State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
Director

EDMUND G. BROWN JR.
Governor

DATE: *August 21, 2015*

ALL PLAN LETTER 15-012 (*REVISED)*
(SUPERSEDES POLICY LETTER 13-002)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DENTAL SERVICES – INTRAVENOUS SEDATION AND GENERAL ANESTHESIA COVERAGE

PURPOSE:
The purpose of this All Plan Letter (APL) is to describe the requirements for Medi-Cal managed care health plans (MCPs) to cover intravenous (IV) sedation and general anesthesia services provided by a physician in conjunction with dental services for managed care beneficiaries in hospitals, ambulatory medical surgical settings, or dental offices. This APL supersedes Policy Letter (PL) 13-002.[1] This APL identifies information that MCPs must review and consider during the prior authorization process as described and detailed in the attached guidelines for IV sedation and general anesthesia for dental procedures (Attachment A).

BACKGROUND:
Dental services are excluded from MCP contracts but may be provided to Medi-Cal beneficiaries on a fee-for-service (FFS) basis through Denti-Cal or through Dental Managed Care (DMC) plans. MCPs must provide oral health screenings and referrals in accordance with the Recommendations for Preventive Pediatric Health Care (Bright Futures/American Academy of Pediatrics) to all MCP beneficiaries less than 21 years of age.[2]

MCPs must cover medically necessary services administered in connection with dental services that are not provided by dentists or dental anesthesiologists. MCPs must reimburse for contractually covered prescription drugs, laboratory services, pre-admission physical examinations required for dental offices, admission to ambulatory medical surgical settings or an inpatient hospital for a dental procedure, and facility fees, as applicable.

---

[1] All PLs are available at: http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx.
[2] Recommendations for Preventive Pediatric Health Care can be found at: https://pediatriccare.solutions.aap.org/DocumentLibrary/Periodicity%20Schedule_FINAL.pdf.

PL 00-05 reminded MCPs of their contractual responsibilities following the passage of legislation that expanded coverage of dental-related anesthesia services to all health plans. Assembly Bill 2003 (Chapter 790, Statutes of 1998) required all health care service plan contracts to cover general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center for beneficiaries less than seven years of age.

POLICY:
Medi-Cal beneficiaries enrolled in MCPs are entitled to dental services under IV sedation and general anesthesia when medically necessary in an appropriate setting. MCPs must provide prior authorization for IV sedation and general anesthesia for dental services using the guidance in Attachment A. MCPs must submit such policies and procedures to their Managed Care Operations Division (MCOD) contract manager for review and approval. MCPs are responsible to ensure that their subcontractors adhere to this policy.

MCPs must assist providers and beneficiaries with the prior authorization process as a form of care coordination to avoid situations where services are unduly delayed.

The following lists the requirements for MCPs to cover general anesthesia services:

1) Contractual responsibilities, as found in Exhibit A, Attachment 11, Dental explain the following[3]:
   a) MCPs must cover services related to dental procedures that require general anesthesia and are provided by individuals other than dental personnel, including any associated prescription drugs, laboratory services, physical examinations required for admission to a medical facility, outpatient surgical center services, and inpatient hospitalization services required for a dental procedure;
   b) MCPs shall reimburse facility fees for services provided in any hospital, ambulatory surgery center, that meet the requirements set forth in this policy provided by either dental personnel or individuals other than dental personnel; and
   c) MCPs must coordinate all necessary non-anesthesia covered services provided to a beneficiary.

2) Beneficiaries may receive treatment for a dental procedure provided under general anesthesia by a physician anesthesiologist in the settings listed below

[3] All Medi-Cal managed care boilerplate contracts are available here: http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx.

only if the MCP determines the setting is appropriate and according to the criteria outlined in Attachment A:

a) Hospital;
b) Accredited ambulatory surgical center (stand-alone facility);
c) Dental office; and
d) A community clinic that:
    i) Accepts Medi-Cal dental program (Denti-Cal or DMC plan) beneficiaries;
    ii) Is a non-profit organization; and
    iii) Is recognized by the Department of Health Care Services as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike.

3) Authorization for general anesthesia provided by a physician anesthesiologist to a beneficiary during an inpatient stay must be part of the authorization for the inpatient admission.

If you have questions regarding this APL, please contact your MCOD contract manager.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Attachment

Modified Policy for General Anesthesia and Intravenous Sedation

The Department of Health Care Services (DHCS) has developed consistent criteria and guidelines for Intravenous conscious sedation/analgesia (procedures D9241/D9242) and Deep sedation/general anesthesia (procedures D9220/D9221) that will be implemented across all delivery systems and programs. Effective *immediately*, providers will be required to submit Treatment Authorization Requests (TARs) for the provision of *intravenous* sedation and general anesthesia services. *The provider who renders the* ~~*~~IV* *intravenous sedation and/or general anesthesia service is responsible for submitting the authorization request.* Submission and criteria requirements outlined in the Manual of Criteria
(MOC) will not be updated until the implementation of CDT 15 occurs. However, providers are required to abide by the updated requirements outlined in this provider bulletin.

Intravenous Sedation and General Anesthesia Guidelines for Dental Procedures

Patient selection for conducting dental procedures under *intravenous* sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. *DHCS expects that the* dental provider *will work collaboratively* with an *anesthesia provider to determine* whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving *intravenous* sedation or general anesthesia. *The need for intravenous sedation or general anesthesia should be evaluated using the clinical judgement of the provider(s) based on the criteria indications delineated below. The anesthesia* provider must submit *documentation outlining the patient's need for intravenous sedation or general anesthesia based on the criteria indications delineated below through* a TAR *and must receive approval* prior to delivering *the requested sedation or anesthesia services. Please note a* TAR is not required prior to delivering *intravenous* sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled. Additionally, the dental provider must meet the requirements for chart documentation, which ~~*may~~* (*)in~~cl~~udes(*) a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports *and images*, the indication for *intravenous* sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure *pertinent to the request*.

Criteria Indications for *Intravenous* Sedation or General Anesthesia

Behavior modification and local anesthesia shall be attempted first, *conscious* sedation shall *then* be considered *if this fails or is not feasible based on the medical needs of the patient*.

If the provider *provides clear medical record* document*ation of* <u>both</u> number 1 and number 2 below, then the patient shall be considered for *intravenous* sedation or general anesthetic.

1. ~~*Failure~~* *Use* of local anesthesia to control pain *failed or was not feasible based on the medical needs of the patient.*
2. ~~*Failure~~* *Use* of conscious sedation, either inhalation or oral, *failed or was not feasible based on the medical needs of the patient.*

If the provider documents <u>any one</u> of numbers 3 through 6 then the patient shall be considered for *intravenous* sedation or general anesthetic.

3. ~~*Failure~~ **Use* of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) *failed or was not feasible based on the medical needs of the patient* .
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
5. Patient has acute situational anxiety due to immature cognitive functioning.
6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, *intravenous* sedation, then general anesthesia.

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (i.e. continuous *anticoagulant therapy such as* Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

Providers shall adhere to all regulatory requirements (Federal, State, Licensing Board, etc.) for:

- **Preoperative and perioperative care**
- **Monitoring and equipment requirements**
- **Emergencies and transfers**
- **Monitoring Guidelines**

References:

- American Academy of Pediatric Dentistry (AAPD) -- www.aapd.org
- American Dental Board of Anesthesiology -- www.adba.org
- American Dental Society of Anesthesiology -- www.adsahome.org
- American Society of Anesthesiologists – www.asahq.org
- American Association of Nurse Anesthetists - www.aana.com/resources2/professionalpractice
- Dental Board of California – www.dbc.ca.gov/licensees/dds/permits_ga.shtml
- National Network for Oral Health Access - www.nnoha.org/nnoha-content/uploads/2013/07/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf
- Cochrane Database of Systematic Reviews 2012 – www.update-software.com/BCP/WileyPDF/EN/cd006334.pdf
- National Guideline Clearinghouse - www.guideline.gov/content.aspx?id=15258&search=General+Anesthesia
- US National Library of Medicine National Institutes of Health NIH www.ncbi.nlm.nih.gov/pubmed/23152234

Please continue to check the Denti-Cal website frequently for additional updates and program changes regarding the provision of *intravenous* sedation and general anesthesia services.

For more information please call the Denti-Cal Provider Service Line at 1-800-423-0507.

Intravenous Sedation and General Anesthesia:
Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

Scenario 1 – Dental Office

Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist	MCP pays anesthesiologist	MCP pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	MCP for anesthesia fees	MCP for anesthesia fees	CAASD Field Office (ETAR) for anesthesia fees	CAASD Field Office (ETAR) for anesthesia fees
Dental Anesthesiologist	DMC Plan pays anesthesiologist	Denti-Cal pays anesthesiologist	DMC Plan pays anesthesiologist	Denti-Cal pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	DMC Plan for anesthesia fees	Denti-Cal for anesthesia fees	DMC Plan for anesthesia fees	Denti-Cal for anesthesia fees

Scenario 2 – Dental Only Surgery Center

Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	• MCP pays anesthesiologist • MCP pays facility fee	• MCP pays anesthesiologist • MCP pays facility fee	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider
Submit Prior Authorization/Treatment Authorization Request to:	MCP for anesthesia and facility fees	MCP for anesthesia and facility fees	CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider	CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider
Dental Anesthesiologist	• DMC Plan pays anesthesiologist • MCP pays facility fee	• Denti-Cal pays anesthesiologist • MCP pays facility fee	• DMC Plan pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider	• Denti-Cal pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider
Submit Prior Authorization/Treatment Authorization Request to:	• DMC Plan for anesthesia fees • MCP for facility fees	• Denti-Cal for anesthesia fees • MCP for facility fees	• DMC Plan for anesthesia fees • CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider	• Denti-Cal for anesthesia fees • CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider

Scenario 2 – Ambulatory Surgery Center and General Acute Care Hospitals

Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	• MCP pays anesthesiologist • MCP pays facility fees	• MCP pays anesthesiologist • MCP pays facility fees	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees
Submit Prior Authorization/Treatment Authorization Request to:	MCP for anesthesia fees and for facility fees	MCP for anesthesia fees and for facility fees	CAASD Field Office (ETAR) for anesthesia fees and for facility fees	CAASD Field Office (ETAR) for anesthesia fees and for facility fees
Dental Anesthesiologist	• DMC Plan pays anesthesiologist • MCP pays facility fees	• Denti-Cal pays anesthesiologist • MCP pays facility fees	• DMC Plan pays anesthesiologist • Medi-Cal Medical FFS pays facility fees	• Denti-Cal pays anesthesiologist • Medi-Cal Medical FFS pays facility fees
Submit Prior Authorization/Treatment Authorization Request to:	• DMC Plan for anesthesia fees • MCP for facility fees	• Denti-Cal for anesthesia fees • MCP for facility fees	• DMC Plan for anesthesia fees • CAASD Field Office (ETAR) for facility fees	• Denti-Cal for anesthesia fees • CAASD Field Office (ETAR) for facility fees

Acronym List:
CAASD – Clinical Assurance and Administrative Support Division
Medi-Cal Dental FFS or Denti-Cal – Medi-Cal Dental Fee-For-Service
DMC Plan – Dental Managed Care Plan
DOSC – Dental Only Surgery Center
DHCS – Department of Health Care Services
ETAR – Electronic Treatment Authorization Request
MCP – Medi-Cal Managed Care Health Plan
Medi-Cal Medical FFS – Medi-Cal Medical Fee-For-Service
MCMC – Medi-Cal Medical Managed Care

Additional DHCS Resources:

- Clinical Assurance and Administrative Support Division: http://www.dhcs.ca.gov/formsandpubs/laws/CAASD/Pages/default.aspx
- Dental Managed Care Plan Directory: http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCarePlanDir
- Medi-Cal Dental Provider Handbook: http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual
- Medi-Cal Electronic Treatment Authorization Request (ETAR) webpage: https://learn.medi-cal.ca.gov/Resources/eTARNewsTips.aspx
- Medi-Cal Managed Care Health Plan Directory: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx
- Medi-Cal Provider Manuals: http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp