

DATE: October 3, 2023

ALL PLAN LETTER 23-028
SUPERSEDES ALL PLAN LETTER 15-012

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DENTAL SERVICES – INTRAVENOUS MODERATE SEDATION AND DEEP SEDATION/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) moderate sedation and deep sedation/general anesthesia services provided by a physician in conjunction with dental services for MCP Members in hospitals, ambulatory surgical settings, or dental offices. This APL supersedes APL 15-012.¹ 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 moderate sedation and deep sedation/general anesthesia for dental procedures (Attachment A).

BACKGROUND:

With limited exceptions, dental services are excluded from the MCP Contract and are provided to MCP Members on a Fee-for-Service (FFS) basis or through a Dental Managed Care (DMC) plan. 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 Members² less than 21 years of age.

MCPs must cover medically necessary services administered in connection with dental services that are not performed by dental providers. MCPs must reimburse for contractually covered prescription drugs³, laboratory services, pre-admission physical examinations required for dental offices, admission to ambulatory surgical settings, or an inpatient hospital stay for a dental procedure, and facility fees, as applicable.

APL 15-012 reminded MCPs of their contractual responsibilities following the passage of legislation (Assembly Bill 2003 (Chapter 790, Statutes of 1998)) that expanded

¹ APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

² Recommendations for Preventive Pediatric Health Care can be found at: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

³ See APL 22-012: Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx.

coverage of dental-related anesthesia services to all health plans. State law and Medi-Cal program policy require all health care service plan contracts to cover medically necessary IV moderate sedation and deep sedation/general anesthesia for dental procedures for Medi-Cal MCP Members who meet specific criteria.⁴

POLICY:

All Medi-Cal Members enrolled in MCPs who are eligible for Medi-Cal dental services are entitled to dental services under IV moderate sedation and deep sedation/general anesthesia when medically necessary in an appropriate setting. MCPs must provide prior authorization for IV moderate sedation and deep sedation/general anesthesia for dental services using the criteria provided in Attachment A. MCPs must authorize privileges for Medi-Cal Dental providers who need to use anesthesiology at MCP facilities, or coordinate for out-of-network access for their Members if an MCP facility is not available, in accordance with timely access standards for specialty care.⁵

MCPs must assist Providers and Members 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 IV moderate sedation and deep sedation/general anesthesia services:

- 1) Contractual responsibilities include:⁶
 - a) MCPs must cover services related to dental procedures that require IV moderate sedation and deep sedation/general anesthesia and are provided by individuals other than a dental provider, including, but not limited to, any associated contractually required 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 must reimburse facility fees for services provided in any hospital, or ambulatory surgery center, that meet the requirements set forth in this policy provided by dental providers or individuals other than dental providers; and
 - c) MCPs must coordinate all necessary non-anesthesia covered services provided to a MCP Member.

⁴ Health and Safety Code Section 1367.71. State law is searchable at:

<https://leginfo.legislature.ca.gov/faces/codes.xhtml>.

⁵ See APL 23-001: Network Certification Requirements and associated Attachments.

⁶ Medi-Cal managed care boilerplate contracts are available at:

<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

- 2) MCP Members may receive treatment for a dental procedure provided under IV moderate sedation and deep sedation/general anesthesia by a physician anesthesiologist in the settings listed below 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) Participates in the provision of Medi-Cal dental services (Dental FFS or DMC plan);
 - ii) Is a non-profit organization; and
 - iii) Is recognized by the Department of Health Care Services (DHCS) as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike, including Tribal Health Program clinics.

- 3) During an inpatient stay, authorization for general anesthesia provided by a physician anesthesiologist to an MCP Member must be part of the authorization for the inpatient admission. This does not preclude any subsequent inpatient stay necessary due to an outpatient procedure. In addition, an inpatient stay is not required for the provision of outpatient surgical center services.

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to its Managed Care Operations Division (MCPD) Contract Manager within 90 days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must submit an email confirmation to its MCPD Contract Manager within 90 days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.⁷ These requirements must be communicated by each MCP to all Subcontractors and Network Providers. DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance. For additional information regarding administrative and monetary sanctions, see APL 23-012, and any subsequent iterations

⁷ For more information on Subcontractors and Network Providers, including the definition and applicable requirements, see APL 19-001, and any subsequent APLs on this topic.

on this topic. Any failure to meet the requirements of this APL may result in a CAP and subsequent sanctions.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division