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	
Patient's age on date of service	**Points**
0 - 3 yrs	8 ☐
4 - 5 yrs	6 ☐
6 - 7 yrs	4 ☐
8 + yrs	0 ☐

Health Complications	
Medically compromised/handicapping condition	**Points**
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 ☐
Neuromuscular disease, including spastic paralysis, muscular dystonias/dystrophies, and cerebral palsy; Mitochondrial diseases	10 ☐
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 ☐
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 ☐

Service Required Total teeth restored or extracted	
Services – 13+	8 ☐
Services – 10-12	6 ☐
Services – 7-9	2 ☐

Documented Previous Anesthesia Attempted and Failed	
Oral Sedation Unsuccessful and Nitrous Oxide Unsuccessful	5 ☐
Procedure to be performed by a board certified Pediatric Dentist or OMF Surgeon	10 ☐

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:

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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