Policy on third-party reimbursement of medical costs fees related to sedation/general anesthesia

Originating Committee
Dental Care Committee
Review Council
Council on Clinical Affairs

Adopted
1989
Reaffirmed
1993
Revised

Purpose
The American Academy of Pediatric Dentistry (AAPD), in order to ensure that all children have access to the full range of dental delivery systems, advocates that if sedation or general anesthesia and related facility fees are payable benefits of a health care plan, these same benefits shall apply for the delivery of oral health services.

Methodology
This policy is based on a review of the current dental literature related to guidelines for sedation and general anesthesia as well as issues pertaining to medically necessary oral health care. Relevant policies and guidelines of the AAPD are included.

Background/literature review
For some infants, children, and adolescents and persons with special health care needs, treatment under sedation/general anesthesia in a hospital, or outpatient setting facility, or dental office or clinic represents the optimal approach only appropriate method to providing deliver necessary and indicated dental oral health care, because of the patient’s age, physical or developmental disability or medical status. The patient’s age, dental needs, disabilities, medical conditions, and/or acute situational anxiety that render the child or adult unable to cooperate in the dental office may be an indication for treatment to be completed under sedation/general anesthesia.12 “Protection of the child’s developing psyche” is a recognized medical indication for allowing such procedures as tonsillectomy, myringotomy or pediatric dental care to be performed.
utilizing sedation or general anesthesia. Yet, pediatric patients are often may be
denied access to dental oral health care when insurance companies refuse to provide
reimbursement for sedation/general anesthesia and related facility or hospital services,
citing a lack of medical justification for these procedures and costs. Most denials cite the
procedure is not “medically necessary”. This determination appears to be based on
arbitrary and inconsistent criteria. While insurance companies may legally control
costs by limiting contractual benefits, the distinction between medical and dental
infection is arbitrary and unfair. For instance, medical policies often provide
reimbursement for sedation/general anesthesia or hospital costs facility fees related to
myringotomy for a 3-year-old child, but will deny these benefits for costs when related
to treatment of dental disease and/or infection for the same patient.

American Dental Association Resolution 1989-546 states that insurance companies
should not deny benefits that would otherwise be payable “solely on the basis of the
professional degree and licensure of the dentist or physician providing treatment, if that
treatment is provided by a legally qualified dentist or physician operating within the
scope of his or her training and licensure”. Furthermore, clerical personnel and
sometimes professional consultants employed by insurance companies often make
benefit determinations based on this arbitrary distinction of medical versus dental
causation of the need for sedation/general anesthesia or hospitalization. The AAPD
strongly believes that only a physician or dentist who has actually examined and
evaluated the patient can determine the medical necessity of sedation/general
anesthesia or hospital care.

Policy statement Recommendations

The AAPD strongly believes that only the dentist providing the oral health care for the
patient can determine the medical necessity of sedation/general anesthesia.8

The AAPD encourages the insurance industry to:

1. Once a professional decision has been made that dental care utilizing
sedation/general anesthesia in a hospital or outpatient setting is medically necessary,
insurance companies should not arbitrarily refuse reimbursement for the
sedation/general anesthesia or facility related costs. Recognize that sedation and/or
general anesthesia is necessary to deliver compassionate, quality oral health care to
some infants, children, adolescents, and persons with special health care needs.

2. Sedation and/or general anesthesia and facility costs should be covered benefits
of medical insurance without discrimination as to the medical or dental procedure to be
performed whenever the medical indication of protecting the developing psyche has
been diagnosed. Include sedation and/or general anesthesia and related facility services
as benefits of health insurance without discrimination between the “medical” or
“dental” nature of the procedure.
3. The AAPD shall work to end all arbitrary and unfair limitations of benefits refusal of reimbursement for sedation/general anesthesia and facility costs related to the delivery of oral health dental care.

4. Regularly consult the AAPD with respect to the development of benefit plans that best serve the oral health interests of infants, children, adolescents, and patients with special care needs.¹⁰

References


