Revised Statutes 10-16-104 (12), Hospitalization and general anesthesia for dental procedures for dependent children, and C.R.S. 25-3-101. Reviewed 4/10/2023.

Rocky Mountain Health Plans Evidence of Coverage

Section 1862 (a)(12) of the Social Security Act

Medicare: <https://www.medicare.gov/coverage/dental-services>

Medicare: [Medicare and dental care - Medicare Interactive](#)

Codes

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