



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 28, 2017

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: DENTAL ALL PLAN LETTER (APL) 17-004 (SUPPLEMENTS REVISED DENTAL APL 15-005) PRIOR AUTHORIZATION FOR INTRAVENOUS SEDATION AND GENERAL ANESTHESIA SERVICES

The purpose of this Dental All Plan Letter (APL) is to provide adjudication instructions and information to Dental Managed Care plans when processing Treatment Authorization Requests (TARs) or Prior Authorizations from providers for intravenous sedation and general anesthesia services.

The Department of Health Care Services (DHCS) developed consistent criteria and guidelines for intravenous sedation and general anesthesia services for dental procedures that was implemented across all Medi-Cal medical and dental delivery systems and programs including Dental Managed Care. As of November 1, 2015, medical and dental providers are required to submit TARs or Prior Authorizations for the provision of intravenous sedation and general anesthesia services.

The two attachments enclosed utilize flow charts to assist the adjudicators of these services (in conjunction with the intravenous sedation and general anesthesia policies previously released by DHCS) in determining whether or not a beneficiary is eligible for such services. The attachment Treatment Authorization Request (TAR) submitted for Intravenous Sedation or General Anesthesia utilizes the six criteria indications (previously released) and documentation requirements for these services as referenced in Dental APL 15-005 dated April 1, 2016, Medical APL 15-012, and Dental Provider Bulletin dated November 2015¹. The attachment Dental Treatment Plan clarifies to the adjudicator the role of the dental treatment plan in more accurately adjudicating such TARs based on the category of service and includes Diagnostic/Preventive, Restorative

¹ Dental APL 15-005: <http://www.dhcs.ca.gov/services/Documents/MDS/2015%20DAPLs/APL%2015-005.pdf>
Medi-Cal Medical Managed Care APL 15-012:
<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-012.pdf>
Denti-Cal Bulletin: http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_31_Number_21.pdf

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and Surgical services. This attachment also clarifies what extensive dental treatment consists of to inform the adjudicator when such documentation is submitted by the provider.

Sincerely,



Anastasia Dodson
Acting Chief, Medi-Cal Dental Services Division
Department of Health Care Services

Enclosures:

1. Treatment Authorization Request (TAR) submitted for Intravenous Sedation or General Anesthesia
2. Dental Treatment Plan

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Treatment Authorization Request (TAR) submitted for Intravenous Sedation or General Anesthesia

#1/2 Local Anesthesia/conscious sedation (oral/inhalation) ***failed***

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

#3

Effective **communicative techniques** and the **ability for immobilization failed** or was not feasible based on the medical needs of the patient.

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

#4

Requires **extensive dental restorative treatment** or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

Submitted documentation outlines the extensive treatment or surgical treatment plan based on radiographs or visual exam (if unable to obtain radiographs) of the referring Dentist.

#1/2 Local Anesthesia/conscious sedation (oral/inhalation) was ***not feasible***

#5

Patient has acute situational anxiety due to **immature cognitive functioning**.

Submitted documentation indicates the patient is uncooperative due to cognitive immaturity whereby they are unable to follow commands from provider rendering the needed dental/surgical interventions.

#6

Patient is uncooperative due to certain physical or mental **compromising conditions**.

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

When a provider determines that a beneficiary meets one of the criteria of 3-6, it is not automatically considered to be documentation that conscious sedation or IV sedation was not feasible; rather the submitted documentation of the criteria that was met must be clearly stated in the patient's records and the submitted documentation requesting GA must clearly demonstrate the need for this covered benefit.

April 2017

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Dental Treatment Plan

Diagnostic / Preventive

Most diagnostic and preventive treatment can be rendered without IV Sedation/GA unless the patient is so uncooperative that even a dental examination cannot be completed without sedation.

Restorative

It is critical for the patient to be immobilized either through effective communicative techniques or physical restraints. Medical condition and/or cognitive maturity of the beneficiary can seriously impact the safe delivery of this treatment.

Surgical

Treatment can be lengthy based on the type of surgery. It is critical for the patient to be able to tolerate the length of the surgery as well as be immobilized either through effective communicative techniques or physical restraints. Medical condition and/or cognitive maturity of the beneficiary can seriously impact the safe delivery of this treatment.

Extensive dental treatment is not defined by the number of procedures rendered but the treatment that can be reasonably tolerated and rendered in a safe and humane fashion based on cognitive maturity and medical condition of the beneficiary. April 2017