



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	Dental Services	<b>Policy #</b>	3.06-P
<b>Policy Owner</b>	Utilization Management	<b>Original Effective Date</b>	2000/06
<b>Revision Effective Date</b>	07/2024	<b>Approval Date</b>	01/02/2025
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

## I. PURPOSE

- A. To define the requirements by which Kern Health System (KHS) will cover intravenous (IV) moderate sedation and deep sedation/general anesthesia services provided by a physician in conjunction with dental services for KHS members in hospitals ambulatory surgical settings, or dental offices. These requirements are in accordance with the most recent AP 23-028 which supersedes APL 15-012.

## II. POLICY

- A. Kern Health Systems (KHS) Plans covers and ensure dental screenings and oral health assessments are included for all members.
- B. KHS will provide oral health screenings and referrals in accordance with the Recommendations for Preventive Pediatric Health Care (Bright Futures/American Academy of Pediatrics) to all Managed Care Plan (MCP) Members less than 21 years of age performed as part of every periodic with annual dental referral beginning with the eruption of the member's first tooth or at 12 months of age, whichever occurs first. See KHS Policy and Procedure #3.13-P: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Services and Targeted Case Management for details.
- C. KHS ensures all members are given Closed Loop Referrals to appropriate Medi-Cal dental providers.
- D. KHS provides medically necessary Federally Required Adult Dental Services (FRADS), fluoride varnish, and dental services that, may be performed by a medical professional.
- E. Most dental services are not covered under Kern Health Systems (KHS) Plans.<sup>i</sup> KHS must cover services related to dental procedures that require intravenous (IV) moderate sedation and deep sedation/general anesthesia and are provided by individuals other than a dental provider, including, but not limited to, any associated contractually required 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. KHS ensures the provision of medically necessary dental related

covered services that are not exclusively provided by dentists or dental anesthetists. Dental screenings are included for all members as part of the initial health assessment.<sup>ii</sup> 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.

- F. KHS liaison is available to Medi-Cal dental providers to assist in the referral of the members to other covered services not performed by dental providers.

Other covered services include, but not limited to:

1. Laboratory services, and
2. Pre-admission physical examinations required for admission to an outpatient surgical service center,
3. Or an in-patient hospitalization required for a dental procedure (including facility and anesthesia services for both inpatient and outpatient services).
4. Facility fees as applicable.
5. Contractually covered prescription drugs.

- G. KHS representative/liaison will coordinate with third-party entities and county programs to ensure members receive all medically necessary services even if not covered contractually by KHS. When KHS is coordinating care and not financially responsible for the care, KHS liaison will negotiate in good faith and execute a Memorandum of Understanding (MOU) with third-party entities and county programs to ensure care coordination, data sharing, and non-duplicative services for members. KHS will ensure all parties who have direct experience with members of a specific program are included in the development of the MOU. Its providers will refer members to appropriate dental providers and KHS ensures its members receive timely prior authorization of dental services.

- H. Dental services including medically necessary IV moderate sedation and deep sedation/general anesthesia for dental procedures will be provided in accordance with state law and Medi-Cal program policy for members that meet specific criteria in accordance with the following statutory and contractual requirements:

1. California Health and Safety Code §1367.71
2. Department of Human Services (DHS) Contract 03-76165 Exhibit A – Attachment 11 (14)
3. DHCS All Plan Letter (APL) 23-028 with attachments A and B, which supersedes APL 15-012 with Attachment A

### III. DEFINITIONS

TERMS	DEFINITIONS
Contractor's Liaison or Representative	An individual appointed by Contractor who is responsible for implementing this Contract, receiving notices on this Contract, and taking actions and making representations related to the compliance with this Contract.

## **IV. PROCEDURES**

### **A. PROGRAM DESCRIPTION**

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

### **B. ACCESS**

1. 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.<sup>iii</sup>
2. 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.<sup>iv</sup> See KHS Policy and Procedure #3.22-P: Referral and Authorization Process for details.
3. Those services not covered by KHS do not require authorization from KHS but may require from Denti-Cal or the appropriate Dental Plan.

### **C. COVERED SERVICES**

KHS covers only those dental services described below.

#### **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.<sup>v</sup>

#### **2. Covered Medical Services Related to Dental Services that Are Not Provided by Dentists or Dental Anesthetists<sup>vi</sup>**

KHS covers and encourages the provision of covered medical services related to dental services that are not provided by dentists or dental anesthetists. All enrolled KHS members who are eligible for Medi-Cal dental services are entitled to dental services under IV moderate sedation and deep sedation/general anesthesia when medically necessary in an appropriate setting. 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). KHS must provide prior authorization for IV moderate sedation and deep sedation/general anesthesia for dental services using the criteria provided in Attachment A of DHCS APL 23-028.

#### **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.

- a. KHS members may receive treatment for a dental procedure provided under IV moderate sedation and deep sedation/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:
  - i. Hospital.
  - ii. Accredited ambulatory surgical center (stand-alone facility).
  - iii. Dental office; and
  - iv. A community clinic that:
    - a) Accepts Medi-Cal dental program (Denti-Cal or Dental Managed Care (DMC) plan) beneficiaries.
    - b) Is a non-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, including Tribal Health Program Clinics.
- b. 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.
- c. KHS covers general anesthesia and associated facility charges for dental procedures do not require general anesthesia to be rendered in a hospital or surgery center setting.
- d. 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.
- e. 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:
  - i. Failure of local anesthesia to control pain.
  - ii. Failure of conscious sedation, either inhalation or oral.
- f. If the provider documents any one of conditions below, the member shall be considered for IV sedation or general anesthetic (Attachment A).
  - i. Failure of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff).
  - ii. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
  - iii. Patient has acute situational anxiety due to immature cognitive functioning.
  - iv. Patient is uncooperative due to certain physical or mental compromising conditions.

g. 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:

- i. Low-Conscious sedation via inhalation or oral anesthetics.
- ii. Medium- IV sedation; then
- iii. High- General anesthesia.

**4. 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.

**D. COORDINATION OF CARE**

1. Dental providers identifying conditions that could require medical intervention or specialty care are encouraged to contact the member's PCP for case management. KHS will assist Providers and Members with the prior authorization process as a form of care coordination to avoid situations where services are unduly delayed. KHS will coordinate all necessary non-anesthesia covered services provided to a MCP Member. If assistance is needed from KHS, the Dental Provider may contact the KHS Utilization Management Department for direction at 1-800-391-2000.
2. 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.

**E. REIMBURSEMENT**

1. Dental Providers must seek reimbursement from Medi-Cal Dental Services or the member's dental plan for services not covered by KHS. KHS will reimburse facility fees for services provided in any hospital, or ambulatory surgery center, that meet the requirements set forth in this policy provided by dental providers or individuals other than dental providers. During an inpatient stay, authorization for general anesthesia provided by a physician anesthesiologist to a KHS member

must be part of the authorization for the inpatient admission. 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. 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.

## F. 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. KHS must authorize privileges for Medi-Cal Dental providers who need to use anesthesiology at contracted facilities or coordinate for out-of-network access for their Members if a contracted facility is not available, in accordance with timely access standards for specialty care.

## V. ATTACHMENTS

Attachment A: Policy for Intravenous Moderate Sedation and Deep Sedation-General Anesthesia
Attachment B: Prior Authorization- Treatment Authorization Request and Reimbursement Scenarios

## VI. REFERENCES

Reference Type	Specific Reference
Other	<sup>i</sup> DHS Contract A-11 (14)
Other	<sup>ii</sup> DHS Contract A-11 (14)
Other	<sup>iii</sup> DHS Contract A-11 (14)
Other	<sup>iv</sup> HSC §1367.71(a); DHS Contract A-11 (14)
Other	<sup>v</sup> DHS Contract A-11 (14)
Other	<sup>vi</sup> DHS Contract A-11 (14); Title 22, Sections 51184; 51340 and 51340.2

## VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-07	Purpose Statement was added to the Policy.	UM

Revised	2024-04	Policy revisions made to assignment of UM Department ownership, required signatories, spelling of acronyms and formatting. Revisions were approved by DHCS for file and use on 4/8/2024.	UM
Revised	2023- 12	Revised per APL 23-028. DHCS approved 1/30/2024.	UM
Revised	2022-08	Revised per 2024 DHCS contract (R.0139). DHCS Approved on 09/19/2022.	UM
Revised	2017-07	Added Attachment A, Dental Flowchart finalized by DHCS in conjunction with APL 15-012.	UM
Revised	2015-06	Policy was revised to comply with APL 15-012 per Administrative Director of Health Services.	UM
Revised	2013-03	Policy revisions to 3.3 PCP review.	UM
Revised	2013-01	Policy revisions by Director of Health Services. Policy reviewed by UM Supervisor. No revision necessary.	UM
Revised	2006-02	Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).	UM
Revised	2002-05	Annual review. Revisions made per 09/19/01 DHS Comment. Policy 3.34 deleted and incorporated into this policy.	UM
Revised	2000-06	Spelling corrections made after approval.	UM

## VIII. APPROVALS

Committees   Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	Policy Revisions	4/8/2024
Department of Health Care Services (DHCS)	DHCS OR R.0139	9/19/2022
Department of Health Care Services (DHCS)	DHCS APL 23-028	1/30/2024
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Choose an item.		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		





# KERN HEALTH SYSTEMS

## Policy and Procedure Review

**KHS Policy & Procedure:** Dental Services

**Previous implemented version:** 07/2017

**Reason for revision:** Policy revisions made to assignment of UM Department ownership, required signatories, spelling of acronyms and formatting. Revisions were approved by DHCS for file and use on 4/8/2024.

Director Approval		
Title	Signature	Date Approved
Dr. Maninder Khalsa Utilization Management, Medical Director		
Dr. Sukhpreet Sidhu Population Health, Medical Director		
Michelle Curioso Director of Population Health Management		

Date posted to public drive: \_\_\_\_\_

Date posted to website ("P" policies only): \_\_\_\_\_

\_\_\_\_\_

## ATTACHMENT A

### Policy for Intravenous Moderate Sedation and Deep Sedation/General Anesthesia

The Department of Health Care Services (DHCS) developed consistent criteria and guidelines for intravenous (IV) moderate (conscious) sedation/analgesia (procedures D9239/D9243) and deep sedation/general anesthesia (procedures D9222/D9223) across all delivery systems and programs. Providers are required to submit Requests for Authorization (RA)/Prior Authorizations (PA)/Treatment Authorization Requests (TARs) for the provision of IV moderate sedation and deep sedation/general anesthesia services. The provider who renders the IV moderate sedation and/or deep sedation/general anesthesia service is responsible for submitting the authorization request. Submission and criteria requirements are outlined in the Manual of Criteria (MOC), Section 5 of the [Medi-Cal Dental Provider Handbook](#). Providers are required to abide by any updated requirements outlined in the Medi-Cal Dental Provider Handbook and/or [Medi-Cal Dental Provider Bulletins](#).

#### Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Guidelines for Dental Procedures

MCP Member selection for conducting dental procedures under IV moderate sedation or deep sedation/general anesthesia utilizes medical history, physical status, and indications for anesthetic management. DHCS expects that the dental provider will work collaboratively with an anesthesia provider to determine whether an MCP Member meets the minimum criteria necessary for receiving IV moderate sedation and/or deep sedation/general anesthesia. The need for moderate sedation and/or deep sedation/general anesthesia should be evaluated using the clinical judgement of the provider(s) based on the criteria indications delineated below. The anesthesia provider must submit documentation outlining the MCP Member's need for IV moderate sedation and/or deep sedation/general anesthesia based on such criteria indications through a RA/PA/TAR, and must receive approval prior to delivering the requested sedation or anesthesia services. Prior to anesthesia services being rendered, the provider must have a copy of a complete history and physical examination and the indication for IV moderate sedation or deep sedation/general anesthesia. Additionally, and not as a prerequisite to authorization, the provider must meet the requirements for chart documentation which, in addition to above, includes diagnosis, treatment plan, and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure pertinent to the request.

Please note a RA/PA/TAR is not required prior to delivering IV moderate sedation or deep sedation/general anesthesia 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. Additionally, the dental provider must meet the requirements for chart documentation consistent with the MOC.

The need for a RA/PA/TAR 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.

### **Criteria Indications for IV Moderate Sedation or Deep Sedation/General Anesthesia**

Behavior modification and local anesthesia must generally be attempted first, but may not be required in certain situations, depending on the medical needs of the MCP Member. Thereafter, minimal sedation must then be considered, or determined not feasible based on the medical needs of the MCP Member, and is not always required depending on the medical needs of the MCP Member.

If the provider provides clear medical record documentation of both number 1 and number 2 below, then the MCP Member must 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 MCP Member.
2. Use of minimal sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the MCP Member.

If the provider documents any one of numbers 3 through 6 below, then the MCP Member must be considered for IV moderate sedation or deep sedation/general anesthetic.

3. Use of effective communicative techniques and the inability for immobilization (MCP Member may be dangerous to self or staff) failed or was not feasible based on the medical needs of the MCP Member.
4. MCP Member requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or minimal sedation.
5. MCP Member has acute situational anxiety due to immature cognitive functioning.
6. MCP 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 moderate sedation, then deep sedation/general anesthesia.

MCP 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, 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.

Providers must adhere to all regulatory requirements (federal, state, licensing board, etc.) for:

- Preoperative and perioperative care
- Monitoring and equipment requirements
- Emergencies and transfers
- Monitoring guidelines

#### References:

- American Academy of Pediatric Dentistry (AAPD): [www.aapd.org](http://www.aapd.org)
- American Dental Board of Anesthesiology: [www.adba.org](http://www.adba.org)
- American Dental Society of Anesthesiology: [www.adsahome.org](http://www.adsahome.org)
- American Society of Anesthesiologists: [www.asahq.org](http://www.asahq.org)
- American Association of Nurse Anesthesiology: <https://www.aana.com>
- Dental Board of California: <https://www.dbc.ca.gov>
- National Network for Oral Health Access: [www.nnoha.org/nnoha-content/uploads/2013/07/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf](http://www.nnoha.org/nnoha-content/uploads/2013/07/White-Paper-Health-Centers-and-Hospital-Based-Dentistry.pdf)
- Cochrane Database of Systematic Reviews: <https://www.cochranelibrary.com/cdsr/about-cdsr>
- Agency for Healthcare Research and Quality: <https://search.ahrq.gov/search?q=general+anesthesia>
- US National Library of Medicine National Institutes of Health NIH: [www.ncbi.nlm.nih.gov/pubmed/23152234](http://www.ncbi.nlm.nih.gov/pubmed/23152234)
- DHCS Medi-Cal Dental Program: <https://www.dental.dhcs.ca.gov/>
- DHCS Medi-Cal Dental Provider Handbook: [https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/Provider\\_Handbook/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/)
- DHCS Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances: [https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/MOC\\_SMA\\_Versions/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/MOC_SMA_Versions/)
- DHCS Medi-Cal Dental Provider Bulletins: [https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/Provider\\_Bulletins/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Bulletins/)

Please continue to check the Medi-Cal Dental website for additional updates and program changes regarding the provision of IV moderate sedation and deep sedation/general anesthesia services.

For more information, please call the Medi-Cal Dental Telephone Service Line at 1-800-423-0507.

## ATTACHMENT B

# Intravenous Moderate Sedation and Deep Sedation/General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

### Scenario 1 – Dental Office

	Type of Plan/Coverage the Member is Enrolled in:			
Treatment Provider:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist	MCP pays anesthesiologist	MCP pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	MCP pays for anesthesia fees	MCP pays for anesthesia fees	CAD Field Office (ETAR) pays for anesthesia fees	CAD Field Office (ETAR) pays for anesthesia fees
Dental Anesthesiologist	DMC Plan pays anesthesiologist	Medi-Cal Dental FFS pays anesthesiologist	DMC Plan pays anesthesiologist	Medi-Cal Dental FFS pays anesthesiologist
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	DMC Plan pays for anesthesia fees	Medi-Cal Dental FFS pays for anesthesia fees	DMC Plan pays for anesthesia fees	Medi-Cal Dental FFS pays for anesthesia fees

### Scenario 2 – Dental Only Surgery Center

	Type of Plan/Coverage the Member is Enrolled in:			
Treatment Provider:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + 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"> <li>MCP pays anesthesiologist</li> <li>MCP pays facility fee</li> </ul>	<ul style="list-style-type: none"> <li>MCP pays anesthesiologist</li> <li>MCP pays facility fee</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Medical FFS pays anesthesiologist</li> <li>Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Medical FFS pays anesthesiologist</li> <li>Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider</li> </ul>
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	MCP pays for anesthesia and facility fees	MCP pays for anesthesia and facility fees	CAD Field Office (ETAR) pays for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider	CAD Field Office (ETAR) pays for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider

## ATTACHMENT B

# Intravenous Moderate Sedation and Deep Sedation/General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

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

### Scenario 3 – Ambulatory Surgery Center and General Acute Care Hospitals

	Type of Plan/Coverage the Member is Enrolled in:			
Treatment Provider:	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
<b>Medical Anesthesiologist OR Certified Registered Nurse Anesthetist</b>	<ul style="list-style-type: none"> <li>MCP pays anesthesiologist</li> <li>MCP pays facility fees</li> </ul>	<ul style="list-style-type: none"> <li>MCP pays anesthesiologist</li> <li>MCP pays facility fees</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Medical FFS pays anesthesiologist</li> <li>Medi-Cal Medical FFS pays facility fees</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Medical FFS pays anesthesiologist</li> <li>Medi-Cal Medical FFS pays facility fees</li> </ul>
<b>Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:</b>	MCP pays for anesthesia fees and for facility fees	MCP pays for anesthesia fees and for facility fees	CAD Field Office (ETAR) pays for anesthesia fees and for facility fees	CAD Field Office (ETAR) pays for anesthesia fees and for facility fees
<b>Dental Anesthesiologist</b>	<ul style="list-style-type: none"> <li>DMC Plan pays anesthesiologist</li> <li>MCP pays facility fees</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Dental FFS pays anesthesiologist</li> <li>MCP pays facility fees</li> </ul>	<ul style="list-style-type: none"> <li>DMC Plan pays anesthesiologist</li> <li>Medi-Cal Medical FFS pays facility fees</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Dental FFS pays anesthesiologist</li> <li>Medi-Cal Medical FFS pays facility fees</li> </ul>
<b>Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:</b>	<ul style="list-style-type: none"> <li>DMC Plan pays for anesthesia fees</li> <li>MCP pays for facility fees</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Dental FFS pays for anesthesia fees</li> <li>MCP pays for facility fees</li> </ul>	<ul style="list-style-type: none"> <li>DMC Plan pays for anesthesia fees</li> <li>CAD Field Office pays (ETAR) for facility fees</li> </ul>	<ul style="list-style-type: none"> <li>Medi-Cal Dental FFS pays for anesthesia fees</li> <li>CAD Field Office pays (ETAR) for facility fees</li> </ul>

## ATTACHMENT B

# Intravenous Moderate Sedation and Deep Sedation/General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

### Acronym List:

**CAD** – Clinical Assurance Division

**Medi-Cal Dental FFS** – Medi-Cal Dental Fee-For-Service

**DMC Plan** – Dental Managed Care Plan

**DOSC** – Dental Only Surgery Center

**DHCS** – Department of Health Care Services

**ETAR** – Electronic Treatment Authorization Request

**MCP** – Medi-Cal Managed Care Health Plan

**Medi-Cal Medical FFS** – Medi-Cal Medical Fee-For-Service

**MCMC** – Medi-Cal Medical Managed Care

### Additional DHCS Resources:

- Clinical Assurance Division: <https://www.dhcs.ca.gov/services/cad/Pages/default.aspx>
- Dental Managed Care Plan Directory: [https://dental.dhcs.ca.gov/Members/Dental\\_Managed\\_Care/DMC\\_Dental\\_Plan\\_Directory/](https://dental.dhcs.ca.gov/Members/Dental_Managed_Care/DMC_Dental_Plan_Directory/)
- Medi-Cal Dental Provider Handbook: [https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/Provider\\_Handbook/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/)
- Medi-Cal Dental Manual of Criteria: [https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/MOC\\_SMA\\_Versions/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/MOC_SMA_Versions/)
- Medi-Cal Treatment Authorization Request (TAR) webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/TAR.aspx>
- Medi-Cal Managed Care Health Plan Directory: <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>
- Medi-Cal Dental Provider Bulletins: [https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/Provider\\_Bulletins/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Bulletins/)
- Medi-Cal Provider Manuals: <https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx>