



Policy: GG.1504
Title: **Dental Services**
Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 04/10/2024

Effective Date: 05/01/1996

Revised Date: 04/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the responsibility for coverage of anesthesia services, provided by a physician anesthesiologist or Certified Registered Nurse Anesthetist (CRNA), for Members in conjunction with dental services provided in a dental office, hospital, Ambulatory Surgery Center (ASC), or a community clinic.

II. POLICY

- A. Except for dental screenings, oral health assessments, and Federally Required Adult Dental Services (FRADs) and fluoride varnish performed by a medical professional, dental services are not Covered Services under CalOptima Health. Members receive dental services through Denti-Cal.
- B. CalOptima Health and its Health Networks shall provide Medically Necessary services administered in connection with dental services that are not provided by dental personnel, including but not limited to, 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.
- C. Subject to the provisions of this Policy, a Member may receive treatment under intravenous (IV) moderate sedation or deep sedation/general anesthesia for a dental procedure in the following settings:
 - 1. Dental office;
 - 2. Hospital;
 - 3. Accredited ASC (stand-alone facility); and
 - 4. A community clinic that:
 - a. Accepts Denti-Cal;
 - 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 a FQHC Look-Alike, including Tribal Health Program clinics.
- D. CalOptima Health and its Health Networks shall reimburse facility fees and deep sedation/general anesthesia services, or IV moderate sedation provided in any Dental Office, hospital, accredited ASC, or community clinic that meets the requirements set forth in this Policy.
- E. Deep sedation/general anesthesia services or IV moderate sedation provided to a Member in a dental office or a community clinic:
 - 1. A physician anesthesiologist shall be credentialed by CalOptima Health in accordance with CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners.
 - 2. A physician anesthesiologist who provides anesthesia services or IV moderate sedation to a Member in a dental office or a community clinic shall obtain Prior Authorization from CalOptima Health or the Member's Health Network in accordance with Section III.D of this policy.
 - 3. The dental Provider shall be responsible for coordinating the scheduling of anesthesia services or IV moderate sedation with a physician anesthesiologist or CRNA.
 - 4. The dental Provider must meet the requirements for chart documentation, which includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports and images, the indication for IV moderate sedation or deep sedation/general anesthesia and documentation of perioperative care (preoperative, intraoperative, and postoperative care) for the dental procedure.
- F. Deep sedation/general anesthesia services or IV moderate sedation provided to a Member in a hospital outpatient setting or accredited ASC does not require a separate facility authorization. Facility services are covered under the procedure authorization.
 - 1. A physician anesthesiologist or CRNA who provides deep sedation/general anesthesia services or IV moderate sedation to a Member in a stand-alone accredited ASC shall be credentialed by CalOptima Health in accordance with CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners.
 - 2. CalOptima Health and its Health Networks shall not require a physician anesthesiologist or CRNA to obtain Prior Authorization to provide deep sedation/general anesthesia or IV moderate sedation to a Member in a hospital or an accredited ASC in support of dental services. Anesthesia services are covered under the procedure authorization.
 - 3. Prior Authorization is not required before administering IV moderate sedation or deep sedation/general anesthesia as part of an outpatient dental procedure in a nursing facility or any category of intermediate care for the developmentally disabled.
 - 4. If a Member is enrolled in CalOptima Health Direct-Administrative (COHD-A) or CalOptima Health Community Network (CHCN), a dental Provider shall notify CalOptima Health of a Member who will receive deep sedation/general anesthesia or IV moderate sedation in a hospital or accredited ASC in support of dental services by forwarding a copy of the Member information form provided to the hospital or accredited ASC. Such Member information form shall include the Member's demographic information, the name of the facility, and the name of the physician anesthesiologist or CRNA.

5. If a Member is enrolled in a Health Network, a dental Provider shall notify the Health Network of a Member who will receive deep sedation/general anesthesia or IV moderate sedation in a hospital or accredited ASC in support of dental services by forwarding a copy of the Member information form provided to the hospital or accredited ASC. Such Member information form shall include the Member's demographic information, the name of the facility, and the name of the physician anesthesiologist or CRNA.
6. The dental Provider shall work collaboratively with a physician anesthesiologist or CRNA to determine whether the Member meets the minimum criteria necessary for receiving IV moderate sedation or deep sedation/general anesthesia as outlined in Attachment B of this Policy.
7. The dental Provider shall be responsible for coordinating the scheduling of services with the hospital or accredited ASC.
8. A dental Provider shall adhere to all regulatory requirements, including but not limited to state, federal, and licensing board requirements related to:
 - a. Preoperative and perioperative care;
 - b. Monitoring and equipment requirements;
 - c. Emergencies and transfers; and
 - d. Monitoring guidelines.
- G. Authorization for deep sedation/general anesthesia or IV moderate sedation provided to a Member during an inpatient stay shall be part of the authorization for the inpatient admission.
- H. CalOptima Health and its Health Networks shall coordinate all necessary non-anesthesia Covered Services provided to a Member.
- I. CalOptima Health and its Health Networks must assist Providers and Members with the Prior Authorization process to avoid situations where services are unduly delayed.
- J. CalOptima Health and its Health Networks must coordinate out-of-network access for Members if a contracted facility is not available, in accordance with timely access standards for specialty care.
- K. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
 1. CalOptima Health and its Health Networks shall cover dental screenings/oral health assessments for Members as part of the EPSDT benefit and in accordance with CalOptima Health Policies GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, GG.1203: Individual Health Education Behavioral Assessments and GG.1613: Initial Health Appointment, and as follows:
 - a. For Members under the age of twenty-one (21), a dental screening/oral health assessment must be performed as part of every periodic assessment, with initial screening occurring no later than twelve (12) months of age. Annual screening is to be completed and when referral to a dental Provider is indicated based on the primary care physician's assessment.

2. CalOptima Health shall ensure that Members are referred to appropriate Medi-Cal dental Providers.
3. CalOptima Health and its Health Networks shall designate a dental services liaison acting as the primary point of contact responsible for an eligible Member's Care Coordination.
 - a. The liaison shall receive training on the full spectrum of rules and regulations pertaining to dental services, including referral requirements and processes, authorization processes in accordance with Sections II.B, H, and I of this Policy.
 - b. The liaison may also be a point of contact for the requesting dental Providers that serve eligible Members.

III. PROCEDURE

- A. Behavior modification, local anesthesia, and conscious sedation shall be attempted first. If these measures fail, or are not possible based on the medical needs of the Member, then CalOptima Health and its Health Networks shall cover deep sedation/general anesthesia or IV moderate sedation for dental services for a Member who meets the requirements as outlined in Attachment B of this Policy, or at least one (1) of the following criteria:
 1. The Member has a developmental disability;
 2. 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 conscious sedation;
 3. The Member is unable to effectively communicate and is unable to become immobile (the Member may be dangerous to self or staff);
 4. The Member has acute situational anxiety due to immature cognitive functioning; or
 5. The Member is uncooperative due to certain physical or mental compromising conditions.
- B. If sedation is indicated, 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, IV moderate sedation, then deep sedation/general anesthesia.
- C. Members with certain medical conditions, including but not limited to, moderate to severe asthma, reactive airway disease, congestive heart failure (CHF), cardiac arrhythmias, and significant bleeding disorders (i.e., continuous anticoagulant therapy such as Coumadin therapy) shall be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.
- D. Prior Authorization
 1. If a Member is enrolled in a Health Network:
 - a. A physician anesthesiologist or CRNA shall request Prior Authorization for provision of deep sedation/general anesthesia or IV moderate sedation to a Member in a dental office or a community clinic from the Member's Health Network, in accordance with the Health Network's authorization process.

- b. A Health Network shall process authorization requests within the time frames set forth in CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
 - 2. If a Member is enrolled in COHD-A or CHCN:
 - a. A physician anesthesiologist or CRNA shall request Prior Authorization for the provision of deep sedation/general anesthesia to a Member in a dental office or a community clinic from CalOptima Health by submitting an Authorization Request Form (ARF) to CalOptima Health's Utilization Management Department.
 - b. CalOptima Health shall process authorization requests within the time frames set forth in CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
 - 3. Authorization for deep sedation/general anesthesia in a dental office or a community clinic shall include documentation outlining the Member's need for IV moderate sedation or deep sedation/general anesthesia based on the criteria outlined in Section III.A of this policy, the general anesthesia code with appropriate modifier, drugs, and disposable medical supplies including respiratory mask, tubing, syringes, intravenous solutions, and monitoring supplies.
- E. Facility Site Review (FSR) and Provider Oversight:
- a. Dental Providers who administer deep sedation/general anesthesia and/or IV moderate sedation shall have valid anesthesia permits with the California Dental Board and be certified through the Dental Board of California prior to enrolling in the Denti-Cal program and prior to treating CalOptima Health Medi-Cal Members, in accordance with Business and Professions Code Sections 1646.1 and 1647.19-20.
 - b. The California Dental Board may conduct onsite inspection of dental offices in which deep sedation/general anesthesia and/or IV moderate sedation is conducted to ensure compliance with Title 16 of the California Code of Regulations, Section 1043.3.
 - c. Medical Providers furnishing deep sedation/general anesthesia and/or IV moderate sedation in a FQHC, ASC, and/or community health center setting may be subject to facility site reviews by CalOptima Health in accordance with CalOptima Health Policy GG.1608: Full Scope Site Reviews.
- F. A physician anesthesiologist or CRNA who administers deep sedation/general anesthesia or IV moderate sedation to a COHD-A or CHCN Member shall submit a claim for such services in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible and MA.3101: Claims Processing.

IV. ATTACHMENT(S)

- A. Authorization Request Form (ARF)
- B. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Attachment A: Policy for Intravenous Moderate Sedation and Deep Sedation/General Anesthesia
- C. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Attachment B: Intravenous Moderate Sedation and Deep Sedation/General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

V. REFERENCE(S)

- A. Business and Professions Code §§ 1646.1 and 1647.19-20

- B. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
- D. CalOptima Health Policy GG.1203: Individual Health Education Behavioral Assessments
- E. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- F. CalOptima Health Policy GG.1608: Full Scope Site Reviews
- G. CalOptima Health Policy GG.1613: Initial Health Appointment
- H. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- I. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
- J. CalOptima Health Policy MA.3101: Claims Processing
- K. Contract for Health Care Services
- L. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
- M. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-028: Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage (Supersedes 15-012)
- N. Welfare and Institutions Code, §§14131.10, 14132(h) and 14132(q)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
11/03/2015	Department of Health Care Services (DHCS)	Approved as Submitted
03/30/2016	Department of Health Care Services (DHCS)	Approved as Submitted
12/02/2019	Department of Health Care Services (DHCS)	Approved as Submitted
11/09/2021	Department of Health Care Services (DHCS)	Approved as Submitted
04/05/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	05/01/1996	GG.1504	Dental Services – Inpatient and Outpatient	Medi-Cal
Revised	05/01/2007	GG.1504	Dental Services	Medi-Cal
Revised	06/01/2015	GG.1504	Dental Services	Medi-Cal
Revised	01/01/2016	GG.1504	Dental Services	Medi-Cal
Revised	03/01/2017	GG.1504	Dental Services	Medi-Cal
Revised	07/01/2018	GG.1504	Dental Services	Medi-Cal
Revised	09/01/2019	GG.1504	Dental Services	Medi-Cal
Revised	08/01/2020	GG.1504	Dental Services	Medi-Cal
Revised	09/01/2021	GG.1504	Dental Services	Medi-Cal
Revised	08/01/2022	GG.1504	Dental Services	Medi-Cal
Revised	12/31/2023	GG.1504	Dental Services	Medi-Cal OneCare
Revised	04/01/2024	GG.1504	Dental Services	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Ambulatory Surgery Center (ASC)	A clinic that is not part of a hospital and that provides ambulatory surgical care for patients who remain less than twenty-four (24) hours.
Authorization Request Form (ARF)	CalOptima Health's form to request authorization for Covered Services.
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
CalOptima Health Direct Administrative (COHD-A)	The managed Fee-For-Service health care program operated by CalOptima Health that provides services to Members who meet certain eligibility criteria as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Care Coordination	<p><u>Medi-Cal</u>: Care coordination involves deliberately organizing member care activities and sharing information among all of those involved with patient care. CalOptima Health's coordination of care delivery and services for Members, either within or across delivery systems including services the Member receives by CalOptima Health, any other managed care health plan; Fee-For-Service (FFS); Out-of-Network Providers; carve-out programs, such as pharmacy, Substance Use Disorder (SUD), mental health, and dental services; and community and social support Providers. Care Coordination services may be included in Basic Case Management, Complex Case Management, Enhanced Care Management (ECM), Person Centered Planning and Transitional Care Services.</p> <p><u>OneCare</u>: The identification of a medical condition or services that are not covered by OneCare under whose authority CalOptima Health operates. Encompasses services included in Basic Case Management, Complex Case Management, Comprehensive Medical Case Management Services, Person Centered Planning and Discharge Planning and are included as part of a functioning Medical Home. A process used by a person or team to assist Members in accessing Medicare and Medi-Cal Services, as well as social, educational, and other support services, regardless of the funding source for the services. It is characterized by advocacy, communication, and resource management to promote quality, cost effectiveness, and positive outcomes.</p>
Certified Registered Nurse Anesthetist (CRNA)	A registered nurse who has completed a course of training in a School of Anesthesia accredited by the American Association of Nurse Anesthetists.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based

Term	Definition
	<p>Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. CalOptima Health is financially responsible for the payment of all EPSDT services;</p> <ol style="list-style-type: none"> 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM

Term	Definition
	<p>services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005;</p> <p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.</p> <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.</p>
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Federally Qualified Health Center (FQHC)	An entity defined in Section 1905 of the Social Security Act (42 United States Code Section 1396d(1)(2)(B)).
Federally Required Adult Dental Services (FRADS)	Services that relate to diagnosis and provision of dental services on an emergency basis, such as the need for extractions and other oral surgery procedures; for pregnant women; for adult residents of skilled nursing or intermediate care facilities; and dental services rendered as necessary for medical treatments.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required</p>

Term	Definition
	under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.
Member	A beneficiary enrolled in a CalOptima Health program.
Prior Authorization	<p><u>Medi-Cal</u>: A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.</p> <p><u>OneCare</u>: A process through which a physician or other health care provider is required to obtain advance approval, from CalOptima Health and/or a delegated entity, that payment will be made for a service or item furnished to a Member.</p>
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>