Exhibit O – General Anesthesia and IV Sedation Criteria

DentaQuest adheres to the following policy for evaluating approving anesthesia during dental treatment including Local Anesthesia, General Anesthesia and IV Sedation to maintain consistency throughout its dental networks.

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

1. Lesser forms of anxiolysis, such as nitrous oxide and oral conscious sedation are included in the General Anesthesia and IV Sedation benefit and are not separately reimbursable.

I. GENERAL ANESTHESIA

A. Documentation may be needed for pre-authorization of procedure
   1. Treatment plan (pre-authorized if necessary)
   2. Narrative describing medical necessity for General Anesthesia or IV Sedation.
   3. 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.

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

C. Criteria: In most cases requests for general anesthesia or IV sedation are authorized (for procedures Covered by health plan) if any of the following criteria are met:
   1. Extensive or complex oral surgical procedures such as:
      a. Four (4) or more simple and/or surgical extractions in more than one quadrant in one appointment
      b. Impacted wisdom teeth
      c. Surgical root recovery from maxillary antrum
      d. Surgical exposure of impacted or unerupted cuspids
      e. Radical excision of lesions more than 1.25 cm

B. Criteria

Local Anesthesia including local anesthetic injections for regional nerve blocks, local tissue infiltration and topical anesthetic sprays and gels are considered an integral part of completing dental treatment. These services are considered unbundled when submitted separately from the dental treatment service and are disallowed.

III. ADDITIONAL INFORMATION

All Claims for reimbursement of procedure codes paid in 15-minute increments are based on the actual amount of billable time associated with the service. For these services for which the unit of service is 15 minutes (1 unit = 15 minutes), partial units should be rounded up or down to the nearest quarter hour.

1. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

Reference:

OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Other Services)

Exhibit O – General Anesthesia and IV Sedation Criteria

DentaQuest adheres to the following policy for evaluating approving anesthesia during dental treatment including Local Anesthesia, General Anesthesia and IV Sedation to maintain consistency throughout its dental networks.

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

1. Lesser forms of anxiolysis, such as nitrous oxide and oral conscious sedation are included in the General Anesthesia and IV Sedation benefit and are not separately reimbursable.

I. GENERAL ANESTHESIA

A. Documentation may be needed for pre-authorization of procedure
   1. Treatment plan (pre-authorized if necessary)
   2. Narrative describing medical necessity for General Anesthesia or IV Sedation.
   3. 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.

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

C. Criteria: In most cases requests for general anesthesia or IV sedation are authorized (for procedures Covered by health plan) if any of the following criteria are met:
   1. Extensive or complex oral surgical procedures such as:
      a. Four (4) or more simple and/or surgical extractions in more than one quadrant in one appointment
      b. Impacted wisdom teeth
      c. Surgical root recovery from maxillary antrum
      d. Surgical exposure of impacted or unerupted cuspids
      e. Radical excision of lesions more than 1.25 cm

II. LOCAL ANESTHESIA

A. Criteria

Local Anesthesia including local anesthetic injections for regional nerve blocks, local tissue infiltration and topical anesthetic sprays and gels are considered an integral part of completing dental treatment. These services are considered unbundled when submitted separately from the dental treatment service and are disallowed.

III. ADDITIONAL INFORMATION

All Claims for reimbursement of procedure codes paid in 15-minute increments are based on the actual amount of billable time associated with the service. For these services for which the unit of service is 15 minutes (1 unit = 15 minutes), partial units should be rounded up or down to the nearest quarter hour.

1. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

Reference:

OAC 5160-5-01 Dental Services (Appendix A to rule 5160-5-01 Other Services)