

HEALTH PLAN OF SAN JOAQUIN					
Subject: Dental Care and Dental Anesthesia					
Department: Compliance				Policy #: UM40	
Effective Date: 12/15/2015	Committee/Approval Date: Policy Committee 10/15; 05/16	Review/Revision Dates: 04/03; 05/05; 07/08; 09/09; 07/15; 10/15			
Applies To:	Medi-Cal	Yes	X	No	
	MCAP	Yes		No	X
	TPA	Yes		No	X

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:
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

- APL 15-012
- American Academy of Pediatric Dentistry (AAPD) – www.aapd.org
- American Dental board of Anesthesiology – www.adba.org
- American Dental Society of Anesthesiology – WWW.asahg.org
- American Association of Nurse Anesthetist – WWW.aana.com/resources2/professionalpractice
- Cochrane Database of Systematic Reviews 2012 – www.update-software.com/BCP/WileyPDF/EN/cd006334.pdf
- Dental Board of California- WWW.dbc.ca.gov/licenseees/dds/permits_ga.shtm
- National Guidelines Clearinghouse- WWW.guideline.gov/content.aspx?id=15258&search=General+Anesthesia
- National network for Oral Health Access – WWW.nnoha.prg/nnoha-content/uploads/2013/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf
- US National Library of medicine National Institute of Health (NIH) – WWW.ncbi.nlm.nih.gov/pubmed/23152234

ACRONYM LIST

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

ADDITIONAL DHCS RESOURCES

- Clinical Assurance and Administrative Support Division:
<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>
- Medi-Cal Dental Provider Handbook:
<http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual>
- 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

<i>Dental Office</i>				
Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist	<ul style="list-style-type: none"> MCP pays anesthesiologist 	<ul style="list-style-type: none"> MCP pays anesthesiologist 	<ul style="list-style-type: none"> Medi-Cal Medical FFS pays anesthesiologist 	<ul style="list-style-type: none"> Medi-Cal Medical FFS pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	<ul style="list-style-type: none"> MCP for anesthesia fees 	<ul style="list-style-type: none"> MCP for anesthesia fees 	<ul style="list-style-type: none"> CAASD Field Office (ETAR) for anesthesia fees 	<ul style="list-style-type: none"> CAASD Field Office (ETAR) for anesthesia fees
Dental Anesthesiologist	<ul style="list-style-type: none"> DMC Plan pays anesthesiologist 	<ul style="list-style-type: none"> Denti-Cal pays anesthesiologist 	<ul style="list-style-type: none"> DMC Plan pays anesthesiologist 	<ul style="list-style-type: none"> Denti-Cal pays anesthesiologist
Submit Prior Authorization/Treatment Authorization Request to:	<ul style="list-style-type: none"> DMC Plan for anesthesia fees 	<ul style="list-style-type: none"> Denti-Cal for anesthesia fees 	<ul style="list-style-type: none"> DMC Plan for anesthesia fees 	<ul style="list-style-type: none"> Denti-Cal for anesthesia fees
<i>Dental Only Surgery Center</i>				
Beneficiary Enrolled in:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	<ul style="list-style-type: none"> MCP pays anesthesiologist MCP pays facility fee 	<ul style="list-style-type: none"> MCP pays anesthesiologist MCP pays facility fee 	<ul style="list-style-type: none"> Medi-Cal Medical FFS pays anesthesiologist Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider 	<ul style="list-style-type: none"> Medi-Cal Medical FFS pays anesthesiologist Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider

<p>Submit Prior Authorization/Treatment Authorization Request to:</p>	<ul style="list-style-type: none"> • MCP for anesthesia and facility fees 	<ul style="list-style-type: none"> • MCP for anesthesia and facility fees 	<ul style="list-style-type: none"> • CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider 	<ul style="list-style-type: none"> • CAASD Field Office (ETAR) for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider
<p>Dental Anesthesiologist</p>	<ul style="list-style-type: none"> • DMC Plan pays anesthesiologist • MCP pays facility fee 	<ul style="list-style-type: none"> • DMC Plan pays anesthesiologist • MCP pays facility fee 	<ul style="list-style-type: none"> • Denti-Cal pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider 	<ul style="list-style-type: none"> • Denti-Cal pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider
<p>Submit Prior Authorization/Treatment Authorization Request to:</p>	<ul style="list-style-type: none"> • DMC Plan for anesthesia fees • MCP for facility fees 	<ul style="list-style-type: none"> • Denti-Cal for anesthesia fees • MCP for facility fees 	<ul style="list-style-type: none"> • DMC Plan for anesthesia fees • CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled Medi-Cal provider 	<ul style="list-style-type: none"> • Denti-Cal for anesthesia fees • CAASD Field Office (ETAR) for facility fees if DOSC is an enrolled medi-Call provider

Health Plan of San Joaquin
Approval: Signatures on File

DHCS Contract Deliverables

<i>Contract Reference</i>	<i>Date of Approval</i>	<i>DHCS Unit</i>		<i>Contract Reference</i>	<i>Date of Approval</i>	<i>DHCS Unit</i>
11.t	4/30/12	Medical Monitoring Unit				
	10/13/15	DHCS Contract Manager		A.18.5	7/8/16	MCOD