



## Medicaid Compliance Notice: Medical Justification Requirements for Dental Anesthesia and Sedation

Providers were notified that, effective August 1, 2017 and in accordance with 7 AAC 110.155, Alaska Medicaid requires medical justification for billing dental codes for general anesthesia and intravenous moderate (conscious) sedation, and that documentation must be submitted with claims for reimbursement. To date, the vast majority of medical justification statements received have been inadequate or incomplete. As a result, these claims have been denied.

The following information is provided to assist with general anesthesia and intravenous sedation medical justification requirements and in effort to reduce the number of denied claims.

### General Anesthesia/IV Sedation Coverage

The department will pay for general anesthesia or IV sedation for when medically necessary and when the dental provider justifies, in writing that one or more of the following conditions exist:

- local anesthesia or sedation inadequate to control pain
- severe intellectual or developmental disability
- severe physical disability or medically-compromised condition
- a prolonged or difficult surgical procedure

### Medical Justification Requirements

Documented medical justification for general anesthesia and IV sedation must be attached to the claim, be in alignment with the [American Dental Association's Guidelines for the Use of Sedation and General Anesthesia](#), and must include:

- Description of services and condition(s) that necessitates sedation or anesthesia and why other lesser methods of sedation are insufficient or would not be successful
- Documentation that pre-operative oral or written instruction were given to the member or guardian, and that instructions include pre-operative fasting instructions as well as
- Informed consent from patient or guardian
- Physical evaluation completed prior to procedure
- Other methods of sedation that were attempted or why other methods would not be successful
- Appropriate time-oriented anesthetic record (start / stop times), including the names of all drugs, dosages and administration times; and monitored physiological parameters (e.g., blood pressure, pulse, respiration)
- List of all services and number of units, if applicable, being performed on the same date
- Name of all individuals present while member was under sedation or anesthesia

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