

## INTRAVENOUS SEDATION AND GENERAL ANESTHESIA FOR DENTAL SERVICES GUIDELINE

### I. Medical Necessity

- A. Intravenous (IV) sedation or general anesthesia for dental services are medically necessary only after documentation of trial and failure of *both* of the following:
- Behavior modification and local anesthesia tried first, followed by
  - Conscious sedation
- B. IV sedation or general anesthesia for dental services are medically necessary if any one of the following applies:
- Documentation of trial and failure of effective communicative techniques and the inability to safely immobilize the patient, OR
  - Documentation of the need for extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation, OR
  - Documentation that the patient has acute situational anxiety due to immature cognitive functioning, OR
  - Documentation of inability of patient to cooperate due to physical or mental conditions
- C. If sedation is required, the least profound procedure necessary to safely provide dental care will be authorized. Procedures are listed below in order of least to most profound:
- Conscious sedation (via inhalation or oral agents)
  - IV sedation
  - General anesthesia
- D. IV sedation or general anesthesia for dental services may require treatment in a hospital setting or licensed facility capable of responding to a serious medical crisis for certain medical conditions. These conditions may include, but are not limited to, the following:
- Moderate-to-severe asthma
  - Reactive airway disease
  - Congestive heart failure
  - Cardiac arrhythmias
  - Significant bleeding disorders

### II. Prior Authorization

- A. Prior authorization is NOT required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility or any category of intermediate care facility for the developmentally disabled.
- B. Prior authorization IS required prior to delivering intravenous sedation or general anesthesia for services not delivered in a state certified skilled nursing facility or any category of intermediate care facility for the developmentally disabled. The anesthesia provider must submit documentation outlining the patient's need for intravenous sedation or general anesthesia based on the criteria outlined under the Medical Necessity section of this document.

## Definitions

**Conscious Sedation** – Conscious sedation uses pain relievers and sedatives to induce an altered state of consciousness that minimizes pain and anxiety. Patients may be able to speak and respond to cues. Patients may not remember the procedure. Conscious sedation can be achieved with oral or inhalation agents.

**General anesthesia** – General anesthesia is a drug-induced loss of consciousness during which patients are not arousable. Patients often require assistance in maintaining a patent airway.

**Intravenous (IV) sedation** – IV sedation uses intravenous agents to depress consciousness. IV sedation can be minimal, moderate, or deep. Sedation and general anesthesia are a continuum. During minimal and moderate IV sedation, patients respond purposefully to stimuli and do not require airway support. Cardiovascular function is maintained. During deep sedation, patients may respond purposefully to stimuli but may need airway support.

## References

American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists.

Available at: [http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/anesthesia\\_use\\_guidelines.pdf?la=en](http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/anesthesia_use_guidelines.pdf?la=en). Accessed March 11, 2019.

Department of Health Care Services All Plan Letter 15-012 Dental Services – Intravenous Sedation and General Anesthesia Coverage.

Available at: <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-012.pdf>. Accessed March 11, 2019.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
October 29, 2015			
		January 25, 2016	
	May 16, 2017		
	April 25, 2018		
	April 25, 2019		