

POLICY AND PROCEDURE	
<b>Policy # and TITLE:</b> UM40 Dental Services	
<b>Primary Policy owner:</b> Utilization Management	<b>POLICY #:</b> UM40
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input checked="" type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Health Equity (HEQ) 15) <input type="checkbox"/> Human Resources (HR) 16) <input type="checkbox"/> Information Technology / Core Systems (IT) 17) <input type="checkbox"/> Pharmacy (PH) 18) <input checked="" type="checkbox"/> Provider Networks (PRO) 19) <input checked="" type="checkbox"/> Quality Management (QM/GRV/HE) 20) <input checked="" type="checkbox"/> Utilization Management (UM)
<b>PRODUCT TYPE:</b> <input checked="" type="checkbox"/> Medi-Cal	<b>Supersedes Policy Number:</b> N/A

## I. PURPOSE

This policy defines Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan")'s responsibility for prior authorization of intravenous (IV) moderate sedation and deep sedation/general anesthesia services when medically necessary for the delivery of dental services in an appropriate setting.

## II. **POLICY**

- A. Dental screening and oral health assessments are completed as part of every periodic assessment for members less than 21 years of age, in accordance with the Health Plan's policy HE07 Children's Preventive Services, as well as those members 21 years of age and older.
- B. The Health Plan provides Federally Required Adult Dental Services (FRADs), dental screenings and fluoride varnish applications performed by a medical professional.
- C. All other dental services are provided through the Denti-Cal system.
- D. The Health Plan provides medically necessary services delivered by non-dental personnel but required to perform a dental procedure, including:
  - 1. Prescription drugs covered under the DHCS contract with the Health Plan, in accordance with the Health Plan's policy PH23 Submission of Pharmacy Benefit Prior Authorization & Claims.
  - 2. Laboratory services,
  - 3. Physical examination(s) required for admission to a medical facility,
  - 4. Outpatient surgical center services, and
  - 5. Inpatient hospitalization services required for dental procedure.
- E. Health Plan's member may receive medically necessary IV moderate sedation or deep sedation/general anesthesia administered by a Medical Anesthesiologist or a Certified, Registered Nurse Anesthetist (CRNA) for a dental procedure when medically necessary in the following settings:
  - 1. Dental office
  - 2. Hospital
  - 3. Accredited Ambulatory Surgery Center (ASC), or stand-alone facility, or
  - 4. A community clinic that:
    - a. Participates in the provision of Medi-Cal dental services (Dental Fee For Service or Dental Managed Care Plan)
    - b. Is a non-profit organization, and
    - c. Is recognized by the Department of Health Care Services (DHCS) as a licensed community clinic or a Federally

Qualified Health Center (FQHC) or an FQHC Look-Alike, including Tribal Health Program clinics.

- F. Prior Authorization from the Health Plan is required for IV moderate sedation, deep sedation/general anesthesia and ASC or inpatient facility services needed for the completion of a dental procedure.
1. Facility services are covered under the procedure authorization when deep sedation/general anesthesia or IV moderate sedation is provided in a hospital or ASC- no separate authorization is required. This does not preclude any subsequent inpatient stay necessary due to an outpatient procedure. In addition, an inpatient stay is not required for the provision of outpatient surgical center services.
  2. A prior authorization request is processed in accordance with the Health Plan's policy UM01 Referral and Authorization Review.
    - a. Medical records submitted with the request should include:
      - i. Complete history and physical examination,
      - ii. Diagnosis,
      - iii. Treatment plan,
      - iv. Radiology reports and images,
      - v. The indication for IV moderate sedation or deep sedation/general anesthesia, and
      - vi. Documentation of perioperative care for dental procedures.
  3. Prior Authorization is not required for anesthesiology services provided as part of an outpatient dental procedure in a state certified Skilled Nursing Facility or any category of Intermediate Care Facility for the developmentally disabled as required in California Code, Welfare, and Institutions Code - WIC § 14132(f). Additionally, the dental provider must meet the requirements for chart documentation consistent with the Model of Care (MOC). The need for prior authorization may be waived when there is documentation of an emergency condition justifying the immediate need for the procedure. However, these claims will be subject to additional review.

4. The dental practitioner should work collaboratively with an anesthesiologist or CRNA to determine whether the Member meets the minimum criteria necessary for receiving IV moderate sedation or deep sedation/general anesthesia.
- G. The Health Plan coordinates all necessary non-anesthesia covered services provided to a member.
- H. Medi-Cal dental providers needing assistance with member referrals to other covered services may call the Health Plan's Provider Services at 209.942.6340.

### III. PROCEDURE

- A. Behavior modification, local anesthesia and conscious sedation should be attempted prior to IV moderate sedation or deep sedation/general anesthesia.
  1. If these measures fail or are not feasible based on the medical needs of the member, the Health Plan will authorize medically necessary intravenous moderate sedation or deep sedation/general anesthesia or IV minimal sedation for dental services for a member who meets at least one (1) of the following criteria:
    - a. The Member is under seven (7) years of age and meets criteria to qualify for Dental Anesthesia services.
    - b. The use of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) failed or is not feasible based on the medical needs of the member,
    - c. The Member has a developmental disability.
    - d. The Member has an underlying clinical or medical condition for which deep sedation/general anesthesia, or IV moderate sedation is medically necessary. This may include but is not limited to extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or minimal sedation.

- e. The member is unable to effectively communicate and is unable to become immobile (the member may be dangerous to self or staff);
  - f. The member has acute situational anxiety due to immature cognitive functioning, or
  - g. The member is uncooperative due to certain physical or mental compromising conditions.
- B. The procedures are ranked from low to high in the following order: minimal sedation via inhalation or oral anesthetics, non-intravenous conscious sedation, IV moderate sedation, then deep sedation/general anesthesia.
- C. Members 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, uncontrolled seizures and sleep disordered breathing shall be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis, as determined most appropriate by the provider.

#### **IV. ATTACHMENT(S)**

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

#### **V. REFERENCES**

- A. Benefit Process DLP\_Dental
- B. California Code, Welfare, and Institutions Code - WIC § 14132(f)
- C. DHCS All Plan Letter (APL) 23-028: Dental Services — Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage
- D. [DHCS APL 23-018 Attachment A](#)
- E. Health Plan's contract with DHCS for Medi-Cal Health Care Services, Exhibit A, Attachment 11, Section 15
- F. Health Plan's policy HE07 Children's Preventive Services

- G. Health Plan's policy PH23 Submission of Pharmacy Benefit Prior Authorization & Claims
- H. Health Plan's policy UM01 Authorizations and Referral Review
- I. Health Plan's policy UM48 Requirements for Coverage of Early and Periodic Screening, Diagnostic and Treatment Services for Medi-Cal Beneficiaries
- J. Welfare and Institutions Code, §§14131.10, 14132(h) and 14132(q)

## VI. REVISION HISTORY

*\*Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
000	04/03, 05/05, 07/08, 09/09, 07/15, 10/15, 06/17, 06/18, 11/19, 08/20, 11/21, 08/22, 03/23	N/A
001	Moved UM40 to new template	6/19/2023
002	Updated to meet changes for DHCS APL 23-028	11/9/2023
<b>Initial Effective Date:</b> 12/15/2015		

## VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	002	2/15/2024
<ul style="list-style-type: none"> <li>Privacy &amp; Security Oversight Committee (PSOC)</li> </ul>		
<ul style="list-style-type: none"> <li>Program Integrity Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Audits &amp; Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Policy Review</li> </ul>	002	1/17/2024
Quality and Utilization Management	002	1/17/2024
<ul style="list-style-type: none"> <li>Quality Operations Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Grievance</li> </ul>		

## VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager	002	3/7/2024
Department of Managed Care (DMHC)			

## IX. Approval signature\*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

\*Signatures are on file, will not be on the published copy