18.10.2 Criteria for Dental Therapy Under General Anesthesia, Attachment 1

The following is medical dental policy regarding general anesthesia.

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To justify general anesthesia for dental therapy, the following documentation is required in the patient’s dental record.</th>
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<tbody>
<tr>
<td>Elements</td>
<td>Please note those required (*) and those as appropriate (**)</td>
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</table>

1) * Patient’s Demographics including Date of Birth
2) * Relevant Dental and Medical Health History
   ** including Medical Evaluation Justifying Relevant Medical Condition(s)
3) * Dental Radiographs, Intraoral/Perioral Photography, and/or Diagram of Dental Pathology
4) * Proposed Dental Plan of Care
5) * Signed Consent by Parent/Guardian giving permission for the proposed dental treatment and acknowledging that the reason for the use of general anesthesia for dental care has been explained.
6) ** Description of Relevant Behavior and Reference Scale
7) ** Other Relevant Narrative Justifying Need for General Anesthesia
8) * Completed Criteria for Dental Therapy Under General Anesthesia form
9) * The dentist’s attestation statement and signature may be put on the bottom of the Criteria for Dental Therapy Under General Anesthesia form or included in the chart as a stand-alone form:
   “I attest that the patient’s condition and the proposed treatment plan warrant the use of general anesthesia. Appropriate documentation of medical necessity is contained in the patient’s record and is available in my office.”

REQUESTING DENTIST’S SIGNATURE: ____________________________ DATE: ________________

18.11 Hospitalization and ASC/HASC

Dental services performed in an ambulatory surgical center (ASC)/hospital ambulatory surgical center (HASC) or a hospital (either as an inpatient or an outpatient) may be covered by THSteps based on the medical or behavioral justification provided, or if one of the following conditions exist: the procedures cannot be performed in the dental office or the client is severely disabled.

Reminder: If services are authorized, the provider receives an authorization number effective for 90 days.

In those areas of the state with Medicaid Managed Care, precertification or approval is required from the client’s HMO for anesthesia and facility charges. It is the dental provider’s responsibility to obtain precertification from the client’s HMO or managed care plan for facility and general anesthesia services.

To be reimbursed by the HMO, the provider must use the HMO’s contracted facility and anesthesia provider. These services are included in the capitation rates paid to HMOs and the facility/anesthesiologist risk nonpayment from the HMO without such approval. Coordination of all specialty care is the responsibility of the client’s PCP. The PCP must be notified by the dentist and/or the HMO of the planned services.

Dentists providing sedation/anesthesia services must have the appropriate current permit from the Texas State Board of Dental Examiners for the level of sedation/anesthesia provided.

Compliance with Texas Point System is required.

18.11.1 Billing NHIC

The examining physician, anesthesiologist, hospital, ASC or HASC must bill NHIC separately for the medical and facility components of their services. The claim forms used are the HCFA-1500, or the HCFA-1450 (UB-92).