

Stakeholder Comments - General Anesthesia Guidelines for Dental Procedures

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| Comment Number | Comment Provider | Page Number | Comment | DHCS Response/Comments |
| 1 | David Thompson | 1 pgph. 1 | <p>Current wording on bulletin: <i>"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 30 days after publication, providers will be required to submit Treatment Authorization Requests (TARs) for the provision of IV sedation and general anesthesia services. 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."</i></p> <p>Proposed Change: <i>"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. These new guidelines have been developed in accordance with Health and Safety Code 1367.71 and will become effective 30 days after publication."</i></p> | DHCS did not incorporate this suggestion in the policy because the guidelines were developed in accordance with several different sections of law as well as based on industry standards. |
| 2 | First 5 Sac / CDA | 1 pgph. 1 | <p>Current wording on bulletin: <i>"Effective 30 days after publication, providers* will be required to submit Treatment Authorization Requests (TARs) for the provision of IV sedation and general anesthesia services."</i></p> <p>Proposed Change: <i>"Effective 30 days after publication, providers will not be required to submit Treatment Authorization Requests (TARs) for the provision of intravenous sedation and general anesthesia services."</i></p> <p><i>* This needs clarification as to whether the referred to "provider" is the provider of anesthesia services or the provider of dental services and whether the provider of dental services can obtain an authorization for sedation / general anesthesia on behalf of an anesthesia provider in a dental office, dental surgery center, or ambulatory surgical center/general acute care hospital under the DHCS' "Intravenous Sedation and General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios".</i></p> | DHCS incorporated this suggestion in the policy in part by making the effective date more clear, the policy is effective November 1, 2015. However, as the intent of the policy is to require prior authorization to ensure the health and safety of beneficiaries, the other recommendation was not accepted. |
| 3 | Amy Westling - (ARCA) | 1 pgph. 2 | <p>Current wording on bulletin: <i>"Patient selection for conducting dental procedures under IV sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider in consultation with an anesthesiologist is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving IV sedation or general anesthesia. The dental provider must submit a TAR prior to delivering IV sedation or general anesthesia. However, a TAR is not required prior to delivering IV 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 includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports, the indication for IV sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure."</i></p> <p>Proposed Change: <i>"Patient selection for conducting dental procedures under IV sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider who anticipates completing dental work under IV sedation or general anesthesia is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving IV sedation or general anesthesia. The dental provider who anticipates completing dental work under IV sedation or general anesthesia must submit a TAR prior to delivering IV sedation or general anesthesia. However, a TAR is not required prior to delivering IV 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 or for any individual previously determined to need IV sedation or general anesthesia to undergo dental procedures due to a factor other than young age. Additionally, the dental provider must meet the requirements for chart documentation, which includes diagnosis, treatment plan, radiological reports, the indication for IV sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure."</i></p> | DHCS incorporated this suggestion in part by clarifying which provider needs to submit prior authorization requests. |

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| 4 | Karen Farnsworth - (CPA) | 1 pgph. 2 | <p>Current wording on bulletin: <i>"Patient selection for conducting dental procedures under IV sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider in consultation with an anesthesiologist is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving IV sedation or general anesthesia. The dental provider must submit a TAR prior to delivering IV sedation or general anesthesia. However, a TAR is not required prior to delivering IV 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 includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports, the indication for IV sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure."</i></p> <p>Proposed Change: <i>"Patient selection for conducting dental procedures under IV sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider in consultation with an anesthesiologist is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving IV sedation or general anesthesia. If the exam process will cause trauma for the client or the client poses a safety risk to the dental provider, nursing staff, client's staff or themselves due to their disability, their regular MD can write a letter to exempt them from the exam process. The dental provider must submit a TAR prior to delivering IV sedation or general anesthesia. However, a TAR is not required prior to delivering IV sedation or general anesthesia as part of an outpatient dental procedure for any Regional Center clients, clients in a state certified skilled nursing facility (SNF) or clients in any category of intermediate care facility (ICF) for the developmentally disabled. Additionally, the dental provider must meet the requirements for chart documentation, which includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports, the indication for IV sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure. This process will only be required one time for initial evaluation and not before each dental procedure."</i></p> | DHCS did not incorporate this suggestion in the policy as clarification was added to allow the treating provider to make judgements based on their clinical expertise. |
| 5 | Nicette Short - (CDA) | 1 pgph. 2 | <p>Current wording on bulletin: <i>"Patient selection for conducting dental procedures under IV sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider in consultation with an anesthesiologist is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving IV sedation or general anesthesia. The dental provider must submit a TAR prior to delivering IV 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 includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports, the indication for IV sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure."</i></p> <p>Proposed Change: <i>"Patient selection for conducting dental procedures under Intravenous sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider in consultation with the patient (or the patient's representative in the case of a minor dental patient or a person otherwise legally represented), and an anesthesiologist is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving Intravenous sedation or general anesthesia. The dental provider must submit a TAR prior to the delivery of intravenous sedation or general anesthesia. However, 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 facility for the developmentally disabled, including intermediate care facilities and regional centers. Additionally, the dental provider must meet the requirements for chart documentation, which includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiographic images (if available), the indication(s) for intravenous sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure."</i></p> | DHCS incorporated this suggestion in part, specifically, with regards to spelling out "intravenous" and regarding radiographs. DHCS did not include the recommendation regarding exclusions for regional center patients because the delineated exclusions are based solely State law. |
| 6 | Bob Giovali - (SCDD) | 1 pgph. 2 | <p>Current wording on bulletin: <i>"However, a TAR is not required prior to delivering IV 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."</i></p> <p>Proposed Change: <i>"However, a TAR is not required prior to delivering IV 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 or any consumer of the Regional Center system. "</i></p> | DHCS did not include the recommendation regarding exclusions for regional center patients because the delineated exclusions are based solely State law. |
| 7 | First 5 Sac | 1 pgph. 2 | <p>Feedback on following sentence: <i>"However, 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 facility for the developmentally disabled, including intermediate care facilities and regional centers". Additionally, the dental provider must meet the requirements for chart documentation, which includes a copy of a complete history and physical examination**, diagnosis, treatment plan, radiographic images (if available), the indication(s) for intravenous sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure."</i></p> <p><i>"Most DD clients live with family and this does not provide equality of treatment. Should be all inclusive of all the DD population. The determination of need should be left up to the licensed provider.</i></p> <p><i>**For some DD clients, an examination in a dental office is not possible.</i></p> | DHCS did not include the recommendation regarding exclusions for regional center patients because the delineated exclusions are based solely State law. |

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| 8 | David Thompson | 1 pgph. 2 | Suggests removing the following in its entirety from the paragraph: "The dental provider must submit a TAR prior to delivering IV sedation or general anesthesia. However, a TAR is not required prior to delivering IV 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." | DHCS did not incorporate this suggestion in the policy because the intent of the policy is to require prior authorization to ensure the health and safety of beneficiaries. |
| 9 | Amy Westling - (ARCA) | 1 pgph. 3 | Current wording on bulletin: "Behavior modification and local anesthesia shall be attempted first. If this fails or is not possible, then sedation shall be considered." Proposed Change: "Behavior modification and local anesthesia shall be attempted first unless not possible because the individual meets any one of the criteria 3 through 6 below. If this fails or is not possible as evidenced by meeting any one of the criteria 3 through 6 below, then sedation shall be considered." | DHCS incorporated this suggestion in part by amending this section to provide additional clarity with respect to failed attempts. |
| 10 | Bob Giovali - (SCDD) | 1 pgph. 3 | Current wording on bulletin: "Behavior modification and local anesthesia shall be attempted first. If this fails or is not possible, then sedation shall be considered" Proposed Change: "Behavior modification and local anesthesia shall be attempted first, if appropriate. Individuals should not be subjected to procedures which could cause trauma or have previously proven to be ineffective. If this fails or is not possible, then sedation shall be considered." | DHCS incorporated this suggestion in part by amending this section to provide additional clarity with respect to failed attempts. |
| 11 | Nicette Short - (CDA) | 1 pgph. 3 | Current wording on bulletin: "Behavior modification and local anesthesia shall be attempted first. If this fails or is not possible, then sedation shall be considered. " Proposed Change: "Behavior modification and local anesthesia shall be considered first. If the dentist, after consultation with the patient or patient's representative, determine that neither behavior modification nor local anesthesia are not viable options, then other approaches to treatment may be considered. " | DHCS did not incorporate this suggestion in the policy as decisions are clinical in nature and the policy permits the treating provider to make decisions based on clinical judgement. A separate bulletin will be released to outlined best practices for keeping patients informed about their treatment options. |
| 12 | Bob Giovali - (SCDD) | 1 pgph. 3 | Current wording on bulletin (criteria indications number 1): "Failure of local anesthesia to control pain." Proposed Change: "Failure of local anesthesia to control pain or inability to conduct a full assessment due to the individuals cognitive functioning, behaviors, or health condition. " | DHCS incorporated this suggestion in part by providing clarity in the policy with respect to failed attempts. |
| 13 | Bob Giovali - (SCDD) | 1 pgph. 3 | Feedback on Criteria Indications number 2: "Failure of conscious sedation, either inhalation or oral." These should not be forced on individuals whose medical history shows these options to be ineffective or unsafe for the individual, particularly those with IDD. | DHCS incorporated this suggestion in part by providing clarity in the policy with respect to failed attempts. |
| 14 | Nicette Short - (CDA) | 1 pgph. 3 | Current wording on bulletin: "If the provider documents both number 1 and number 2 below, then the patient shall be considered for IV sedation or general anesthetic. 1. Failure of local anesthesia to control pain. 2. Failure of conscious sedation, either inhalation or oral." Proposed Change: "The provider must discuss all available treatment modalities prior to recommending intravenous sedation or general anesthesia. The discussion must include a full description of the risks/benefits/alternatives, potential complications, and expected outcomes of each approach, using language appropriate for the patient or patient's representative and be documented in the patient record. Alternative treatment modalities that must be discussed include: Deferral of immediate definitive care; placement of caries arrestment agents, interim therapeutic restorations, or protective restorations until the patient is better able to cope with definitive restorative care; utilization of protective stabilization (medical immobilization); supplementation of local anesthesia with inhalation analgesia (oxygen/nitrous oxide); oral conscious (enteral) sedation; and intravenous (parenteral) sedation or general anesthesia depending on the patient and the dental treatment being recommended." | DHCS did not incorporate this suggestion in the policy as decisions are clinical in nature and the policy permits the treating provider to make decisions based on clinical judgement. A separate bulletin will be released to outlined best practices for keeping patients informed about their treatment options. |
| 15 | Nicette Short - (CDA) | 1 pgph. 3 | Suggests removing all Criteria Indications for Intravenous IV Sedation or General Anesthesia (1-6), and the following: "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, IV sedation, then general anesthesia." | DHCS did not incorporate this suggestion in the policy because the intent of the policy is to require prior authorization and clearly outline criteria for said authorizations to ensure the health and safety of beneficiaries. |
| 16 | David Thompson / Valley Dental | 2 pgph. 2 | Current wording on bulletin: "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, IV sedation, then general anesthesia." Proposed Change: "In accordance with current California state law, should an office based Dentist determine that the most appropriate care for any child under the age of 7 is general anesthesia, he or she will refer that child for anesthesia services in the most appropriate setting. If sedation is indicated then the Anesthesia provider will determine the "safest and most appropriate type of anesthesia based on the child's medical history, physical and mental health requirements." | DHCS incorporated this suggestion in part as clarifications was added to the policy to allow the treating provider to make judgements based on their clinical expertise. However, beneficiaries under the age of seven do not automatically qualify based solely on age, beneficiaries must meet to delineated criteria indications to qualify. |

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| 17 | Nicette Short - (CDA) | 2 pgph. 2 | <p>Current wording on bulletin: <i>"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 (continuous Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis."</i></p> <p>Proposed Change: <i>"Patients with medical conditions such as, but not limited to, moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (continuous anticoagulant therapy), should be considered for treatment in a hospital setting or a licensed facility capable of responding to a serious medical crisis."</i></p> | DHCS did not incorporate this suggestion in the policy as it is the Department's recommendation that these patients be treated in a hospital setting. |
| 18 | David Thompson / Valley Dental | 2 pgph. 3 | <p>Current wording on bulletin (bullet 1): <i>"Preoperative and perioperative care"</i></p> <p>Proposed Change: <i>"Intraoperative and post anesthesia stage 1 and stage 2 recovery through discharge."</i></p> | DHCS incorporated this suggestion in part by amending this section to provide additional clarity. |
| 19 | Nicette Short - (CDA) | | Suggest 'IV' is not abbreviated throughout piece. | DHCS incorporated suggestion in the policy. |