



MEDICAL COVERAGE POLICY

SERVICE: Medicaid Anesthesia for Dental Procedures

Policy Number:	267
Effective Date:	10/1/2020
Last Review:	08/27/2020
Next Review Date:	08/21/2020

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Required.

POLICY: For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Anesthesia for Dental Procedures for Medicaid members may be considered medically necessary, when **ALL** of the following criteria are met:

- "Criteria for Dental Therapy Under General Anesthesia" form (see appendix A) equals 22 or higher (Attach document)
- There is clinical documentation detailing reasons for the proposed level of anesthesia the includes **ONE or more** of the following:
 - ✓ History of prior treatment
 - ✓ Failed attempts at other levels of sedation
 - ✓ Behavior in the dental chair
 - ✓ Proposed restorative treatment (tooth ID and surfaces)
 - ✓ Urgent need to provide comprehensive dental treatment based on extent of diagnosed dental caries
 - ✓ Any other relevant medical condition(s)
- Required documentation submitted with request (**BOTH**):
 - ✓ Prior authorization approved by the DMO
 - ✓ Dental Anesthesia Form

AND, if either:

- The member is age 6 or younger **AND** prior authorization has been obtained by the Dental Maintenance Organization (Attach document), **OR**
- The member is age 7 or older



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OVERVIEW:

Comprehensive dental rehabilitation under general anesthesia is a treatment modality for many pediatric dentists. General anesthesia (GA) is utilized for pediatric dental patients to provide comprehensive and high-quality dental care when conventional dental treatment is not an option. Routine dental procedures for children are performed under GA for various reasons, including for patients: of a very young age; with complex medical/physical/mental conditions; with a need for extensive treatment; with a need for oral surgery treatment; with a need for emergency treatment that is extensive; who require safety considerations

MANDATES: [The Alberto N Agreement \(Section 8.1\)](#) states that all DME policies, guidelines, or provider manuals will prominently display the following statement when describing the scope of DME available to beneficiaries:

Medicaid beneficiaries under the age of 21 years are entitled to all medically necessary DME. DME is medical necessary when it is required to correct or ameliorate disabilities or physical or mental illnesses or condition. Any numerical limit on the amount of a particular item of DME can be exceeded for Medicaid beneficiaries under the age of 21 years if medically necessary. Likewise, time period for replacement of DME will not apply to Medicaid beneficiaries under the age of 21 years if the replacement is medically necessary. When prior authorization is required, the information submitted with the request must be sufficient to document the reasons why the requested DME item or quantity is medical necessary.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	00170
CPT Not Covered:	
ICD10 codes:	
ICD10 Not covered:	

POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Texas Medicaid Provider Procedures Manual: 4.2.29.2. Dental Therapy Under General Anesthesia; 4.2.24. Dental Anesthesia. http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx



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2. The Alberto N Agreement (Section 8.1):
<http://www.tmhp.com/Homepage%20File%20Library/Archive/Second%20Partial%20Settlement%20Agreement.pdf>
3. Texas State Board of Dental Examiners. Anesthesia Privileges. Available at:
<https://www.tsbde.texas.gov/AnesthesiaPrivileges.html>
- 4.



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Criteria for Dental Therapy Under General Anesthesia

Prior Authorization Request Submitter Certification Statement

I certify and affirm that I am either the Provider, or have been specifically authorized by the Provider (hereinafter "Prior Authorization Request Submitter") to submit this prior authorization request.

The Provider and Prior Authorization Request Submitter certify and affirm under penalty of perjury that they are personally acquainted with the information supplied on the prior authorization form and any attachments or accompanying information and that it constitutes true, correct, complete and accurate information; does not contain any misrepresentations; and does not fail to include any information that might be deemed relevant or pertinent to the decision on which a prior authorization for payment would be made.

The Provider and Prior Authorization Request Submitter certify and affirm under penalty of perjury that the information supplied on the prior authorization form and any attachments or accompanying information was made by a person with knowledge of the act, event, condition, opinion, or diagnosis recorded; is kept in the ordinary course of business of the Provider; is the original or an exact duplicate of the original; and is maintained in the individual patient's medical record in accordance with the *Texas Medicaid Provider Procedures Manual (TMPPM)*.

The Provider and Prior Authorization Request Submitter certify and affirm that they understand and agree that prior authorization is a condition of reimbursement and is not a guarantee of payment.

The Provider and Prior Authorization Request Submitter understand that payment of claims related to this prior authorization will be from Federal and State funds, and that any false claims, statements or documents, concealment of a material fact, or omitting relevant or pertinent information may constitute fraud and may be prosecuted under applicable federal and/or State laws. The Provider and Prior Authorization Request Submitter understand and agree that failure to provide true and accurate information, omit information, or provide notice of changes to the information previously provided may result in termination of the provider's Medicaid enrollment and/or personal exclusion from Texas Medicaid.

The Provider and Prior Authorization Request Submitter certify, affirm and agree that by checking "We Agree" that they have read and understand the Prior Authorization Agreement requirements as stated in the relevant Texas Medicaid Provider Procedures Manual and they agree and consent to the Certification above and to the Texas Medicaid & Healthcare Partnership (TMHP) Terms and Conditions.

We Agree



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Criteria for Dental Therapy Under General Anesthesia

Total points needed to justify treatment under general anesthesia=22.

Age of client at time of examination	Points
Less than four years of age	8
Four and five years of age	6
Six and seven years of age	4
Eight years of age and older	2

Treatment Requirements (Carious and/or Abscessed Teeth)	Points
1-2 teeth or one sextant	3
3-4 teeth or 2-3 sextants	6
5-8 teeth or 4 sextants	9
9 or more teeth or 5-6 sextants	12

Behavior of Client**	Points
Definitely negative- unable to complete exam, client unable to cooperate due to lack of physical or emotional maturity, and/or disability	10
Somewhat negative- defiant; reluctant to accept treatment; disobeys instruction; reaches to grab or deflect operator's hand, refusal to take radiographs	4
Other behaviors such as moderate levels of fear, nervousness, and cautious acceptance of treatment should be considered as normal responses and are not indications for treatment under general anesthesia	0

**** Requires that narrative fully describing circumstances be present in the client's chart**

Additional Factors**	Points
Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention**	15
Failed conscious sedation**	15
Medically compromising of handicapping condition**	15

**** Requires that narrative fully describing circumstances be present in the client's chart**

I understand and agree with the dentist's assessment of my child's behavior.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Clients in need of general anesthesia who do not meet the 22-point threshold, by report, will require prior authorization.

To proceed with the dental care and general anesthesia, this form, the appropriate narrative, and all supporting documentation, as detailed in Attachment 1, must be included in the client's chart. The client's chart must be available for review by representatives of TMHP and/or HHSC.

PERFORMING DENTIST'S SIGNATURE: _____

DATE: _____ License No.: _____



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Medicaid Dental Policy Regarding Criteria for Dental Therapy Under General Anesthesia—Attachment 1

Purpose: To justify I.V. Sedation or General Anesthesia for Dental Therapy, the following documentation is required in the Child's Dental Record.

Elements: Note those required* and those as appropriate**:

- 1) The medical evaluation justifying the need for anesthesia
- 2) Description of relevant behavior and reference scale
- 3) Other relevant narrative justifying the need for general anesthesia.
- 4) Client's demographics, including date of birth.
- 5) Relevant dental and medical history.
- 6) Dental radiographs, intraoral\perioral photography and/or diagram of dental pathology.
- 7) Proposed Dental Plan of Care.
- 8) Consent signed by parent\guardian giving permission for the proposed dental treatment and acknowledging that the reason for the use of IV sedation or general anesthesia for dental care has been explained.
- 9) Completed Criteria for Dental Therapy Under General Anesthesia form.
- 10) The parent/guardian dated signature on the Criteria for Dental Therapy Under General Anesthesia form attesting that they understand and agree with the dentist's assessment of their child's behavior.
- 11) Dentist's attestation statement and signature, which may be put on the bottom of the Criteria for Dental Therapy Under General Anesthesia form or included in the record as a stand alone form.

"I attest that the client's condition and the proposed treatment plan warrant the use of general anesthesia. Appropriate documentation of medical necessity is contained in the client's record and is available in my office."

REQUESTING DENTIST'S SIGNATURE: _____ DATE: _____