

## **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.
  2. One or more of the following medical conditions may apply:
    - a. Documented failed local anesthetic or a condition where severe periapical infection would render local anesthesia ineffective, demonstrated radiographically or through clinical chart notes.
    - b. Acute situational anxiety in patients, demonstrated by a brief patient-specific narrative.
    - c. Patient is less than 3 years old.
    - d. Patients less than 9 years of age must have multiple teeth with extensive procedures, demonstrated by a treatment plan.
- B. Services that fail to meet clinical criteria due to prior treatment will require medical necessity review.

### **Reference**

- American Association of Oral Maxillofacial Surgeons
- American Dental Association
- American Academy of Pediatric Dentistry
- OAC 5160-5-01 Dental Services
- Ohio Administrative Code 5160-1-01 Medical Necessity