October 30, 2015

To: Health Plan of San Joaquin (HPSJ) Primary Care & Specialty Physicians and Surgery Centers

From: Provider Services

Subject: HPSJ’s Policy and Procedures for Dental Intravenous Sedations & General Anesthesia for dental procedures

Business: Medi-Cal

---

Effective December 15, 2015

Health Plan of San Joaquin’s policies and procedures have been revised in compliance with the California Department of Health Care Services (DHCS) All Plan Letter 15-012 (revised August 21, 2015). Please note that effective December 15, 2015, the procedures differ if intravenous (IV) sedation or general anesthesia is administered by a physician or a dentist.

The DHCS All Plan Letter 15-012 and HPSJ’s Policy and Procedures are attached. Please read the new instructions to ensure timely authorization.

For physician-administered services for IV Sedation or general anesthesia for dental procedures –

- Preauthorization is required.
- Submit requests for authorization with clinical documentation to HPSJ’s UM Department for authorization of both professional and facility payments.

For dentist-administered services for IV Sedation or general anesthesia for dental procedures –

- Submit a claim to HPSJ’s Claims Department for the facility fee.
- Submit an approved DentiCal TAR for IV Sedation or general anesthesia with the claim.
- No prior authorization is required.

For all requests where HPSJ is required to determine the medical necessity for IV sedation or general anesthesia for dental procedures, supporting medical records must be submitted with the request.

If you have any questions, please contact Provider Relations at (209) 942-6340.

Attached: HPSJ Policy and Procedure for Dental Care and Dental Anesthesia (revised 082115)
All Plan Letter (APL) 15-012 (revised August 21, 2015)
Denti-Cal Bulletin (September 2015)
PURPOSE

To describe the requirements for coverage of Intravenous (IV) Sedation and general anesthesia services provided by a physician in conjunction with dental services for managed care beneficiaries in hospitals, ambulatory medical surgical settings, or dental offices.

POLICY

Medi-Cal beneficiaries enrolled in HPSJ are entitled to dental services under IV sedation and general anesthesia when medically necessary in appropriate settings performed by a physician anesthesiologist. When authorized by HPS, the physician anesthesiologist services, the facility fee and associated supplies are covered by HPSJ. For anesthesia services performed by a dentist, the provider is to submit a preauthorization request (TAR) to Denti-Cal. HPSJ will cover the associated facility fee and supplies once the dental anesthesiologist submits the approved (TAR) from Denti-Cal and the date the service was performed with the claim for facility fee to the claims department.

HPSJ assists provider and beneficiaries with the prior authorization process as a form of care coordination to avoid situations where services are unduly delayed.

A. The following lists the requirements for general anesthesia services coverage:
1. Services related to dental procedures that require general anesthesia and are provided by individuals other than dental personnel, are covered, including any associated prescription drugs, laboratory services, physical examinations required for admission to a medical facility, outpatient surgical center services, and inpatient hospitalization services required for dental procedure.
2. Facility fees for services provided in any hospital, ambulatory surgery center, that meet the requirement set forth in this policy provided by either dental personnel or individuals other than dental personnel are covered.
3. HPSJ Coordinates necessary non-anesthesia covered services provided to a beneficiary.

B. Beneficiaries may receive treatment for a dental procedure provided under general anesthesia...
by a physician anesthesiologist in the settings listed below:

1. Hospital
2. Accredited ambulatory surgical center (Stand-alone facility);
3. Dental Office; and
4. A community Clinic that:
   a. Accepts Medi-Cal dental programs (Denti-Cal or DMC Plan) beneficiaries
   b. Is a not for profit organization; and
   c. Is recognized by the Department of Health Care Services as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike.

C. Authorization for general anesthesia provided by a physician anesthesiologist to a beneficiary during an inpatient stay must be part of the authorization for inpatient admission.

**PROCEDURE**

**INTRAVENOUS SEDATION AND GENERAL ANESTHESIA GUIDELINES FOR DENTAL PROCEDURES**

A. Patient Selection and Documentation Requirements:

1. Patient selection for conducting dental procedures under the Intravenous (IV) sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. DHCS expects that the dental anesthesia provider to determine whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving intravenous sedation to general anesthesia. The need for intravenous sedation or general anesthesia should be evaluated using the clinical judgment of the provider(s) based on the criteria indications delineated below. The anesthesia provider must submit documentation outlining the patient’s need for intravenous sedation or general anesthesia based on the criteria indications delineated below through a TAR and must receive approval prior to delivering the requested sedation or anesthesia services. Please note, a TAR is not required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled.

2. Additionally, the dental provider must meet the requirements for chart documentation, which include a copy of complete history and physical examination, diagnosis, treatment plan, radiological reports and images the indication for intravenous sedation or general anesthesia and documentation of Perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure pertinent to the request.

B. Criteria Indications for Intravenous Sedation or General Anesthesia.

Behavior modifications and local anesthesia shall be attempted first. Conscious sedation shall
then be considered if this fails or is not feasible based on the medical needs of the patient.

If the provider provides clear medical record documentation of both number 1 and number 2 below, then the patient shall be considered for intravenous sedation or general anesthetic.

1. Use of local anesthesia to control pain failed or was not feasible based on the medical needs of the patient.

2. Use of conscious sedation, either Inhalation or oral, failed or was not feasible based on the medical needs of the patient.

If the provider documents any one of the numbers 3 through 6 then the patient shall be considered for intravenous sedation or general anesthetic.

3. Use of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient.

4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

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

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

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: Conscious sedation via inhalation or oral anesthetic, intravenous sedation, then general anesthesia. Management of Patients with Certain Medical Conditions:

- Patients with certain medical conditions, such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias, and significant bleeding disorders (Continuous Coumadin Therapy) should be treated in a hospital setting of a licensed facility capable of responding to a serious medical crisis.

Providers will adhere to all regulatory requirements (Federal, State, Licensing Board, etc.) for:

- Preoperative and Perioperative care
- Monitoring and equipment requirements
- Emergencies and transfers
- Monitoring guidelines

REFERENCES
A. APL 15-012
B. American Academy of Pediatric Dentistry (AADP) – www.aapd.org
C. American Dental board of Anesthesiology – www.adba.org
D. American Dental Society of Anesthesiology – WWW.asahg.org
E. American Association of Nurse Anesthetist – WWW.aana.com/resources2/professionalpractice
G. Dental Board of California- WWW.dbc.ca.gov/licensees/dds/permits_ga.shtm
H. National Guidelines Clearinghouse- WWW.guideleline.gov/content.aspx?id=15258&search=General+Anesthesia

ACRONYM LIST
A. Clinical Assurance and Administrative Support Division (CAASD)
B. Medi-Cal Dental Fee-For-Service (Medi-Cal Dental FFS or Denti-Cal)
C. Dental Managed Care Plan (DMC Plan)
D. Dental Only Surgery Center (DOSC)
E. Department of Health Care Services (DHCS)
F. Electronic Treatment Authorization Request (ETAR)
G. Medi-Cal Managed Care Health Plan (MCP)
H. Medi-Cal Medical Fee-For-Service (Medi-Cal Medical FFS)
I. Medi-Cal Managed Care (MCMC)

ADDITIONAL DHCS RESOURCES
A. Clinical Assurance and Administrative Support Division:
   http://www.dhcs.ca.gov/formsandpubs/laws/CAASD/Pages/default.aspx
B. Dental Managed Care Plan Directory:
   http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCarePlanDir
C. Medi-Cal Dental Provider Handbook:
D. Medi-Cal Electronic Treatment Authorization Request (ETAR) webpage:
   https://learn.medi-cal.ca.gov/Resources/eTARNewsTips.aspx
E. Medi-Cal Managed Care Health Plan Directory:
   http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx
F. Medi-Cal Provider Manuals:
   http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp
<table>
<thead>
<tr>
<th><strong>Beneficiary Enrolled in:</strong></th>
<th><strong>DMC Plan + MCMC</strong></th>
<th><strong>Medi-Cal Dental FFS + MCMC</strong></th>
<th><strong>DMC Plan + Medi-Cal Medical FFS</strong></th>
<th><strong>Medi-Cal Dental FFS + Medi-Cal Medical FFS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Anesthesiologist</td>
<td>MCP pays anesthesiologist</td>
<td>MCP pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>MCP for anesthesia fees</td>
<td>MCP for anesthesia fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
</tr>
<tr>
<td>Beneficiary Enrolled in:</td>
<td>DMC Plan + MCMC</td>
<td>Medi-Cal Dental FFS + MCMC</td>
<td>DMC + Medi-Cal Medical FFS</td>
<td>Medi-Cal Dental FFS + Medi-Cal Medical FFS</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Medical Anesthesiologist OR Certified Registered Nurse Anesthetist</td>
<td>• MCP pays anesthesiologist&lt;br&gt;• MCP pays facility fee</td>
<td>• MCP pays anesthesiologist&lt;br&gt;• MCP pays facility fee</td>
<td>• Medi-Cal Medical FFS pays anesthesiologist&lt;br&gt;• Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider</td>
<td>• Medi-Cal Medical FFS pays anesthesiologist&lt;br&gt;• Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>• MCP for anesthesia and facility fees</td>
<td>• MCP for anesthesia and facility fees</td>
<td>• CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider</td>
<td>• CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>• DMC Plan pays anesthesiologist&lt;br&gt;• MCP pays facility fee</td>
<td>• DMC Plan pays anesthesiologist&lt;br&gt;• MCP pays facility fee</td>
<td>• Denti-Cal pays anesthesiologist&lt;br&gt;• Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider</td>
<td>• Denti-Cal pays anesthesiologist&lt;br&gt;• Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>• DMC Plan for anesthesia fees&lt;br&gt;• MCP for facility fees</td>
<td>• Denti-Cal for anesthesia fees&lt;br&gt;• MCP for facility fees</td>
<td>• DMC Plan for anesthesia fees&lt;br&gt;• CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider</td>
<td>• Denti-Cal for anesthesia fees&lt;br&gt;• CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider</td>
</tr>
</tbody>
</table>
## DHCS Contract Deliverables

<table>
<thead>
<tr>
<th>Contract Reference</th>
<th>Date of Approval</th>
<th>DHCS Unit</th>
<th>Contract Reference</th>
<th>Date of Approval</th>
<th>DHCS Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.t</td>
<td>4/30/12</td>
<td>Medical Monitoring Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10/13/15</td>
<td>DHCS Contract Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DATE: August 21, 2015

ALL PLAN LETTER 15-012 (REVISED)
(SUPERSEDES POLICY LETTER 13-002)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DENTAL SERVICES – INTRAVENOUS SEDATION AND GENERAL ANESTHESIA COVERAGE

PURPOSE:
The purpose of this All Plan Letter (APL) is to describe the requirements for Medi-Cal managed care health plans (MCPs) to cover intravenous (IV) sedation and general anesthesia services provided by a physician in conjunction with dental services for managed care beneficiaries in hospitals, ambulatory medical surgical settings, or dental offices. This APL supersedes Policy Letter (PL) 13-002.¹ This APL identifies information that MCPs must review and consider during the prior authorization process as described and detailed in the attached guidelines for IV sedation and general anesthesia for dental procedures (Attachment A).

BACKGROUND:
Dental services are excluded from MCP contracts but may be provided to Medi-Cal beneficiaries on a fee-for-service (FFS) basis through Denti-Cal or through Dental Managed Care (DMC) plans. MCPs must provide oral health screenings and referrals in accordance with the Recommendations for Preventive Pediatric Health Care (Bright Futures/American Academy of Pediatrics) to all MCP beneficiaries less than 21 years of age.²

MCPs must cover medically necessary services administered in connection with dental services that are not provided by dentists or dental anesthesiologists. MCPs must reimburse for contractually covered prescription drugs, laboratory services, pre-admission physical examinations required for dental offices, admission to ambulatory medical surgical settings or an inpatient hospital for a dental procedure, and facility fees, as applicable.

¹ All PLs are available at: http://www.dhcs.ca.gov/formsandpubs/Pages/PolicyLetters.aspx.
² Recommendations for Preventive Pediatric Health Care can be found at: https://pediatriccare.solutions.aap.org/DocumentLibrary/Periodicity%20Schedule_FINAL.pdf.
PL 00-05 reminded MCPs of their contractual responsibilities following the passage of legislation that expanded coverage of dental-related anesthesia services to all health plans. Assembly Bill 2003 (Chapter 790, Statutes of 1998) required all health care service plan contracts to cover general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center for beneficiaries less than seven years of age.

**POLICY:**
Medi-Cal beneficiaries enrolled in MCPs are entitled to dental services under IV sedation and general anesthesia when medically necessary in an appropriate setting. MCPs must provide prior authorization for IV sedation and general anesthesia for dental services using the guidance in Attachment A. MCPs must submit such policies and procedures to their Managed Care Operations Division (MCOD) contract manager for review and approval. MCPs are responsible to ensure that their subcontractors adhere to this policy.

MCPs must assist providers and beneficiaries with the prior authorization process as a form of care coordination to avoid situations where services are unduly delayed.

The following lists the requirements for MCPs to cover general anesthesia services:

1) Contractual responsibilities, as found in Exhibit A, Attachment 11, Dental explain the following:
   a) MCPs must cover services related to dental procedures that require general anesthesia and are provided by individuals other than dental personnel, including any associated prescription drugs, laboratory services, physical examinations required for admission to a medical facility, outpatient surgical center services, and inpatient hospitalization services required for a dental procedure;
   b) MCPs shall reimburse facility fees for services provided in any hospital, ambulatory surgery center, that meet the requirements set forth in this policy provided by either dental personnel or individuals other than dental personnel; and
   c) MCPs must coordinate all necessary non-anesthesia covered services provided to a beneficiary.

2) Beneficiaries may receive treatment for a dental procedure provided under general anesthesia by a physician anesthesiologist in the settings listed below.

---

3 All Medi-Cal managed care boilerplate contracts are available here:
[http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx)
only if the MCP determines the setting is appropriate and according to the criteria outlined in Attachment A:

a) Hospital;
b) Accredited ambulatory surgical center (stand-alone facility);
c) Dental office; and
d) A community clinic that:
   i) Accepts Medi-Cal dental program (Denti-Cal or DMC plan) beneficiaries;
   ii) Is a non-profit organization; and
   iii) Is recognized by the Department of Health Care Services as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike.

3) Authorization for general anesthesia provided by a physician anesthesiologist to a beneficiary during an inpatient stay must be part of the authorization for the inpatient admission.

If you have questions regarding this APL, please contact your MCOD contract manager.

Sincerely,

*Original Signed by Sarah C. Brooks*

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Attachment
Modified Policy for General Anesthesia and Intravenous Sedation

The Department of Health Care Services (DHCS) has developed consistent criteria and guidelines for Intravenous conscious sedation/analgesia (procedures D9241/D9242) and Deep sedation/general anesthesia (procedures D9220/D9221) that will be implemented across all delivery systems and programs. Effective immediately, providers will be required to submit Treatment Authorization Requests (TARs) for the provision of intravenous sedation and general anesthesia services. The provider who renders the intravenous sedation and/or general anesthesia service is responsible for submitting the authorization request. Submission and criteria requirements outlined in the Manual of Criteria (MOC) will not be updated until the implementation of CDT 15 occurs. However, providers are required to abide by the updated requirements outlined in this provider bulletin.

Intravenous Sedation and General Anesthesia Guidelines for Dental Procedures

Patient selection for conducting dental procedures under intravenous sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. DHCS expects that the dental provider will work collaboratively with an anesthesia provider to determine whether a Medical beneficiary meets the minimum criteria necessary for receiving intravenous sedation or general anesthesia. The need for intravenous sedation or general anesthesia should be evaluated using the clinical judgement of the provider(s) based on the criteria indications delineated below. The anesthesia provider must submit documentation outlining the patient’s need for intravenous sedation or general anesthesia based on the criteria indications delineated below through a TAR and must receive approval prior to delivering the requested sedation or anesthesia services. Please note a TAR is not required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled. Additionally, the dental provider must meet the requirements for chart documentation, which may includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports and images, the indication for intravenous sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure pertinent to the request.

Criteria Indications for Intravenous Sedation or General Anesthesia

Behavior modification and local anesthesia shall be attempted first, conscious sedation shall then be considered if this fails or is not feasible based on the medical needs of the patient.

If the provider provides clear medical record documentation of both number 1 and number 2 below, then the patient shall be considered for intravenous sedation or general anesthetic.
1. Failure to use local anesthesia to control pain failed or was not feasible based on the medical needs of the patient.
2. Failure to use conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient.

If the provider documents any one of numbers 3 through 6 then the patient shall be considered for intravenous sedation or general anesthetic.

3. Failure to use effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient.
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
5. Patient has acute situational anxiety due to immature cognitive functioning.
6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, intravenous sedation, then general anesthesia.

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (i.e. continuous anticoagulant therapy such as Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

Providers shall adhere to all regulatory requirements (Federal, State, Licensing Board, etc.) for:

- Preoperative and perioperative care
- Monitoring and equipment requirements
- Emergencies and transfers
- Monitoring Guidelines

References:

- American Academy of Pediatric Dentistry (AAPD) -- www.aapd.org
- American Dental Board of Anesthesiology -- www.adba.org
- American Dental Society of Anesthesiology -- www.adsahome.org
- American Society of Anesthesiologists – www.asahq.org
- American Association of Nurse Anesthetists - www.aana.com/resources2/professionalpractice
- Dental Board of California – www.dbc.ca.gov/licensees/dds/permits_ga.shtml
Please continue to check the Denti-Cal website frequently for additional updates and program changes regarding the provision of *intravenous* sedation and general anesthesia services.

For more information please call the Denti-Cal Provider Service Line at 1-800-423-0507.
Modified Policy for General Anesthesia and Intravenous Sedation

The Department of Health Care Services (DHCS) has developed consistent criteria and guidelines for Intravenous conscious sedation/analgesia (procedures D9241/D9242) and Deep sedation/general anesthesia (procedures D9220/D9221) that will be implemented across all delivery systems and programs. Effective November 1, 2015, providers will be required to submit Treatment Authorization Requests (TARs) for the provision of intravenous sedation and general anesthesia services. The provider who renders the intravenous sedation and/or general anesthesia service is responsible for submitting the authorization request. Submission and criteria requirements outlined in the Manual of Criteria (MOC) will not be updated until the implementation of CDT 15 occurs. However, providers are required to abide by the updated requirements outlined in this provider bulletin.

Intravenous Sedation and General Anesthesia Guidelines for Dental Procedures

Patient selection for conducting dental procedures under intravenous sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. DHCS expects that the dental provider will work collaboratively with an anesthesia provider to determine whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving intravenous sedation or general anesthesia. The need for intravenous sedation or general anesthesia should be evaluated using the clinical judgement of the provider(s) based on the criteria indications delineated below. The anesthesia provider must submit documentation outlining the patient's need for intravenous sedation or general anesthesia based on the criteria indications delineated below through a TAR and must receive approval prior to delivering the requested sedation or anesthesia services. Please note a TAR is not required prior to delivering intravenous sedation or general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled. Additionally, the dental provider must meet the requirements for chart documentation, which include a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports and images, the indication for intravenous sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure pertinent to the request.

Continued on pg 2.
**Criteria Indications for Intravenous Sedation or General Anesthesia**

Behavior modification and local anesthesia shall be attempted first, conscious sedation shall then be considered if this fails or is not feasible based on the medical needs of the patient.

If the provider provides clear medical record documentation of both number 1 and number 2 below, then the patient shall be considered for intravenous sedation or general anesthetic:

1. Use of local anesthesia to control pain failed or was not feasible based on the medical needs of the patient.
2. Use of conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient.

If the provider documents any one of numbers 3 through 6 then the patient shall be considered for intravenous sedation or general anesthetic:

3. Use of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient.
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
5. Patient has acute situational anxiety due to immature cognitive functioning.
6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, intravenous sedation, then general anesthesia.

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (i.e. continuous anticoagulant therapy such as Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

Providers shall adhere to all regulatory requirements (Federal, State, Licensing Board, etc.) for:

- Preoperative and perioperative care
- Monitoring and equipment requirements
- Emergencies and transfers
- Monitoring Guidelines

**NEED MORE INFORMATION?**

---

**Provider Enrollment Workshops**

Are you a dental provider who is interested in joining the Denti-Cal program but don’t know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

<table>
<thead>
<tr>
<th>Date/Time:</th>
<th>Location:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday, Sept. 10, 2015 8:00 AM- 4:00 PM</td>
<td>Double Tree 924 W. Huntington Drive Monrovia, CA 91016</td>
<td>Los Angeles County</td>
</tr>
<tr>
<td><strong>Register Now!</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday, Sept. 10, 2015 8:00 AM- 4:00 PM</td>
<td>Double Tree 34402 Pacific Coast Hwy Dana Point, CA 92629</td>
<td>Orange County</td>
</tr>
</tbody>
</table>

Continued on pg 3.
### Intravenous Sedation and General Anesthesia: Prior Authorization/ Treatment Authorization Request and Reimbursement Scenarios

#### Scenario 1 - Dental Office

<table>
<thead>
<tr>
<th>Beneficiary Enrolled in:</th>
<th>DMC Plan + MCMC</th>
<th>Medi-Cal Dental FFS + MCMC</th>
<th>DMC Plan + Medi-Cal Medical FFS</th>
<th>Medi-Cal Dental FFS + Medi-Cal Medical FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Anesthesiologist</td>
<td>MCP pays anesthesiologist</td>
<td>MCP pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>MCP for anesthesia fees</td>
<td>MCP for anesthesia fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
</tr>
</tbody>
</table>

#### Scenario 2 - Dental Only Surgery Center

<table>
<thead>
<tr>
<th>Beneficiary Enrolled in:</th>
<th>DMC Plan + MCMC</th>
<th>Medi-Cal Dental FFS + MCMC</th>
<th>DMC Plan + Medi-Cal Medical FFS</th>
<th>Medi-Cal Dental FFS + Medi-Cal Medical FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Anesthesiologist OR Certified Registered Nurse Anesthetist</td>
<td>MCP pays anesthesiologist</td>
<td>MCP pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>MCP for anesthesia fees and facility fees</td>
<td>MCP for anesthesia fees and facility fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees and facility fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees and facility fees</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
</tr>
</tbody>
</table>

#### Scenario 3 - Ambulatory Surgery Center and General Acute Care Hospitals

<table>
<thead>
<tr>
<th>Beneficiary Enrolled in:</th>
<th>DMC Plan + MCMC</th>
<th>Medi-Cal Dental FFS + MCMC</th>
<th>DMC Plan + Medi-Cal Medical FFS</th>
<th>Medi-Cal Dental FFS + Medi-Cal Medical FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Anesthesiologist OR Certified Registered Nurse Anesthetist</td>
<td>MCP pays anesthesiologist</td>
<td>MCP pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
<td>Medi-Cal Medical FFS pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>MCP for anesthesia fees and for facility fees</td>
<td>MCP for anesthesia fees and for facility fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees and for facility fees</td>
<td>CAASD Field Office (ETAR) for anesthesia fees and for facility fees</td>
</tr>
<tr>
<td>Dental Anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
<td>DMC Plan pays anesthesiologist</td>
<td>Denti-Cal pays anesthesiologist</td>
</tr>
<tr>
<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
<td>DMC Plan for anesthesia fees</td>
<td>Denti-Cal for anesthesia fees</td>
</tr>
</tbody>
</table>

Continued on pg 4.
**Acronym List:**

CAASD - Clinical Assurance and Administrative Support Division  
Medi-Cal Dental FPS or Denti-Cal - Medi-Cal Dental Fee-For-Service  
DMC Plan - Dental Managed Care Plan  
DOSC - Dental Only Surgery Center  
DHCS - Department of Health Care Services  
ETAR - Electronic Treatment Authorization Request  
MCP - Medi-Cal Managed Care Health Plan  
Medi-Cal Medical FPS - Medi-Cal Medical Fee-For-Service  
MCMC - Medi-Cal Medical Managed Care

**Additional DHCS Resources**

Clinical Assurance and Administrative Support Division: [http://www.dhcs.ca.gov/formsandpubs/laws/CAASD/Pages/default.aspx](http://www.dhcs.ca.gov/formsandpubs/laws/CAASD/Pages/default.aspx)  
Dental Managed Care Plan Directory: [http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCarePlanDir](http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCarePlanDir)  
Medi-Cal Electronic Treatment Authorization Request (ETAR) webpage: [https://learn.medi-cal.ca.gov/Resources/eTARNewsTips.aspx](https://learn.medi-cal.ca.gov/Resources/eTARNewsTips.aspx)  
Medi-Cal Managed Care Health Plan Directory: [http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx](http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx)  

**References:**

+ American Academy of Pediatric Dentistry (AAPD) -[www.aapd.org](http://www.aapd.org)  
+ American Dental Board of Anesthesiology -[www.adba.org](http://www.adba.org)  
+ American Dental Society of Anesthesiology -[www.adsahome.org](http://www.adsahome.org)  
+ American Society of Anesthesiologists -[www.asahq.org](http://www.asahq.org)  
+ American Association of Nurse Anesthetists -[www.aana.com/resources2/professionalpractice](http://www.aana.com/resources2/professionalpractice)  
+ Dental Board of California -[www.dbc.ca.gov/licensees/dds/permits ga.shtml](http://www.dbc.ca.gov/licensees/dds/permits ga.shtml)  

Please continue to check the Denti-Cal website frequently for additional updates and program changes regarding the provision of intravenous sedation and general anesthesia services.

For more information please call the Denti-Cal Provider Service line at 1-800-423-0507.
Non-Intravenous Conscious Sedation (D9248)

A dentist may not administer Non-Intravenous Conscious Sedation (D9248) to a patient unless the dentist possesses one of the following:

+ A valid General Anesthesia permit;
+ A valid Conscious Sedation permit; or
+ A certificate as a provider of Oral Conscious Sedation from the Dental Board of California.

A provider who possesses a valid General Anesthesia permit or a valid Conscious Sedation permit can provide non-intravenous conscious sedation.

A physical evaluation and medical history shall be taken before the administration of non-intravenous conscious sedation to a beneficiary. Any dentist who administers or orders the administration of non-intravenous conscious sedation to a beneficiary shall maintain records of the physical evaluation, medical history, and non-intravenous conscious sedation procedures used as required by the board regulations.

The failure to document any of the above records has been deemed unprofessional conduct by the Dental Board of California. The failure to perform any evaluation or monitoring of the patient has been deemed negligence by the Dental Board of California.

Please review the Dental Board of California Website for statutes and regulations on the use of non-intravenous conscious sedation: [http://www.dbc.ca.gov/lawsregs/index.shtml](http://www.dbc.ca.gov/lawsregs/index.shtml).

For questions regarding non-intravenous conscious sedation please call the Denti-Cal Provider Service line at 800-423-0507.