

Criteria for Dental Therapy Under General Anesthesia

Total points needed to justify treatment under general anesthesia is 22 points. Clients in need of general anesthesia who are younger than 7 years of age, or who do not meet the 22-point threshold, by report, will require prior authorization.

Note: Sections marked with an asterisk (*) in the tables below require that a narrative fully describing the circumstances be present in the client's chart.


Age of client at time of examination	Points
Less than four years of age	8
Four and five years of age	6
Six and seven years of age	4
Eight years of age and older	2

Treatment Requirements (Carious and/or Abscessed Teeth)	Points
1-2 teeth or one sextant	3
3-4 teeth or 2-3 sextants	6
5-8 teeth or 4 sextants	9
9 or more teeth or 5-6 sextants	12

Behavior of Client / <i>Comportamiento del cliente</i> *	Points
Definitely negative—unable to complete exam, client unable to cooperate due to lack of physical or emotional maturity, and/or disability <i>Definitivamente negativo: no puede completar el examen, el cliente no puede cooperar debido a su falta de madurez física o emocional y/o debido a una discapacidad</i>	10
Somewhat negative—defiant; reluctant to accept treatment; disobeys instruction; reaches to grab or deflect operator's hand, refusal to take radiographs <i>Algo negativo: desafiante, reacio a aceptar el tratamiento, desobedece las instrucciones, se estira para agarrar o desviar la mano del operador o se niega a tomar las radiografías</i>	4
Other behaviors such as moderate levels of fear, nervousness, and cautious acceptance of treatment should be considered as normal responses and are not indications for treatment under general anesthesia <i>Otros comportamientos: los niveles moderados de miedo, el nerviosismo y la aceptación cautelosa del tratamiento deben considerarse respuestas normales y no son indicaciones para que reciba tratamiento con anestesia general</i>	0

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Additional Factors *	Points
Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention	15
Failed conscious sedation	15
Medically compromising of handicapping condition	15

Certification / Certificación	
I understand and agree with the dentist's assessment of my child's behavior.	
Parent/guardian signature: _____ Date: _____	
<i>Entiendo y estoy de acuerdo con la evaluación del dentista sobre el comportamiento de mi hijo.</i>	
<i>Firma del padre o tutor:</i> _____ <i>Fecha:</i> _____	
To proceed with the dental care and general anesthesia, this form, the appropriate narrative, and all supporting documentation, as detailed in Attachment 1, must be included in the client's chart. The client's chart must be available for review by representatives of TMHP and/or HHSC.	
Performing Dentist's Signature: 	Date:
License No.:	

Medicaid Dental Policy Regarding Criteria for Dental Therapy Under General Anesthesia – Attachment 1

Purpose: To justify intravenous deep sedation or general anesthesia for dental therapy, the following documentation is required in the child’s dental record.

Required Elements (including sections of form which include an asterisk):

- Description of relevant behavior and reference scale
- Other relevant narrative justifying the need for general anesthesia
- Client’s demographics, including date of birth
- Relevant dental and medical history
- Dental radiographs, intraoral\perioral photography and/or diagram of dental pathology
- Proposed Dental Plan of Care
- Consent signed by parent\guardian giving permission for the proposed dental treatment and acknowledging that the reason for the use of IV sedation or general anesthesia for dental care has been explained
- Completed Criteria for Dental Therapy Under General Anesthesia form
- The parent/guardian dated signature on the Criteria for Dental Therapy Under General Anesthesia form attesting that they understand and agree with the dentist’s assessment of their child’s behavior
- Dentist’s attestation statement and signature, which may be put on the bottom of the Criteria for Dental Therapy Under General Anesthesia form or included in the record as a stand alone form

“I attest that the client’s condition and the proposed treatment plan warrant the use of general anesthesia. Appropriate documentation of medical necessity is contained in the client’s record and is available in my office.”

Requesting Dentist’s Signature:  _____ Date: _____