



PROVIDER BULLETIN
Revised Dental Sedation Scoring Tool Effective November 1, 2017
September 29, 2017

Due to feedback from our valued providers, Envolve Dental and Magnolia Health Plan have revised the scoring tool for dental anesthesia by refining the criteria and lowering the total points needed for general anesthesia in an outpatient setting to 18 points.

The attached scoring tool will replace the earlier version of the tool and must be submitted along with the prior authorization request and supporting documents **beginning November 1, 2017**. If the total score is less than 18 points, please submit further detailed information to justify the need for either IV sedation or general anesthesia in an outpatient setting.

The revised tool will be posted to the Provider Web Portal and updated in the next edition of the provider manual.

If you have questions or concerns, please contact Provider Services for assistance at:

1-844-464-5636

-or-

providerrelations@envolvehealth.com

Thank you for partnering with us to provide high-quality dental care to our members.

Sedation Evaluation Tool for Dental Procedures

Member Name: _____ Member ID Number: _____

Member DOB: _____ Today's Date: _____

Provider Name: _____ Tentative Service Date: _____

Type of Sedation Requested:

- IV sedation with local anesthesia **(stop here if checked)**
- General Anesthesia requiring intubation

REQUIREMENTS FOR GENERAL ANESTHESIA IN AN OUTPATIENT HOSPITAL SETTING:

- **Readable Pre-operative X-rays**
- **Dental Action Plan**
- **All relevant office chart notes**
- **Completed Scoring Tool (Below)**

Scoring Tool for Qualification:

Age		Health Complications	
Patient's age on date of service	Points	Medically compromised/handicapping condition	Points
0 - 3 yrs	8 <input type="checkbox"/>	Hemodynamically significant congenital heart defects or prosthetic heart valve that requires strict anticoagulation; Unrepaired congenital heart defects or those with repairs that have not been completed; Pulmonary hypertension; Any condition where the patient is chronically anticoagulated or bleeding disorders	10 <input type="checkbox"/>
4 - 5 yrs	6 <input type="checkbox"/>	Neuromuscular disease, including spastic paralysis, muscular dystonias/dystrophies, and cerebral palsy; Mitochondrial diseases	10 <input type="checkbox"/>
6 - 7 yrs	4 <input type="checkbox"/>	Severe and/or poorly controlled asthma with multiple daily usage of albuterol; Room air oxygen saturation of less than 92; tracheostomy; tracheomalacia; any condition requiring supplemental oxygen; OSA (dx or by a STOP-Bang score of 5 or greater); morbid obesity (BMI greater than or equal to 40)	10 <input type="checkbox"/>
8 + yrs	0 <input type="checkbox"/>	Severely mentally delayed; anxiety DO such as ho combative behavior or claustrophobia; seizure DO that is not well controlled (seizure activity within the last 2 months)	10 <input type="checkbox"/>

Service Required Total teeth restored or extracted	
Services – 13+	8 <input type="checkbox"/>
Services – 10-12	6 <input type="checkbox"/>
Services – 7-9	2 <input type="checkbox"/>

Documented Previous Anesthesia Attempted and Failed	
Oral Sedation Unsuccessful and Nitrous Oxide Unsuccessful	5 <input type="checkbox"/>
Procedure to be performed by a board certified Pediatric Dentist or OMF Surgeon	10 <input type="checkbox"/>

Total Points from Tool: ____

Scoring:	
Eligible for General Anesthesia in an Outpatient Hospital Setting	18 points or more

Please specify unusual/extenuating circumstances below if applicable:

I certify that it is medically necessary that this member must undergo a surgical procedure requiring general anesthesia or IV sedation in an outpatient hospital setting. I acknowledge that additional records may be required for auditing purposes. In the event that this record is selected for audit and records do not demonstrate medical necessity, recoupment of payment may ensue.

DMD/DDS