Update to ‘THSteps Therapeutic Dental Benefits to Change for Texas Medicaid July 1, 2017’

Information posted June 1, 2017

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.

This is an update to the article titled, "THSteps Therapeutic Dental Benefits to Change for Texas Medicaid July 1, 2017," which was published on this website May 17, 2017.

The Texas Health Steps (THSteps) dental therapy under general anesthesia prior authorization criteria for clients who are six years of age or younger has been updated.

The following is the complete, updated prior authorization criteria:

Prior Authorization Criteria

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

- A completed Criteria for Dental Therapy Under General Anesthesia form
- A completed THSteps Dental Mandatory Prior Authorization Request Form
- The location of where the procedure(s) will be performed (office, inpatient hospital, or outpatient hospital)
- A narrative unique to the client, detailing the reasons for the proposed level of anesthesia (indicate procedure code D9223 or 00170). The narrative must include a history of prior treatment, information about 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 special cases that receive authorization, diagnostic quality radiographs or photographs will be required for payment and will be reviewed by the TMHP 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 TMHP 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.

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