

## Upper Peninsula Health Plan Utilization Management Criteria for General Anesthesia for Dental Services

*Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS) and MICHild*

**General anesthesia for dental services** is a covered benefit under Upper Peninsula Health Plan when one or more of the following criteria below are met:

- The member is a child, up to 7 years old, requiring multiple extractions or multiple restorations
- Member with six (6) or more teeth requiring extraction in various quadrants
- Dental treatment needs for which local anesthesia is ineffective because of acute infection, anatomic variation or allergy
- Extensive oral-facial and/or dental trauma for which treatment under local anesthesia would be ineffective or compromised
- Members who exhibit physical, intellectual, or medically compromising conditions, for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and which, under anesthesia, can be expected to produce a superior result. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation); or
- Members who are extremely uncooperative, fearful, unmanageable, anxious or uncommunicative members with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain, infection, loss of teeth, or other increased oral or dental morbidity.

General anesthesia is not a benefit for the convenience of the dentist or member and is limited to situations when these anesthesia services are medically necessary. Apprehension and/or anxiety of the member are not considered valid medical reasons for general anesthesia.

### **IMPORTANT:**

To obtain authorization for general anesthesia, the prior authorization request must come from the member's primary care provider, pediatrician, or dentist and must include the following prior to rendering services:

- UPHP prior authorization form
- Documentation from the medical record supporting one or more of the criteria above.

Determination of medical necessity is based upon the documentation submitted. Appropriate documentation is essential. A templated letter with general statements is not sufficient documentation.

### ***Bibliography***

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2. American Dental Association: Guidelines for the Use of Sedation and General Anesthesia by Dentists. (October 2016). Retrieved from <http://www.ada.org>. Accessed on October 19, 2017.
3. Michigan Department of Health and Human Services- Medicaid Provider Manual; Version Date: October 1, 2018; Dental; Section 6.8 Adjunctive General Services, page 24.
4. Wang, Y., Lin, I., & Huang, C. Dental anesthesia for patients with special needs. *Acta Anaesthesiologica Taiwanica*. 2012; Volume 50 (3). (2012). 122-125.

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