

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Dental Services - Intravenous Moderate Sedation and Deep Sedation/ General Anesthesia Coverage - CA	
Effective Date 12/01/1995	Date of Last Review 04/23/2024	Date of Last Revision 04/23/2024	Dept. Approval Date 04/23/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

With limited exceptions dental services are excluded from the Plan’s Contract and are provided to Anthem members on a Fee-for-Service (FFS) basis or through Medi-Cal Dental; however, Anthem ensures members have access to dental services including screenings and oral health assessments. Anthem will ensure that all members are given closed loop referrals to appropriate Medi-Cal dental providers. Anthem will provide Medically Necessary Federally Required Adult Dental Services (FRADS), fluoride varnish, and dental services that may be performed by a medical professional.

The Adult Dental Benefit was fully restored effective January 1, 2018. Medi-Cal offers comprehensive preventative and restorative dental benefits to both children and adults. Restored benefits include, laboratory processed crowns, posterior root canal therapy, periodontal services, and partial dentures. A complete list of restored benefits is listed in the Dental Provider Handbook.

All Anthem 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. Anthem will provide prior authorization for IV moderate sedation and deep sedation/general anesthesia for dental services using the criteria provided in Attachment A of DHCS All Plan Letter (APL) 23-028.

Anthem will ensure the provision of medically necessary dental-related covered services that are not performed by dental providers.

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Other Covered services related to dental services include but are not limited to the following:

- laboratory services;
- contractually covered prescription drugs (see APL 22-012: Governor’s Executive Order N-01-019, Regarding Transitional Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx)
- pre-admission physical examinations required for dental offices or admission to medical facilities, admission to ambulatory surgical settings, or an inpatient hospital stay for a dental procedure, and facility fees, as applicable.

Anthem may require prior authorization for medical covered services needed in support of dental procedures. Anthem will have a liaison available to Medi-Cal dental providers to assist with referring the member to other covered services, as needed. Anthem will assist providers and members with the prior authorization process as a form of care coordination to avoid situations where services are unduly delayed. Anthem will authorize privileges for Medi-Cal Dental providers who need to use anesthesiology at in-network facilities or coordinate for out-of-network access if an in-network facility is not available, in accordance with timely access standards for specialty care.

Anthem Medicaid allows physician anesthesiologists, who hold a general anesthesia permit from the Board of Dental Examiners, to administer general anesthesia in the outpatient office of a licensed dentist who does not hold a general anesthesia permit.

DEFINITIONS:

None

PROCEDURE:

I. Screenings

- A. Dental screenings and oral health assessments are covered for all members: As part of the IHA, PCPs provide an initial dental screening/oral health assessment for all members and refer to a dental provider to address any immediate dental needs and for comprehensive dental care.
- B. For all Members under the age of 21, a dental screening/oral health assessment must be performed as part of every periodic assessment, with dental referrals made for Members no later than 12 months of age or when a referral is indicated based on assessment. Fluoride varnish, including when provided by a PCP, and oral fluoride supplementation assessment and provision of health screenings and

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referrals must be consistent with the AAP/Bright Futures periodicity schedule and anticipatory guidance. MCPs must also ensure that members are referred to appropriate Medi-Cal dental providers.

II. Topical Fluoride Varnishing Benefit

- A. Anthem will provide medically necessary Federally Required Adult Dental Services (FRADS), fluoride varnish, and dental services that may be performed by a medical professional. Dental services that are exclusively provider by dental Providers are not covered under our contract.
- B. For members under six (6) years of age, the physician may advise the member or parent to make an appointment for a dental exam that includes fluoride varnishing through member's dental or medical provider.

III. Medical Support Services (CA Insurance Code 10123.21)

- A. Any medically necessary surgical procedure for any condition directly affecting the upper or lower jawbone, or associated bone joints will be covered under the member's medical benefit.
- B. Any claims/services that are coded as dental will be reviewed to determine if the treatment involves or includes the jawbone or associated jawbone joints. In such a case, the treatment related to the jaw will be covered as medical.
- C. If an associate is unsure if the services are dental or medical, the associate will consult with his/her Lead or Manager before reviewing the case.
- D. If the member requires medical support as an adjunct to dental care, the PCP provides, or makes arrangements for, the service.
- E. Should this occur, the following applies:
 - 1. A pre-service authorization is required;
 - 2. The dental procedure itself and the dentist fee are not covered;
 - 3. Anthem Medicaid provides general anesthesia and associated facility charges when the member's clinical status or underlying medical condition requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting. The Plan allows physician anesthesiologists who hold a general anesthesia permit from the Board of Dental Examiners to administer general anesthesia in the outpatient office of a licensed dentist who does not hold a general anesthesia permit. See the All Plan Letter and attachments dated 23-028 dated 10/03/2023 for criteria.

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APL23-028.pdf



ATT-A-Policy-IV-Sedation-GA-APL-23-028



ATT-B-IV-Sedation-GA-Billing-Scenarios

If prior authorization is required in support of dental procedures, Anthem will ensure that services are provided to the member in a timely manner.

IV. IV Moderate Sedation and Deep Sedation/General Anesthesia Services Requirements:

A. Contractual responsibilities:

1. Anthem will cover services related to dental procedures that require 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;
2. Anthem 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; and
3. Anthem will coordinate all necessary non-anesthesia covered services provided to an Anthem member.

B. Anthem 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 if Anthem determines the setting is appropriate and according to the criteria outlined in Attachment A of APL 23-028:

1. Hospital;
2. Accredited ambulatory surgical center (stand-alone facility)
3. Dental office; and
4. A community clinic that:
 - i. Participates in the provision of Medi-Cal dental services (Dental FFS or DMC plan);
 - ii. Is a non-profit organization; and
 - iii. Is recognized by the Department of Health Care Services (DHCS) as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike, including Tribal Health Program clinics.

C. Inpatient stays:

1. During an inpatient stay, authorization for general anesthesia provided by a physician anesthesiologist to an Anthem member must be part of the

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authorization for the inpatient admission. This does not preclude any subsequent inpatient stay necessary due to an inpatient procedure. In addition, an inpatient stay is not required for the provision of outpatient surgical center services.

V. MRMIP

- A. For MRMIP members, dental services are limited to the treatment of natural teeth or jaw as the result of an accidental injury if the injury occurs while the Member is covered under this plan. Services must begin within 90 days of the date of injury or as soon as medically possible.

VI. Medi-Cal Dental Coverage and Exclusions for Medi-Cal Members

See Medi-Cal Dental Member [member handbook english.pdf \(ca.gov\)](#)

REFERENCES:

- CA Health & Safety Code 1367.68 and 1367.71
- CA Insurance Code 10123.21
- Denti-Cal Bulletin, Volume 25, Number 22, May 2009
- [DHCS All Plan Letter 23-028](#) – Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage- 10/03/2023 (supersedes 15-012)
 - [Attachment A](#): Policy for Intravenous Moderate Sedation and Deep Sedation/General Anesthesia
 - [Attachment B](#): Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios
- DHCS Operational Readiness Contract, Exhibit A Attachment III SOW (section 4.3.18)
- Medi-Cal Evidence of Coverage - 2024
- MRMIP Evidence of Coverage - 2024
- Provider Operations Manual, 2024

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management

Secondary Department(s):

Case Management

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EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/23/24	<ul style="list-style-type: none"> • Annual Review • Updated link under Procedure section, VI • Updated References section with year 2024 version of EOC and provider manual
10/26/23	<ul style="list-style-type: none"> • Off-Cycle Review • Updated policy name from "Dental Care - Referrals and Reimbursements - CA" to "Dental Services - Intravenous Moderate Sedation and Deep Sedation/ General Anesthesia Coverage – CA" • Updated Policy, Procedure, and References sections • Added language that adult dental benefit was fully restored in 2018 • Added language re: eligible members entitled to dental services under IV moderate sedation and deep sedation/general anesthesia • Added language re: providing med. nec. FRADS, fluoride varnish, and dental services • Added contractual responsibilities • Added responsibilities for inpatient stay • Added language about reimbursement (Policy) • Added language regarding Inpatient Stay (IV)
07/27/23	<ul style="list-style-type: none"> • Annual Review • Updated Policy, Procedure, and References sections • Added CM as a secondary department • Updated content within entire policy to reflect new contract language • Added language that dental screenings and oral health assessments are included for all members (Policy section) • Added language re: screenings/assessments for members under the age of 21 performed as part of periodic assessments • Added language regarding Medi-Cal dental referrals (Policy section) • Added language that Anthem will provide FRADS, fluoride varnish & dental services performed by medical profession (Policy section) • Added language that Anthem will have an Anthem Liaison available to Denti-Cal providers (Policy section)

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Review Date	Changes
	<ul style="list-style-type: none"> Added language that Anthem will ensure that services are provided in a timely manner (Procedure Section III, E)
07/27/22	<ul style="list-style-type: none"> Annual Review Updated References
07/30/21	<ul style="list-style-type: none"> Annual Review Updated References Changed "resolved" to "reviewing" under III, C.
07/29/20	<ul style="list-style-type: none"> Annual Review Updated references
07/31/19	<ul style="list-style-type: none"> Annual Review Updated references
07/24/18	<ul style="list-style-type: none"> Annual Review Removed AIM references
07/31/17	<ul style="list-style-type: none"> Annual Review Updated references
07/29/16	<ul style="list-style-type: none"> Annual review Added verbiage under Medical Support Services Updated APL to recent version Updated resources
08/26/15	<ul style="list-style-type: none"> Added the Dental APL from 05/14/15 for anesthesia Updated Medi-Cal EOC dates
06/30/15	<ul style="list-style-type: none"> Removed Healthy Families Updated references
09/04/14	<ul style="list-style-type: none"> Removed Healthy Families Changed header to Government Business Division
09/11/13	<ul style="list-style-type: none"> Made the verbiage for fluoride benefits more general to match the provider/member manuals. Updated coverage for Healthy Families, AIM and MRMIP. Updated references.
10/10/12	<ul style="list-style-type: none"> Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. Corrected formatting Changed reference from Care Management to Medical Management Updated references Added revision history to policy
12/01/95	<ul style="list-style-type: none"> Policy created