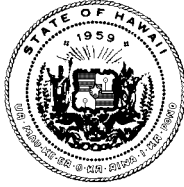


LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

In reply, please refer to:

In reply, please refer to:

Governor's Referral No.:

October 1, 2003

MEMORANDUM

ACS M03-12

TO: Providers of Dental Services

FROM: Aileen Hiramatsu, Med-QUEST Division Administrator */s/ ah*

SUBJECT: CLARIFICATION OF COVERAGE OF DENTAL SEDATION

It has been brought to the attention of the Med-QUEST Division (MQD) that no information had been previously given as the conditions in which dental sedation is covered for Medicaid recipients enrolled either in QUEST or the fee-for-service Medicaid Program for the aged, blind and disabled (ABD). The MQD reviewed the utilization of dental sedation and is modifying its coverage policy of dental services to specifically address the conditions in which dental sedation is covered. The following policy revision will be effective for services provided thirty (30) days from the date of this memorandum.

INTRAVENOUS (IV) AND INTRAMUSCULAR (IM) SEDATION PERFORMED IN THE OFFICE SETTING

Covered when the following conditions are met:

The patient's medical/dental condition is such that IV/IM sedation can be safely performed in the office setting.

- The medical/dental management of the patient requires that the patient is sedated to safely perform the dental procedure.
- Supporting documentation must be submitted with the claim that clearly and legibly substantiates:
 1. That the patient is combative; OR
 2. That the patient is uncooperative and that in the provider's judgement, the dental procedure cannot be performed safely without sedation.

Not covered and not separately reimbursable in the following situations:

- IV/IM sedation is offered to patient or requested by the patient to lower anxiety.
- IV/IM sedation is primarily for patient comfort.
- No supporting documentation for IV/IM sedation is submitted with the claim.

Supporting Documentation:

Must be submitted with the claim and include ALL of the following:

1. Medical history.
2. Sedation record.
3. Diagnosis.
4. Pre-surgical radiographs.
5. Post-operative notes.

INHALATION (NITROUS OXIDE) SEDATION PROVIDED IN THE OFFICE SETTING

Covered when the following conditions are met:

- Inhalation Sedation is administered by a dentist with formal post-graduate training in its administration.
- Inhalation sedation is limited to children under 13 years of age and as an adjunct to local anesthesia associated with oral surgery or operative dentistry.
 1. The child's medical/dental condition is such that inhalation sedation, oral surgery/operative dentistry can be safely performed in the office setting.
 2. The child must be able to correctly use the mask and inhale following the instructions of the dentist.
 3. Supporting documentation must be submitted with the claim that clearly and legibly substantiates that inhalation sedation is appropriate for the child.

Not covered and not separately reimbursable in the following situations:

- The dentist has no formal post-graduate training in the administration of inhalation sedation.
- If the patient is over the age of 13.

- When provided associated with diagnostic and/or preventive services without oral surgery or operative dentistry.

Supporting Documentation:

Must be submitted with the claim and include ALL of the following:

1. Brief statement justifying the medical need for use in the specific patient;
2. Sedation record; and
3. An itemized list of clinical procedures performed.