

SUBJECT: <b>Dental Care and Dental Anesthesia</b>		POLICY NO. <b>UM40*</b> * Formerly SOS05	
LINE OF BUSINESS: ALL LOB		SCOPE: UM	PAGE 1 of 4
REVIEW COMMITTEE: QIUM		DHS SUBMITTAL DATE:	APPROVAL DATE:
EFFECTIVE DATE: <b>02/01/1997</b>	REVISION DATE: <b>7/08</b>	REVIEW PERIOD: ANNUAL	APPROVED BY:  Medical Director

**POLICY**

- A. Although Health Plan of San Joaquin (HPSJ) is not directly responsible for providing dental coverage, HPSJ primary care physicians (PCPs) are responsible for assessing their members need for dental care, documenting the findings in the medical record and make referrals to the appropriate Denti-Cal provider.
- B. HPSJ is responsible for and authorizes dental anesthesia for eligible members not covered though the California Children’s Services program when medically necessary. HPSJ dental anesthesia responsibility is limited to the facility in which the procedure is done and the professional component when performed by a medical anesthesiologist or nurse anesthetist supervised by a medical anesthesiologist. Coverage **does not** include charges for the supplies used in the procedure, the dental procedure itself, including the professional fees of the dentist, oral surgeon, or dental anesthesiologist.
- C. Requests for dental anesthesia for California Children’s Services (CCS) eligible children are referred to the county or state CCS office for their consideration.
- D. HPSJ encourages PCPs to participate in the Medi-Cal fluoride varnish program.
- E. Although Temporomandibular joint disorder is considered a Denti-Cal benefit, HPSJ is responsible for dental anesthesia and facility components of care of Temporomandibular Joint Disorder when it meets medical necessity guidelines, and it is not covered by CCS or if it a direct result of a medical condition.
- F. HPSJ Provider Services representatives or Member Services staff are available to assist PCP staff to:
  - 1. Obtain referral information for dental procedures.
  - 2. Obtain a list of Denti-Cal providers.
  - 3. Assist in making the necessary referral appointments.
  - 4. Provide Information regarding obtainine fluoride varnish, training PCP and or PCP staff regarding application of fluoride as well as coding and reimbursement of fluoride treatment
- G. As part of the ongoing quality assurance process, HPSJ Quality Improvement Department staff will monitor dental referrals through the periodic office site review process. Results that are below standards will be reported to the Quality Improvement/Utilization Management Committee.

## **PCP REQUIREMENTS AND PROCEDURES**

- A. HPSJ members aged three (3) and above, who have not seen a dentist in the past six months, will be referred by their PCP to a Denti-Cal dentist as part of their CHDP work-up regardless of whether or not a dental problem is detected.
- B. Dental screenings shall be a part of the CHDP exam for children (using the PM 160 form) and during the health assessment for adults. The exam shall include inspection of teeth and gums for any signs of infection, abnormalities, malocclusion, inflammation of gums, plaque deposits, caries or missing teeth. Dental health education will also be given stressing proper diet with minimum sweets, adequate intake of fluoridated water or fluoride supplement, and daily brushing and flossing of teeth.
- C. If in the course of providing a CHDP examination or adult health assessment a member PCP identifies a dental problem, the PCP will refer the member to a Denti-Cal provider. Patients with active infection, pain, or severe problems are to be referred for immediate diagnosis and treatment.
- D. Referrals for adults for dental conditions are to be made through Denti-Cal. For children, the CHDP PM 160 form will be used to document the dental screening exam and referral. If there is no suspected dental problem, a check mark is to be placed in Column A. However, suspected dental problems must be referred. Use the PM 160 form as follows:
  1. Record a 5 (*referred to another examiner for Dx/Rx*) in Column C or D.
  2. Schedule an appointment with a dentist and record the name of the dentist in the box, *referred to*.
  3. *In the Comments/Problem box*, refer to the Health Assessment number, 02 and indicate the reason for the referral; e.g., dental caries, the CHDP office.
- E. Criteria for immediate dental referral of HPSJS members is the presence of:
  1. Active infection
  2. Pain
  3. Gross abnormalities
  4. Malocclusion
  5. Inflammation of gums
  6. Plaque deposits
  7. Caries
  8. Missing teeth
  9. Severe halitosis
  10. Premature loss of primary posterior teeth (baby molars)

## **Dental Anesthesia Requirements and Procedures**

- A. Anesthesia or sedation for dental procedures is authorized on a case-by-case basis. Generally, candidates for anesthesia or sedation must have tried and failed an attempt to have the dental work done in an office setting using behavioral management. Exceptions may include:
1. A child is age 7 with extensive dental pathology.
    - a) An uncooperative patient where the dentist was unable to accomplish the work in 2 or more office visits using conservative measures.
    - b) A child where the use of restraints are needed for more than 30 minutes.
    - c) An uncooperative patient over 100 lbs requiring restraints to accomplish the dental work.
  2. A child or adult who is ASA III or higher.
  3. A child with severe medical complications or developmental disability.
  4. Any person whose physical or mental health is compromised and for whom sedation is medically necessary.
- B. Children referred for dental anesthesia process:
1. Referrals to dentists are made by the member's PCP
  2. Referrals for oral surgery (Oral Surgery Center) will be made by the member's dentist. The dentist may also refer the member to his/her PCP for clearance if the dentist determines its necessity.
  3. The Oral Surgery Center must include the dentist's documentation with the authorization request
- C. Medical clearance must be obtained prior to anesthesia.
1. A Physician affiliated with the Oral Surgery Center or the member's PCP may perform the Pre-op screening.
  2. If further medical clearance is required e.g., cardiac disease, seizure disorder, coagulopathy or moderate to severe respiratory disease is present, the screening physician may perform the pre-operative history and physical (H&P) or refer the member to a specialist for clearance.
- D. Authorizations, or denials, will be entered into HPSJ system and claims will be processed accordingly.

### **REFERENCE**

- A. Title 22, Sections 51184; 51340 and 51340.2

B. DHS Contract Exhibit A, Attachment 11

C. Policy and Procedure UM 40A Dental Anesthesia

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96 M. Jordan	04-10-03 M. Jordan	5/19/05 M. Jordan	7/1/08 D. Bishop		