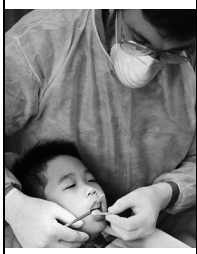


CSHCN Services Program Criteria for Dental Therapy Under General Anesthesia (page 1 of 2)



This form must be kept in the client's file for the justification of I.V. sedation or general anesthesia for dental therapy. *Do not submit this form with your claim.*

Contact the TMHP-CSHCN Services Program Contact Center 1-800-568-2413, which is available Monday through Friday, from 7 a.m. to 7 p.m., Central Time, for assistance with this form.

Complete all sections of this form.

Print or type all information.

Client Information:

First name:	Last name:
CSHCN Service Program number: 9-_____-00	Date of birth:
Address/City/State/ZIP:	

Criteria (Total number of points needed to justify treatment under general anesthesia is 22):

Age of Client at the Time of the Examination	Points
Less than 4 years of age	8
4 and 5 years of age	6
6 and 7 years of age	4
8 years of age and older	2
Treatment Requirements (Cariou and /or Abscessed Teeth)	Points
1 to 2 teeth or 1 sextant	3
3 to 4 teeth or 2 to 3 sextants	6
5 to 8 teeth or 4 sextants	9
9 or more teeth or 5 to 6 sextants	12
Behavior of Client	Points
Definitely negative—Unable to complete exam, client unable to cooperate due to lack of physical or emotional maturity, and/or disability	10
Somewhat negative—Defiant, reluctant to accept treatment, disobeys instruction, reaches to grab or deflect operator's hand, or refusal to take radiographs	4
Other behaviors—Moderate levels of fear, nervousness, and cautious acceptance of treatment should be considered as normal responses and are not indications for treatment under general anesthesia	0
Additional Factors**	Points
Presence of oral or perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention**	15
Failed conscious sedation**	15
Medically compromising, handicapping condition**	15

****Requires that narrative fully describing circumstances be present in the client's chart**

Client's in need of general anesthesia who do not meet the 22-point threshold, by report, will require prior authorization.

CSHCN Services Program Criteria for Dental Therapy Under General Anesthesia (page 2 of 2)



Client Information:	
First name:	Last name:
CSHCN Service Program number: 9-_____ -00	

Certification:	
<p>I understand and agree with the dentist's assessment of my child's behavior.</p> <p>Parent or guardian signature:_____ Date:_____</p> <p><i>To proceed with the dental care and general anesthesia, this form, the appropriate narrative, and all supporting documentation as detailed in Attachment 1, must be included in the client's chart. The client's chart must be available for review by representatives of TMHP-CSHCN Services Program or DSHS-CSHCN Services Program.</i></p>	
Performing dentist's signature:	Date:
Contact name:	
License number:	

CSHCN Services Program Policy About the Criteria for Dental Therapy Under General Anesthesia, Attachment 1

Client Information:	
First name:	Last name:
CSHCN Service Program number: 9- _____ -00	

Required Documentation:
<p>To justify sedation or general anesthesia for dental therapy, the following documentation is required in the child's dental record:</p> <ol style="list-style-type: none">1. The medical evaluation justifying the need for anesthesia.2. Description of relevant behavior and reference scale.3. Other relevant narrative justifying the need for general anesthesia.4. Client's demographics, including date of birth.5. Relevant dental and medical history.6. Dental radiographs, intraoral/perioral photography and/or diagram of dental pathology.7. Proposed Dental Plan of Care.8. Consent signed by parent/guardian giving permission for the proposed dental treatment and acknowledging that the reason for the use of IV sedation or general anesthesia for dental care has been explained.9. Completed Criteria for Dental Therapy Under General Anesthesia form.10. The parent/guardian dated signature on the Criteria for Dental Therapy Under General Anesthesia form attesting that they understand and agree with the dentist's assessment of their child's behavior.11. Dentist's attestation statement and signature, which may be put on the bottom of the Criteria for Dental Therapy Under General Anesthesia form or included in the record as a separate form.

Additional Documentation:
<p>The following are considered appropriate documents:</p> <ol style="list-style-type: none">1. Medical evaluation justifying relevant medical conditions.2. Description of relevant behavior and reference scale.3. Other relevant narrative justifying need for general anesthesia.

Certification Statement and Signature:
<p>"I attest that the client's condition and the proposed treatment plan warrant the use of general anesthesia. Appropriate documentation of medical necessity is contained in the client's record and is available in my office."</p> <p>Requesting dentist's signature: _____ Date: _____</p>