PROVIDER ALERT

To:    Health Plan of San Joaquin (HPSJ) Providers and Dental Surgery Centers
From: HPSJ Provider Services Department
Subject: Dental Anesthesia
Business: Medi-Cal, AIM (now known as Medi-Cal Access Program)

Effective September 24, 2016

In order to provide clarification on the Dental Intravenous Sedation and General Anesthesia authorization requirements, Health Plan of San Joaquin has revised the policy for our network providers.

Following is the important clarifying addition.

HPSJ requires that before the procedure can be authorized, medical clearance for general anesthesia or conscious sedation must be received from the PCP or MD anesthetist and that the documents must be dated within the previous thirty (30) calendar days of the planned procedure.

HPSJ believes that patient safety comes first. Employing best practices promotes successful outcomes.

If you have any further questions, please contact our Provider Services Department at 209-942-6340.

Attachment: Dental Care and Dental Anesthesia
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 HPSJ, 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:

Health Plan of San Joaquin
Policies and Procedures
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.

   3. Medical clearance for general anesthesia or conscious sedation from the patient’s
      primary care provider or an MD anesthetist. The required documentation must be
      dated within the previous 30 calendar days of the procedure.
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 (three) through 6 (six) 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

**REFERENCE**

A. APL 15-012

*Health Plan of San Joaquin*
*Policies and Procedures*
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 Medical 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:
**Health Plan of San Joaquin**  
**Policies and Procedures**

### Dental Office

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<th>Beneficiary Enrolled in:</th>
<th>DMC Plan + MCMC</th>
<th>Medi-Cal Dental FFS + MCMC</th>
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<td>Submit Prior Authorization/Treatment Authorization Request to:</td>
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**Health Plan of San Joaquin**

**DHCS Contract Deliverables**

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*Health Plan of San Joaquin Policies and Procedures*