



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • (831) 430-5500
339 Pajaro Street, Suite E • Salinas, CA 93901-3400 • (831) 755-6000
530 West 16th Street, Suite B • Merced, CA 95340-4710 • (209) 381-5300

DATE: March 7, 2012
TO: Alliance Providers
FROM: Provider Services Department
RE: **Update to the Dental Anesthesia Policy**

Central California Alliance for Health has updated Policy 404-1704, "Dental Anesthesia for Medi-Cal Members". This update was incorporated with feedback from our providers, and further review of Alliance authorization processes.

Changes to the policy have been made to the requirement for authorization of children less than seven years of age.

For children under seven years of age, PCP clearance for General Anesthesia for Dental Procedures is no longer required. (New)


For member ages seven and older, documentation of PCP medical clearance for General Anesthesia for Dental Procedure still required.

For all cases:

- 1) Documentation required for all non-emergent cases includes authorization request with required patient and provider information, diagnosis both dental and medical when appropriate, brief history, description of why general anesthesia may be required and planned procedure.
- 2) Copy of operative/anesthesia report to be submitted with claim. (New)
- 3) The documentation may be submitted in the following ways:
 - If the claim is being submitted in hard copy, the documentation may be submitted with the claim.
 - Faxed to (831) 430-5819
 - Mailed to the following address:
Central California Alliance for Health
Attn: Quality Improvement
1600 Green Hills Road, Ste #101
Scotts Valley, CA 95066

A copy of the policy is attached for your reference.

If you have any questions or concerns please contact your Provider Services Representative at (800) 700-3874 ext. 5504.

	POLICIES AND PROCEDURES
Policy #: 404-1704	Lead Department: Utilization Management
Title: Dental Anesthesia for Alliance Medi-Cal Members	
Original Date: February 1996	Last Revision Date: 02/07/2012
Approved by: Christine Gerbo, RN	
Effective Date: 02/07/2012	

Purpose:

The purpose of this policy is to ensure that:

1. Application of dental anesthesia is appropriate and safe;
2. Dental anesthesia is coordinated with the patient's other medical care;
3. Dental anesthesia is provided by qualified individuals in an appropriate setting.

Policy:

It is Alliance policy that members receiving treatment for dental pathology should receive anesthesia in a safe and humane manner. The decision to administer anesthesia and the type of anesthesia must take into account the risk and cost of the procedure along with the need to provide an adequate level of anesthesia. The level of anesthesia should be the lowest possible to allow the dentist or oral surgeon to perform the needed procedure in a safe and humane manner. General anesthesia should be reserved for those conditions and situations defined in this policy.

It is also Alliance policy that the member's Primary Care Physician (PCP) must, whenever possible, be involved in decisions about clinical care, to help assure that care is appropriate, safe, and coordinated.

Definitions:

Levels of Anesthesia


Local Anesthesia – the use of a topical, local, or regional anesthetic agent to produce anesthesia in a limited area.

Minimal Sedation – the use of sedative medication to induce a state in which patients respond normally to verbal commands, although cognitive function and coordination may be impaired.

Moderate Sedation -- the use of anti-anxiety/sedative medication to depress consciousness during which patients respond purposefully to verbal commands, and maintain their airway and respiration.

Deep Sedation – the use of drugs to induce a depression of consciousness during which patients cannot be easily aroused but respond purposefully to repeated verbal or painful stimulation; maintenance of airway and ventilation are jeopardized.

General Anesthesia – the use of drugs to induce loss of consciousness during which patients are not arousable, even by painful stimulation.; ventilatory assistance will be required; cardiovascular function may be depressed.

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Dental “Carve-out”

The Alliance does not pay for dental services by virtue of a contractual “carve-out” with the State Department of Health Care Services. Anesthesia provided by a dentist is included in this carve-out. However, the provision of anesthesia by a medical anesthesiologist in support of dental procedures is a medical service covered by the Alliance when medically necessary. For more information on medical necessity, please see Policy 404-1112 – Medical Necessity. The Alliance also covers prescription drugs, laboratory services, supplies, and associated “facility charges” rendered in hospital or surgery centers when general anesthesia is needed.

Dental Surgery Center

A facility performing oral surgery on patients of all ages with personnel appropriately licensed and trained to perform such surgery and to provide anesthesia services, including appropriate on-site patient monitoring and “rescue” in cases of anesthetic emergency and available equipment required for emergency life support and resuscitation.

California Children’s Services (CCS)

A California state program providing financial support for patients with a defined group of illnesses and conditions. If the proposed indication for dental work is a CCS-eligible condition, the member should be referred to a CCS-paneled provider; in such a case, CCS may cover the entire cost of general anesthesia.


Procedures:

Criteria for the Choice of Level of Anesthesia

1. As a rule, the level of anesthesia for any patient undergoing dental procedures should be the lowest level possible that will allow the dentist or oral surgeon to perform the needed procedure in a safe and humane manner.

2. In order to receive authorization for general anesthesia, a physician or dentist must have both credentials as an anesthesiologist and a permit to perform general anesthesia for dental procedures granted by the Dental Board of California.

3. Requirements for general anesthesia are:
 - a. Patients, adult and pediatric, with certain physical, intellectual, behavioral or medically compromising conditions, such as cognitive impairment or delay, cerebral palsy, epilepsy, or hyperactivity.

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- b. Patients with dental restorative or surgical needs for whom local anesthesia is ineffective because of factors such as acute infection, anatomic variations, or allergy.
 - c. The extremely uncooperative, fearful, anxious, or physically resistant child or adolescent with substantial dental needs.
 - d. Patients who have sustained extensive orofacial or dental trauma.
 - e. Children under age seven with extensive dental pathology who are uncooperative so that the needed work cannot be accomplished in a small number of visits to the dentist, or with severe medical complications or developmental disability.
4. In order to insure that dental anesthesia services are coordinated with the patient's other medical care, the patient's primary care physician (PCP) should be informed of the anticipated use of anesthesia. For all members aged seven and older, the PCP must provide written documentation supporting the medical and behavioral criteria used to justify general anesthesia and that there are no medical contraindications to its use. If the member is well known to the PCP, has had a recent visits and the medical records clearly support the indication and do not demonstrate a contraindication, existing medical record submission may be substituted in lieu of a PCP's specific written documentation.

Process for Patients Who Are to Undergo General Anesthesia

1. The dentist or clinic will submit an authorization request that includes:
 - a. Diagnosis – dental and medical
 - b. History – Brief
 - c. Description of why general anesthesia may be required
 - d. Procedure requested

The above should be accompanied by any relevant medical records.

2. Necessary information as defined in (4) above, for any member aged seven and older, is obtained from the PCP. This can be done in one of several ways:
 - a. The clinic or dentist may have the adequate information from the PCP's medical record or other documents that indicates that:
 - i. The PCP is aware of the potential use of anesthesia
 - ii. Supports any medical or behavioral diagnosis that necessitates the need for general anesthesia
 - iii. There is no contra-indication to the use of general anesthesia

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- b. The clinic or dentist completes the initial portion of the **Medical Clearance for General Anesthesia for Dental Procedures form** (attached) and forwards it to the PCP. The PCP completes the form and either returns it to the requesting clinic or dentist for submission with the authorization request (step 1) or sends it directly to the Alliance utilization management department.
 - c. The PCP provides office notes directly to the Alliance for review.
3. Patients considered for general anesthesia must be suitably evaluated prior to the initiation of the sedation.
4. The Alliance staff, in consultation with an Alliance Medical Director will review the submitted information for determination. Additional consultation may be required for surgical clearance depending on the patient’s medical condition and the nature of the procedure and anesthesiology requested.

Additional Considerations

1. If the member is well known to the PCP, no visit is required for the PCP to carry out these requirements.
2. If the member has not been seen by the practice, there has been a significant time since a visit, or the PCP is not aware or does not agree with the proposed indications for general anesthesia, the member should schedule a visit with the PCP.
3. “Emergency services are exempt from prior authorization, but must be justified. . . [Such service] must be supported by a physician’s, podiatrist’s or dentist’s statement which describes the nature of the emergency including relevant clinical information about the patient’s condition, and states why the emergency services rendered were considered to be immediately necessary. A mere statement that an emergency existed is not sufficient.” (Title 22 CCR, Section 51056)
4. Anesthesiology services that are prompted by or are increased by a CCS eligible condition may be covered by CCS. Submission to the applicable CCS office for review and determination may be required.
5. Copy of operative/anesthesia report to be submitted with claim.



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References:

- Attachment A - Medical Clearance Form for Dental Procedures
- Alliance Policies:
 - 404-1112 – Medical Necessity
 - 404-1705 - Dental Work for Alliance Members
- Contractual: Medi-Cal Contract Exhibit A, Attachment 11, Provision 14
- Regulatory: Title 22 CCR, Section 51056
- MMCD Policy Letter: All Plan Letter 07-008
- MMCD Policy Letter 00-05 Dental Services – Anesthesia Coverage
- American Dental Association (ADA): Guidelines for the Use of Sedation and General Anesthesia by Dentists
- American Society of Anesthesiologists (ASA):
- American Academy of Pediatric Dentistry (AAPD): Policy on the Use of Deep Sedation and General Anesthesia in the Pediatric Dental Office.
- American Academy of Pediatrics (AAP) and AAPD: Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

Lines of Business This Policy Applies To:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Medi-Cal | <input type="checkbox"/> Access for Infants and Mothers |
| <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Individual Conversion |
| <input type="checkbox"/> Healthy Kids Santa Cruz | <input type="checkbox"/> Medi-Cruz Advantage |
| <input type="checkbox"/> Healthy Kids Merced | <input type="checkbox"/> Monterey County Coverage Program |
| <input type="checkbox"/> Alliance Care IHSS | <input type="checkbox"/> Merced Low Income Health Plan |

Revision History:

Review Date	Revised Date	Changes Made By	Approved By
12/01/1998		Barbara Flynn, RN	Barbara Flynn, RN
07/01/2000		Barbara Flynn, RN	Barbara Flynn, RN
07/01/2002		Barbara Flynn, RN	Barbara Flynn, RN
07/01/2006		Barbara Flynn, RN	Barbara Flynn, RN
03/01/2010		Barbara Flynn, RN	Barbara Flynn, RN
12/01/2010	12/01/2010	Richard Helmer,	UMWG
04/01/2011	04/01/2011	Richard Helmer,	UMWG
12/21/2011	12/21/2011	David Altman, MD	Julio Porro, MD
02/07/2012	02/07/2012	Kathy Dean, RN	Christine Gerbo, RN



Attachment A

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Medical Clearance for General Anesthesia for Dental Procedures*

Date of Request: _____ Date of Service: _____

To: Primary Care Physician PCP: _____ Address: _____ _____ Phone: _____ Fax: _____ Contact: _____	From Dentist/Dental Facility Dentist: _____ Address: _____ _____ Phone: _____ Fax: _____ Contact: _____
Regarding Patient: _____ Phone: _____ Member ID: _____ Sex: _____ Age: _____ DOB: _____ Address: _____	

Your patient (listed above) is being scheduled by us for dental procedures that may require the administration of general anesthesia. Please review the reasons checked below for your agreement with the need for general anesthesia and complete the **Primary Care Physician Response** section so we may obtain authorization for planned general anesthesia services.

<p>Dental Provider please check <u>Reasons for General Anesthesia</u>:</p> <p><input type="checkbox"/> Patient is uncooperative and dentist has been unable to accomplish the necessary dental work in two or more office visits using conservative measures.</p> <p><input type="checkbox"/> Patient is a child under the age of seven with extensive dental pathology as follows: _____</p> <p><input type="checkbox"/> Patient has severe developmental disability</p> <p><input type="checkbox"/> Patient has severe mental health disability as follows: _____</p> <p><input type="checkbox"/> Other, as follows: _____</p>
<p>Primary Care Physician Response:</p> <p><input type="checkbox"/> No contraindications for general anesthesia for dental procedure</p> <p><input type="checkbox"/> No special precautions for dental treatments</p> <p><input type="checkbox"/> No prophylactic antibiotics needed</p> <p><input type="checkbox"/> Agree with dentist's medical or behavioral diagnosis (when applicable) identified as indication for surgery.</p> <p><input type="checkbox"/> Comments: _____ _____</p> <p>Physician Signature: _____</p> <p>Date: _____</p>
<p>For more information on processing this form see Policy HS 404-1704 and your Provider Manual * Required for all dental anesthesia prior authorization requests for members aged seven and older</p>