Northwest Region Utilization Review
UR 56 Dental Anesthesia Policy and Medical Necessity Criteria

Department: Northwest Permanente Applies to: KPNW Region/NW UM Physician Review Responsibility: PDA Dental Services Hospital Operating Room Committee; UROC Subject Matter Expert: Michael Plunkett, DDS	Number: UR 56 Effective: 04/10 Last Reviewed: 10/22, 9/23 Last Revised: 6/23, 7/24, 8/24, 10/21/25, 9/26

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

PURPOSE

Describe the policy and medical necessity criteria for the provision of general anesthesia (GA) in an operating room (OR) of a hospital or ambulatory surgery center (ASC) or a surgical suite of a dental clinic when GA is required to safely provide necessary dental treatment.

POLICY

It is an accepted community standard to provide necessary dental care under GA when the dental procedures cannot be safely performed in a traditional dental office setting because the member has special needs or because the member is 12 years of age or younger.

The eligibility criteria described herein are NOT intended to be used for patients who require GA in the OR for oral surgery services that are covered under medical benefit and provided by an Oral Surgeon.

DEFINITIONS

- General Anesthesia (GA): A reversible state of controlled unconsciousness produced by intravenous and/or inhaled anesthetic agents which results in the total loss or partial loss of reflexes and absence of pain over the entire body.
- Operating Room (OR): An Operating room or a surgery suite within a hospital or ambulatory surgery center or dental clinic within which surgical operations are carried out.
- General dentistry: The general practice of dentistry
- Pediatric dentistry: The practice of dentistry specializing in patients generally 12 years of age or younger
- Special Needs: Medical, developmental, or mental condition that may impair member's ability to receive dental care in a traditional dental office setting. These conditions may include:
  - Alzheimer's disease
  - Parkinson's disease
  - Autism spectrum disorder
  - Cerebral palsy
  - Down syndrome

- o Intellectual disability
- o Paralysis
- o Seizure disorder
- o Sensory disorder
- o Developmental delay
- o Allergy to all conventional local anesthetics (confirmed by documented evaluation by allergist)

NOTE: Dental Phobia in members older than 12 years is not considered to be a special need and does NOT meet the criteria for Medical Necessity of general anesthesia for dental procedures.

Coverage guidance: Dental anesthesia may be excluded from coverage. Check for exclusions or limitations.

Source	**Policy**
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy for Medicare Members	UR 56 applies. Due to the absence of a NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, "Dental Anesthesia Policy and Medical Necessity Criteria" for medical necessity determinations. Use the criteria below.
For Medicaid Members	
OR Medicaid	UR 56 does not apply.
WA Medicaid	UR 56 does not apply.
Commercial and Self-Funded Members	
OR Commercial	UR 56 applies
WA Commercial	UR 56 applies
Self-Funded Plans	UR 56 applies

MEDICAL NECESSITY CRITERIA

Provision of general anesthesia in operating room of a hospital or ambulatory surgery center or a surgical suite of a dental clinic for dentally necessary dental services may be considered medically necessary when BOTH of the following criteria are met:

Criterion 1:

The pediatric dentist or general dentist or oral surgeon has documented that the member requires dentally necessary care AND clinically appropriate alternatives which can be provided in a traditional dental office setting are not available.

Criterion 2:

The member of any age has a special needs diagnosis which significantly impairs their ability to safely cooperate with dental care in a traditional dental office setting;

OR

The member is 12 years of age or younger and the pediatric dentist or general dentist or oral surgeon has documented that the member's dental care cannot be safely provided in a traditional dental office setting due to factors that include but are not limited to:

- age;
- physical, medical or mental status;
- extent of treatment planned / degree of difficulty of the procedure;
- member's inability to cooperate due to acute situational anxiety /dental phobia;
- exaggerated gag reflex;
- need for immediate comprehensive dental treatment prior to medical treatment;
- allergy to local anesthetic/ inability to achieve local anesthesia;
- protecting the developing psyche of patient and/ or reduce medical risk;
- failed attempt of dental treatment in dental office.

REFERENCES

American Academy of Pediatric Dentistry Oral Health Policy 2020, Policy on Hospitalization and Operating Room Access for Oral Care of Infants, Children, Adolescents, and Individuals with Special Health Care Needs

Policy Number: NW.DENTAL.BENEFITS.022.0 - Request for Extra Contractual Services in Operating Room

Oregon Medicaid. **Health Systems Division: Medical Assistance Programs - Chapter 410, Division 123 – Dental/Denturist Services, 410-123-1490 - Hospital Dentistry** - Oregon Secretary of State Administrative Rules

Washington Medicaid:

RCW 48.43.185 - General anesthesia services for dental procedures.

RCW 48.43.185: General anesthesia services for dental procedures. (wa.gov)

WAC 182-531-0300 - Anesthesia providers and covered physician-related services.