



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Dental Services			POLICY #: 3.06-P		
DEPARTMENT: Administrative Director of Health Services					
Effective Date: 2000/06	Review/Revised Date: 07/10/2017	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	




 Douglas A. Hayward
 Chief Executive Officer

Date 7/10/17


 Chief Medical Officer

Date _____



 Chief Operating Officer

Date 7/10/17



 Administrative Director of Health Services

Date 7/7/17

POLICY:

Most dental services are not covered under Kern Health Systems (KHS) Plans.¹ Dental screenings are included for all members as part of the initial health assessment.² KHS will cover intravenous (IV) sedation and general anesthesia services provided by a physician in conjunction with dental services for KHS enrollees in hospitals, ambulatory medical surgical settings, or dental offices when necessary for the treatment of dental conditions which meet specific criteria as outlined in this policy.

KHS providers will refer members to appropriate dental providers.

Dental services will be provided in accordance with the following statutory and contractual requirements:

- California Health and Safety Code §1367.71
- DHS Contract 03-76165 Exhibit A – Attachment 11 (14)
- APL 15-012 with Attachment A

PROCEDURES:

1.0 PROGRAM DESCRIPTION

Medi-Cal members receive dental benefits through the Denti-Cal program.

2.0 ACCESS

Members requiring dental services are identified either through dental screening by KHS Primary Care Practitioners (PCPs) or through members directly requesting referral. Those members are referred to appropriate dental providers, Denti-Cal, or the appropriate Dental Plan.³

KHS authorization is required for covered medical services related to dental services that are not provided by dentists or dental anesthetists. KHS authorization is required for use of a surgical facility and the professional services of an anesthesiologist. (For Medi-Cal members, the authorization request must include a denial from Denti-Cal). The dental provider must obtain prior authorization through the customary referral process.⁴ See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details.

Those services not covered by KHS do not require authorization from KHS, but may require authorization from Denti-Cal or the appropriate Dental Plan.

3.0 COVERED SERVICES

KHS covers only those dental services described below.

3.1 Dental Screenings

KHS covers dental screenings performed by the member's PCP. This service is included as part of the Initial Health Assessment. For members under 21 years of age, a dental screening/oral health assessment must be performed as part of every periodic assessment, with annual dental referrals made commencing at age 3 or earlier if conditions warrant.⁵

3.2 Covered Medical Services Related to Dental Services that Are Not Provided By Dentists or Dental Anesthetists⁶

KHS covers and encourages the provision of covered medical services related to dental services that are not provided by dentists or dental anesthetists. Covered medical services include: contractually covered prescription drugs; laboratory services; and, pre-admission physical examinations required for dental procedures, admission to an out-patient surgical service center or an in-patient hospitalization required for a dental procedure (including facility fees and anesthesia services for both inpatient and outpatient services).

3.3 Services Performed in a Surgical Center

Certain dental conditions may require treatment in a surgical center rather than in the dentist's office. Treatment in a surgical center may entail using anesthesia due to the prolonged time that the treatment will require, or for the safety of the patient.

KHS members may receive treatment for a dental procedure provided under general anesthesia by a physician anesthesiologist in the settings listed below only if KHS determines the setting is appropriate and according to criteria indicating medical necessity which include:

- a) Hospital;
- b) Accredited ambulatory surgical center (stand-alone facility);
- c) Dental office; and
- d) A community clinic that:
 - i) Accepts Medi-Cal dental program (Denti-Cal or DMC plan) beneficiaries;
 - 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.

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.

KHS covers general anesthesia and associated facility charges for dental procedures only when rendered in a contracted hospital or surgery center setting, when the clinical status or underlying medical condition of the patient requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting.

Prior authorization is not required prior to delivering IV sedation or general anesthesia as part of outpatient dental procedure in a nursing facility or any category of intermediate care for the developmentally disabled.

Anesthesia or sedation for dental procedures is authorized on a case-by-case basis. Generally, candidates for anesthesia or IV sedation must have tried and failed an attempt to have the dental work performed in an office setting using behavioral management and local anesthesia. Indications for anesthesia or IV sedation may include:

1. Failure of local anesthesia to control pain.
2. Failure of conscious sedation, either inhalation or oral.

If the provider documents any one of conditions below, the member shall be considered for IV sedation or general anesthetic (Attachment A).

- a) Failure of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff).
- b) Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
- c) Patient has acute situational anxiety due to immature cognitive functioning.
- d) 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:

Low-Conscious sedation via inhalation or oral anesthetics;

Medium- IV sedation; then

High- General anesthesia.

Process for Children referred for dental anesthesia:

- a. Referrals to dentists are made by the member's assigned KHS PCP or members may self-refer for dental care.
- b. Referrals for oral surgery, IV sedation, and dental anesthesia will be made by the member's dentist. The dentist must also refer the member to his/her KHS contracted PCP for medical clearance if the dentist determines anesthesia is medically necessary and only after there has been a documented failure of behavioral modification, local anesthesia, or inhaled or oral conscious sedation in an office setting.
- c. The request for IV sedation or general anesthesia must include the dentist's documentation which must include the copy of a complete history and physical examination completed by the member's PCP or specialist, diagnosis, treatment plan, radiological reports, the indication for IV sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative, and postoperative care) for the dental procedure.
- d. 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 (to include Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis. The screening physician must perform the pre-operative history and physical (H&P) or refer the member to a KHS contracted specialist for clearance.

4.0 COORDINATION OF CARE

Dental providers identifying conditions that could require medical intervention or specialty care are encouraged to contact the member's PCP for case management. If assistance is needed from KHS, the Dental Provider may contact the KHS Utilization Management Department for direction at 1-800-391-2000.

KHS PCPs must share appropriate medical record documentation with Dental providers to ensure safe delivery of dental services. Standards for the release of Protected Health Information are outlined in *KHS Policy and Procedure #2.28-P: Medical Records and Other Protected Health Information – Privacy, Use, and Disclosure*.

5.0 REIMBURSEMENT

Dental Providers must seek reimbursement from EDS or the dental health plan for services not covered by KHS. KHS is only responsible for payment of the fees associated with the authorized use of a surgical facility and the professional services of the anesthesiologist. KHS is not responsible for the services of the oral surgeon or dentist.

6.0 PROVIDER REQUIREMENTS

Any provider or facility involved in the authorized treatment of KHS members must have met

all credentialing requirements appropriate to their scope of practice and executed a contract for services with KHS.

ATTACHMENT:

Attachment A – DHCS Dental Flowchart

REFERENCE:

Revision 2017-07: Added Attachment A, Dental Flowchart finalized by DHCS in conjunction with APL 15-012.
Revision 2015-06: Policy was revised to comply with APL 15-012 per Administrative Director of Health Services.
Revision 2013-03: Policy revisions to 3.3 PCP review. **Revision 2010-05; 2013-01:** Policy revisions by Director of Health Services. Policy reviewed by UM Supervisor. No revision necessary. **Revision 2006-02:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-05:** Annual review. Revisions made per 09/19/01 DHS Comment. Policy 3.34 deleted and incorporated into this policy. **Revision No. 2000-06:** Spelling corrections made after approval.

¹ DHS Contract A-11 (14)

² DHS Contract A-11 (14)

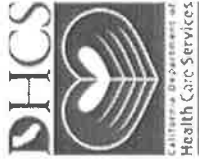
³ DHS Contract A-11 (14)

⁴ HSC §1367.71(a); DHS Contract A-11 (14)

⁵ DHS Contract A-11 (14)

⁶ DHS Contract A-11 (14); Title 22, Sections 51184; 51340 and 51340.2

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Treatment Authorization Request (TAR) submitted for Intravenous Sedation or General Anesthesia

#1/2 Local Anesthesia/conscious sedation (oral/inhalation) **failed**

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

#3

Effective communicative techniques and the ability for immobilization failed or was not feasible based on the medical needs of the patient.

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

#4

Requires extensive dental restorative treatment or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

Submitted documentation outlines the extensive treatment or surgical treatment plan based on radiographs or visual exam (if unable to obtain radiographs) of the referring Dentist.

#5

Patient has acute situational anxiety due to immature cognitive functioning.

Submitted documentation indicates the patient is uncooperative due to cognitive immaturity whereby they are unable to follow commands from provider rendering the needed dental/surgical interventions.

#6

Patient is uncooperative due to certain physical or mental compromising conditions.

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

When a provider determines that a beneficiary meets one of the criteria of 3-6, it is not automatically considered to be documentation that conscious sedation or IV sedation was not feasible; rather the submitted documentation of the criteria that was met must be clearly stated in the patient's records and the submitted documentation requesting GA must clearly demonstrate the need for this covered benefit.

April 2017

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES



Dental Treatment Plan

Diagnostic / Preventive

Most diagnostic and preventive treatment can be rendered without IV Sedation/GA unless the patient is so uncooperative that even a dental examination cannot be completed without sedation.

Restorative

It is critical for the patient to be immobilized either through effective communicative techniques or physical restraints. Medical condition and/or cognitive maturity of the beneficiary can seriously impact the safe delivery of this treatment.

Surgical

Treatment can be lengthy based on the type of surgery. It is critical for the patient to be able to tolerate the length of the surgery as well as be immobilized either through effective communicative techniques or physical restraints. Medical condition and/or cognitive maturity of the beneficiary can seriously impact the safe delivery of this treatment.

Extensive dental treatment is not defined by the number of procedures rendered but the treatment that can be reasonably tolerated and rendered in a safe and humane fashion based on cognitive maturity and medical condition of the beneficiary. April 2017