

## **Exhibit M – Administration of Nitrous Oxide**

DentaQuest adheres to the following policy for evaluating approving General Anesthesia and IV Sedation to maintain consistency throughout its dental networks.

### **I. Documentation May be Needed for Pre-Authorization of Procedure**

- A. Treatment plan (pre-authorized if necessary)
- B. Member specific narrative describing medical necessity for use of nitrous oxide.
- C. Treatment rendered under emergency conditions, when pre-authorization is not possible, requires submission of a treatment plan and narrative of medical necessity for retrospective review and payment.

### **II. Codes**

DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

### **III. Criteria**

- A. In most cases requests for nitrous oxide are authorized (for procedures covered by health plan) if any of the following criteria are met:
  1. Extensive or complex procedures such as:
    - a. Four (4) or more simple and/or surgical extractions
    - b. Impacted wisdom teeth
    - c. Surgical root recovery from maxillary antrum
    - d. Surgical exposure of impacted or unerupted cuspids
    - e. Radical excision of lesions in excess of 1.25 cm.

### **Reference:**

- American Association of Oral Maxillofacial Surgeons
- American Dental Association
- OAC 5160-5-01 Dental Services

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