

# 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 <input type="checkbox"/>
4 - 5 yrs	6 <input type="checkbox"/>
6 - 7 yrs	4 <input type="checkbox"/>
8 + yrs	0 <input type="checkbox"/>

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

Health Complications	
Medically compromised/handicapping condition	Points
Hemodynamically significant congenital heart defects or prosthetic heart valve that requires strict anticoagulation	10 <input type="checkbox"/>
Neuromuscular disease, including spastic paralysis, muscular dystonias and cerebral palsy	10 <input type="checkbox"/>
Moderate to Severe asthma with medication adherence	10 <input type="checkbox"/>
Mental Retardation complicated by seizures	10 <input type="checkbox"/>
Serious bleeding disorders	10 <input type="checkbox"/>
Severe emotional disturbance, severe anxiety, or behavioral disorders documented by psychiatrist	6 <input type="checkbox"/>

Documented Previous Anesthesia Attempted and Failed	
Oral Sedation Unsuccessful and Nitrous Oxide Unsuccessful	5 <input type="checkbox"/>

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**Total Points from Tool: \_\_\_\_**

<b>Scoring:</b>	
Eligible for Outpatient Hospital Setting	18 points or more
Contact Person Name:	

**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