

## 18.10 Criteria for Dental Therapy Under General Anesthesia

The dental provider is responsible for determining whether a client meets the minimum criteria necessary for receiving general anesthesia. Additionally, the dental provider must meet the requirements for chart documentation.

**Refer to:** Pages D-58 and D-59 for a copy of the form.

If a client does not meet the criteria for general anesthesia, authorization will be considered with a written request using the Dental Services Authorization Request Form. Include all appropriate supporting documentation with the submittal. NHIC mails the dental provider a reply to the authorization request. The criteria for general anesthesia applies only to treatment of clients who are younger than age 21 or ICF-MR. This form is not required for emancipated minors.

### 18.10.1 Criteria Guidelines

The following criteria guidelines are for IV or general anesthesia indications for children's dental therapy:

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

Age of patient 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 Patient**	Points
Definitely negative - unable to complete exam, patient 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 patient'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 patient's chart

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

REQUESTING DENTIST'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Children needing IV sedation/general anesthetic who do not meet the 15 point threshold by report.

**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 patient chart.**

**The patient chart must be available for review by representatives of NHIC and/or HHSC.**

REQUESTING DENTIST'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ License No. \_\_\_\_\_