GUIDELINE STATEMENT
Texas Children's Health Plan (TCHP) performs authorization of all requests for general anesthesia during dental procedures and the associated facility fees for members 6 years old and younger enrolled in STAR or STAR Kids.

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for general anesthesia during dental procedures are received via fax, phone, online submission or mail by the Utilization Management Department and processed during normal business hours.

2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the request as an eligible service.

3. Prior authorization requires the following documentation:
   o Location where the procedure will be performed
   o Narrative detailing the reason for the proposed level of anesthesia
   o Proof of authorization for the dental services from the dental maintenance organization (DMO) for STAR or STAR Kids members.
   o Completed Criteria for Dental Therapy Under General Anesthesia form

4. The use of general anesthesia services during the delivery of dental services is considered medically necessary when any of the following criteria are met:
   o Children (up to 20 years of age) when in-office conscious sedation has failed or is clinically contraindicated; Or
o Medically compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during dental procedures; **Or**

o Individuals requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy or other medical condition that renders conscious sedation in the office not medically appropriate; **Or**

o Individuals requiring extensive dental procedures who have documentation of significant behavioral health conditions or psychiatric disorders that require special treatment (for example, severe panic disorder); **Or**

o Cognitively disabled individuals requiring extensive procedures whose prior history indicates general anesthesia is appropriate; **Or**

o Children requiring repair of cleft lip or palate.

5. TCHP may review medical necessity for general anesthesia during dental procedures in members 7 through 20 years of age:
   o that do not meet the Criteria for Dental Therapy Under General Anesthesia 22 point threshold **Or**
   o that need general anesthesia more than once per 6 months

6. Requests that do not meet medical necessity criteria established by this procedure will be referred to a TCHP Medical Director or physician reviewer for review.

7. TCHP requires prior authorization for general anesthesia (00170) and the facility fee (41899) in advance of dental related anesthesia services. Appropriate modifiers should be used as per the current TMPPM at the time of the request.

8. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.
GUIDELINE

REFERENCES:

Government Agency and Medical Society, and Other Publications:


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Original Creation Date: 08/29/2017    Version Creation Date: 02/13/2023    Effective Date: 02/22/2023