

### Title: Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage

Policy #: UM 15.051

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#### Applies to:

Medi-Cal

Medicare

Commercial

BHC

State Sponsored

All

N/A

#### Regulatory/Accreditation:

DMHS:

HCFA:

DHS:

Other Reg. References:

NCQA:

N/A

#### Units:

Administration

Advice Nurses

All Staff

Business Services

Case Management

Health Ed/Cultural Ling.

Marketing

Member Services

Planning, Survey, Reg Affairs

Provider Affairs

Quality Management

X Auth/Utilization Management

## BACKGROUND

With limited exceptions, dental services are excluded from the CCHP Contract and are provided to CCHP members on a Fee-for-Service (FFS) basis or through a Dental Managed Care (DMC) Plan. CCHP will provide oral health screenings and referrals in accordance with the Recommendations for Preventive Pediatric Health Care (Bright Futures/Academy of Pediatrics) to all CCHP members less than 21 years of age.

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

State law and Medi-Cal program policy require all health care service plan contracts to cover medically necessary IV moderate sedation and deep sedation/general anesthesia for dental procedures for Medi-Cal CCHP members who meet specific criteria.

## POLICY

Contra Costa Health Plan (CCHP) complies with the requirements for Medi-Cal managed care health plans (MCPs) to cover intravenous (IV) moderate sedation and deep sedation/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 policy identifies information that CCHP must review and consider during the prior authorization process and described and detailed

in the guidelines for IV sedation and general anesthesia for dental procedures.

CCHP must authorize privileges for Medi-Cal Dental Providers who need to use anesthesiology at CCHP contracted facilities, or coordinate for Out-Of-Network access for their Members if a CCHP contracted facility is not available, in accordance with timely access standards for specialty care.

## **CRITERIA**

Criteria as follows; Prior to anesthesia service being rendered, the provider must have a copy of a complete history and physical examination and the indication of IV moderate sedation/or deep sedation/general anesthesia. Additionally, and not a prerequisite to authorization, the provider must meet the requirements for chart documentation, which, in addition to the above includes diagnosis, treatment plan, and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure pertinent to the request.

The dental provider must be certified and/or performed by licensed anesthesiologist or nurse anesthetist. Proof of certification may be requested.

Behavior modification and local anesthesia shall be attempted first. If this fails or is not possible, then sedation shall be considered.

If the provider documents both number 1 and number 2 below, then the patient shall be considered for IV moderate sedation or deep sedation/general anesthetic.

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

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

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

. The procedures are ranked from low to high profundity in the following order: minimal sedation via inhalation or oral anesthetics, non-intravenous conscious sedation, IV moderation sedation, then deep sedation/ general anesthesia.

## **PROCEDURE**

Medi-Cal beneficiaries enrolled in CCHP are entitled to dental services under IV moderate sedation and deep sedation/general anesthesia when medically necessary in an appropriate setting. CCHP must provide prior authorization for IV sedation and general anesthesia for dental services using the following approved guidelines.

MCP members with certain medical conditions such as, but not limited to, moderate to severe asthma, reactive airway disease, cognitive heart failure, cardiac arrhythmias and significant bleeding disorders, uncontrolled seizures, and sleep disordered breathing, should 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.

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

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

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

- 1) Contractual responsibilities, as found in Exhibit A, Attachment 11, Dental explain the following<sup>1</sup>:
  - a) CCHP 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) CCHP 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) CCHP 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 setting listed below only if the CCHP determines the setting is appropriate and according to the criteria outlined in Attachment A of the APL 23-028.
  - a) Hospital;
  - b) Accredited ambulatory surgical center (stand-alone facility);
  - c) A community clinic that-
    - i) Participates in the provision of Medi-Cal Dental (Dental FFS or DMC Plan)
    - 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 including Tribal Health Program Clinics

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<sup>1</sup> All Medi-Cal managed care boilerplate contract are available here:  
<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

- 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.