

**4.2.24.1 Criteria for Dental Therapy Under General Anesthesia**

## 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: \_\_\_\_\_

**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. \_\_\_\_\_

Effective Date\_01012009/Revised Date\_12172008

**4.2.24.2 Criteria for Dental Therapy Under General Anesthesia, Attachment 1****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: \_\_\_\_\_

Effective Date\_01012009/Revised Date\_12172008