

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

Reference: American Academy of Pediatric Dentistry and American Dental Association

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.
    - f. Behavioral issues at a level making safe and effective treatment challenging.
  2. One or more of the following medical conditions may apply:
    - a. Underlying hazardous medical condition (autism, cerebral palsy, epilepsy, intellectual disability, Down's syndrome), which would render patient non-compliant.
    - b. Documented failed local anesthetic or a condition where severe periapical infection would render local anesthesia ineffective.
    - c. Acute situational anxiety in patients.
    - d. Patients less than a certain age with extensive procedures. This includes the following that can be considered extensive: restorations, pulpotomies, or stainless-steel crowns.
      - Patients less than 9 years of age must have 6 or more teeth with extensive procedures.
      - Patients less than 6 years of age must have 4 or more teeth with extensive procedures.
      - Patient is less than 3 years old.

- B. Procedures that may meet clinical criteria for approval may be disallowed due to frequency limitations.
- C. Services that fail to meet clinical criteria due to prior treatment will be disallowed.

**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