



June 7, 2017

**RE: Anesthesia (D9223) Prior Authorization Process Effective July 1, 2017 – Members Six Years of Age and Younger**

Dear Dentist:

Effective for dates of service on or after July 1, 2017, benefit criteria for anesthesia will change for Texas Medicaid.

**Dental Therapy under General Anesthesia**

For clients who are **six years of age or younger**, the following will apply:

- All Level 4 sedation/general anesthesia services provided by a dentist (procedure code D9223) must be prior authorized.
- The Dentist performing the therapeutic dental procedure is responsible for obtaining prior authorization from DentaQuest and is responsible for providing the anesthesia prior authorization information to the anesthesiology provider. The dentist will submit code D9223 for authorization regardless of the specialty of the anesthesiologist.
  - **Dental Anesthesiologist** – When submitting claim to DentaQuest, the DentaQuest approved authorization number must appear in “Box 35” of the claims form, or in the Notes section of the portal. Dental anesthesiologists will bill CDT code D9223 and must have a current level 4 license on file with DentaQuest to ensure reimbursement.
  - **Medical Anesthesiologist** – When submitting claim to medical plan, the DentaQuest approved authorization must be provided with the claim. Medical anesthesiologists will bill CPT code 00170.

Please remember that the provider who submits the authorization for the dental therapeutic services must be the provider that performs the services. If the authorized provider does not perform the service, claims will deny. In the event the authorized provider is unable to perform the services, DentaQuest must be notified to update the authorization **prior to the services being performed**. This is not applicable to the anesthesiologist.

**Prior Authorization Criteria**

Requests for prior authorization must include, but are not limited to, the following client-specific documents and information:

- A completed Criteria for Dental Therapy Under General Anesthesia form
- A completed Prior Authorization Claim Form
- Location where the procedure(s) will be performed (office, or outpatient hospital/ambulatory setting)
  - Tentative date of service if outpatient hospital request
- Narrative unique to the client, detailing reasons for the proposed level of anesthesia (indicate procedure code D9223 or 00170). The narrative must include history of prior treatment, failed attempts at other levels of sedation, behavior in the dental chair, proposed restorative treatment (tooth ID and surfaces), urgent need to provide comprehensive dental treatment based on extent of diagnosed dental caries, and any relevant medical condition(s).
- Diagnostic quality radiographs or photographs
  - When appropriate radiographs or photographs cannot be taken prior to general anesthesia, the narrative must support the reasons for an inability to perform diagnostic services. For these special cases that receive authorization, diagnostic quality radiographs or photographs will be required for payment and will be reviewed by the DentaQuest Dental Director.

The current process of scoring 22 points on the Criteria for Dental Therapy Under General Anesthesia form does not guarantee authorization or reimbursement for clients who are six years of age and younger.

*Note: In cases of an emergency medical condition, accident, or trauma, prior authorization is not necessary. However, a narrative and appropriate pre- and post-treatment radiographs or photographs must be submitted with the claim, which will be reviewed by the DentaQuest Dental Director.*

A copy of the Criteria for Dental Therapy under General Anesthesia form must be maintained in the client's dental record. The client's dental record must be available for review by representatives of the Health and Human Services Commission (HHSC) or its designee.

Sincerely,

A rectangular box containing a handwritten signature in cursive script that reads "Brenda Walker".

Brenda Walker  
Director, Provider Engagement