

Consolidated Stakeholder Questions:

Prior Attempts & Lessor Forms of Sedation:

1. Can DHCS provide clarification regarding requirements to attempt behavioral modifications, conscious sedation, and IV sedation prior to rendering services under GA?
 - The purpose of the criteria is to have a progression of methods, moving the least to most profound procedures, prior to rendering services under IV sedation or GA. Attempts should be made in the following order, when possible:
 - Behavior modification;
 - Local anesthesia;
 - Conscious sedation, either inhalation or oral;
 - IV Sedation; and
 - General anesthesia.
 - DHCS will be releasing additional information to providers outlining documentation expectations to either show that prior attempts were made or to explain why prior attempts were not possible.
2. Who is responsible for prior attempts?
 - DHCS anticipates the primary care dentists and anesthesia providers will work collaboratively to determine who will attempt treatment utilizing behavioral modifications, local anesthetic, or less profound levels of sedation prior to rendering services under IV sedation or GA. However, the provider, who performs the treatment under IV sedation or GA is responsible for submitting all appropriate documentation with their authorization request.
3. The requirement for an attempt to administer conscious sedation by inhalation is vague as conscious sedation is a gradation of effect. At what point is the procedure stopped and declared "failed"?
 - That would be up to the professional judgement of the provider when nitrous oxide is not adequate to complete the dental procedures.
4. What about patients with emergency/dental pain?
 - The list of emergency procedures and protocols would still apply as outlined in Manual of Criteria and State laws/regulations. This policy will not affect emergency occurrences so long as they are aligned with the program criteria.

Process/System Related Questions:

1. How long will it take for a TAR to be processed?
 - Dental TARs must be processed within thirty (30) days.
2. Can we submit and receive electronic TAR's?
 - EDI providers can submit and receive electronic TARs.
 - For more information regarding the EDI program please call the provider telephone service center at (800) 423-0507.
3. What documents will be required for TAR (and can those go electronic too)?
 - As mentioned previously, documentation requirements may vary across entities. However, dental will require statements regarding the information outlined in the criteria

indications, which may be submitted electronically. The provider attempting the dental procedures will be the person to document any non-sedation technique failures.

4. Will a referral by another dentist be sufficient for TAR?
 - No, the treating providers will still need to submit documentation regarding the information outlined in the criteria indications. The provider attempting the dental procedures will be the person to document any non-sedation technique failures.
5. Can you confirm that two (2) TARs will be required for authorization? If yes, why do we need to have two (2) separate plans authorizing same treatment? What if there is conflict where one (1) authorizes but the other does not?
 - Two (2) TARs may be required in dental only surgery centers, ambulatory surgery centers, and general acute care hospitals depending on the provider type that is chose to render anesthesia. It is not feasible to consolidate the requirement to one (1) TAR due to systematic limitations. Also, the TARs are for different types of services as outlined in the *Reimbursement Scenarios Matrix* (facility fees versus the IV sedation/anesthesia services).
 - If you receive a denial you are welcome to go through the appeal process. Usually when a request/claim is denied reasons are provided and are accompanied by requests for any outstanding information. Please work through that process.
6. What if a medical plan refuses to authorize based on being Non-Participating Provider?
 - Medi-Cal does not reimburse out of network providers. It is important to follow the matrix insofar as requests for authorizations and reimbursements are concerned; it was designed to help mitigate these types of issues as there are constraints with enrollment across programs. Those limitations and requirements still apply.
7. Is the department making a distinction between dental ambulatory surgery centers and other surgery centers that also treat dental patients? Will the requirements be the same for both?
 - Insofar as the policy is concern, there is no distinction across facility types. The criteria indications will be the same for both dental ambulatory surgery centers and other surgery centers that also treat dental patients.
8. Will Denti-Cal adjust Anesthesia fees to reflect what Physicians receive from Medical side as they increase fees based on patient conditions, etc?
 - The reimbursement rate for CPT 00170 and CDT D9220 are equivalent. CPT 00170 is the medical equivalent for anesthesia that would be used to bill for oral procedures.
9. What is the legal opinion regarding this policy being in compliance with AB2003?
 - The Department's position is that the impending policy is aligned with state laws and legislative intent for said laws.

10. Why are children under seven (7) not identified as exempt from the TAR process under the Provider Bulletin but DDS consumers are?

- The exclusion of PA for anesthesia services provided as part of an outpatient medical procedure or for portable X-ray services in a nursing facility or any category of intermediate care facility for the developmentally disabled was resultant from requirements outlined in W&I Code section 14132 (f).
- So the exclusion in those limited circumstances was not resultant of information outlined in Health & Safety Code Section 1367.71 (AB 2003) as Subdivision (a) of the code, mandates, "The health care service plan may require prior authorization of general anesthesia and associated charges required for dental care procedures in the same manner that prior authorization is required for other covered diseases or conditions."