Kaiser Foundation Health Plan- Southern California

Utilization Management (UM) Criteria for Dental Anesthesia – Medicare

Utilization Management Criteria Statement

This document includes criteria that support utilization review of certain provider requested health care services.

Utilization review occurs when a qualified physician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified physician is in the position to approve, deny, delay, or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and provided for your reference.

If you are in a treatment relationship with a member your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the Library under "Guidelines".

Principles

Dental Anesthesia Utilization Guidelines

General Anesthesia (GA) and associated facility charges for dental procedures are covered when general anesthesia is provided in an in-plan hospital or surgery center setting and is medically necessary based on clinical status or a qualifying medical condition.

The need to diagnose and treat, as well as the safety of the patient, practitioner, and staff, should be considered in the use of GA. The decision to use GA must take into consideration:

1. Alternative behavioral guidance modalities
2. Dental needs of the patient
3. The effect on the quality of dental care

4. The patient’s emotional development
5. The patient’s medical status

Objectives of GA:

1. Provide safe, efficient, and effective dental care
2. Eliminate anxiety
3. Reduce untoward movement and reaction to dental treatment
4. Aid in treatment of the mentally, physically, or medically compromised patient
5. Eliminate the patient’s pain response

If the dental procedure ordinarily requires general anesthesia by nature of the procedure itself, regardless of the clinical situation, then neither the general anesthesia nor facility charges are covered.

The anesthesia and associated facility charges must meet the Health Plan's terms and conditions that apply generally to other covered services. For example, a Plan physician must determine that the services are medically necessary.

Clinical Review Criteria

For dental procedures at a network facility, general anesthesia and the facility's services associated with the anesthesia are provided if all of the following are true:

- You are developmentally disabled, or your health is compromised.
- Your clinical status or underlying medical condition requires that the dental procedure be provided in a hospital or outpatient surgery center.
- The dental procedure would not ordinarily require general anesthesia.

Note: There are no specific Medicare rules on dental anesthesia. The health plan did not take a federal exemption and opted to cover the benefit based on state regulations made applicable to the Medicare age group, e.g., age seven (7) was removed from the benefit and pediatric considerations would not apply to the criteria.

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References

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