

# Bulletin

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## This Issue:

**p# 1** Instructions for IV Sedation and General Anesthesia: Prior Authorization Documentation Requirements for Dental Services

### Training Seminars

Reserve an available spot for one of our open training seminars.

### Webinar

Basic & EDI/D605 - Mar. 23, 2016

## Instructions for IV Sedation and General Anesthesia: Prior Authorization Documentation Requirements for Dental Services

Certain medical or dental procedures and services under Medi-Cal are subject to prior authorization (PA) before reimbursement can be provided. A Treatment Authorization Request is synonymous to PA for the purposes of this guidance. Submission of a PA request is required for approval of medically necessary intravenous (IV) sedation and general anesthesia. *The IV Sedation and General Anesthesia Prior Authorization Documentation Requirements for Dental Services* contains a comprehensive list of **all** of the information and materials required to adjudicate a request for medically necessary IV sedation and general anesthesia for dental services. Each of the items listed on the *IV Sedation and General Anesthesia Prior Authorization Documentation Requirements* is necessary to adjudicate the PA request.

The location for submission of PA requests is determined by provider type, provider location, where the service is being rendered and the Medi-Cal beneficiary's delivery system (i.e., Medi-Cal Fee-for-Service, Medi-Cal Managed Care, and/or Dental Managed Care or Fee-For-Service). Under the fee-for-service delivery system, professional licensed medical personnel (i.e., medical consultants) adjudicate PA requests according to Federal and State regulations and DHCS policy. Adjudication of a PA request may result in one of four decisions: approved as requested, approved as modified, denied or deferred. DHCS communicates the status of the PA's adjudication to the submitting provider through an *Adjudication Response*.

For prior authorization requests that are submitted to Medi-Cal managed care health plans (MCPs), MCPs are required to respond to the provider and the beneficiary with the decision. The decision options are identical to a PA: approved as requested, approved as modified, denied or deferred. The provider will receive a letter from the MCP under each circumstance indicating approval, denial, or request for additional information. If the additional information is not provided when requested, a denial will occur. MCPs can vary supporting documentation requirements for PA. Providers should ask their MCP what type of documentation is needed. Beneficiaries will receive a Notice of Action letter that will outline appeal rights if any decision is rendered other than approved as requested.

Providers shall request authorization before rendering services. Services that require authorization are identified in the policy sections throughout Medi-Cal Part 2 Provider manuals. Outpatient and Medical Services providers also may refer to the *TAR and Non-Benefit List section of the appropriate Part 2 manual*.

### *Patient Information*

All PAs must provide beneficiary specific information including: Name, Date of Birth, Age, Client Index Number (CIN)/ Benefit Identification Card (BIC) Number; Parent/Caretaker Name; Home Phone Number; Work Phone Number; and Diagnosis.

### *Provider Information*

The PA request must include the following applicable and identifiable information: Referring Provider Name and NPI; Referral Address; Referral Phone; Rendering Provider Name and NPI; and Anesthesia Provider and NPI.

### *Treatment Requested*

The provider must clearly identify the type of treatment being requested: IV Sedation; General Anesthesia; or Other, with a description of what the requested treatment is.

### *Location Where Requested Services to be Provided*

It is imperative that the PA request includes the actual location where services are to be provided, inclusive of a Dentist Office; Ambulatory Surgical Center; Ambulatory (Dental) Surgical Center; or Hospital.

### *Methods Attempted*

As part of the PA process, the request must identify and document the methods that were attempted including the number of attempts and/or a description of why the methods were not possible and justification of the medical necessity for IV sedation or general anesthesia. Examples of attempted methods are: Show-Tell-Do Method; Nitrous Oxide; Oral Sedation; and/or Local Anesthetic.

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## NEED MORE INFORMATION?

### Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Thursday, Mar. 24, 2016 8:00 AM - 4:00 PM <a href="#">Register Now!</a>	Embassy Suites by Hilton 211 East Huntington Drive Arcadia, CA 91006	Los Angeles County

## *Reasons for Referral*

**Reasons for referral must be either 1 and 2 or any one of 3 through 6 as listed below:**

1. Use of local anesthesia to control pain failed or was not feasible based on the medical needs of the patient,

**AND**

2. Use of conscious sedation (either inhalation or oral) failed or was not feasible based on the medical needs of the patient.

**OR any one of the following:**

3. Failure of effective communicative techniques and immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation
5. Patient has acute situational anxiety due to immature cognitive functioning
6. Patient is uncooperative due to certain physical or mental compromising conditions

## *Medical and Dental History*

It is imperative that accompanying each PA is a copy of the beneficiary's medical and dental history to enable the reviewer to make a determination of the appropriateness of the PA. This includes, but is not limited to: copy of dental records; copy of history and physical examination including diagnosis; copy of treatment plan; copy of radiological reports; Indication for IV sedation or general anesthesia; and documentation of perioperative care (preoperative, intraoperative and postoperative).

## *Anticipated Billing Codes*

The anticipated billing codes should also be included on the PA and should complement/align with the requested treatment to be rendered, for example, DX (ICD-10) and/or TX (CPT-4).

For questions regarding IV sedation or general anesthesia, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.