

2023 MEDI-CAL GENERAL ANESTHESIA REPORT FOR DENTAL SERVICES

April 2025

TABLE OF CONTENTS

Introduction..... 3
Methodology 4
Results 5
Analysis..... 11

INTRODUCTION

The Department of Health Care Services (DHCS) is required by law (Welfare & Institutions Code Section 14132.915(a)(3)(F) and (j)(3)), to publish number of members requiring general anesthesia (GA) to perform procedures and number of members who received general anesthesia services. The Medi-Cal dental GA benefit is administered through two delivery systems: Fee-for-Service (FFS) and Dental Managed Care (DMC). A Medi-Cal member can receive GA through a dental office visit for an authorized dental procedure or through a hospital visit for emergency room, inpatient, and outpatient dental services. This report captures number of members requiring GA to perform procedures by total number of approved Treatment Authorization Requests (TAR) for GA services and number of members who received GA services is determined by approved claims for GA services during Calendar Year (CY) 2023 (January 1, 2023, through December 31, 2023) including utilization trends from CY 2020 through CY 2023 in both the FFS and DMC delivery systems.

To perform some dental services, providers use general anesthesia to bring on a sleep-like state with the use of a combination of medicines known as anesthetics. Anesthetics are given before and during dental procedures to help members have a pain-free experience, reduce anxiety, improve efficiency and support invasive procedures. The importance of access to GA services is essential for ensuring all members with complex needs receive timely and effective treatment. DHCS strives to meet all member needs and increase GA utilization and awareness through policy and administrative changes. Without GA services, members may experience untreated decay, infections, and worsening oral health, leading to increased emergency room visits and higher long-term healthcare costs.

GA services are only available for adults under specific conditions such as: severe dental phobia, developmental disabilities or complex medical conditions. Children (ages 0-20) account for the majority of GA utilization, particularly those with severe early childhood caries, extensive treatment needs, and special healthcare conditions. GA services are also generally more accessible to children due to Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) and referral pathways such as school-based screenings, which increase parental awareness of their child's or health needs and GA to perform dental services.

The availability of GA for dental procedures is an essential component of comprehensive dental treatment. The analysis of GA utilization data serves as a tool to improve program

effectiveness, enhance access to care, and address disparities. GA utilization is influenced by a range of interconnected factors, such as policy decisions, demographic trends, and systemic challenges and is shaped by a network of legislative mandates and administrative guidelines. Understanding these factors is helpful when navigating the complexities of analyzing and interpreting GA service utilization. DHCS continues to aim to improve access, equity, and efficiency in the utilization of GA services to enhance member oral health outcomes.

Leveraging data analysis enables DHCS to design targeted strategies that address barriers for both members and providers. This helps to ensure equitable access to GA services, enhances the quality of care, and improves overall oral health outcomes for members.

METHODOLOGY

Counts of approved TARs for GA services are used to report on number of members requiring GA to perform procedures. TARs are requests submitted by dental providers to pre-approve funding for treatment. The report results provide the count of approved TARs for GA Services for CY 2023 in the DMC and FFS delivery systems for members ages 0-20 (children) and 21+ (adults). The number of approved TARs will always be higher than the number of services rendered for the same period, as time is needed to render services and process claims for payment. 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.

Claims data is used to report on number of members who received GA services. GA services billed through dental claims are identified by Current Dental Terminology (CDT) codes, and those billed through medical claims are identified by Current Procedural Terminology (CPT) codes. DHCS uses the CDT and CPT codes to identify medical and dental GA utilization data. For billing purposes, providers utilize the following CDT codes when submitting dental claims for GA services:

- D9222 (covers the first 15 minutes of GA) and
- D9223 (for the subsequent 15-minute intervals).

When submitting medical claims for GA services, providers utilize the following CPT and facility codes for GA services:

- CPT 00170 (anesthesia for intraoral procedures, including biopsy; not otherwise specified, CDT D0100-D9999) and/or

- CPT 00190 (anesthesia services provided during surgical procedures on the facial bones or the skull) with or without facility services codes:
 - CPT 41899 (non-specific code for facility fee),
 - G0330 (specific code for facility fee – healthcare common procedure coding system level II), which was implemented in CY 2023, and
 - Z-7506 (use of facility for first hour),
 - Z-7508 (use of facility for subsequent 30 minutes),
 - Z-7510 (use of facility for second subsequent half hour).

A facility billing code is utilized by providers to cover facility fees charged for providing dental treatment services in a hospital. To note, CPT 00190, G0330, and Z-7506, Z-7508, Z-7510 were not included in previous years' reports and have been added to this report to display the most accurate GA utilization rates. DHCS is continuously evolving data analysis methods to improve reporting.

RESULTS

Members Requiring GA

The number of members requiring GA to perform procedures have increased per the TAR data. The number of TARs approved for GA services, from CY 2022 to CY 2023, increased for members of all ages in both delivery systems. Notably, approved TARs for GA services in a hospital setting increased 131% for children and 358% for adults in the DMC delivery system. Additionally, since CY 2020, the number of approved TARs for GA services has increased. In CY 2022 and CY 2023, for children, approximately 70% of approved TARs resulted in services received. For adults, approximately 50% of approved TARs resulted in services received.

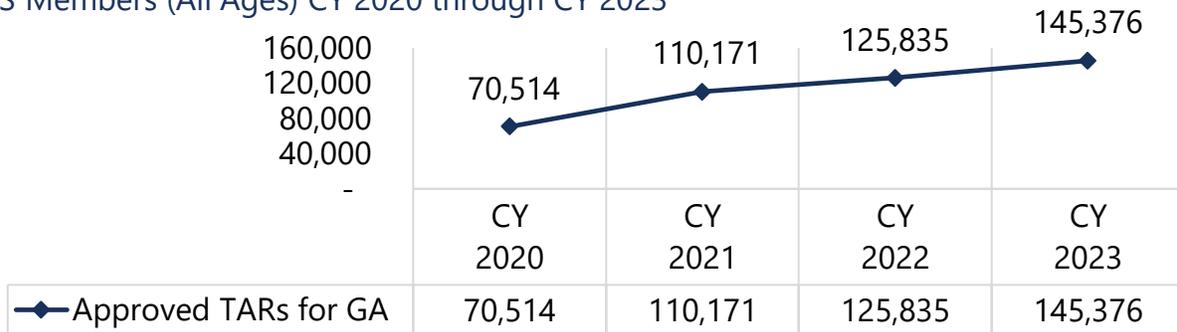
Fee-For-Service (FFS)¹

Figure 1: Count of approved Treatment Authorization Requests (TARs) for FFS members (all ages) CY 2020 through CY 2023

Counts of Approved TARs for General Anesthesia Services



FFS Members (All Ages) CY 2020 through CY 2023



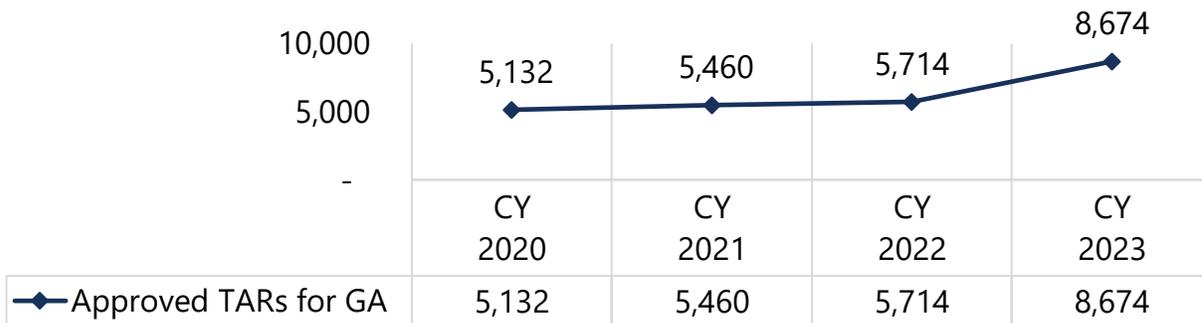
Dental Managed Care (DMC)²

Figure 2: Count of approved Treatment Authorization Requests (TARs) for DMC members (all ages) CY 2020 through CY 2023

Counts Approved TARs for General Anesthesia Services



DMC Members (All Ages) CY 2023



¹ Data Source: DHCS Dental Fiscal Intermediary Data Warehouse data as of October 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.

²Data Source: DMC Annual Reports as of October 2024 for dental TARs approved in CY. 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.

Members Receiving GA

The GA utilization data shows a steady rise in members receiving GA services through increase utilization of GA services across both delivery systems. However, disparities exist between the FFS and DMC delivery systems as the population size and provider networks are different. Additionally, GA utilization data by delivery system also shows higher utilization in children versus adults. The following results display GA utilization data for CY 2023 for both children and adults.

Dental Managed Care (DMC)³

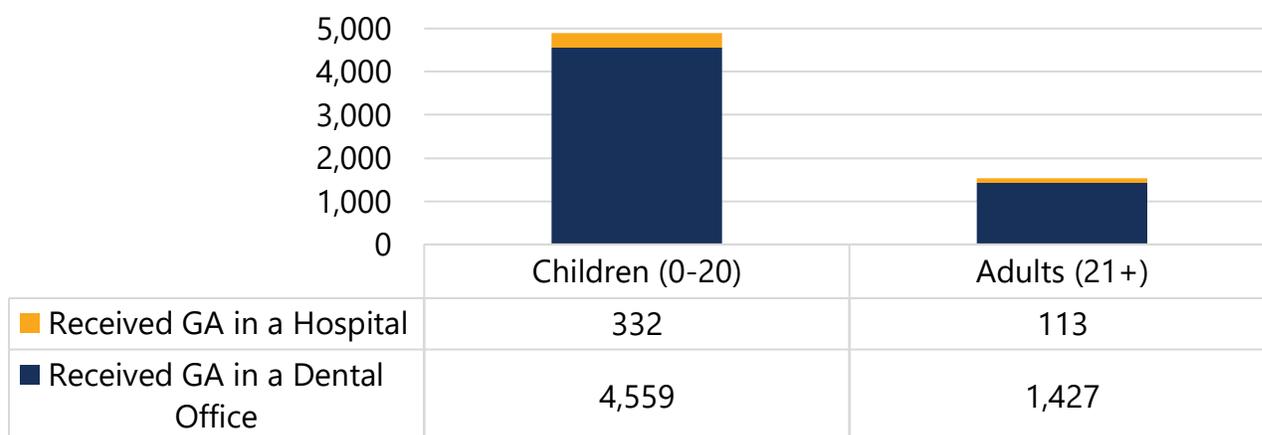
This section displays the counts of GA services in both hospital and dental office settings for eligible children and adults for the DMC delivery system.

Figure 3: Count of received General Anesthesia (GA) services in dental offices and hospitals for DMC members (all ages) in CY 2023

Counts of Received General Anesthesia in Dental Offices and Hospitals



DMC Members (All Ages) CY 2023



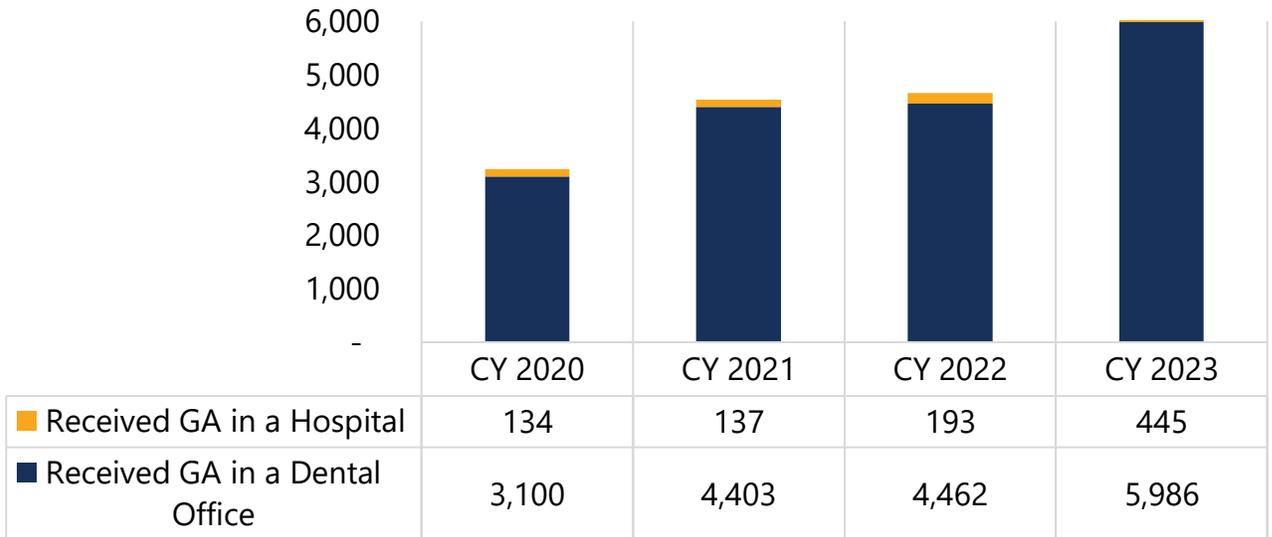
³ Data Source: Dental Managed Care Data - DHCS MIS/DSS Data Warehouse as of October 2024 for medical claims in a dental office and March 2025 for medical claims in a hospital, with date of service CY 2023. DHCS MIS/DSS Data Warehouse as of November 2023 for medical claims in a dental office and March 2025 for medical claims in a hospital, with date of service CY 2022. DHCS MIS/DSS Data Warehouse as of November 2022 for medical claims in a dental office and March 2025 for medical claims in a hospital, with date of service CY 2021. DHCS MIS/DSS Data Warehouse as of December 2021 for medical claims in a dental office and March 2025 for medical claims in a hospital, with date of service CY 2020.

Figure 4: Count of received General Anesthesia (GA) services in dental offices and hospitals for DMC members (all ages) CY 2020 through CY 2023.

Counts of Received General Anesthesia in Dental Offices and Hospitals



DMC Members (All Ages) CY 2020 through CY 2023



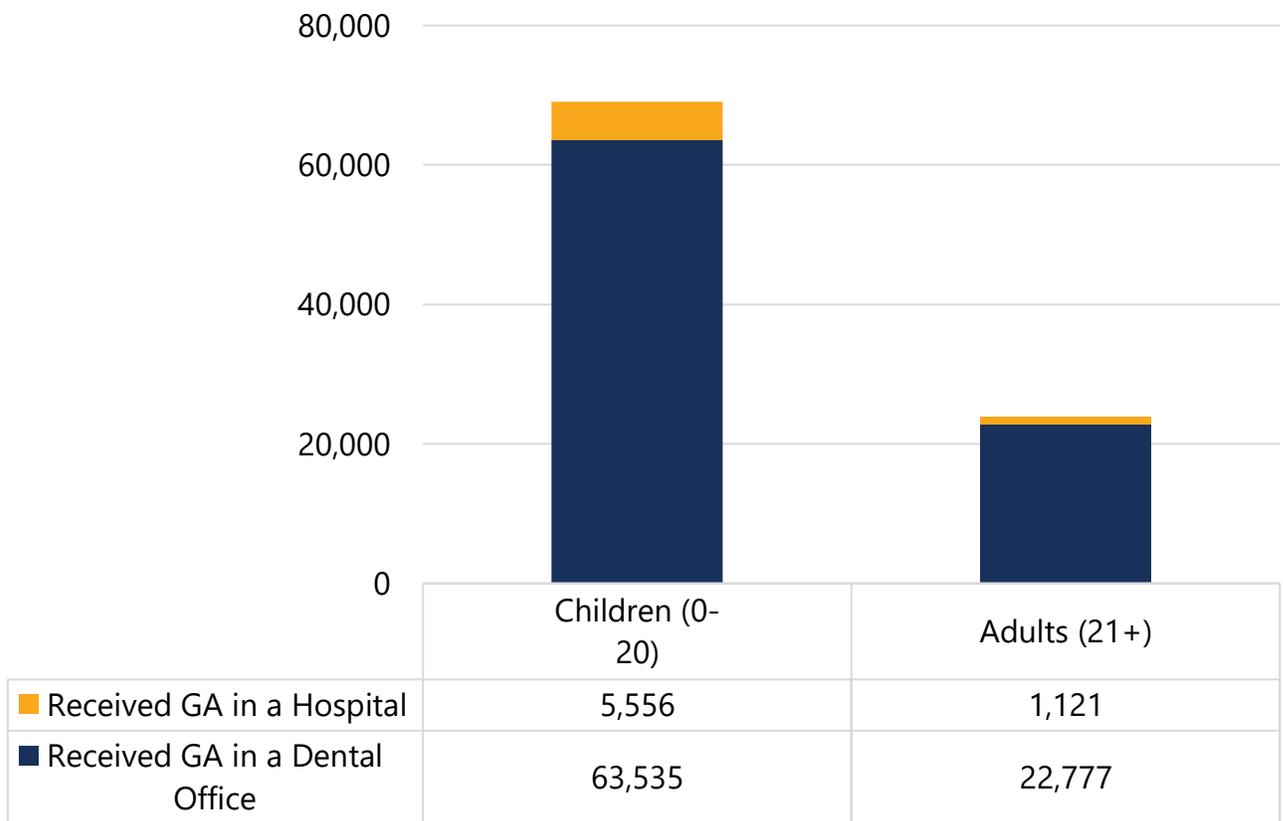
Fee-For-Service (FFS)⁴

This section displays the counts of GA services in both hospital and dental office settings for eligible children and adults in the FFS delivery system.

Figure 5: Count of received General Anesthesia (GA) services in dental offices and hospitals for FFS members (all ages) in CY 2023

Counts of Received General Anesthesia in Dental Offices and Hospitals

FFS Members (All Ages) in CY 2023



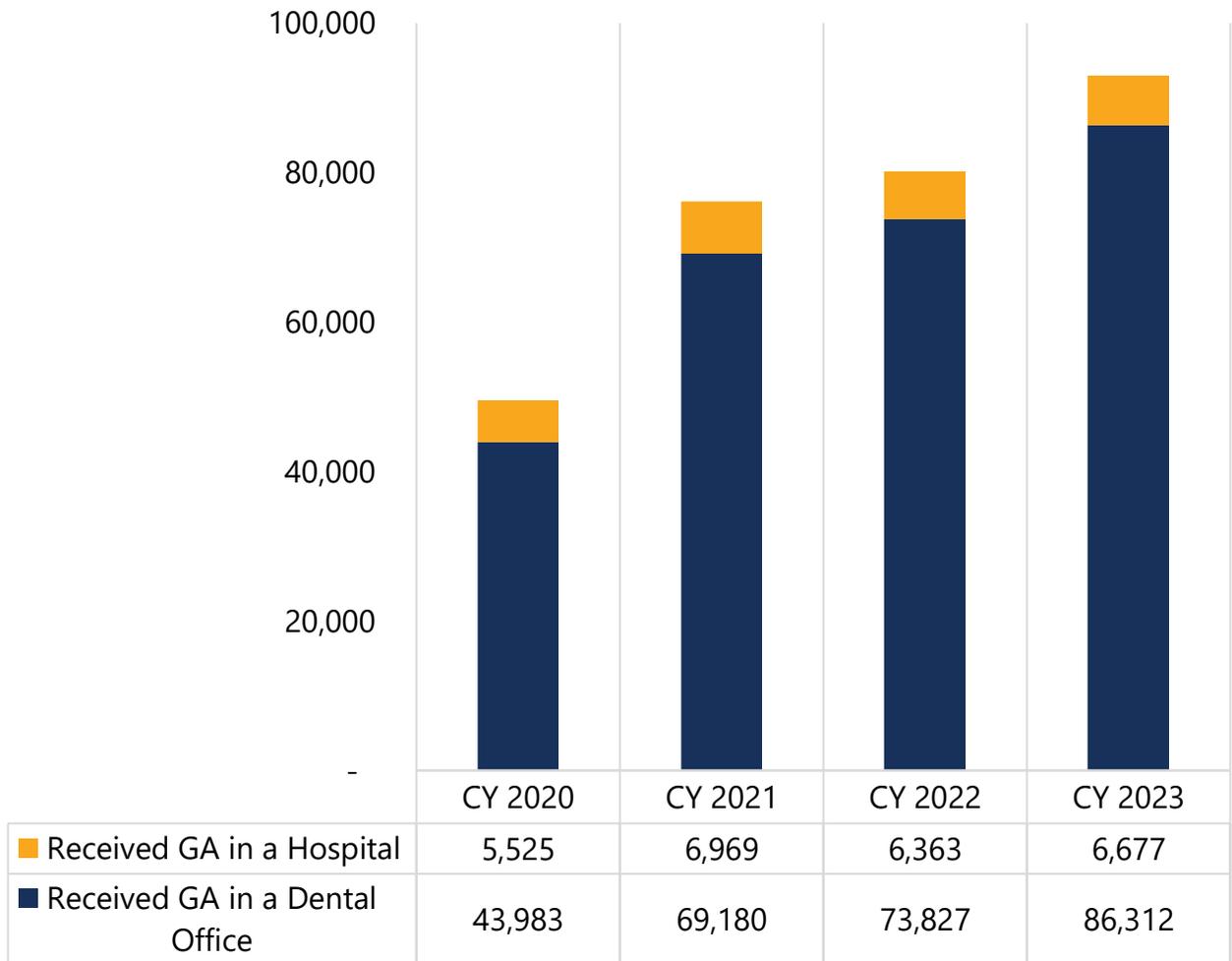
⁴ Data Source: DHCS Dental Fiscal Intermediary Data Warehouse data as of October 2024 for claims in a dental office and March 2025 for medical claims in a hospital, in CY 2023. DHCS Dental Fiscal Intermediary Data Warehouse as of November 2023 for claims in a dental office and March 2025 for claims in 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.

Figure 6: Count of received General Anesthesia (GA) services in dental offices and hospitals for FFS members (all ages) CY 2020 through CY 2023.

Counts of Received General Anesthesia in Dental Offices and Hospitals



FFS Members (All Ages) CY 2020 through CY 2023



ANALYSIS

Multiple factors contributed to increases in the number of members who required GA services, as well as members who received GA services. The factors may include but not limited to added reimbursement rates, relaxation of COVID restrictions, member circumstances, expansion of membership, and guidance to the Managed Care Plans.

GA utilization has increased in recent years, in part due to higher reimbursement rates through [Proposition 56](#). On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a specified portion of the tobacco tax revenue is allocated to DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. Specifically, for Medi-Cal dental, Proposition 56 funds are used to increase the current dental Schedule of Maximum Allowances (SMA) for specific dental procedures, including general anesthesia (D9222 and D9223) as well as multiple dental surgery procedures, many of which require GA services. The payment increases may have expanded provider participation and allowed for greater awareness of available GA benefits.

In addition, Dental Managed Care plans explained the increases noting the relaxation of COVID restrictions, which resulted in both DMC and FFS dental offices reopening in 2023 and an increase of members receiving services⁵. As the COVID-19 Pandemic caused a backlog of untreated cases due to dental providers postponing elective and preventive treatments, conditions that could have been addressed with routine procedures may have required more invasive interventions once services became available.

Moreover, members in certain circumstances, such as the refugee immigrant population in Sacramento, enhanced the need for GA utilization through the Dental Managed Care delivery system⁶. This demographic may have had limited access to dental care due to several systemic, financial, linguistic, and cultural barriers, leading to untreated dental decay, periodontal disease and other oral health issues. In California, refugees and immigrants are eligible for comprehensive dental care through Medi-Cal. While direct

⁵ Access Dental Plan, December 24, 2024

⁶ Liberty Dental Plan, December 27, 2024, and Health Net Dental Plan, January 17, 2025

data linking the growth of the immigrant and refugee populations in Sacramento GA utilization is limited, the intersection of higher dental care needs, barriers to conventional treatment, and expanded access through Medi-Cal suggests a plausible correlation. According to the DMC plans, refugees in Sacramento receiving GA services has markedly increased utilization.

The [expansion of eligibility for adults over age 50](#) also may have impacted GA utilization rates. Beginning May 1, 2022, a new law in California gave full scope Medi-Cal coverage to adults 50 years of age or older and immigration status does not matter. All other Medi-Cal eligibility rules, including income limits, still apply. Member over age 50 now have increased access to dental services which has broadened the member population, increasing the number of eligible members qualified to receive GA services. The inclusion of adults over age 50 lead to higher demand for GA services from members who previously did not have access to dental treatment services. This demographic shift underscores the necessity for GA to accommodate the complex dental needs often associated with the aging population. It was additionally noted by the DMC plans, that the transition of members ages 21+ into Long Term Care Facilities, Skilled Nursing Facilities, and Intermediate Care Facilities increased GA utilization.

One of the most significant efforts to increase GA utilization is coordinating care for members with the Medi-Cal Managed Care Plans (MCPs). [All Plan Letter \(APL\) 15-012](#), released in 2015, set the groundwork for MCPs to cover intravenous (IV) sedation and GA, when medically necessary. Building on this, [APL 23-028](#), issued in October 2023, refined the guidelines, clarifying the conditions for authorization and specifying the documentation required to demonstrate medical necessity. MCPs must now authorize GA services 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. These updates reflect the Department's ongoing efforts to adapt policies to meet evolving member and provider needs.

To further improve GA utilization, Medi-Cal Dental will be collaborating closely with the stakeholder community including providers, managed care plans, hospitals, and members to identify barriers members face in requesting and receiving GA services. DHCS will be facilitating workgroups with stakeholders to discuss GA access issues and explore ways GA can improve oral health outcomes for Medi-Cal members of all ages.