



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES



Department of Health Care Services Medi-Cal Dental Program General Anesthesia Report

Reporting Period: Calendar Year 2020
Published Date: February 2022

Scope and Methodology

Pursuant to Welfare & Institutions Code Section 14132.915(a)(3)(F) and (j)(3), general anesthesia (GA) utilization is based on Medi-Cal members who required and received GA services for dental procedures through Medi-Cal dental and medical delivery systems. Medi-Cal dental is administered through two delivery systems – Fee-for-Service (FFS) and Dental Managed Care (DMC). A Medi-Cal member can receive GA either through a dental office visit for an authorized dental procedure that requires GA and is billed through dental claims, or through a hospital visit for emergency room, inpatient, and outpatient dental services that require GA and are billed through medical claims. This report captures GA requests and utilization for Medi-Cal members whose provider's oral health treatment planning included approved treatment authorization requests (TAR) for GA in dental offices, during Calendar Year (CY) 2020 (January 1, 2020 through December 31, 2020). Members who received GA are captured by dates of service in CY 2020 in both dental offices and hospitals settings and sorted by dental delivery system and age groups: children ages 0-20 and adults age 21 and older.

GA services billed through dental and medical claims are identified by the Current Dental Terminology (CDT) codes and Current Procedural Terminology (CPT) codes outlined below. Medi-Cal providers have six (6) months from the TAR approval date to render the service and one year from the date of service to submit the claim to Medi-Cal for reimbursement. Therefore, the number of TARs approved is higher than the number of services rendered for the same period, as time is needed for rendering services and processing for payment.

CDT Codes: D9220, D9221, D9222, and D9223. Note, the CDT 2020 code updates replaced D9220 and D9221 with D9222 and D9223 effective March 2020, which cover the first 30 minutes and the subsequent 15 minutes of GA.

CPT Codes: 00170 and 41899 are used to identify GA services in medical claims. CPT 00170 is the anesthesia on mouth for CDT procedures (D0100-D9999) and CPT 41899 is for dental surgery.



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CY 2020 GA Results

Number of Members	FFS Children (Age 0-20)	FFS Adults (Age 21+)	DMC Children (Age 0-20)	DMC Adults (Age 21+)
Approved TARs for GA	49,326	21,188	3,516	1,616
Received GA in a dental office	31,624	12,359	2,503	597
Received GA in a hospital	3,866	632	89	26

Data Source: DHCS Dental Fiscal Intermediary Data Warehouse and DMC Annual Reports as of December 2021 for dental TARs approved in CY 2020 and claims with date of service CY 2020. DHCS MIS/DSS Data Warehouse as of December 2021 for medical claims with date of service CY 2020.