

Policy on Third-party Reimbursement of Medical Fees Related to Sedation/General Anesthesia for Delivery of Oral Health Services

Originating Committee

Dental Care Committee

Review Council

Council on Clinical Affairs

Adopted

1989

Revised

1995, 2000, 2003, 2006, 2011

Reaffirmed

1993

Purpose

The American Academy of Pediatric Dentistry (AAPD), to ensure that all children have access to the full range of oral health 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.

Methods

This document is an update of the previous policy, revised in 2006, and 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. The update included a PubMed® electronic search of the terms “general anesthesia/sedation costs”, “general anesthesia/sedation reimbursement”, “general anesthesia/sedation insurance coverage”, and “general anesthesia/oral health-related quality of life” and relevant articles from dental and medical literature. The search returned 733 articles. The reviewers agreed upon the inclusion of 22 articles that met the defined criteria. Relevant policies and guidelines of the AAPD and the American Dental Association (ADA) are included.

Background

For some infants, children, adolescents, and persons with special health care needs, treatment under sedation/general anesthesia in a hospital, outpatient facility, or dental office or clinic represents the only viable method to deliver necessary oral health care.¹⁻³ The patient’s age, dental needs, disabilities, medical conditions, and/or acute situational anxiety may preclude the patient’s being treated safely in a traditional outpatient setting.³⁻⁹ These patients may be denied access to oral health care when insurance companies refuse to provide reimbursement

for sedation/general anesthesia and related facility services. Most denials cite the procedure as not medically necessary. This determination appears to be based on arbitrary and inconsistent criteria.¹⁰⁻¹² For instance, medical policies often provide reimbursement for sedation/general anesthesia or facility fees related to myringotomy for a 3-year-old child, but deny these benefits when related to treatment of dental disease and/or infection for the same patient.

Dental rehabilitation of early childhood caries has shown a significant improvement in oral health-related quality of life (QOL) in children.^{4,6,13-16} Children undergoing comprehensive dental treatment under general anesthesia exhibited improvement in several areas such as sleeping, eating, and pain.^{4,6,13} Parents reported their children to have a better perceived QOL 1 to 4 weeks following dental rehabilitation under general anesthesia.¹⁵

ADA Resolution 1989-546 states that insurance companies should not deny benefits that otherwise would 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”.¹⁷

Many states have enacted legislation requiring medical insurers to reimburse for hospital charges associated with provision of dental care for children in the operating room.¹⁸ Such legislation has resulted in increased access to care, with more children receiving services in an operating room setting after enactment of legislation.¹⁹ General anesthesia, under certain circumstances, may offer a cost saving alternative to sedation for children with ECC.²⁰

Policy statement

The AAPD strongly believes that the dentist providing the oral health care for the patient determines the medical necessity of sedation/general anesthesia consistent with accepted guidelines on sedation and general anesthesia.^{1,7}

The AAPD encourages third party payors to:

1. 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. include sedation, general anesthesia, and related facility services as benefits of health insurance without discrimination between the “medical” or “dental” nature of the procedure;
3. end arbitrary and unfair refusal of reimbursement for sedation, general anesthesia, and facility costs related to the delivery of oral health care;
4. regularly consult the AAPD and the ADA 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.^{21,22}

The AAPD encourages all states to enact general anesthesia legislation that requires third party payors to reimburse for facility and /or anesthesia costs associated with providing oral health care for children.

References

1. American Academy of Pediatric Dentistry. Definition of medically necessary care. *Pediatr Dent* 2011;33(special issue):15.
2. American Academy of Pediatrics. Model contractual language for medical necessity for children. *Pediatr* 2005; 116(1):261-2.
3. Glassman P, Caputo A, Dougherty N, et al. Special Care Dentistry Association consensus statement on sedation, anesthesia, and alternative techniques for people with special needs. *Spec Care Dentist* 2009;29(1):2-8; quiz 67-8.
4. Low W, Tan S, Schwartz S. The effect of severe caries on the quality of life in young children. *Pediatr Dent* 1999; 21(6):325-6.
5. Eidelman E, Faibis S, Peretz B. A comparison of restorations for children with early childhood caries treated under general anesthesia or conscious sedation. *Pediatr Dent* 2000;22(1):33-8.
6. Acs G, Pretzer S, Foley M, Ng MW. Perceived outcomes and parental satisfaction following dental rehabilitation under general anesthesia. *Pediatr Dent* 2001;23(5):419-23.
7. American Academy of Pediatric Dentistry. Guideline for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures. *Pediatr Dent* 2010;32(special issue):167-83.
8. Wilson S. Pharmacological management of the pediatric dental patient. *Pediatr Dent* 2004;26(2):131-6.
9. American Academy of Pediatric Dentistry. Guideline on use of anesthesia personnel in administration of office-based deep sedation/general anesthesia to the pediatric dental patient. *Pediatr Dent* 2010;32(6):184-6.
10. White BA. The costs and consequences of neglected medically necessary oral care [review]. *Spec Care Dentist* 1995;15(5):180-6.
11. Cameron CA, Litch CS, Liggett M, Heimberg S. National alliance for oral health consensus conference on medically necessary oral health care: Legal issues. *Spec Care Dentist* 1995;15(5):192-200.
12. Crall J. Behavior management conference Panel II report—Third party payor issues. *Pediatr Dent* 2004;26(2):171-4.
13. Thomas CW, Primosch RE. Changes in incremental weight and well-being of children with rampant caries following complete dental rehabilitation. *Pediatr Dent* 2002;24(2):109-13.
14. Filstrup SL, Briskie D, Fonseca MD, Lawrence L, Wandera A, Inglehart MR. Early childhood caries and quality of life: Child and parent perspectives. *Pediatr Dent* 2003; 25(5):431-40.
15. Malden PE, Thomson WM, Jokovic A, Locker D. Changes in parent-assessed oral health-related quality of life among young children following dental treatment under general anaesthetic. *Community Dent Oral Epidemiol* 2008;36(2):108-17.
16. Cunnion DT, Spiro A, Jones JA, et al. Pediatric oral health-related quality of life improvement after treatment of early childhood caries: A prospective multisite study. *J Dent Child* 2010;77(1):4-11.
17. American Dental Association. Dental Benefit Programs—Organization and Operations. Benefits for services by qualified practitioners (1989:546). In: ADA Current Policies Adopted 1954-2009. American Dental Association. Chicago, Ill; 2010:105.
18. American Academy of Pediatric Dentistry. AAPD Advocacy. Summary of enacted general anesthesia legislation. Available at: “http://www.aapd.org/upload/advocacy_doc/2010/113.pdf”. Accessed: February 23, 2011.
19. White HR, Lee JY, Rozier RG. The effects of general anesthesia legislation on operating room visits by preschool children undergoing dental treatment. *Pediatr Dent* 2008; 30(1):500-5.
20. Lee JY, Vann WF, Roberts MW. A cost analysis of treating pediatric dental patients using general anesthesia versus conscious sedation. *Pediatr Dent* 2000;22(1):27-32.
21. American Dental Association. Dental Benefit Programs—Organization and Operations: Standards for dental benefit plans (2008:543). In: ADA Current Policies Adopted 1954-2009. American Dental Association. Chicago, Ill; 2010:105.
22. American Academy of Pediatric Dentistry. Policy on model dental benefits for infants, children, adolescents, and individuals with special health care needs. *Pediatr Dent* 2010;32(6):73-5.