

MEDI-CAL GENERAL ANESTHESIA REPORT FOR DENTAL SERVICES CALENDAR YEAR 2024

December 2025

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INTRODUCTION

The Department of Health Care Services (DHCS) is mandated by [Welfare & Institutions Code Section 14132.915\(a\)\(3\)\(F\) and \(j\)\(3\)](#) to report annually on the number of Medi-Cal members who require and receive general anesthesia (GA) for dental procedures. This statutory requirement reflects the importance of dental GA as a medically necessary service for individuals who cannot safely undergo dental treatment without sedation. Dental GA services are delivered through two primary systems within Medi-Cal Dental: Fee-For-Service (FFS) and Dental Managed Care (DMC). Members may receive dental GA in various clinical settings, including dental offices, outpatient surgical centers, and hospitals such as emergency departments, inpatient units, or outpatient facilities, depending on the complexity of care and the member's health status.

This report presents data for Calendar Year (CY) 2024, covering the period from January 1, 2024, through December 31, 2024. It includes the number of members identified as needing GA for dental services based on approved Treatment Authorization Requests (TARs), as well as the number of members who received dental GA services, as determined by paid claims. These data points provide insight into both the demand for and delivery of GA for dental services across the Medi-Cal population.

Dental GA is used only when medically necessary and is typically reserved for members with severe dental anxiety or phobia, developmental disabilities, behavioral health conditions, or complex medical diagnoses that make conventional dental treatment unsafe or ineffective. Dental providers assess the need for dental GA based on clinical judgment, behavioral considerations, and the scope of the required dental procedures. When indicated, dental GA allows providers to complete comprehensive treatment in a single visit by inducing a controlled, sleep-like state using anesthetic medications. This approach ensures patient safety, comfort, and enhances treatment efficiency and outcomes.

Access to dental GA for dental services is a critical component of equitable oral health care. Without it, many members, particularly children, individuals with disabilities, and older adults, may face significant barriers to receiving timely and appropriate dental treatment. Delayed or avoided care can lead to worsening oral health conditions, including untreated decay, infections, and pain, which may result in emergency room visits or more invasive interventions. Ensuring access to dental GA helps prevent these outcomes and supports the broader goals of preventive and restorative dental care.

By analyzing dental GA utilization data, DHCS seeks to improve effectiveness, identify service gaps, and inform policy decisions that promote access and equity. Utilization trends are shaped by a range of factors, including demographic shifts, provider availability, reimbursement policies, and systemic challenges such as care coordination and access to facilities. This report supports DHCS's ongoing efforts to enhance the delivery of GA for dental services through targeted strategies, stakeholder engagement, and continuous quality improvement. Ultimately, the goal is to ensure that all Medi-Cal members, regardless of age, ability, or health status, can receive the dental care they need in a safe, timely, and effective manner.

METHODOLOGY

This report analyzes dental GA utilization for dental services in CY 2024 across both FFS and DMC delivery systems for children (ages 0–20) and adults (21+). Dental providers submit TARs to request prior authorization for dental GA services to perform dental procedures. While an approved TAR indicates medical necessity, it does not guarantee service delivery within the same calendar year, as it requires time for scheduling and claims processing. Additionally, it is possible for multiple GA requests to be submitted and approved for a member for a single procedure in a reporting period. This may occur due to factors such as rescheduling and treatment delays, deficiencies in TAR submission, changes in service location or provider, or TAR expiration. Therefore, the number of dental GA TARs approved will always exceed the number of dental GA services delivered during that period. Notably, Medi-Cal providers have six (6) months from the TAR approval date to perform the dental service and one year from the date of service to submit the claim for reimbursement.

Claims data is used to determine the number of members who received GA for dental services. Dental claims are identified using Current Dental Terminology (CDT) codes D9222 (initial 15 minutes) and D9223 (each additional 15 minutes). Medical claims use Current Procedural Terminology (CPT) codes such as 00170 and 00190, along with facility billing codes including CPT 41899, G0330, and Z-codes (Z-7506, Z-7508, Z-7510).

These codes allow DHCS to track dental GA utilization for dental services in various settings and delivery systems. The Department continues to refine data collection and analysis methods to ensure accurate and comprehensive reporting.

RESULTS

Approved General Anesthesia Treatment Authorization Requests

In 2024, a total of 164,423 Medi-Cal members were identified as needing GA for dental procedures, based on approved TARs submitted through both the FFS and DMC delivery systems. This represents a 6.7% increase from 2023 and over a 110% increase since 2020, indicating a sustained and significant upward trend in demand for dental GA services. These figures highlight the growing recognition of dental GA as a vital part of comprehensive dental care, especially for members with complex medical, behavioral, or developmental needs. The continued rise in approved dental GA TARs reflects not only the increasing clinical need for dental GA among members but also improvements in provider awareness, diagnostic practices, and administrative processes that facilitate access to medically necessary anesthesia.

This increasing demand emphasizes the vital role dental GA plays in providing equitable access to comprehensive dental care, especially for vulnerable populations. Many Medi-Cal members who need dental GA have complex medical conditions, developmental disabilities, behavioral health issues, or severe dental anxiety that make standard in-office treatment under local anesthesia unsafe or ineffective. For these individuals, dental GA is not just an optional service; it is a clinical necessity that allows for the safe completion of essential dental procedures that might otherwise be delayed or skipped.

The upward trend in dental GA TAR approvals also signifies broader systemic changes, such as the expansion of Medi-Cal eligibility for adults through the Older Adult and Adult Expansion initiatives, increased provider participation driven by Proposition 56 supplemental payments, and the reopening of dental clinics after COVID-19-related closures. DHCS has also promoted case management, which helps members access dental GA services when needed. Together, these developments have created a more responsive and accessible dental care system, allowing more members to receive timely treatment under dental GA when needed.

As the data indicate, dental GA is increasingly viewed as a fundamental component of the Medi-Cal dental benefit, particularly for children, individuals with disabilities, and older adults with complex care needs. The ongoing increase in dental GA usage reflects both the changing needs of the Medi-Cal population and the Department's commitment to ensuring that all members, regardless of age, ability, or health condition, can access safe, effective, and compassionate dental care.

Fee-For-Service (FFS)¹

For members in the FFS delivery system, a total of 156,809 Treatment Authorization Requests (TARs) for dental GA services were approved in 2024. This reflects a 7.9% increase from the previous year and a total growth of 122.4% since 2020, indicating a sustained and notable rise in demand for GA-supported dental care. The steady increase in approved dental GA TARs over the past five years highlights the growing role of dental GA in meeting the needs of Medi-Cal members who face barriers to traditional dental treatment due to medical, behavioral, or developmental conditions.

The most dramatic year-over-year increase occurred between 2020 and 2021, when approved dental GA TARs surged by more than 56%. This spike coincided with the reopening of dental offices and surgical facilities following the COVID-19 public health emergency, which had caused widespread delays in elective and preventive dental care. As providers resumed services, they encountered a backlog of untreated cases, many of which had progressed in severity and required dental GA to complete treatment safely and effectively. This post-pandemic recovery period marked a turning point in dental GA utilization, as it revealed both the depth of unmet need and the critical importance of maintaining system readiness for high-acuity dental care.

Several systemic and policy-level factors have contributed to the ongoing increase in FFS dental GA TAR approvals. Greater awareness among providers and members about the availability and appropriateness of dental GA has likely played a role, along with the expansion of outpatient infrastructure, including ambulatory surgery centers and dental facilities equipped to provide anesthesia services. Improvements in dental GA TAR processing efficiency, clearer clinical guidelines, and better provider training have also helped streamline the authorization process, reducing administrative delays and ensuring that medically necessary care is not postponed.

Additionally, financial incentives like Proposition 56 supplemental payments have motivated more provider participation in dental GA service delivery by increasing reimbursement rates for complex procedures. These incentives have been particularly successful in enhancing access in underserved areas, where provider shortages have

¹ Data Source: DHCS Dental Fiscal Intermediary Data Warehouse data as of September 2025 for dental TARs approved in CY 2024 DHCS Dental Fiscal Intermediary Data Warehouse data as of November 2024 for dental TARs approved in CY 2023. DHCS Dental Fiscal Intermediary Data Warehouse as of November 2023 for dental TARs approved in CY 2022. DHCS Dental Fiscal Intermediary Data Warehouse for dental TARs approved in CY 2021. DHCS Dental Fiscal Intermediary Data Warehouse data as of December 2021 for dental TARs approved in CY 2020.

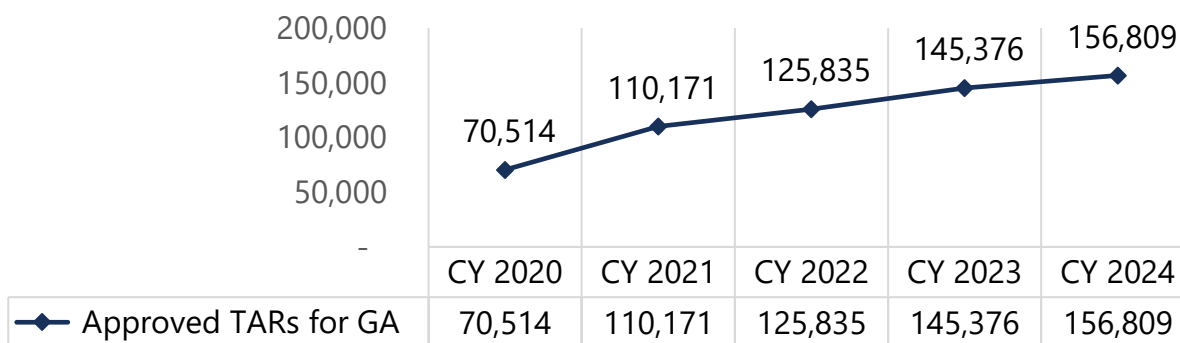
historically limited the availability of specialized dental services. The combined impact of these efforts results in a more responsive and accessible FFS delivery system that meets the diverse and evolving needs of the Medi-Cal population.

The rising trend in dental GA TAR approvals within FFS not only shows increased demand but also indicates progress in overcoming long-standing access barriers. As the system continues to develop, maintaining sufficient provider capacity, ensuring timely authorization, and supporting care coordination will be crucial to keep this momentum and provide high-quality, patient-centered dental care to all eligible members.

Figure 1: Counts of approved Treatment Authorization Requests (TARs) for General Anesthesia services for FFS members (all ages) CY 2020 through CY 2024

Counts of Approved TARs for General Anesthesia Services

FFS Members All Ages CY 2020 through CY 2024



Dental Managed Care (DMC)²

In 2024, members in the DMC system experienced a 12.2% decrease in approved TARs for GA services, falling from 8,674 approvals in 2023 to 7,614. This decline marks a notable shift following three consecutive years of growth, including a particularly sharp 51.8% increase from 2022 to 2023. Despite the recent drop, the five-year trend remains positive, with a 48.4% overall increase in approved dental GA TARs since 2020.

²Data Source: DMC Annual Reports as of September 2025 for dental TARs approved in CY 2024. DMC Annual Reports as of November 2023 for dental TARs approved in CY 2022. DMC Annual Reports as of October 2024 for dental TARs approved in CY 2023. DMC Annual Reports as of November 2023 for dental TARs approved in CY 2022. DMC Annual Reports as of November 2022 for dental TARs approved in CY 2021. DMC Annual Reports as of as of December 2021 for dental TARs approved in CY 2020.

This long-term growth trajectory underscores the enduring importance of GA services within the DMC system, even as short-term fluctuations emerge.

The decline observed in 2024 may be due to a combination of systemic and operational factors. One probable cause is the resolution of a backlog of deferred care that built up during the COVID-19 public health emergency. The spike in approvals in 2023 might have reflected a temporary increase in pent-up demand, as providers worked to catch up on previously postponed cases. As that backlog was cleared, the volume of new TARs likely decreased naturally, leading to a statistical correction rather than an actual decline in need.

Another important factor is the shift in DMC enrollment patterns, especially in Sacramento County, where mandatory enrollment ended in late 2023. This policy change resulted in fewer members being assigned to DMC plans, which may have led to a decrease in TAR submissions. Additionally, members switching between delivery systems, such as from DMC to FFS, can cause temporary disruptions in care continuity and authorization workflows, potentially impacting the number of approved requests.

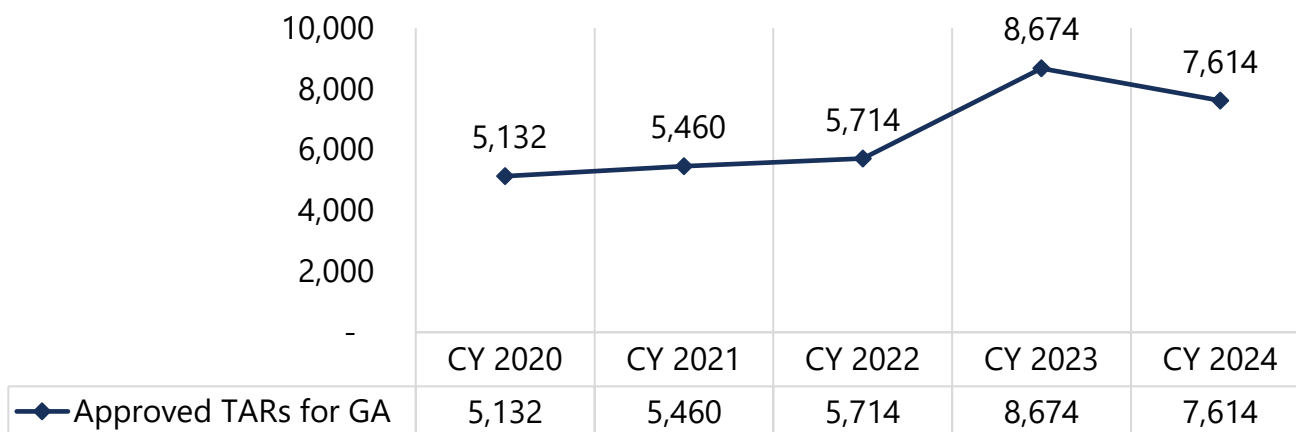
Operational dynamics within DMC plans may also have contributed. Variations in how plans interpret and implement authorization criteria, changes in internal review processes, or shifts in provider behavior (such as increased use of alternative sedation methods) could all affect the number of TARs submitted and approved. Additionally, some plans might have adopted more efficient care coordination models that lessen the need for formal dental GA TARs by streamlining access to dental GA services through pre-approved pathways or standing protocols.

Taken together, these dynamics suggest that while the overall clinical need for GA remains high, policy changes, enrollment shifts, and administrative practices can significantly influence authorization patterns from year to year. The 2024 decline should therefore be seen in context, not as a setback in progress, but as a reflection of the complex and changing environment in which DMC plans operate. Ongoing monitoring and engagement with DMC stakeholders will be crucial to ensure that authorization processes stay responsive, fair, and align with member needs.

Figure 2: Counts of approved TARs for General Anesthesia services DMC Members All Ages CY 2020 through CY 2024

Counts Approved TARs for General Anesthesia Services

DMC Members All Ages CY 2020 through 2024



Utilization of General Anesthesia Services³

Utilization data from paid dental claims provides a precise and actionable understanding of how many Medi-Cal members received dental GA services for dental procedures in 2024. While dental GA TARs indicate the number of members approved for dental GA, claims data provides a more accurate picture of services completed and access to care.

In 2024, a total of 112,290 Medi-Cal members received dental GA services, demonstrating the capacity to meet the needs of a growing and diverse member population. Additionally, advancements in dental GA have led to more extensive procedures being performed in outpatient settings, allowing members to return home after the procedure. This trend reflects wider patterns in healthcare, where outpatient care is generally more affordable, accessible, and efficient for both providers and patients. The remaining 7% of dental GA services took place in hospital settings, typically for patients with more complex medical issues or those requiring specialized care that can't be safely administered in a dental office.

³ This report does not include GA administered through the physical health MCPs.

Children⁴ continued to make up the largest portion of dental GA utilization, representing 74% of dental office-based cases and 81% of hospital-based cases. The high percentage of pediatric cases also reflects the influence of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, which guarantee that medically necessary dental care, including dental GA, is accessible to all eligible children under Medi-Cal.

These numbers emphasize the vital role dental GA plays in pediatric dentistry, especially for young children with early childhood caries, behavioral challenges, or developmental disabilities that make standard treatment difficult or unsafe. Generally, outpatient dental GA services performed in a hospital or ambulatory surgical center are considered a safer option for children than a dental office, as dental offices may not be equipped to handle complex medical emergencies. Although many dental providers are trained and credentialed to administer dental GA, the infrastructure, monitoring protocols, and emergency response capabilities in dental office settings can differ widely. In contrast, the physical health system's outpatient locations, particularly hospitals and ambulatory surgical centers, function under more standardized medical oversight, with integrated care teams and access to advanced life support resources.

The preference for outpatient delivery of dental GA services in a hospital or ambulatory surgery center, when clinically appropriate, supports DHCS's goals of expanding access, reducing unnecessary hospital stays, and improving overall care efficiency. It also reflects the increasing availability of ambulatory surgery centers and dental facilities capable of safely providing dental GA outside hospital settings. These trends indicate that Medi-Cal Dental is adapting to better serve its members through more flexible, responsive, and patient-centered care models.

Fee-For-Service (FFS)⁵

Within the FFS delivery system, a total of 104,535 Medi-Cal members received dental GA services for dental procedures in 2024, the highest utilization recorded in the past five

⁴ Children who are enrolled in Medi-Cal Dental that receive dental GA in a hospital typically access dental GA through a medical managed care plan.

⁵ Data Source: DHCS Dental Fiscal Intermediary Data Warehouse data as of October 2025 for claims in a dental office and September 2025 for medical claims in a hospital, in CY 2024. DHCS Dental Fiscal Intermediary Data Warehouse data as of October 2024 for claims in a dental office and March 2025 for medical claims in a hospital, in CY 2023. DHCS Dental Fiscal Intermediary Data Warehouse as of November 2023 for claims in a dental office and March 2025 for claims in a hospital, in CY 2022. DHCS Dental Fiscal Intermediary Data Warehouse for claims in a dental office and March 2025 for medical claims in a hospital, in CY 2021. DHCS Dental Fiscal Intermediary Data Warehouse data as of December 2021 for claims in a dental office and March 2025 for claims in a hospital, in CY 2020.

years. This milestone reflects a significant and sustained increase in service delivery, driven by both growing clinical need and systemic improvements in access. Since 2020, the number of members receiving dental GA in dental office settings has increased by an impressive 120%, while hospital-based dental GA services have grown by 40%. These figures highlight the expanding role of dental GA in Medi-Cal Dental, especially within outpatient environments that provide more flexible and cost-effective care options.

Year-over-year growth from 2023 to 2024 was also notable, with a 12% increase in dental office-based dental GA and a 16% rise in hospital-based dental GA. These gains reflect a growing reliance on outpatient settings for delivering anesthesia-supported dental care, aligning with broader healthcare trends that favor minimally invasive, community-centered service models. The increase in outpatient dental GA use is likely driven by the expansion of ambulatory surgery centers and dental facilities capable of safely providing dental GA, reducing the need for hospital-based procedures except in the most medically complex cases.

Several factors have contributed to this upward trend. Improvements in provider participation, partly driven by increased reimbursement through Proposition 56 supplemental payments, have expanded the network of dental professionals able and willing to provide dental GA services. Additionally, administrative improvements, such as streamlined TAR processing and clearer clinical guidelines, have lowered barriers to authorization and improved care delivery efficiency. Policy updates, including the rollout of All Plan Letter (APL) 23-028, have clarified the conditions under which dental GA must be authorized, ensuring members with valid medical or behavioral needs are not denied access to appropriate care.

The data also reflects the impact of post-pandemic recovery efforts. As dental offices and surgical centers reopened following COVID-19-related closures, providers were able to address a backlog of deferred care. Many of these delayed cases had worsened in severity, requiring more complex interventions under dental GA. The FFS system, with its wider provider network and flexible service delivery model, was especially well-positioned to handle this increased demand.

Taken together, these trends highlight the critical importance of dental GA in delivering equitable, high-quality dental care to Medi-Cal members with complex needs. The continued increase in FFS dental GA utilization demonstrates both the success of recent policies and the ongoing need for investment in infrastructure, workforce development, and care coordination to sustain and expand access in the future.

Figure 3: Counts of received General Anesthesia (GA) in Dental Offices and Hospitals
FFS Members (All Ages) in CY 2024

Counts of Received General Anesthesia in Dental Offices and Hospitals



FFS Members (All Ages) in CY 2024

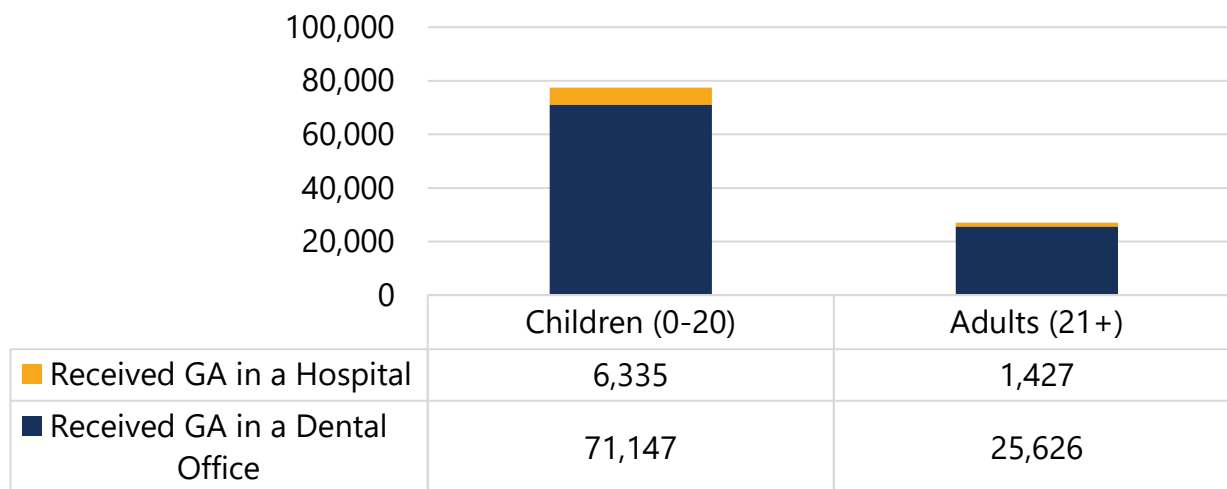
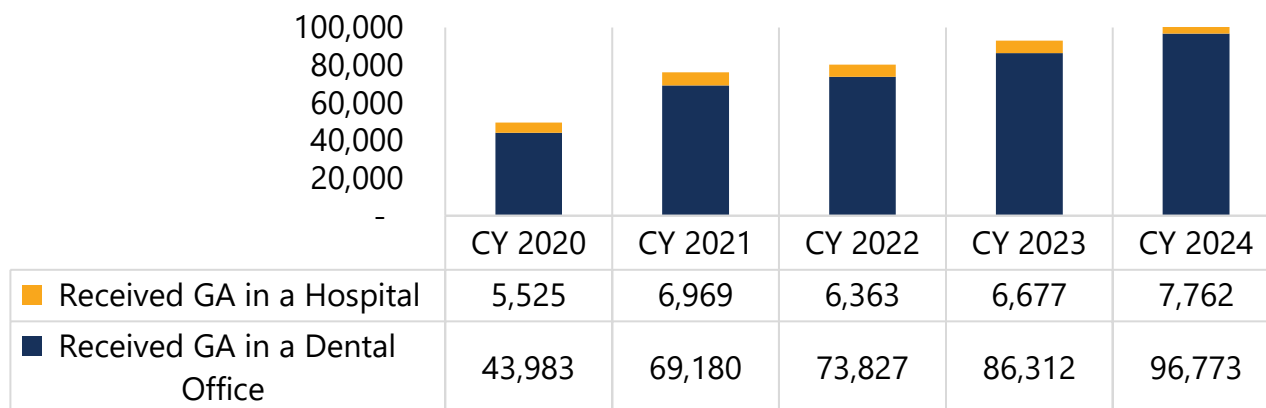


Figure 4: Counts of received General Anesthesia (GA) in Dental Offices and Hospitals
FFS Members (All Ages) CY 2020 through CY 2024.

Counts of Received General Anesthesia in Dental Offices and Hospitals



FFS Members (All Ages) CY 2020 through CY 2024



Dental Managed Care (DMC)⁶

In 2024, the DMC delivery system recorded a total of 7,296 Medi-Cal members receiving GA services in dental office settings, and an additional 459 members receiving dental GA in hospital settings. These figures show a 22% increase in dental office-based GA utilization and a 3% increase in hospital-based dental GA compared to 2023. The data highlights important differences by age group: among children, dental office GA utilization increased by 14%, while hospital-based dental GA saw a modest 4% decrease. Conversely, adult utilization grew substantially, with a 46% increase in dental office GA and a 26% increase in hospital dental GA, indicating a rising need for anesthesia-supported dental care among older and medically complex populations.

Over the past five years, the growth in DMC dental GA utilization has been exceptionally strong. Dental office-based GA services have more than doubled, with a 135% increase since 2020, while hospital-based dental GA utilization has grown by 243% during the same period. These long-term trends indicate that DMC plans are becoming more effective at identifying and serving members who require dental GA, particularly in outpatient settings where care can be delivered more efficiently and with fewer logistical challenges.

Several factors likely contributed to this sustained growth. The expansion of Medi-Cal eligibility through the Older Adult Expansion (2022) and Adult Expansion (2024) initiatives significantly widened access to full-scope dental benefits, including dental GA, for adult members regardless of immigration status. This policy change has enabled a larger and more diverse adult population to access dental care that may have been previously inaccessible. Additionally, DMC plans have reported increased dental GA utilization among refugee and immigrant populations, especially in regions like Sacramento. These communities often face systemic barriers to traditional dental care, such as language, cultural, and financial challenges, which can lead to untreated oral health issues that ultimately require dental GA-supported intervention.

Enhanced coordination between Medi-Cal Dental and Managed Care Plans (MCP) has greatly improved access to dental GA services. The implementation of APL 23-028 offered clearer guidance on authorization processes and emphasized the need for timely access to medically necessary dental GA, including in ambulatory surgery centers

⁶ Data Source: DMC Annual Reports as of September 2025 for dental TARs approved in CY 2024. DMC Annual Reports as of November 2023 for dental TARs approved in CY 2022. DMC Annual Reports as of October 2024 for dental TARs approved in CY 2023. DMC Annual Reports as of November 2023 for dental TARs approved in CY 2022. DMC Annual Reports as of November 2022 for dental TARs approved in CY 2021. DMC Annual Reports as of as of December 2021 for dental TARs approved in CY 2020. DMC plan self-reported statements relating to GA utilization as of January 2025.

and hospital settings. This policy, along with increased provider engagement and streamlined administration, has helped reduce delays and ensure members with complex needs receive appropriate care without unnecessary procedural barriers.

Overall, the 2024 DMC utilization data show a system that is becoming more responsive to the varied needs of its members. The consistent increase in dental GA services, particularly for adults and in outpatient settings, underscores the need to maintain sufficient provider capacity, enhance care coordination, and eliminate ongoing access barriers. As the Medi-Cal population continues to change, ensuring everyone has equal access to dental GA will be crucial for providing high-quality, person-centered dental care.

Figure 5: Counts of received General Anesthesia (GA) in Dental Offices and Hospitals DMC Members (All Ages) CY 2024.

Counts of Received General Anesthesia in Dental Offices and Hospitals

DMC Members (All Ages) CY 2024

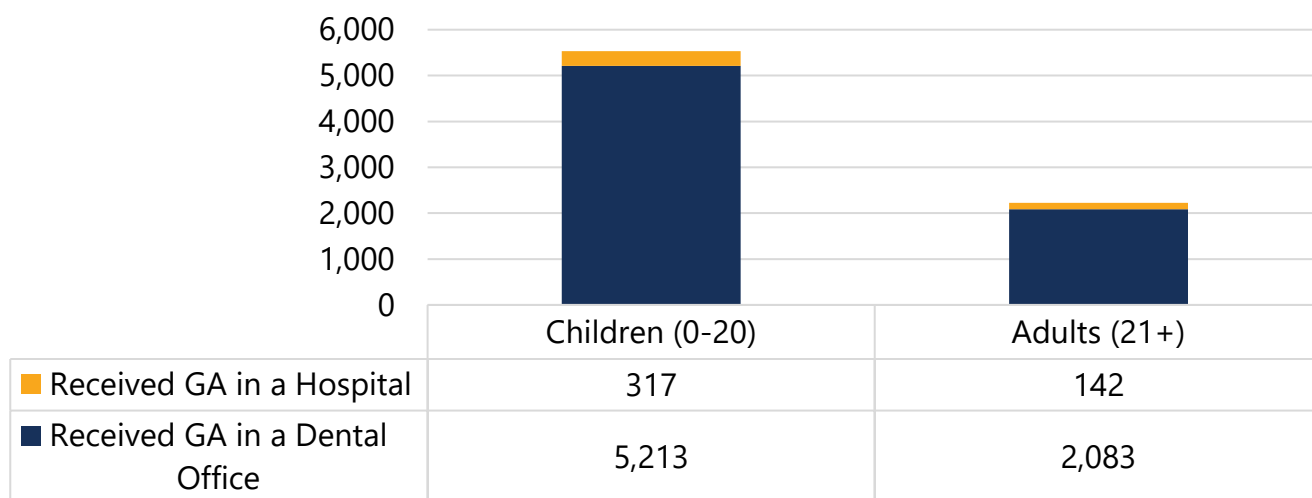
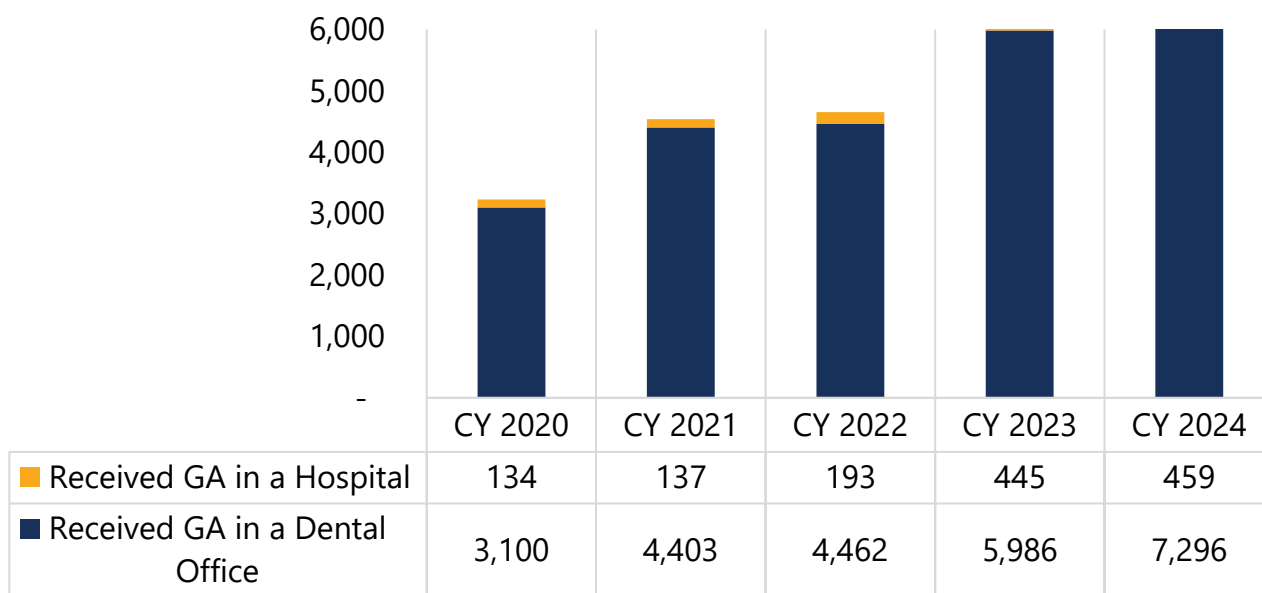


Figure 6: Counts of received General Anesthesia (GA) in Dental Offices and Hospitals
DMC Members (All Ages) CY 2020 through CY 2024.

Counts of Received General Anesthesia in Dental Offices and Hospitals



DMC Members (All Ages) CY 2020 through CY 2024



CONCLUSION

The 2024 data on dental GA utilization within Medi-Cal Dental shows not only a continued rise in service delivery but also a deeper change in how and where care is accessed. Instead of just showing volume, the data demonstrates a shift in the delivery landscape, driven by policy changes, demographic trends, and the increasing complexity of member needs.

The data also shows a growing alignment between clinical needs and service delivery. While children still make up the largest group of dental GA recipients, usage among adults, especially those with complex medical or behavioral conditions, has increased significantly. This trend reflects the impact of expanded Medi-Cal eligibility and improved care coordination, particularly for groups that have historically faced barriers to dental care, such as older adults, people with disabilities, and immigrant and refugee communities. Addressing these needs through dental GA is a key sign of equity in the dental system.

Importantly, the increases in utilization are not only caused by higher demand. They also indicate systemic improvements in how services are authorized, delivered, and reimbursed. For example, the implementation of APL 23-028 has helped standardize expectations across MCPs, reducing administrative delays and ensuring that medically necessary dental GA is not withheld due to procedural ambiguity. Likewise, Proposition 56 funding has encouraged provider participation, helping to bridge access gaps in underserved areas.

Looking ahead, the challenge will be to maintain and expand these gains. As utilization continues to rise, ensuring sufficient provider capacity, especially in rural and underserved urban areas, will be crucial. Ongoing collaboration with stakeholders will be key to identifying and overcoming persistent barriers, including transportation, language access, and care coordination across delivery systems. Additionally, continuous data analysis will be needed to monitor trends, evaluate policy impacts, and guide future investments.

As part of this evolution, DHCS is also supporting a shift toward the use of ambulatory surgery centers and outpatient hospital settings for the delivery of dental GA services. These environments offer enhanced safety protocols, better emergency preparedness, and more consistent medical oversight compared to some in-office settings. This transition reflects a broader commitment to ensuring that dental GA is delivered in clinically appropriate, medically safe environments, particularly for members with complex health needs.

Ultimately, the 2024 data confirms that dental GA is not just a supplementary benefit but a vital part of comprehensive dental care for Medi-Cal members. Its proper use enables safe, effective treatment for those who might otherwise go without care. As DHCS continues to improve its approach, the focus will stay on ensuring all members, regardless of age, ability, or background, can access the dental services they need in a timely and fair manner.