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December 21, 2020

<u>MEMO NO</u>.
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
          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 HDSMedcaid.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.

Attachment

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	☐
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	Select One
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 (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	☐
Somewhat negative – defiant; reluctant to accept treatment; disobeys instruction; reaches to grab or deflect operator's hand, restlessness, refusal to take radiographs willingly	4	☐
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	☐

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	☐
Failed conscious sedation (Nitrous Oxide is not considered conscious sedation)	15	☐
Medically compromising of handicapping condition	15	☐

Total Points (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** <u>CCMC at 1-888-792-1070</u> **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