



Dental Policy

Subject: IV, Inhalation and Local Anesthesia

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Description

This document addresses the available benefits for and the medical necessity and appropriateness for the use of conscious, deep sedation/general anesthesia and local anesthesia.

Note: Please refer to the following documents for additional information concerning related topics:

Clinical Indications for Use of IV, Inhalation and Local Anesthesia

The administration of local anesthesia, sedation and general anesthesia is an integral part of dental practice. Anthem is committed to the safe and effective use of all anesthesia modalities. Dentists administering anesthesia must be appropriately educated and trained. The American Dental Association recommends avoidance of the use of preoperative oral sedatives for children (ages 12 and under) prior to arrival in the dental office, except in extraordinary situations, due to the risk of unobserved respiratory obstruction during transport to the dental office by untrained individuals. For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

When more advanced anesthetics, such as intravenous (IV) or inhalation, are used to induce more profound levels of anesthesia, at least two additional individuals trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist/oral surgeon. The equipment used includes: a positive-pressure oxygen delivery system suitable for the patient being treated and/or a CO2 monitoring system. When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated on a regular or frequent basis. The equipment must also have either a functioning device that prohibits the delivery of less than 30% oxygen or an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm. An appropriate scavenging system must be available if gases other than oxygen or air are used.

Monitoring and Documentation:

1. **Monitoring:** A dentist, or at the dentist's direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient's vital signs continuously until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include: observation of proper oxygenation (includes observation of the color of mucosa – pink hue; skin or blood must be continually evaluated. Oxygen saturation by pulse oximetry is appropriate and necessary.
2. **Ventilation:** chest movement must be continually observed. Respirations must be verified and documented by appropriately trained personnel.
3. **Circulation:** Blood pressure and heart rate must be evaluated pre-operatively, postoperatively and intra-operatively and properly documented.
4. **Documentation:** An appropriate, complete anesthesia record must be maintained that includes the names of all drugs administered, time of administration including dosages of local anesthetics or other anesthetic drugs (IV or inhalation). All physiological parameters must be monitored and properly documented.

Emergency Management:

When a patient enters a deeper level of sedation than originally intended or the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended anesthetic level.

The dentist is responsible for drug management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of intravenous or inhalation drugs as well as providing the appropriate equipment, drugs and office protocol for emergency management.

General anesthesia or conscious sedation may be considered when performed in conjunction with other dental surgical procedures other than oral surgery when deemed necessary due to concurrent patient medical conditions/diagnoses. These conditions may be inclusive of, but not limited to, physical, intellectual or medically compromised conditions for which dental treatment using a local anesthetic cannot be expected to provide a successful result. Medical conditions which may necessitate general anesthesia or conscious sedation services must be supported by medical documentation from a physician.

Medically/Dentally Necessary or Medical/Dental Necessity means Medical/Dental Services that are:

(1) Consistent with the Member's diagnosis or condition;

(2) Is rendered:

- (A) In response to a life-threatening condition or pain; or
- (B) To treat an injury, illness or infection related to the dentition; or
- (C) To achieve a level of function to the dentition consistent with prevailing community standards for the diagnosis or condition.

As it applies to appropriateness of care, dental services are:

- provided by a Dentist, exercising prudent clinical judgment
- provided to a patient for the purpose of evaluating, diagnosing and/or treating a dental injury or disease or its symptoms
- in accordance with the generally accepted standards of dental practice which means:
 - standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
 - specialty society recommendations/criteria
 - any other relevant factors
- clinically appropriate, in terms of type, frequency and extent
- considered effective for the patient's dental injury or disease
- not primarily performed for the convenience of the patient or Dentist
- not more costly than an alternative service.
- Dependent on group contract provisions, cosmetic services may not qualify for benefit coverage even though the services may be clinically appropriate.

According to the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD), the definition of a child is between the ages of 0 to 21. While this definition may be appropriate to define a child by these recognized academies, for benefit purposes, Anthem follows criteria and state mandated ages for Intravenous (IV) and inhalation anesthesia for children.

Conscious sedation or general anesthesia and related facility charges are not a covered benefit when performed for patient comfort or treating provider preference.

Criteria

Nitrous Oxide is a safe and effective sedative agent that is mixed with oxygen and inhaled through a small mask that fits over the nose to help patients relax. It is sometimes called "laughing gas" and is one option the dentist may offer to help make patients more comfortable during certain dental procedures. It is not intended to be used for sedation or general anesthesia purposes. Patients are able to hear and respond to requests or directions. The effects of inhaling Nitrous Oxide include light-headedness or a tingling in the arms and

legs. The effect has a calming influence making individuals feel comfortable. The effects of nitrous oxide wear off quickly once administration is stopped and the patient respire 100% oxygen. Nitrous Oxide has been proven effective for its sedative effects when used in adults and children that include: ineffective local anesthesia administration; treatment of dental anxiety; for special needs patients requiring minor dental procedures; for individuals who are uncooperative or behaviorally challenged.

Nitrous Oxide is contraindicated for, but not limited to:

1. Patients with severe respiratory compromise
2. First trimester pregnancy because of its potential teratogenic effects
3. Patients with a history of stroke
4. Hypotension and known cardiac conditions

Local anesthesia is considered an incidental component for all dental procedures and is not eligible for a separate benefit.

Regional and trigeminal block anesthesia is not a covered service.

Medical conditions which require the use of general anesthesia must be supported by documentation submitted by the oral surgeon, dentist and/or physician administering the anesthesia. To qualify for a conscious sedation or general anesthesia benefit, the member must satisfy one of the criteria noted below.

1. The member is a child, up to 6 years of age, with a dental condition (such as Early Childhood Caries) that requires repairs of significant complexity (for example, multiple amalgam and/or resin based composite restorations, pulpal therapy, extractions or any combinations of procedures as noted or other dental procedures)
2. The member has physical, intellectual, or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and which, under anesthesia, can be expected to produce a superior result. Conditions include but are not limited to intellectual disabilities, cerebral palsy, epilepsy, severe cardiac problems and hyperactivity (verified by appropriate medical documentation)
3. The member is extremely uncooperative, fearful, unmanageable, anxious, or uncommunicative with dental needs so serious that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity
4. The member for whom local anesthesia is ineffective (for reasons such as acute infection, anatomic variations or allergy). Failed attempts of local anesthesia administration must be documented and submitted for review
5. The member has sustained extensive oral-facial and/or dental trauma, for which treatment under local anesthesia would be ineffective or compromised

Additional Information:

1. The level of anesthesia is not determined by the route of administration, but by the dentist's documentation of the anesthetic agent's effect on the patient's central nervous system.
2. The time of general anesthesia begins when the dentist starts administering the anesthetic agent and non-invasive monitoring protocol.
3. The dentist administering the anesthesia must remain in constant attendance with the patient until completion of the anesthesia procedure.
4. Services are considered complete when the patient may be safely left under the observation of trained personnel, and the dentist may safely leave the operatory to attend to other patients.
5. Office anesthesia in excess of 60 minutes for any dental or surgical procedure requires written rationale/documentation explaining the necessity. Necessary documentation includes all associated x-ray images, progress notes, operative report and a complete anesthesia record indicating start and stop times of drug administration.

6. General anesthesia will be considered for the removal of 7 or more teeth where the combination may include routine or surgical extractions which must be located within at least 2 quadrants.
7. Various state mandates for general anesthesia coverage under medical plans for children exist at various ages. Anthem considers it appropriate for all patients five years of age or younger.

Note: In general, coverage of medically necessary anesthesia services is available only in connection with underlying services that are covered under the dental or medical benefits plan or when the services qualify based on state mandate. It is advised to check the dental and medical benefits plan to determine covered services.

NOTE:

A group may define covered dental services under either their dental or medical plan, as well as to define those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. The health plan advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the health plan. Some plans exclude coverage for services that the health plan considers either medically or dentally necessary. When there is a discrepancy between the health plan's clinical policy and the group's plan documents, the health plan will defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then the health plan will adhere to the applicable regulatory requirement.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT (HCPC)

- D9210 local anesthesia not in conjunction with operative or surgical procedures
- D9211 regional block anesthesia
- D9212 trigeminal division block anesthesia
- D9215 local anesthesia in conjunction with operative or surgical procedures
- D9222 deep sedation/general anesthesia – first 15 minutes
- D9223 deep sedation/general anesthesia – each 15 minute increment
- D9230 Inhalation of nitrous oxide/analgesia, anxiolysis
- D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes
- D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
- D9248 non-intravenous conscious sedation

CPT

- 00170 - 00176 Anesthesia for intraoral procedures, including biopsy; not otherwise specified, or repair of cleft palate, or excision of retropharyngeal tumor, or radical surgery
- 00190 - 00192 Anesthesia for procedures on facial bones or skull

ICD-10 Including, but not limited to:

- K00.5 Hereditary disturbances in tooth structure, not elsewhere classified
- K00.6 Disturbances in tooth eruption
- K01.0 Embedded teeth
- K01.1 Impacted teeth

K02 (K02.5- K02.9)	Dental caries
K03.5	Ankylosis of teeth
K04 (K04.0- K04.9)	Diseases of pulp and periapical tissue
K05 (K05.0- K05.6)	Acute gingivitis
K06 (K06.0- K06.9)	Other disorders of gingiva and edentulous alveolar ridge
K08 (K08.0- K08.9)	Unsatisfactory restoration of tooth
K09 (K09.0- K09.9)	Cysts of oral region, not elsewhere classified
F40.8	Phobic Anxiety, childhood
F84.0	Autism (autistic) childhood
F79	Intellectual disability
F84.9	Intellectual disability - autistic features
F40.10	Phobia, social

Discussion/General Information

General anesthesia for dentally related dental, oral surgical, endodontic or periodontal procedures may be indicated as part of comprehensive dental management offered to patients with elevated levels of anxiety or for patients that are medically compromised. General anesthesia is defined as “a drug induced depressed level of consciousness during which the patients cannot be aroused, even by painful stimuli”. When properly administered, general anesthesia procedures help to achieve safe and effective pain control, alleviate the patient's fear and anxieties, minimizes spontaneous movement by the patient that could negatively impact dental/surgical treatment, alters the patient's post-operative perception of the procedure, improves treatment outcomes and allows for a relatively rapid post-operative recovery. The American Dental Association (ADA) divides pain and anxiety control into six subcategories designating the sixth subcategory as “general anesthesia”. The ADA has published guidelines for the management of pain and anxiety in each category.

For general anesthesia, the guidelines include a pre-operative evaluation of the patient where they are classified according to the American Society of Anesthesiologist's Physical Status Classification System. Patients must sign a consent form prior to the initiation of the anesthetic. In addition to the surgeon, the presence of a minimum of two auxiliary personnel trained in Basic Life Support (BLS) for Healthcare Providers is recommended and mandated in several states. When patients are intubated for airway maintenance, the use of oxygen and carbon dioxide monitoring systems is necessary. Without intubation, either CO₂ or O₂ monitoring as well as a precordial stethoscope is necessary. The ADA recommends body temperature and vital signs to be monitored continuously until the patient meets the criteria for recovery. Appropriate documentation of general anesthesia includes a time oriented anesthetic record indicating start and stop time of anesthesia and surgery including the name and dosage of all drugs administered, time of drug administration including local anesthetics, as well as recordings of the physiological parameters monitored. According to the ADA 2016 CDT code book, “Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.”

The American Association of Oral and Maxillofacial Surgeons (AAOMS) has divided guidelines for anesthesia into three categories, with category three being deep sedation/general anesthesia. The AAOMS has established four criteria for determination of general anesthesia: the inability to respond to physical or verbal stimuli; partial or complete loss of protective reflexes; absence of pain, anxiety, awareness, and recall; and the inability to maintain an airway. The ADA recommends that dentists who administer general anesthesia complete an advanced education program accredited by the ADA Commission on Dental Accreditation. Additionally, dentists should have current certification in Basic Life Support (BLS) for Healthcare Providers as well as Advanced Cardiac Life Support (ACLS), or an appropriate sedation and anesthesia emergency management course.

Ambulatory Surgery Centers, known as ASCs, are health care facilities focused on providing same-day surgical care that can include diagnostic, preventive and surgical procedures. ASCs have transformed the outpatient experience by providing a more convenient alternative to hospital-based outpatient procedures.

All ASCs are subject to rigorous oversight and independent inspections to assess each center's level of compliance with state and national standards. On-site surveys, such as those conducted at hospitals and other facilities, evaluate ASCs on a wide range of demanding clinical, operational and quality standards.

The American Academy of Pediatric Dentistry (AAPD), is the advocate for oral health in infants, children, adolescents, and persons with special health care needs, and recognizes that there exists a patient population for whom routine dental care using non-pharmacologic behavior guidance techniques is not a viable approach. It also recognizes that a population of patients, because of their need for extensive treatment, acute situational anxiety, uncooperative age-appropriate behavior, immature cognitive functioning, disabilities, or medical conditions, would benefit from deep sedation or general anesthesia.

Invasive diagnostic and minor surgical procedures on pediatric patients outside the traditional operating room setting have increased within the last decade. As a consequence of this change and with increased awareness of the importance of providing analgesia and anxiolysis, the need for sedation for procedures in physician offices, dental offices, subspecialty procedure suites, imaging facilities, emergency departments, and ambulatory surgery centers has markedly increased. In recognition of the need for both elective and emergency use of sedation in nontraditional settings, the American Academy of Pediatrics (AAP) and American Academy of Pediatric Dentistry (AAPD) have published a series of guidelines for the monitoring and management of pediatric patients during and after sedation for a procedure. The purpose of this updated statement is to unify the guidelines for sedation used by medical and dental practitioners, add clarifications regarding monitoring modalities, provide new information from medical and dental literature, and suggest methods for further improvement in safety and outcomes. With the revision of this document, the Joint Commission on Accreditation of Healthcare Organizations, the American Society of Anesthesiologists (ASA), the AAP, and the AAPD will use similar language to define sedation categories and the expected physiologic responses. (1)

The sedation of children is different from the sedation of adults. Sedation in children is often administered to control behavior to allow the safe completion of a procedure. A child's ability to control his or her own behavior to cooperate for a procedure depends both on his or her chronologic and developmental age. Often, children younger than 6 years and those with developmental delay require deep levels of sedation to gain control of their behavior. Therefore, the need for deep sedation should be anticipated. Children in this age group are particularly vulnerable to the sedating medication's effects on respiratory drive, patency of the airway, and protective reflexes.

Occasionally for safety concerns, circumstances may require the use of a facility and anesthesia services. Currently, there are more than 5,300 Medicare-certified ASCs throughout the country that meet or exceed the health and safety standards set by the Centers for Medicare & Medicaid Services (CMS). All Medicare-certified ASCs (Ambulatory Surgical Centers) must also comply with an extensive set of infection prevention standards that are monitored internally at each ASC daily and evaluated by external inspectors trained in the use of a rigorous, detailed infection prevention survey tool.

In addition, more than two-thirds of ASCs seek voluntary accreditation from one of four accrediting bodies (The American Association for Accreditation of Ambulatory Surgical Facilities, The Accreditation Association for Ambulatory Health Care, The Healthcare Facilities Accreditation Program, The Joint Commission), which are recognized by CMS for their high standards of quality care. State-specific licensure is also required by most states for ASCs to operate (e.g., ongoing inspection and reporting).

Definitions: Definitions Provided from "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update"

American Society of Anesthesiologists (ASA) Patient Physical Status Classification:

- ASA I — A normal healthy patient.
- ASA II — A patient with mild systemic disease.

- ASA III — A patient with severe systemic disease.
- ASA IV — A patient with severe systemic disease that is a constant threat to life.
- ASA V — A moribund patient who is not expected to survive without the operation.
- ASA VI — A declared brain-dead patient whose organs are being removed for donor purposes.

Analgesia: the diminution or elimination of pain

ASA Physical Status Classification: guidelines for classifying the baseline health status according to the ASA

Encouraged: a suggested or reasonable action to be taken.

General anesthesia: a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Local Anesthesia: The elimination of sensation, especially for pain management, by the topical administration or by injection of a drug.

May/could: freedom or liberty to follow a suggested or reasonable alternative.

Medical supervision/medical personnel: a currently licensed practitioner of medicine, surgery, or dentistry trained in the administration of medications used for procedural sedation and the management of complications associated with these medications.

Must/shall: an imperative need or duty that is essential, indispensable, or mandatory.

Pediatric Patients: all patients through 21 years of age, as defined by the AAP

Sedation - Minimal (formerly anxiolysis): a drug-induced state during which patients respond normally to verbal commands; although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Sedation - Moderate (formerly conscious sedation or sedation/analgesia): a drug-induced depression of consciousness during which patients respond purposefully to verbal commands (e.g., "open your eyes," either alone or accompanied by light tactile stimulation, such as a light tap on the shoulder or face, not a sternal rub). For older patients, this level of sedation implies an interactive state; for younger patients, age appropriate behaviors (e.g., crying) occur and are expected. Reflex withdrawal, although a normal response to a painful stimulus, is not considered as the only age-appropriate purposeful response (i.e., it must be accompanied by another response, such as pushing away the painful stimulus, to confirm a higher cognitive function). With moderate sedation, no intervention is required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. However, in the case of procedures that may themselves cause airway obstruction (e.g., dental or endoscopic), the practitioner must recognize an obstruction and assist the patient in opening the airway. If the patient is not making spontaneous efforts to open their airway to relieve the obstruction, then the patient should be considered to be deeply sedated.

Sedation - Deep (deep sedation/analgesia): a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully (see discussion of reflex withdrawal above) after repeated verbal or painful stimulation (e.g., purposefully pushing away the noxious stimuli). The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. A state of deep sedation may be accompanied by partial or complete loss of protective airway reflexes.

Should: the recommended need and/or duty.

Teratogenic Drugs: A teratogen is an agent that can disturb the development of the embryo or fetus causing birth defects.

Vital Signs: clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure that indicate the state of a patient's essential body functions.

References

Peer Reviewed Publications:

1. American Dental Association. Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. Chicago IL, ADA. Oct 2007. Available at: https://www.ada.org/~media/ADA/Member%20Center/Files/anxiety_guidelines.ashx. (Accessed June 6, 2016)
2. American Academy of Pediatrics; American Academy of Pediatric Dentistry. Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update. Available at: <http://pediatrics.aappublications.org/content/118/6/2587.full.pdf+html>. (Accessed June 6, 2016)
3. American Society of Anesthesiologists, 520 N Northwest Hgwy, Park Ridge, IL.
4. American Academy of Pediatric Dentistry Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office. Available at: http://www.aapd.org/media/Policies_Guidelines/P_Sedation.pdf. (Accessed June 6, 2016)
5. Parameters of Care for Oral and Maxillofacial Surgery. A Guide for Practice, Monitoring, and Evaluation (AAOMS Parameters of Care-(95). J Oral Maxillofac Surg 1995; 53(Suppl 5):1-29.
6. Guidelines for Anxiety Control and Pain Management in Oral and Maxillofacial Surgery. Zuniga JR. J Oral Maxillofac Surg 2000; 58(Suppl 2):4-7.
7. American Dental Association. CDT 2016 Dental Procedure Codes; 81,82 (©ADA 2015).
8. American Dental Association. Guidelines for Use of Sedation and General Anesthesia by Dentists. Chicago IL, ADA. Oct 2012. Available at: https://www.ada.org/~media/ADA/About%20the%20ADA/Files/anesthesia_use_guidelines.ashx. (Accessed June 6, 2016)
9. American Dental Association. The Use of Sedation and General Anesthesia by Dentists. Policy Statement. Chicago IL, ADA. Oct 2007.

Government Agency, Medical Society, and Other Authoritative Publications:

1. REFERENCE MANUAL V 37 / NO 6 15 / 16: Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office: Adopted 1999: Revised: 2004, 2007,2012
2. Revised: 110(4):836; 89 (6): 1110 - A Statement Of Reaffirmation For This Policy Was Published At 129(4): e1103 135 (4): e1105 Pediatrics - December 2006, VOLUME 118 / ISSUE 6 – “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update” - American Academy of Pediatrics, American Academy of Pediatric Dentistry, Charles J. Coté, Stephen Wilson

History

Revision History	Version	Date	Nature of Change	SME
	Initial	1/1/14		Koumaras
	Revision	2/8/17		

	Revision	2/6/18	Appropriateness and medical necessity	Kahn

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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