

# Reminder: THSteps Prior Authorization Requirements for Dental Anesthesia

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**Note:** *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Reminder: Effective for dates of service on or after July 1, 2017, prior authorization is required for clients who are six years of age and younger for all Level 4 sedation/general anesthesia services (procedure code D9223, and procedure code 00170 with EP modifier) performed in conjunction with dental therapeutic services.

The dentist performing the therapeutic dental service is responsible for submitting proper documentation to obtain prior authorization for both the dental therapeutic and anesthesia services. When the prior authorization is approved, the treating dentist must provide the anesthesia prior authorization information and number to the appropriate anesthesiology provider. Failure to obtain prior authorization may result in a denial of reimbursement for both services.

Approval of prior authorization and payment of claims for all Level 4 sedation in clients who are six years of age and younger is not granted solely based on the Criteria for Dental Therapy Under General Anesthesia Form (22 point form). Client-specific documents and case information must be submitted with the prior authorization request, including, but not limited to, the following:

- A completed [Criteria for Dental Therapy Under General Anesthesia](#) form (current version, effective date 04/01/2016)
- [A completed Texas Health Steps Dental Mandatory Prior Authorization Request Form](#)
- Location where procedure(s) will be performed (office, inpatient hospital or outpatient hospital)
- Type of anesthesia provider, indicate one of the following:
  - Procedure code D9223 for a dentist with a Level 4 permit
  - Procedure code 00170 with EP modifier for an anesthesiologist (M.D./D.O.) or a certified registered nurse anesthetist
- Diagnostic quality radiographs and/or photographs
- Narrative detailing the reasons for the proposed level of anesthesia, including, but not limited to:
  - History of prior treatment
  - Failed attempts at other levels of sedation
  - Behavior in the dental chair
  - Proposed restorative treatment including tooth ID and surfaces

- Urgent need to provide comprehensive dental treatment based on extent of dental caries
- Relevant medical conditions

When appropriate radiographs or photographs cannot be taken prior to general anesthesia, the narrative must support reasons for the inability to perform diagnostic services. For these special cases that receive prior authorization, diagnostic quality radiographs or photographs will be required for payment and must be submitted with the claim.

Prior authorization is required for clients who are 7 through 20 years of age and are in need of general anesthesia, but do not meet the Criteria for Dental Therapy Under General Anesthesia 22 point threshold. The dentist providing therapeutic dental services under general anesthesia is responsible for obtaining prior authorization for both services as described above.

For more information, call the TMHP Contact Center at 1-800-925-9126.