



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: November 14, 2013

POLICY LETTER 13-002
SUPERSEDES POLICY LETTER 00-05

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DENTAL SERVICES-GENERAL ANESTHESIA COVERAGE

PURPOSE:

The purpose of this Policy Letter (PL) is to clarify Medi-Cal managed care health plan (MCP) contractual responsibilities to cover general anesthesia services provided in conjunction with dental services to beneficiaries in dental offices, hospitals or surgical settings.

BACKGROUND:

Dental services are currently excluded from MCP contracts but may be provided to Medi-Cal beneficiaries on a fee-for-service (FFS) basis through Denti-Cal or Dental Managed Care (DMC) plans. MCPs are contractually required to cover medical services administered in connection with dental services provided to beneficiaries. Previously released PL 00-05 reminded MCPs of their contractual responsibilities following the passage of legislation that expanded coverage of dental-related anesthesia services to all health plans in the State. Assembly Bill (AB) 2003 (Chapter 790, Statutes of 1998) required all health care service plan contracts to cover general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center for beneficiaries under seven years of age. AB 745 (Chapter 505, Statutes of 1998) created guidelines to allow physician-anesthesiologists to administer general anesthesia in an office of a licensed dentist who does not hold a general anesthesia permit.

This PL serves to clarify the MCP's contractual obligation to cover the medical services component of dental services provided to Medi-Cal beneficiaries that are not provided by dentists or dental anesthesiologists. Covered medical services include: contractually covered prescription drugs, laboratory services, and pre-admission physical examinations required for 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).

POLICY:

Medi-Cal beneficiaries enrolled in MCPs are entitled to treatment under general anesthesia when medically necessary, or medically or clinically indicated for a dental procedure in a dental office, hospital or surgery center. MCPs may require prior-authorization for general anesthesia for dental procedures. If MCPs require prior-authorization for these services, they must develop and publish the procedures for obtaining prior-authorization to ensure that services for beneficiaries are not unduly delayed. MCPs must submit such policies and procedures to their Medi-Cal Managed Care Division contract managers for review and approval. It is the responsibility of the MCPs to ensure that their subcontractors adhere to this policy as well.

CONTRACTUAL RESPONSIBILITIES:

The following clarifies MCP contractual responsibilities to cover general anesthesia services:

- Dental services are not covered services under the Medi-Cal managed care contract. Beneficiaries receive dental services through Denti-Cal or through a DMC plan.
- MCPs must cover general anesthesia services provided by individuals other than dental personnel, and any 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.
- Beneficiaries may receive treatment for a dental procedure provided under general anesthesia by a MCP anesthesiologist in the following settings:
 - Dental office;
 - Hospital;
 - Accredited Ambulatory Surgical Center (stand-alone facility); and
 - A community clinic that:
 - Accepts Medi-Cal dental program (Denti-Cal or DMC plan) beneficiaries;
 - Is a non-profit organization; and
 - 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.
- MCPs shall reimburse facility services and general anesthesia services provided in any dental office, hospital, ambulatory surgery center, or community clinic that meet the requirements set forth in this policy.
- Authorization for general anesthesia provided to a beneficiary during an inpatient stay must be part of the authorization for the inpatient admission.

- MCPs must coordinate all necessary non-anesthesia covered services provided to a beneficiary.
- MCPs must cover general anesthesia for dental services for a beneficiary who meets at least one (1) of the following criteria when the medical necessity is based on a mental or physical limitation or contraindication to a local anesthetic agent:
 - The beneficiary is under seven (7) years of age;
 - The beneficiary has a developmental disability; or
 - The beneficiary has an underlying clinical or medical condition for which general anesthesia is medically necessary.

If you have questions regarding this PL, please contact your MMCD contract manager.

Sincerely,

Original Signed by Margaret Tatar

Margaret Tatar, Assistant Deputy Director
Health Care Delivery Systems