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Health and Human  
Services

# **Dental Specialty Care for Children Needing Sedation in Hospital Setting**

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**SMMCAC Subcommittee on Network Adequacy and Access to Care (NAAC)  
February 12, 2025  
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# Texas Health Steps (THSteps)

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## Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- Title XIX federally mandated program of prevention, diagnosis, and treatment for Medicaid clients from birth through age 20
- In Texas, EPSDT is known as the Texas Health Steps (THSteps) Program
- THSteps dental service standards are designed to meet federal regulations and incorporate the recommendations of representatives of national and state dental professional organizations



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# Dental Therapy Under General Anesthesia Procedure Code G0330 (1 of 2)

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- On September 1, 2024, procedure code G0330 became a benefit under THSteps.
- May be reimbursed to facilities for medical services provided by hospitals in an outpatient setting and also to Ambulatory Surgical Centers (ASC) Hospital-based Ambulatory Surgical Center (HASC).
- Replaced billing procedure code 41899 submitted with modifier U3.



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# Dental Therapy Under General Anesthesia Procedure Code G0330 (2 of 2)

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- A Medicaid client may be eligible for dental services performed in an ASC, HASC, or a hospital (either as an inpatient or an outpatient) if medical or behavioral justification is provided, or if one of the following conditions exist:
  - The procedures cannot be performed in the dental office.
  - The client is severely disabled.



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# Criteria for Dental Therapy Under General Anesthesia

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**22 points needed. Clients younger than 7 years of age, or who do not meet the 22-point threshold, require prior authorization.**

## Criteria

- Age of client at time of examination
- Number of teeth requiring treatment
- Behavior of the client
- Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention
- Failed conscious sedation
- Medically compromising or handicapping condition



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# Prior Authorization

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- Dental provider is responsible for obtaining prior authorization (PA) for services performed under general anesthesia.
- All levels of sedation require clinical documentation and a narrative in the client's dental record to support the necessity of the service.
- PA is required for ASCs and HASCs when the client is enrolled in a Medicaid managed care organization (MCO).



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# Hospitalization and ASC/HASC

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- Hospitals, ASCs, and anesthesiologists must obtain the PA number from the dental provider.
- The individual MCO must be contacted for precertification requirements related to the hospital procedure.
- To be reimbursed by the MCO, the provider must use the MCO's contracted facility and anesthesia provider.
- Coordination of all specialty care is the responsibility of the client's primary care provider. The primary care provider must be notified by the dentist or the MCO of the planned services.



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# Children Unable to Complete Diagnostic Services

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- When radiographs or photographs cannot be taken prior to general anesthesia due to difficulty cooperating or exhibit anxious behavior during dental procedures, 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.



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# Questions?

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# Thank you

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# Resources

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- [Criteria for Dental Therapy Under General Anesthesia](#)
- [THSteps Dental Mandatory Prior Authorization Request Form](#)



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