



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

Med-QUEST Division  
Clinical Standards Office  
P. O. Box 700190  
Kapolei, Hawai'i 96709-0190

December 21, 2020

MEMO NO.  
QI-2039  
CTR-2004  
FFS 20-17

MEMORANDUM

TO: Fee-for-Service Dental Providers and Federally Qualified Health Centers (FQHC)

FROM: Judy Mohr Peterson, PhD *JMP*  
Med-QUEST Division Administrator

SUBJECT: DENTAL SERVICES REQUIRING GENERAL ANESTHESIA PERFORMED IN A HOSPITAL SETTING

The Med-QUEST Division is issuing this memorandum to inform dental providers of changes to the prior authorization process for pediatric dental services requiring general anesthesia (GA) being performed in a hospital-based setting.

Effective January 1, 2021, four (4) supporting documents must be submitted.

**1. Preauthorization**

The preauthorization submission must include the procedures proposed in the treatment plan.

The prior authorization request can be submitted using any of the three (3) methods:

- a. Request for dental authorization form (existing).
- b. ADA Claim form (new).
- c. Preauthorization submission via HDSMedicaid.org (new).

Preauthorization submission and required documents may be submitted via the HDS Medicaid portal, log on to <https://www.hdsmedicaid.org>.

**2. Criteria for Dental Therapy Under Anesthesia (CDTUA) Form (new)**

The parent or guardian and dentist performing the treatment signatures are required. The patient's case notes and/or patient's chart may also be submitted.

**3. Parental General Anesthesia Risk Acknowledgment Form ( new)**

The parent's or guardian's review and signature are required.

**4. General Anesthesia Preauthorization Request Case/Details Check List (new)**

Complete this form to ensure that all required documentation is provided with the prior authorization request. Written case notes and/or supporting information must be complete. Written documentation to support additional information should be provided. Incomplete documentation will result in a denial.

Examples of the three (3) new required documents are included as Attachment A. The forms will be accessible on the Med-QUEST website at:

<https://medquest.hawaii.gov/en/resources/forms.html?forceChannel=extjs> and listed as forms DHS 1190, DHS 1191, and DHS 1192.

If you have any questions, please contact Dan Fujii, DDS, MQD Dental Consultant, at [dfujii@dhs.hawaii.gov](mailto:dfujii@dhs.hawaii.gov).

Attachment

# Attachment A

## GA Prior Authorization Submission Forms

STATE OF HAWAII  
Department of Human Services

Med-QUEST Division

### Criteria for Dental Therapy Under General Anesthesia

*Total points needed to justify consideration of treatment under general anesthesia = 22*

| Age of client at time of examination | Points | Select One               |
|--------------------------------------|--------|--------------------------|
| Less than four years of age          | 8      | <input type="checkbox"/> |
| Four and five years of age           | 6      | <input type="checkbox"/> |
| Six and Seven years of age           | 4      | <input type="checkbox"/> |
| Eight years of age and older         | 2      | <input type="checkbox"/> |

| Treatment Requirements (Carious and/or Abscessed Teeth) | Points | Select One               |
|---|--------|--------------------------|
| 1-2 teeth or one sextant                                | 3      | <input type="checkbox"/> |
| 3-4 teeth or 2-3 sextants                               | 6      | <input type="checkbox"/> |
| 5-8 teeth or 4 sextants                                 | 9      | <input type="checkbox"/> |
| 9 or more teeth or 5-6 sextants                         | 12     | <input type="checkbox"/> |

| Behavior of Client (Must be supported in submitted narrative/documentation)   | Points | Select One               |
|---|--------|--------------------------|
| Behaviors such as expression of fear, crying/screaming, nervousness, and/or cautious acceptance of treatment  | 0      | <input type="checkbox"/> |
| Somewhat negative – defiant; reluctant to accept treatment; disobeys instruction; reaches to grab or deflect operator's hand, restlessness, refusal to take radiographs willingly | 4      | <input type="checkbox"/> |
| Definitely negative – hysterical or combative, unable to complete exam, client unable to cooperate due to lack of physical or emotional maturity, and/or disability               | 10     | <input type="checkbox"/> |

| Additional Factors (Must be supported in submitted narrative/documentation)                                 | Points | Select All That Apply    |
|---|--------|--------------------------|
| Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention | 15     | <input type="checkbox"/> |
| Failed conscious sedation (Nitrous Oxide is not considered conscious sedation)                              | 15     | <input type="checkbox"/> |
| Medically compromising or handicapping condition  | 15     | <input type="checkbox"/> |

|  |  |  |
|--|--|--|
| <b>Total Points</b> (add the points from each section and document the total here) |  |  |
|--|--|--|

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 and all supporting documentation, as detailed in General Anesthesia Preauthorization Request Case Details/Checklist, must be included as part of the request for preauthorization.

PERFORMING DENTIST'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### General Anesthesia Preauthorization Request

#### Case Details/Checklist

Note: When requesting preauthorization for dental services performed under general anesthesia (GA), please attach the case notes. If the information requested below is in your case notes, please indicate so in the fields provided. If the information is not in your case notes, then please write additional information on this form as necessary. Check off each item upon completion.

**Attached required forms**

- Parental General Anesthesia Acknowledgement
- Criteria for Dental Therapy Under General Anesthesia

**Attached a tooth-specific clinical diagnosis, and intended treatment plan**

**What are the indications that a clinical situation is urgent enough to warrant immediate treatment with GA?**

**What alternative treatment modalities have been attempted, prior to this request for GA?**

- Psychological behavior management
- Protective physical restraint
- Pharmacological alternatives to general anesthesia such as nitrous oxide or light/moderate sedation.
- Treatment with SDF, IRT

**Supporting Details/Other Comments:**

**If the reason for electing treatment using general anesthesia is due to behavior issues, please describe the patient behavior in detail:**

PERFORMING DENTIST'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### PARENTAL GENERAL ANESTHESIA ACKNOWLEDGEMENT

I am the parent/guardian of \_\_\_\_\_ (first/last name).  
My child may be scheduled for general anesthesia at a hospital. This means a licensed doctor will give drugs to make my child unconscious. My child will be unable to move or respond to voices. My child may need a machine to breathe during this time. My child may be at risk of possible serious problems including:

- Throwing up
- Sore throat
- Breathing or heart problems
- Allergic reaction
- Brain damage
- Death

This type of hospital visit is not a normal part of fixing teeth. It is considered appropriate only for patients with serious medical or behavior issues that don't allow treatment in a dentist's office. It may be possible to avoid this type of hospital visit. Other options may be available. Experts in children's dentistry suggest that parents and dentists talk about other choices.

Other options may include:

- Delaying treatment
- Holding or wrapping my child to keep them still
- Laughing gas to keep my child calm
- Drugs to make my child only slightly sleepy
- Coaching and teaching cooperation
- Cavity-stopping medicines or temporary fillings

I have talked about these other choices with my child's dentist. I can get a second opinion from another dentist. I can call CCMC at 1-888-792-1070 to help me with this.


Circle One

I UNDERSTAND THE RISKS OF GENERAL ANESTHESIA FOR MY CHILD. YES NO

I WISH FOR MY CHILD TO HAVE GENERAL ANESTHESIA. YES NO

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature: 

Email: [jmohrpeterson@dhs.hawaii.gov](mailto:jmohrpeterson@dhs.hawaii.gov)