



**Ambulatory Surgery Center (ASC) or Hospital Based Operating Room (OR)
Adult and Pediatrics Scoring Criteria**

Date of Prior Authorization Request:

MEMBER INFORMATION

Member Medicaid ID #:

Date of Birth:

Member Last Name:

First Name:

SCORING CRITERIA

In the table below, please complete the scoring rubric according to the indicated criteria. Write in the score according to the beneficiary's condition.

Age of Member	Scoring Guide	Enter Score
0 to 3 years	18	
4 to 5 years	12	
6 to 7 years	6	
8+ years	2	
Clinical Condition of Member		
Psychological (attach supporting documentation)	10	
Medical Condition (attach supporting documentation)	10	
Prior Treatment Failure (attach supporting documentation)	10	
Extent of Treatment		
Total teeth to be extracted or restored 9+	14	
Total teeth to be extracted or restored 4-8	8	
Total teeth to be extracted or restored 1-3	4	
Total Score	(Add all points)	

All supporting documentation of psychological, medical and prior treatment failure should be uploaded with this document into Qualitrac.

Reference Documentation: American Society of Anesthesiologist. Statement of Sedation and Anesthesia Administration in Dental Office-Based Setting. Last Amended October 25, 2017. American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists. Adopted by the ADA House of Delegates, October 2016. Last Updated: 10.07.2022.