

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
INSPECTOR GENERAL

PEDIATRIC DENTAL SEDATION INSPECTION

Medicaid Dental Providers



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HHSC IG

TEXAS HEALTH AND HUMAN
SERVICES COMMISSION

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Medicaid Dental Providers

WHY THE IG CONDUCTED THIS INSPECTION

The IG formed a Pediatric Dental Sedation Action Team to research the sedation of pediatric dental patients in the Texas Medicaid population after learning of adverse events involving Medicaid patients. An inspection was launched to determine if pediatric dental sedation procedures are meeting medical necessity and the standard of care. The objectives were to answer the following:

- Does the "Criteria for Dental Therapy Under General Anesthesia" form and point system adequately address the need for general anesthesia?
- Are Medicaid providers meeting medical necessity and the standard of care?
- Are dental offices compliant with equipment and staffing credentials pursuant to TAC requirements?

WHAT THE IG RECOMMENDS

The HHSC Medicaid and CHIP Services Department should:

1. Require prior authorization for all Level IV general anesthesia for pediatric dental sedation services. A prepayment review should be considered in situations related to medical emergency and other appropriate circumstances.
2. Require Dental Maintenance Organizations (DMOs) to educate dental providers about dental record documentation in accordance with applicable requirements.
3. Require DMOs to educate dental providers who perform sedation about TAC requirements for sedation equipment.

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WHAT THE IG FOUND

The inspection found that some Medicaid provider dental records lacked support for medical necessity and standard of care, and some dental offices lacked equipment required by Texas Administrative Code (TAC) requirements. Also, the "Criteria for Dental Therapy Under General Anesthesia" form should not constitute a minimum criteria for administering general anesthesia nor be a substitute for prior authorization.

The inspection reviewed selected Medicaid dental providers to determine whether (a) pediatric dental sedation procedures were medically necessary and met the standard of care, (b) dental offices are compliant with equipment and staffing credentials pursuant to TAC requirements, and (c) the "Criteria for Dental Therapy Under General Anesthesia" form and point system adequately address the need for Level IV general anesthesia.

The inspection consisted of announced onsite reviews, interviews at select dental offices serving Medicaid patients, reviews of dental records and supporting documents, assessment of equipment, evaluation of dental office staff credentials, and observation of three dental sedation procedures.

"Criteria for Dental Therapy Under General Anesthesia" Form Is Not Adequate to Justify General Anesthesia Without Prior Authorization

Seventy-five percent of the dentists interviewed stated the form and point system can be manipulated to bypass the prior authorization requirement. Further, 31 percent indicated that the form is not an effective tool to authorize the use of Level IV general anesthesia.

Lack of Support for Medical Necessity and Standard of Care

A review of ten Level IV general anesthesia dental records showed four instances (40 percent) where the form was scored higher than the dental records support. Four out of 35 (11 percent) of the dental records reviewed lacked documentation to support that standard of care was met. In total, 28 percent of the Medicaid pediatric dental sedation records randomly selected for review did not have sufficient documentation to justify sedation procedures were either medically necessary (17 percent) or conducted within the standard of care (11 percent).

Some Offices Lack Required Equipment

Seventeen percent of the dental offices inspected did not have the required positive-pressure oxygen delivery system in place. Without the proper equipment, the dental provider is unable to administer positive-pressure oxygen to effectively treat a patient for oxygen loss or cardiac arrest. This results in an increased risk of patient harm. All dental offices reviewed met the credentialing and training requirements.

The HHSC Medicaid and CHIP Services Department agreed with the recommendations and is taking steps to implement, including engaging stakeholders, policy and process changes to require prior authorization for all Level IV general anesthesia sedations. Referrals were also made to the Texas State Board of Dental Examiners and to IG Medicaid Provider Integrity for review of specific provider actions and to TMHP for provider education.

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INTRODUCTION

The Texas Health and Human Services Commission (HHSC) Inspector General (IG) conducted an inspection of Medicaid dental providers in the State of Texas. The purpose of the inspection was to determine if dental sedation procedures performed on Medicaid pediatric patients are medically necessary and meet the standard of care.

Objectives

The objectives of the inspection were to answer the following questions:

1. Does the "Criteria for Dental Therapy Under General Anesthesia" form and point system adequately address the need for general anesthesia?
2. Are Medicaid providers meeting medical necessity and the standard of care?
3. Are dental offices compliant with equipment and staffing credentials pursuant to Texas Administrative Code (TAC) requirements?

In April 2016, the IG formed a Pediatric Dental Sedation Action Team to research the sedation of pediatric dental patients in the Texas Medicaid population after learning of adverse events involving Medicaid patients. On July 20, 2016, that team requested an inspection of pediatric dental sedation procedures administered by Medicaid providers. In response, the IG Inspections Division conducted an inspection to address the above objectives. The inspection consisted of announced onsite reviews, interviews at select dental offices serving Medicaid patients, and dental expert reviews of dental records and supporting documents. See Appendix A for more detailed information related to the scope and methodology.

Background

Dental providers administer sedation on pediatric patients when performing invasive dental procedures such as tooth extractions or treating severe or numerous cavities. Sedating pediatric patients can pose significant risks. The IG is aware of three adverse events that occurred during sedation administered to Texas Medicaid pediatric patients, including a:

- Three year old female required resuscitation in November 2015
- Four year old female experienced a traumatic brain injury in January 2016
- Fourteen month old female passed away in March 2016

These events prompted an IG inspection of sedation procedures performed by Texas Medicaid dental providers.

Dental Sedation

Sedation in children may be administered to control behavior in an effort to safely complete a procedure. According to the American Academy of Pediatric Dentistry (AAPD), a child's ability to control his or her own behavior depends on both chronological and developmental age, and children younger than six years of age and those with a developmental delay often require sedation to gain control of their behavior. However, children in this age group are particularly vulnerable to the sedative's effects on the respiratory drive, patency of the airway, and protective reflexes. Studies have shown that it is common for children to pass from the intended level of sedation into a deeper and unintended level of sedation, making effective rescue procedures essential to safe sedation.¹

The TAC² defines four levels of sedation services:

- Level I services: Delivery of analgesics or anxiolytics by mouth... at a dose level low enough to allow the patient to remain ambulatory.
- Level II services:
 - (a) The administration of tumescent anesthesia;
 - (b) The delivery of analgesics or anxiolytics by mouth in dosages greater than allowed at Level I...; or
 - (c) ... the administration of local anesthesia, peripheral nerve blocks, or both in a total dosage amount that exceeds 50 percent of the recommended maximum safe dosage per outpatient visit.
- Level III services: Delivery of analgesics or anxiolytics other than by mouth, including intravenously, intramuscularly, or rectally.
- Level IV services: Delivery of general anesthetics, including regional anesthetics and monitored anesthesia care; spinal, epidural, or caudal blocks for the purposes of providing anesthesia or monitored anesthesia care.

Level IV sedation is commonly known as general anesthesia. The terms Level IV general anesthesia, Level IV general anesthesia sedation, and general anesthesia are used interchangeably in this report.

"Criteria for Dental Therapy Under General Anesthesia" Form

To administer general anesthesia, Medicaid dental providers are required³ to complete and maintain the "Criteria for Dental Therapy under General Anesthesia" form in the patient's dental record. The form applies a point system where the dental provider assesses the age and behavior of the patient and the extent of the dental procedures to determine if Level IV general anesthesia is medically necessary. In accordance with Texas Medicaid Provider

¹ "Guideline for Monitoring and Management of Pediatric Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures," American Academy of Pediatric Dentistry, *Clinical Practice Guidelines*, 2006.

² Texas Administrative Code, Title 22, Part 9, Chapter 19, §192.1, January 2014.

³ "Texas Health Steps Dental, Documentation Requirements, General Anesthesia," *Texas Medicaid Provider Procedures Manual: Children's Services Handbook*, February 2016, Section 4.3.1.

Procedures Manual (TMPPM) and dental maintenance organization (DMO)⁴ policies, if the results yield a score of 22 points or higher (the minimum score to justify treatment with general anesthesia), the provider is authorized to treat the patient with Level IV general anesthesia without prior authorization. A score of less than 22 points requires a prior authorization process to seek approval to treat the patient with general anesthesia. The "Criteria for Dental Therapy under General Anesthesia" form is included in Appendix B.

Standard of Care and Medical Necessity

Qualified healthcare professionals (dental experts) engaged by the IG Inspections Division assessed standard of care pursuant to *Minimum Standard of Care* defined by the Texas State Board of Dental Examiners (TSBDE) in 22 Tex. Admin. Code §108.7 (2014) (see Appendix C). The inspection applied 22 Tex. Admin Code §108.8 (2014) *Records of the Dentist* (see Appendix D) to review and assess Medicaid requirements for medical necessity.

In addition, the following sources and definitions were used as part of the criteria for this inspection.

- Texas Human Resources Code Title 2, Subtitle C, Section 32.054(a) and (b), state:
 - (a) For purposes of this section, the “dental necessity” for a dental service or product is based on whether a prudent dentist, acting in accordance with generally accepted practices of the professional dental community and within the American Dental Association's Parameters of Care for Dentistry and within the quality assurance criteria of the American Academy of Pediatric Dentistry, as applicable, would provide the service or product to a patient to diagnose, prevent, or treat orofacial pain, infection, disease, dysfunction, or disfiguration.
 - (b) A dental service or product may not be provided under the medical assistance program [Medicaid] unless there is a dental necessity for the service or product.
- The AAPD indicates, "Medically necessary care (MNC) is the reasonable and essential diagnostic, preventive, and treatment services (including supplies, appliances, and devices) and follow-up care as determined by qualified health care providers, in treating any condition, disease, injury, or congenital or developmental malformation."⁵
- AAPD goes on to state, "MNC includes all supportive health care services that, in the judgment of the attending dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care. These services include, but are not limited to, sedation, general anesthesia, and utilization of surgical facilities. MNC must take into account the patient's age, developmental status, and psychosocial well-being, in addition to the setting appropriate to meet the needs of the patient and family."

⁴ “DMOs” refers to the two dental health plans discussed throughout this report. A DMO is an organization that is under contract with HHSC to deliver and manage dental health care services under a risk-based arrangement.

⁵ "Definition of Medically Necessary Care," American Academy of Pediatric Dentistry, *Clinical Practice Guidelines*, 2014, p. 15.

Review of Dental Records and Dental Offices

Dental experts reviewed 35 dental records from 26 dental offices to determine if: (a) medical necessity is documented and (b) dental sedation procedures meet the standard of care. Additionally, 12 dental offices were selected based on their rate of sedation and the number of Medicaid patients treated across the population of children under the age of 5. These office reviews included (a) interviews of dental providers and staff, (b) inspection of equipment, (c) evaluation of staff credentials, and (d) observation of three dental sedation procedures. See Appendix A for additional information. IG Inspectors observed:

- One Level I sedation procedure
- One Level IV sedation procedure administered by a pediatric dental anesthesiologist
- One Level IV sedation procedure administered by a medical anesthesiologist

Where appropriate, review of dental records resulted in referrals to the TSBDE and IG Medicaid Provider Integrity (MPI) for further review of specific providers and to Texas Medicaid & Healthcare Partnership (TMHP) for provider education.

Inspection Standards

The IG Inspections Division conducts inspections of the Texas Health and Human Services programs, systems, or functions. Inspections are designed to be expeditious, targeted examinations into specific programmatic areas to identify systemic trends of fraud, waste, and abuse. Inspections typically use a smaller sample, a snapshot in time, and make recommendations to strengthen effectiveness and efficiency. The IG Inspections Division conducted the inspection in accordance with Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

INSPECTION RESULTS

Objective 1: DOES THE "CRITERIA FOR DENTAL THERAPY UNDER GENERAL ANESTHESIA" FORM AND POINT SYSTEM ADEQUATELY ADDRESS THE NEED FOR GENERAL ANESTHESIA?

The IG Inspections Division reviewed dental records and conducted 16 interviews with dentists to determine whether the "Criteria for Dental Therapy Under General Anesthesia" form appropriately addresses the need for Level IV general anesthesia administered for dental procedures. TMPPM and DMOs require providers to maintain the completed form in the dental record to justify administering general anesthesia to Medicaid pediatric dental patients.

During the interviews, dental providers stated that the point system on the form can be manipulated. Furthermore, the records review by dental experts found that some records lack sufficient evidence, such as X-rays and medical notes, needed to justify a Level IV general anesthesia sedation.

Issue 1.1: "Criteria for Dental Therapy Under General Anesthesia" Form Is Not Adequate to Justify General Anesthesia Without Prior Authorization

The TMPPM⁶ and Medicaid DMOs require the completion of the "Criteria for Dental Therapy Under General Anesthesia" form. According to the TMPPM, the dental provider is responsible for determining whether the pediatric dental patient meets the minimum criteria for sedation.

The "Criteria for Dental Therapy Under General Anesthesia" form applies a point system and requires providers to assess pediatric patient age, treatment requirements, and behavior during examination and treatment, along with additional factors that would complicate the treatment. Twenty-two is the minimum score to justify treatment of a pediatric patient with general anesthesia. If the results yield a score of 22 points or higher, the provider is authorized to treat the Medicaid pediatric patient with general anesthesia without prior authorization. If the client does not meet the minimum criteria, the provider must submit supporting documentation and seek prior authorization from the DMO.

Sixteen dentists were interviewed regarding completion and retention of the "Criteria for Dental Therapy Under General Anesthesia" form and point system. Twelve (75 percent) indicated that the form can be manipulated to bypass the prior authorization requirement.

⁶ "Texas Health Steps Dental, Dental Therapy Under General Anesthesia," Texas Medicaid Provider Procedures Manual: Children's Services Handbook, February 2016, Section 4.2.25.

Five (31 percent) indicated that the form is not an effective tool to authorize the use of Level IV general anesthesia.

The review of ten Level IV general anesthesia dental records showed four instances (40 percent) where the form was scored higher than the dental records support. The dental expert indicated behavior and ability to cope were scored higher than documented in the dental record. One dental record did not reflect an adequate attempt at a lower level of sedation, but the corresponding form indicated a “failed conscious sedation.” The form allows 15 points for a “failed conscious sedation,” thereby elevating the score in this situation.

The interviews and review of dental records support that some pediatric dental patients may undergo general anesthesia for procedures that do not require such a level of sedation. This practice elevates the risk of potential harm to pediatric dental patients and increases costs to the Texas Medicaid program.

Recommendation 1.1: Require Prior Authorization for All Level IV Dental Sedation Services

The HHSC Medicaid and CHIP Services Department, through its contract oversight responsibility, should require prior authorization for all Level IV general anesthesia for pediatric dental sedation services. A prepayment review process should be considered in situations related to medical emergency and other appropriate circumstances. Furthermore, a score of 22 points on the "Criteria for Dental Therapy Under General Anesthesia" form should not constitute a minimum criteria for administering general anesthesia nor be a substitute for prior authorization.

Management Response:

Action Plan:

The Medicaid and CHIP Services Department agrees with this recommendation.

In 2016, HHSC Medicaid/CHIP initiated an internal workgroup to review the Texas Health Steps Therapeutic Dental Services Policy and the Anesthesia Reimbursement Policy related to dental sedation and Level 4/general anesthesia. The purpose was to identify areas within the policy where improvements could be made in order to ensure the safety of children in Medicaid who undergo Level 4/general anesthesia in conjunction with dental treatment. As part of this effort, HHSC convened a workgroup meeting with key dental stakeholders on November 9, 2016. The workgroup meeting included representatives from the Texas State Board of Dental Examiners, the Texas Dental Association, the Texas Academy of General Dentistry, Medicaid DMOs, and others. The feedback from this workgroup is being incorporated into the policy review process. The HHSC internal workgroup expects to implement, in summer 2017, a prior authorization requirement for all children 0 through 6 years of age undergoing Level 4 dental anesthesia. The proposed prior authorization for dental general anesthesia will require additional documentation of medical necessity be submitted along with the Criteria for Dental Services under General Anesthesia form for all level 4 sedation or general anesthesia administered for all children 0 through 6 years of age. A second workgroup meeting with

external stakeholders to discuss the outcome of the recommendations and provide an update on any policy changes is scheduled for the summer of 2017. In addition, HHSC held conference calls with Medicaid managed care organizations (MCOs) and is seeking additional stakeholder input from providers, DMOs, MCOs, and others about the proposed policy on prior authorization for dental general anesthesia. One component of the policy review is the potential for revisions to the Criteria for Dental Therapy under General Anesthesia form.

Responsible Manager:

Dental Director and Deputy Associate Commissioner for Policy and Program

Target Implementation Date:

Summer 2017 for Adoption of Updated Texas Health Steps Therapeutic Dental Services and Anesthesia Reimbursement Policies and operational policy guidance for MCOs and DMOs in the Uniform Managed Care Manual.

Objective 2: ARE MEDICAID PROVIDERS MEETING MEDICAL NECESSITY AND THE STANDARD OF CARE?

The IG Inspections Division evaluated dental records to determine whether providers documented medical necessity for dental procedures and related sedation in accordance with Medicaid requirements. The records consisted of Level I through Level IV sedation procedures, along with the corresponding "Criteria for Dental Therapy Under General Anesthesia" form required for the Level IV general anesthesia sedations. The medical necessity review included assessing whether alternative dental procedures, which do not require sedation, could have been performed and whether a lower level of sedation would have been appropriate.

The IG Inspections Division applied 22 Tex. Admin Code §108.8 *Records of the Dentist* (Appendix D) in the review of medical necessity. Further, the IG Inspections Division evaluated the dental records to determine whether dental providers meet the standard of care for pediatric dental sedation procedures. Rules and standards that govern dental care for the Texas Medicaid program are found in the Texas Administrative Code, AAPD, and TMPPM.

Issue 2.1: Some Dental Records Lack Documentation to Support Medical Necessity and Standard of Care

The November 2016 TMPPM⁷ states, "all dental providers must comply with the rules and regulations of the Texas State Board of Dental Examiners (TSBDE), including standards for documentation and record maintenance as stated in 22 TAC §108.7, *Minimum Standard of Care, General*, and §108.8, *Records of the Dentist*." Title 22 Tex. Admin. Code §108.8 requires that specific documentation be included in the record.

AAPD defines medical necessity as "the reasonable and essential diagnostic, preventive, and treatment services (including supplies, appliances, and devices) and follow-up care as determined by qualified health care providers..."⁸

The Texas Administrative Code defines the minimum standard of care requirements in 22 Tex. Admin. Code §108.7 and defines dental records requirements in §108.8 (Appendix C and D). In addition, minimal sedation, including standard of care requirements, is defined in 22 Tex. Admin. Code §110.4 (2011) (Appendix E).

Inspections Division dental experts reviewed treatment records to determine if documentation supported (a) medical necessity and (b) dental sedation procedures met the standard of care. Fifty records were selected randomly from the 5,486 Medicaid claims with dates of service in

⁷ "Texas Health Steps Dental," *Texas Medicaid Provider Procedures Manual: Children's Services Handbook*, 2016, Chapter 4.

⁸ American Academy of Pediatric Dentistry, Clinical Practice Guidelines, "Definition of Medically Necessary Care," 2014, p. 15.

September 2015 for the four levels of sedation performed on patients under the age of five. Thirty-five complete records were received. See Appendix A for full methodology.

Table 1: Review of Treatment Records for Pediatric Dental Sedation Claims for the Month of September 2015

Sedation Level	Population	Sample Size	Sample Received and Reviewed	Medical Necessity Issue Identified	Standard of Care Issue Identified	MCNA	Denta Quest	Total Issues Identified
Level 1/2	3,823	10	6	0	3	1	2	3 / 6
Level 3	24	20	19	3	1	3	1	4 / 19
Level 4	1,639	20	10	3	0	0	3	3 / 10
Totals	5,486	50	35	6	4	4	6	10 / 35

Source: Prepared by IG Inspections Division

Ten out of 35 (28 percent) dental records reviewed by a dental expert did not contain documentation to support medical necessity and/or standard of care.

Within 6 records (17 percent), 9 instances were identified where a lower level of sedation could have been used or an alternative procedure could have been performed. The dental expert indicated:

- Six instances in which the level of sedation was not supported by the dental record.
- Two instances in which the dental procedures with sedation could have been treated with alternative procedures that would not have required sedation. Alternative options include fewer stainless steel crowns, applying varnish, or waiting until the patient was older.
- One instance in which the procedure did not meet the requirements for medical necessity. X-rays showed only limited caries, so the procedure could have been postponed.

Four out of 35 (11 percent) lacked documentation to support that standard of care was met. The dental expert indicated:

- No indication of pre-operative history and no record of physical examination; no documentation of respiration rate
- No documentation of patient behavior assessment or medication dosage
- Inadequate documentation with only limited information
- No documentation of patient monitoring, as required by 22 Tex. Admin. Code §110.4

The observations indicate that in 17 percent of Medicaid pediatric dental treatment charts reviewed, patients may have been subjected to dental sedation treatments that were not medically necessary. Eleven percent of the treatment charts reviewed lacked documentation to show standard of care was met. In total, 28 percent of the Medicaid pediatric dental sedation records randomly selected for review by the Inspections Division did not have sufficient

documentation to justify sedation procedures were either medically necessary (17 percent) or conducted within the standard of care (11 percent).

Recommendation 2.1: **Require DMOs to Educate Dental Providers about TAC Requirements for Dental Record Documentation**

The HHSC Medicaid and CHIP Services Department, through its contract oversight responsibilities, should require DMOs to educate dental providers about dental record documentation in accordance with 22 Tex. Admin. Code §108.8 *Records of the Dentist*.

Management Response:

Action Plan:

The Medicaid and CHIP Services Department agrees with this recommendation.

The Department will allow MCNA and DentaQuest ten (10) business days from receipt of the final audit report to submit a corrective action plan (CAP) that includes a plan to educate providers about dental record documentation requirements in accordance with 22 Tex. Admin. Code §108.8 Records of the Dentist.

The Medicaid/CHIP Services Department expects MCNA and DentaQuest to take immediate corrective action under the CAP and will allow MCNA and DentaQuest 90 calendar days to implement all actions within the CAP. The Medicaid/CHIP Services Department will require MCNA and DentaQuest to submit monthly updates detailing the status of each milestone.

Responsible Manager:

Director, Health Plan Management

Target Implementation Date:

Ninety days from receipt of the final audit report for MCNA and DentaQuest corrective actions.

Objective 3: ARE MEDICAID DENTAL OFFICES COMPLIANT WITH EQUIPMENT AND STAFFING CREDENTIALS PURSUANT TO TEXAS ADMINISTRATIVE CODE REQUIREMENTS?

The IG Inspections Division evaluated 12 dental offices that serve Medicaid pediatric patients to determine whether they are properly equipped for conducting sedation procedures and that staff are credentialed and trained in accordance with 22 Tex. Admin. Code §110.4 (Appendix E). The equipment was inspected to determine if it was available and in good working condition. All staff reviewed met all credentialing and training requirements.

Issue 3.1: Some Offices Lack Equipment Required by TAC

Title 22 Tex. Admin. Code §110.4(c)(3)(B) requires, "A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available." (Appendix E).

Two out of 12 (17 percent) dental offices inspected did not have the required positive-pressure oxygen delivery system in place. A positive-pressure oxygen delivery system is used to resuscitate a patient who is unable to breathe on their own. The equipment delivers an adequate volume of oxygen into the lungs to treat a patient experiencing oxygen loss. Without the proper equipment, the dental provider is unable to administer positive-pressure oxygen to effectively treat a patient for oxygen loss or cardiac arrest. This results in an increased risk of patient harm.

One dental office inspected did not have any components of the positive-pressure oxygen delivery system. The provider stated they were unaware of the TAC requirement to have a positive-pressure oxygen delivery system for the Level I and II sedation procedures provided at their facility. This provider estimated that they had been sedating patients for two to three years without the required positive pressure oxygen delivery system.

The second dental office had a positive-pressure oxygen tank, however it was empty. They also did not have the associated tubing, bag mask valve, and mask to deliver positive-pressure oxygen to the patient. This provider stated that they were aware of the TAC requirement but did not replace the missing equipment for the past five years.

Since the inspection, both dental offices have reported that they have acquired functioning positive-pressure oxygen delivery systems and they are available for use.

Recommendation 3.1: Require DMOs to Educate Dental Providers about TAC Requirements for Sedation Equipment

The HHSC Medicaid and CHIP Services Department, through its contract oversight responsibility, should require DMOs to educate dental providers who perform sedation about TAC requirements for sedation equipment. The education should include the following:

1. Inform providers about TAC required sedation equipment and how the equipment is essential to health and safety of patients undergoing sedation.
2. List the specific TAC required sedation equipment and recommend that dental providers inspect the sedation equipment at their dental facility to ensure all required equipment is present and in good working condition.
3. Educate providers on best practices to periodically inspect sedation equipment to ensure the equipment is present and in good working condition.

Management Response:

Action Plan:

The Medicaid and CHIP Services Department agrees with this recommendation.

The Department will allow MCNA and DentaQuest ten (10) business days from receipt of the final audit report to submit a corrective action plan (CAP) that includes a plan to educate providers about TAC requirements for sedation equipment, including:

1. *Informing providers about TAC required sedation equipment and how the equipment is essential to health and safety of patients undergoing sedation;*
2. *Listing the specific TAC required sedation equipment and recommending that dental providers inspect the sedation equipment at their dental facility to ensure all required equipment is present and in good working condition; and*
3. *Educating providers on best practices to periodically inspect sedation equipment to ensure the equipment is present and in good working condition.*

The Medicaid/CHIP Services Department expects MCNA and DentaQuest to take immediate corrective action under the CAP and will allow MCNA and DentaQuest 90 calendar days to implement all actions within the CAP. The Medicaid/CHIP Services Department will require MCNA and DentaQuest to submit monthly updates detailing the status of each milestone.

Responsible Manager:

Director, Health Plan Management

Target Implementation Date:

Ninety days from receipt of the final audit report for MCNA and DentaQuest corrective actions.

CONCLUSION

The HHSC IG conducted an inspection of Medicaid dental providers in the State of Texas to determine if dental procedures with sedation performed on Medicaid pediatric patients are medically necessary and meet the standard of care. The inspection consisted of announced onsite reviews, interviews at select dental offices serving Medicaid patients, and dental expert reviews of dental records and supporting documents. See Appendix A for more detailed information related to the scope and methodology.

IG Inspections Division identified the following issues:

- "Criteria for Dental Therapy Under General Anesthesia" form is not adequate to justify general anesthesia without prior authorization.
- Some dental records lack documentation to support medical necessity and standard of care.
- Some offices lack equipment required by TAC.

To address these issues, the IG Inspections Division recommends the following to the HHSC Medicaid and CHIP Services Department:

- Require prior authorization for all Level IV general anesthesia for pediatric dental sedation services. A prepayment review process should be considered in situations related to medical emergency and other appropriate circumstances. Furthermore, a score of 22 points on the "Criteria for Dental Therapy Under General Anesthesia" form should not constitute a minimum criteria for administering general anesthesia nor be a substitute for prior authorization.
- Require DMOs to educate dental providers about dental record documentation in accordance with 22 Tex. Admin. Code §108.8 Records of the Dentist.
- Require DMOs to educate dental providers who perform sedation about TAC requirements for sedation equipment. The education should include following:
 1. Inform providers about TAC required sedation equipment and how the equipment is essential to health and safety of patients undergoing sedation.
 2. List the specific TAC required sedation equipment and recommend that dental providers inspect the sedation equipment at their dental facility to ensure all required equipment is present and in good working condition.
 3. Educate providers on best practices to periodically inspect sedation equipment to ensure the equipment is present and in good working condition.

If implemented, these recommendations are expected to: (a) reduce the risk of harm to Medicaid pediatric dental patients and (b) provide greater assurance that pediatric dental sedation procedures meet medical necessity and the standard of care.

In addition to the recommendations, the inspection resulted in provider referrals to the TSBDE and IG Medicaid Provider Integrity, as detailed in Table 2 below, for further review and provider education.

Table 2: Inspection Referrals

# of Providers Referred	Referred to	Referral Status (as of May 19, 2017)
7	IG Medicaid Provider Integrity	1 - Referred on to Texas Office of the Attorney General Medicaid Fraud Control Unit 5 - Escalated to IG full-scale investigations 1 - Referred on to IG Division of Medical Services
7	Texas State Board of Dental Examiners	6 - Escalated to full-scale investigations 1 - Pending
19	Texas Medicaid & Healthcare Partnership (for provider education)	19 - Closed; provider education conducted

Source: Prepared by IG Inspections Division

The IG Inspections Division thanks management and staff at the HHSC Medicaid and CHIP Services Department, TSBDE, and participating dental providers for their cooperation and assistance during this inspection.

APPENDICES

APPENDIX A: OBJECTIVE, SCOPE, AND METHODOLOGY

Objectives

The objectives of the inspection were to answer the following questions:

1. Does the "Criteria for Dental Therapy Under General Anesthesia" form and point system adequately address the need for general anesthesia?
2. Are Medicaid providers meeting medical necessity and the standard of care?
3. Are dental offices compliant with equipment and staffing credentials pursuant to TAC?

Scope

The scope of the Medicaid pediatric dental sedation inspection involved review of dental records for dental sedation claims with a date of service in September 2015 and other relevant activities through the end of fieldwork in November 2016.

Methodology

To accomplish its objectives, the IG Inspections Division collected information through discussions and interviews with responsible staff at Medicaid dental provider offices and also:

- Contracted with qualified healthcare professionals (dental experts) to review records and provide determinations on whether dental procedures and corresponding dental sedation were medically necessary and met the standard of care
- Collaborated with HHSC Medicaid and CHIP Services Department and DMOs to assess the "Criteria for Dental Therapy Under General Anesthesia" form
- Reviewed TAC, TMPPM, and AAPD requirements and guidelines for dental sedation and general anesthesia
- Assessed the medical and safety equipment and training and credentials required for the level of dental sedation provided at dental offices

The IG Inspections Division selected 12 dental offices based on their rate of sedation and the number of Medicaid patients treated across the population of children under the age of 5. While conducting the onsite reviews and evaluation of each office's sedation equipment and staff credentialing, IG Inspectors interviewed 18 providers (16 dentists, 1 pediatric dental anesthesiologist, and 1 medical anesthesiologist) to obtain information regarding sedation procedures. In addition to the interviews, IG Inspectors observed one Level I sedation and two Level IV general anesthesia sedations performed by a pediatric dental anesthesiologist and a medical anesthesiologist.

The IG Inspectors were assisted by the IG Dental Team. That team assisted during the interviews of dental staff and dentists, participated in the inspections of office equipment, and observed dental sedation procedures.

Dental Record Reviews

Dental experts reviewed treatment records to determine if (a) medical necessity was met, and (b) dental sedation procedures met the standard of care. Fifty records were selected randomly from the 5,486 Medicaid claims with dates of service in September 2015 for the four levels of sedation performed on patients under the age of five. Thirty-five complete records were received.

The sample was stratified across sedation levels, ensuring records were selected from each sedation level classification with a higher concentration of records from the more invasive sedation procedures (i.e., levels 3 and 4). Thirty-five of the 50 requested records were reviewed by Inspections Division. The remaining records not reviewed was due to: electronic files inaccessible, unreadable x-rays, records received too late to be included in the review, and provider nonresponse to records request.

Table 3: Review of Treatment Records for Pediatric Dental Sedation Claims for the Month of September 2015 and Percent of Issues per Level

Sedation Level	Population	Sample Size	Sample Received and Reviewed	Medical Necessity Issue Identified	Standard of Care Issue Identified	Total Issues Identified	Percent of Issues per Level
Level 1/2	3,823	10	6	0	3	3 / 6	50%
Level 3	24	20	19	3	1	4 / 19	21%
Level 4	1,639	20	10	3	0	3 / 10	30%
Totals	5,486	50	35	6	4	10 / 35	28%

Limitations

The inspection focused on a limited age range of recipients and, therefore, recommends caution when generalizing analyses to other age groups. Dental treatment record reviews were selected randomly, but not by using a statistically valid random sampling methodology for the purpose of extrapolation. The randomly selected, small sample size of records included in the review likely resulted in low power to identify trends occurring in the larger population.⁹ Patterns of issues found within the limited sample, therefore, may underrepresent the occurrences in the population.

⁹ Kirk, Roger E. *Experimental design*. John Wiley & Sons, Inc., 1982; Lohr, S. *Sampling: design and analysis*. Nelson Education, 2009.

The IG Inspections Division reviewed the following in accordance with the Texas Administrative Code:

- Required pharmaceuticals and medical and safety equipment onsite
- Pediatric appropriate equipment
- Minimum medical and safety equipment maintenance requirements, including calibration requirements (documentation pertaining to maintenance contract, lease contracts, and logs pertaining to maintenance history)
- The functionality and sanitary condition of the medical and safety equipment
- Any policy documentation pertaining to medical and safety equipment
- Any logs or documentation regarding medical and safety equipment usage and personnel that utilized the equipment
- Any certifications, licenses, and training requirements for those who utilize or have the authorization to utilize, medical and safety equipment

The IG Inspections Division analyzed documentation collected to determine if pediatric dental sedation procedures performed on Medicaid patients are medically necessary and within the standard of care. The IG Inspections Division used criteria from the following sources to evaluate information gathered:

- Texas Administrative Code
- Texas Medicaid Provider Procedures Manual
- American Academy of Pediatric Dentistry

The IG Inspections Division collaborated and interviewed management at DentaQuest and MCNA regarding procedures and policies that are in place for dental providers who utilize general sedation.

The IG Inspections Division conducted the inspection in accordance with Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that due professional judgment be used in planning and performing inspections and in reporting the results. Evidence supporting inspection observations, conclusions, and recommendations must be sufficient, competent, and relevant, as well as lead a reasonable person to sustain the observations, conclusions, and recommendations. The IG Inspections Division believes that the evidence obtained provides a reasonable basis for the issues and recommendations related to the inspection objectives.

**APPENDIX B: CRITERIA FOR DENTAL THERAPY UNDER
GENERAL ANESTHESIA**

Criteria for Dental Therapy Under General Anesthesia**Prior Authorization Request Submitter Certification Statement**

I certify and affirm that I am either the Provider, or have been specifically authorized by the Provider (hereinafter "Prior Authorization Request Submitter") to submit this prior authorization request.

The Provider and Prior Authorization Request Submitter certify and affirm under penalty of perjury that they are personally acquainted with the information supplied on the prior authorization form and any attachments or accompanying information and that it constitutes true, correct, complete and accurate information; does not contain any misrepresentations; and does not fail to include any information that might be deemed relevant or pertinent to the decision on which a prior authorization for payment would be made.

The Provider and Prior Authorization Request Submitter certify and affirm under penalty of perjury that the information supplied on the prior authorization form and any attachments or accompanying information was made by a person with knowledge of the act, event, condition, opinion, or diagnosis recorded; is kept in the ordinary course of business of the Provider; is the original or an exact duplicate of the original; and is maintained in the individual patient's medical record in accordance with the *Texas Medicaid Provider Procedures Manual (TMPPM)*.

The Provider and Prior Authorization Request Submitter certify and affirm that they understand and agree that prior authorization is a condition of reimbursement and is not a guarantee of payment.

The Provider and Prior Authorization Request Submitter understand that payment of claims related to this prior authorization will be from Federal and State funds, and that any false claims, statements or documents, concealment of a material fact, or omitting relevant or pertinent information may constitute fraud and may be prosecuted under applicable federal and/or State laws. The Provider and Prior Authorization Request Submitter understand and agree that failure to provide true and accurate information, omit information, or provide notice of changes to the information previously provided may result in termination of the provider's Medicaid enrollment and/or personal exclusion from Texas Medicaid.

The Provider and Prior Authorization Request Submitter certify, affirm and agree that by checking "We Agree" that they have read and understand the Prior Authorization Agreement requirements as stated in the relevant Texas Medicaid Provider Procedures Manual and they agree and consent to the Certification above and to the Texas Medicaid & Healthcare Partnership (TMHP) Terms and Conditions.

We Agree

F00015

Revised Date: 02/01/2016 | Effective Date: 04/01/2016

Criteria for Dental Therapy Under General Anesthesia

Total points needed to justify treatment under general anesthesia=22.

Age of client at time of examination	Points
Less than four years of age	8
Four and five years of age	6
Six and seven years of age	4
Eight years of age and older	2

Treatment Requirements (Carious and/or Abscessed Teeth)	Points
1-2 teeth or one sextant	3
3-4 teeth or 2-3 sextants	6
5-8 teeth or 4 sextants	9
9 or more teeth or 5-6 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, refusal to take radiographs	4
Other behaviors such as 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

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

Additional Factors**	Points
Presence of oral/perioral pathology (other than caries), anomaly, or trauma requiring surgical intervention**	15
Failed conscious sedation**	15
Medically compromising of handicapping condition**	15

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

I understand and agree with the dentist’s assessment of my child’s behavior.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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

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 and/or HHSC.

PERFORMING DENTIST’S SIGNATURE: _____

DATE: _____ License No.: _____

Medicaid Dental Policy Regarding Criteria for Dental Therapy Under General Anesthesia–Attachment 1

Purpose: To justify I.V. Sedation or General Anesthesia for Dental Therapy, the following documentation is required in the Child's Dental Record.

Elements: Note those required* and those as appropriate**:

- 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 stand alone form.

"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."

REQUESTING DENTIST'S SIGNATURE: _____ DATE: _____

APPENDIX C: 22 TEXAS ADMINISTRATIVE CODE § 108.7 (2014)

TITLE 22	EXAMINING BOARDS
PART 5	STATE BOARD OF DENTAL EXAMINERS
CHAPTER 108	PROFESSIONAL CONDUCT
SUBCHAPTER A	PROFESSIONAL RESPONSIBILITY
RULE §108.7	Minimum Standard of Care, General

Each dentist shall:

- (1) conduct his/her practice in a manner consistent with that of a reasonable and prudent dentist under the same or similar circumstances;
- (2) maintain patient records that meet the requirements set forth in §108.8 of this title (relating to Records of the Dentist);
- (3) maintain and review an initial medical history and perform a limited physical evaluation for all dental patients;
 - (A) The medical history shall include, but shall not necessarily be limited to, known allergies to drugs, serious illness, current medications, previous hospitalizations and significant surgery, and a review of the physiologic systems obtained by patient history. A "check list," for consistency, may be utilized in obtaining initial information. The dentist shall review the medical history with the patient at any time a reasonable and prudent dentist would do so under the same or similar circumstances.
 - (B) The limited physical examination shall include, but shall not necessarily be limited to, measurement of blood pressure and pulse/heart rate. Blood pressure and pulse/heart rate measurements are not required to be taken on any patient twelve (12) years of age or younger, unless the patient's medical condition or history indicate such a need.
- (4) obtain and review an updated medical history and limited physical evaluation when a reasonable and prudent dentist would do so under the same or similar circumstances. At a minimum, a medical history and limited physical evaluation should be obtained and reviewed at the initial appointment and updated annually;
- (5) for office emergencies:
 - (A) maintain a positive pressure breathing apparatus including oxygen which shall be in working order;
 - (B) maintain other emergency equipment and/or currently dated drugs as a reasonable and prudent dentist with the same or similar training and experience under the same or similar circumstances would maintain;
 - (C) provide training to dental office personnel in emergency procedures which shall include, but not necessarily be limited to, basic cardiac life support, inspection and utilization of emergency equipment in the dental office, and office procedures to be followed in the event of an emergency as determined by a reasonable and prudent dentist under the same or similar circumstances; and

- (D) shall adhere to generally accepted protocols and/or standards of care for management of complications and emergencies; (6) successfully complete a current course in basic cardiopulmonary resuscitation given or approved by either the American Heart Association or the American Red Cross; (7) maintain a written informed consent signed by the patient, or a parent or legal guardian of the patient, if the patient is a minor, or the patient has been adjudicated incompetent to manage the patient's personal affairs. A signed, written informed consent is required for all treatment plans and procedures where a reasonable possibility of complications from the treatment planned or a procedure exists, or the treatment plans and procedures involve risks or hazards that could influence a reasonable person in making a decision to give or withhold consent. Such consents must disclose any and all complications, risks and hazards;
- (8) safeguard patients against avoidable infections as required by this chapter;
 - (9) not be negligent in the provision of dental services;
 - (10) use proper diligence in the dentist's practice;
 - (11) maintain a centralized inventory of drugs;
 - (12) report patient death or hospitalization as required by this chapter;
 - (13) abide by sanitation requirements as required by this chapter;
 - (14) abide by patient abandonment requirements as required by this chapter; and
 - (15) abide by requirements concerning notification of discontinuance of practice as required by this chapter.

APPENDIX D: 22 TEXAS ADMINISTRATIVE CODE § 108.8 (2014)

TITLE 22	EXAMINING BOARDS
PART 5	STATE BOARD OF DENTAL EXAMINERS
CHAPTER 108	PROFESSIONAL CONDUCT
SUBCHAPTER A	PROFESSIONAL RESPONSIBILITY
RULE §108.8	Records of the Dentist

- (a) The term dental records includes, but is not limited to: identification of the practitioner providing treatment; medical and dental history; limited physical examination; oral pathology examination; radiographs; dental and periodontal charting; diagnoses made; treatment plans; informed consent statements or confirmations; study models, casts, molds, and impressions, if applicable; cephalometric diagrams; narcotic drugs, dangerous drugs, controlled substances dispensed, administered or prescribed; anesthesia records; pathology and medical laboratory reports; progress and completion notes; materials used; dental laboratory prescriptions; billing and payment records; appointment records; consultations and recommended referrals; and post treatment recommendations.
- (b) A Texas dental licensee practicing dentistry in Texas shall make, maintain, and keep adequate dental records for and upon each dental patient for reference, identification, and protection of the patient and the dentist. Records shall be kept for a period of not less than five years from the last date of treatment by the dentist. If a patient was younger than 18 years of age when last treated by the dentist, the records shall be maintained by the dentist until the patient reaches age 21 or for five years from the date of last treatment, whichever is longer. Dentists shall retain records for a longer period of time when mandated by other federal or state statute or regulation. Records must include documentation of the following:
- (1) Patients name;
 - (2) Date of visit;
 - (3) Reason for visit;
 - (4) Vital signs, including but not limited to blood pressure and heart rate when applicable in accordance with §108.7 of this title.
 - (5) If not recorded, an explanation why vital signs were not obtained.
- (c) Further, records must include documentation of the following when services are rendered:
- (1) Written review of medical history and limited physical evaluation;
 - (2) Findings and charting of clinical and radiographic oral examination:
 - (A) Documentation of radiographs taken and findings deduced from them, including radiograph films or digital reproductions.
 - (B) Use of radiographs, at a minimum, should be in accordance with ADA guidelines.

- (C) Documentation of the findings of a tactile and visual examination of the soft and hard tissues of the oral cavity;
- (3) Diagnosis(es);
 - (4) Treatment plan, recommendation, and options;
 - (5) Treatment provided;
 - (6) Medication and dosages given to patient;
 - (7) Complications;
 - (8) Written informed consent that meets the provisions of §108.7(7) of this title;
 - (9) The dispensing, administering, or prescribing of all medications to or for a dental patient shall be made a part of such patient's dental record. The entry in the patient's dental record shall be in addition to any record keeping requirements of the DPS or DEA prescription programs;
 - (10) All records pertaining to Controlled Substances and Dangerous Drugs shall be maintained in accordance with the Texas Controlled Substances Act;
 - (11) Confirmable identification of provider dentist, and confirmable identification of person making record entries if different from provider dentist;
 - (12) When any of the items in paragraphs (1) - (11) of this subsection are not indicated, the record must include an explanation why the item is not recorded.
- (d) Dental records are the sole property of the dentist who performs the dental service. However, ownership of original dental records may be transferred as provided in this section. Copies of dental records shall be made available to a dental patient in accordance with this section.
- (e) A dentist who leaves a location or practice, whether by retirement, sale, transfer, termination of employment or otherwise, shall maintain all dental records belonging to him or her, make a written transfer of records to the succeeding dentist, or make a written agreement for the maintenance of records.
- (1) A dentist who continues to maintain the dental records belonging to him or her shall maintain the dental records in accordance with the laws of the State of Texas and this chapter.
 - (2) A dentist who enters into a written transfer of records agreement shall notify the State Board of Dental Examiners in writing within fifteen (15) days of a records transfer agreement. The notification shall include, at a minimum, the full names of the dentists involved in the agreement, include the locations involved in the agreement, and specifically identify what records are involved in the agreement. The agreement shall transfer ownership of the records. A transfer of records agreement may be made by agreement at any time in an employment or other working relationship between a dentist and another entity. Such transfer of records may apply to all or any part of the dental records generated in the course of the relationship, including future dental records. A dentist who assumes ownership of the records pursuant to this paragraph shall maintain the records in a manner consistent with this section and is responsible for complying with subsections (f) and (g) of this section.
 - (3) A dentist who enters into a records maintenance agreement shall notify the State Board of Dental Examiners within fifteen (15) days of such event. The notification

shall include the full names of the dentists involved in the agreement, the locations involved in the agreement, and shall identify what records are involved in the agreement. A maintenance agreement shall not transfer ownership of the dental records, but shall require that the dental records be maintained in accordance with the laws of the State of Texas and the Rules of the State Board of Dental Examiners. The agreement shall require that the dentist(s) performing the dental service(s) recorded in the records have access to and control of the records for purposes of copying and recording. The dentist transferring the records in a records maintenance agreement shall maintain a copy of the records involved in the records maintenance agreement. Such an agreement may be made by written agreement by the parties at any time in an employment or other working relationship between a dentist and another entity. A records maintenance agreement may apply to all or any part of the dental records generated in the course of the relationship, including future dental records.

- (f) Dental records shall be made available for inspection and reproduction on demand by the officers, agents, or employees of the State Board of Dental Examiners. The patient's privilege against disclosure does not apply to the Board in a disciplinary investigation or proceeding under the Dental Practice Act. Copies of dental records submitted to the Board on demand of the officers, agents, or employees of the Board shall be legible and all copies of dental x-rays shall be of diagnostic quality. Non-diagnostic quality copies of dental x-rays and illegible copies of patient records submitted to the Board shall not fulfill the requirements of this section.
- (g) A dentist shall furnish copies of dental records to a patient who requests his or her dental records. At the patient's option, the copies may be submitted to the patient directly or to another Texas dental licensee who will provide treatment to the patient. Requested copies, including radiographs, shall be furnished within 30 days of the date of the request. The copies may be withheld until copying costs have been paid. Records shall not be withheld based on a past due account for dental care or treatment previously rendered to the patient. Copies of dental records submitted in accordance with a request under this section shall be legible and all copies of dental x-rays shall be of diagnostic quality. Non-diagnostic quality copies of dental x-rays shall not fulfill the requirements of this section.
- (1) A dentist providing copies of patient dental records is entitled to a reasonable fee for copying which shall be no more than \$25 for the first 20 pages and \$0.15 per page for every copy thereafter.
 - (2) Fees for radiographs, which if copied by an radiograph duplicating service, may be equal to actual cost verified by invoice.
 - (3) Reasonable costs for radiographs duplicated by means other than by a radiograph duplicating service shall not exceed the following charges:
 - (A) a full mouth radiograph series: \$15.00;
 - (B) a panoramic radiograph: \$15.00;
 - (C) a lateral cephalometric radiograph: \$15.00;
 - (D) a single extra-oral radiograph: \$5.00;
 - (E) a single intra-oral radiograph: \$5.00.

(4) State agencies and institutions will provide copies of dental health records to patients who request them following applicable agency rules and directives.

APPENDIX E: 22 TEXAS ADMINISTRATIVE CODE § 110.4 (2011)

TITLE 22	EXAMINING BOARDS
PART 5	STATE BOARD OF DENTAL EXAMINERS
CHAPTER 110	SEDATION AND ANESTHESIA
RULE §110.4	Minimal Sedation

- (a) Education and Professional Requirements. A dentist applying for a Level 1 Minimal Sedation permit shall meet one of the following educational/professional criteria:
- (1) satisfactory completion of training to the level of competency in minimal sedation consistent with that prescribed in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, or a comprehensive training program in minimal sedation that satisfies the requirements described in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. This includes a minimum of sixteen (16) hours of didactic training and instruction in which competency in enteral and/or combined inhalation-enteral minimal sedation technique is demonstrated; or
 - (2) satisfactory completion of an advanced education program accredited by the ADA Commission on Dental Accreditation (CODA) that affords comprehensive training necessary to administer and manage minimal sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students; or
 - (3) is a Texas licensed dentist, has a current Board-issued enteral permit, and has been using minimal sedation in a competent manner immediately prior to the implementation of this chapter on June 1, 2011. Any Texas licensed dentist who was issued an enteral sedation permit before June 1, 2011 and whose enteral sedation permit was active on June 1, 2011 shall automatically have the permit reclassified as a Level 1 Minimal Sedation permit on June 1, 2011. A Texas licensed dentist whose permit is reclassified from an enteral sedation permit to a Level 1 Minimal Sedation permit on June 1, 2011 may continue to administer enteral sedation until January 1, 2013. On or before January 1, 2013, the dentist shall either provide proof that adequate education has been obtained by submitting an application for a Level 2 permit on or before that date, or shall comply with the requirements of a Level 1 permit after that date. A dentist shall always follow the standard of care and clinical requirements for the level of sedation he or she is performing.
- (b) Standard of Care Requirements. A dentist performing minimal sedation shall maintain the minimum standard of care for anesthesia, and in addition shall:
- (1) adhere to the clinical requirements as detailed in this section;
 - (2) maintain under continuous direct supervision auxiliary personnel who shall be capable of reasonably assisting in procedures, problems, and emergencies incident to the use of minimal sedation;

- (3) maintain current certification in Basic Life Support (BLS) for Healthcare Providers for the assistant staff by having them pass a course that includes a written examination and a hands-on demonstration of skills; and
 - (4) not supervise a Certified Registered Nurse Anesthetist (CRNA) performing a minimal sedation procedure unless the dentist holds a permit issued by the Board for the sedation procedure being performed.
- (c) Clinical Requirements. A dentist must meet the following clinical requirements for utilization of minimal sedation:
- (1) Patient Evaluation. Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II), this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.
 - (2) Pre-Procedure Preparation and Informed Consent.
 - (A) The patient, parent, guardian, or care-giver must be advised regarding the procedure associated with the delivery of any sedative agents and must provide written, informed consent for the proposed sedation.
 - (B) The dentist shall determine that an adequate oxygen supply is available and evaluate equipment for proper operation and delivery of adequate oxygen under positive pressure.
 - (C) Baseline vital signs must be obtained in accordance with §108.7 and §108.8 of this title.
 - (D) A focused physical evaluation must be performed as deemed appropriate.
 - (E) Pre-procedure dietary restrictions must be considered based on the sedative technique prescribed.
 - (F) Pre-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver.
 - (3) Personnel and Equipment Requirements.
 - (A) In addition to the dentist, at least one additional person trained in Basic Life Support (BLS) for Healthcare Providers must be present.
 - (B) A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
 - (C) When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either:
 - (i) a functioning device that prohibits the delivery of less than 30% oxygen; or
 - (ii) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
 - (D) An appropriate scavenging system must be available if gases other than oxygen or air are used.
 - (4) Monitoring. The dentist administering the sedation must remain in the operatory room to monitor the patient until the patient meets the criteria for discharge to the recovery area. Once the patient meets the criteria for discharge to the recovery area, the dentist may delegate monitoring to a qualified dental auxiliary.

Monitoring during the administration of sedation must include:

- (A) Oxygenation.
 - (i) Color of mucosa, skin, or blood must be evaluated continually.
 - (ii) Oxygen saturation monitoring by pulse-oximetry should be used when a single drug minimal sedative is used. The additional use of nitrous oxide has a greater potential to increase the patient's level of sedation to moderate sedation, and a pulse oximeter must be used.
 - (B) Ventilation. The dentist (or appropriately qualified individual) must observe chest excursions and must verify respirations continually.
 - (C) Circulation. Blood pressure and heart rate should be evaluated preprocedurally, post-procedurally and intra-procedurally as necessary.
- (5) Documentation.
- (A) Documentation must be made in accordance with §108.7 and §108.8 of this title and must include the names and dosages of all drugs administered and the names of individuals present during administration of the drugs.
 - (B) A time-oriented sedation record may be considered for documentation of all monitoring parameters.
 - (C) Pulse oximetry, heart rate, respiratory rate, and blood pressure are the parameters which may be documented at appropriate intervals of no more than 10 minutes.
- (6) Recovery and Discharge.
- (A) Oxygen and suction equipment must be immediately available in the recovery area if a separate recovery area is utilized.
 - (B) The qualified dentist must monitor the patient during recovery until the patient is ready for discharge by the dentist. The dentist may delegate this task to an appropriately qualified dental auxiliary.
 - (C) The dentist must determine and document that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory prior to discharge. The dentist shall not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.
 - (D) Post-procedure verbal and written instructions must be given to the patient, parent, escort, guardian, or care-giver. Post-procedure, patients should be accompanied by an adult caregiver for an appropriate period of recovery.
- (7) Emergency Management. Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation. The dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of minimal sedation, and providing the equipment and protocols for patient rescue. A dentist must be able to rescue patients who enter a deeper state of sedation than intended.
- (8) Management of Children. For children twelve (12) years of age and under, the dentist should observe the American Academy of Pediatrics/American Academy of

**Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients
During and After Sedation for Diagnostic and Therapeutic Procedures.**

- (d) A dentist who holds a minimal sedation permit shall not intentionally administer moderate sedation, deep sedation, or general anesthesia.

APPENDIX F: REPORT TEAM AND REPORT DISTRIBUTION

Report Team

The IG staff members who contributed to this Inspections Division report include:

- Lisa Pietrzyk, CFE, CGAP, Director of Inspections
- Troy Neisen, CPA, Inspections Manager
- Dennis Barker, Inspection Team Lead
- Christopher Henry, Inspector
- Marco Diaz, Inspector
- Robin Zenon, Inspector
- Livia Manning, PhD, Research Specialist
- Dawn Rehbein, Program Specialist

Report Distribution

Health and Human Services:

- Charles Smith, Executive Commissioner
- Cecile Erwin Young, Chief Deputy Executive Commissioner
- Kara Crawford, Chief of Staff
- Heather Griffith Peterson, Chief Operating Officer
- Gary Jessee, Deputy Executive Commissioner for Medical and Social Services
- Jami Snyder, Associate Commissioner, Medicaid and CHIP Services Department
- Emily Zalkovsky, Deputy Associate Commissioner, Policy and Program, Medicaid and CHIP Services Department
- Tony Owens, Deputy Associate Commissioner, Health Plan Monitoring and Contract Services, Medicaid and CHIP Services Department
- Grace Windbigler, Director, Health Plan Management, Medicaid and CHIP Services Department
- Marguerite Laccabue, DDS, Dental Director, Office of the Medical Director, Medicaid and CHIP Services Department
- Karin Hill, Director, Internal Audit

Appendix G: IG Mission and Contact Information

Inspector General Mission

The mission of the IG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of IG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Principal Deputy IG
- Christine Maldonado, Chief of Staff and Deputy IG for Operations
- Olga Rodriguez, Senior Advisor and Director of Policy and Publications
- Roland Luna, Deputy IG for Investigations
- David Griffith, Deputy IG for Audit
- Quinton Arnold, Deputy IG for Inspections
- Alan Scantlen, Deputy IG for Data and Technology
- Deborah Weems, Deputy IG for Medical Services
- Anita D'Souza, Deputy IG Chief Counsel

To Obtain Copies of IG Reports

- IG website: <https://oig.hhsc.texas.gov/>

To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhsc.texas.gov/report-fraud>
- Phone: 1-800-436-6184

To Contact the Inspector General

- Email: OIGCommunications@hhsc.state.tx.us
- Mail: Texas Health and Human Services Commission
Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: (512) 491-2000