California Medi-Cal Dental Program

Denti-Cal Bulletin

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MEDI-CAL DENTAL ANESTHESIA SERVICES

This bulletin is intended to clarify existing Medi-Cal Dental (Denti-Cal) policy with respect to Anesthesia Services.

The Medi-Cal Dental Program (Denti-Cal) covers a number of anesthesia services. The Manual of Criteria for Medi-Cal Authorization (Dental Services), which is contained within Section 4 of the Denti-Cal Provider Manual, details the Program's criteria for these procedures. The purpose of this bulletin is to provide a clear understanding of covered anesthesia services and the clinical settings in which they may be performed.

The Denti-Cal provider must possess a valid and current conscious sedation permit and/or general anesthesia permit from the Dental Board of California in order to provide some of these anesthesia services to Medi-Cal dental patients. Oral sedation is not a benefit of the Medi-Cal Dental Program.

Procedure 300 - Therapeutic Drug Injection

Procedure 300 is a benefit for injectable therapeutic drugs that are required to treat severe infections or prevent adverse post surgical sequelae [an aftereffect of disease or injury, a secondary result] such as swelling and myalgia. These injectable therapeutic drugs are generally given in conjunction with Procedures 301, 400 or 998 and include, but are not limited to:

- Antibiotics
- Dexamethasone and other corticosteroids

If the patient's physical condition requires that an injectable analgesic be administered in conjunction with local anesthesia, then Procedure 300 is a benefit for the injectable analgesic. Injectable analgesics administered in conjunction with Procedure 301 (Conscious Sedation, Relative Analgesia (Nitrous Oxide), per Visit) or Procedure 400 (General Anesthesia) cannot be billed as Procedure 300.

Procedure 300 does not require prior authorization. The injectable drug name and the clinical indication for its usage must be clearly documented in either Field 34 of the claim form or on a separate attachment.

Multiple injectable drugs may be allowed up to a maximum of three (3) per date of service.

Procedure 300 is not a benefit if the associated restorative/surgical procedures are denied.

Procedure 301 - Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit

Conscious sedation is a drug-induced depression of consciousness during which patients respond

purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate.

Procedure 301 is a benefit under certain clinical conditions when conscious sedation or relative analgesia is administered. These conditions include:

- Patients through the age of 13 who cannot be clinically managed without the use of Procedure 301. No prior authorization is required.
- Patients of any age who are residents of a Department of Health Services (DHS) certified intermediate care facility (ICF) and are developmentally disabled. No prior authorization is required.
- Patients 13 years of age or older who are mentally or physically handicapped and are not clinically manageable without the use of Procedure 301. *Prior authorization is required in this instance, unless the patient has special needs.*

The patient's qualifying condition must be documented and the drugs used must be identified by name in either Box 34 of the claim/TAR form or on a separate attachment.

Procedure 301 is payable once per treatment visit regardless of the number of drugs administered or the duration of the anesthesia (anesthesia time).

Procedure 301 is not a benefit if the associated restorative/surgical procedures are denied.

Procedure 400 — General Anesthesia

General anesthesia (GA) means the elimination of all sensation accompanied by a state of unconsciousness during which patients cannot be aroused, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive ventilation may be required.

Procedure 400 is payable when performed in the provider's office - not in a surgicenter or hospital inpatient setting.

The use of GA is a benefit of the program without prior authorization when the patient's qualifying condition necessitating the use of GA are documented on the claim form (in Field 34 or on a separate attachment). Qualifying conditions include, but are not limited to:

- Severe mental retardation
- Spastic type handicap
- Prolonged (in excess of 30 minutes) or severe surgical procedures.
- Acute infection at an injection site causing failure of local anesthetic agents.
- Contraindication or failure of a local anesthetic to control pain.

Procedure 400 is a benefit in conjunction with the removal of

- Fixed arch bars
- Wire splints
- Implants

when a different provider than the one who originally placed them performs the removal of these items.

Procedure 400 is not a benefit if the associated restorative/surgical procedures are denied.

Procedure 400 is payable once per treatment visit regardless of the number of drugs administered or the anesthesia time.

Procedure 998 – Unlisted Therapeutic Service

Procedure 998 can be used by a Dentist-Anesthesiologist to bill the Denti-Cal program for general anesthesia services. The following conditions apply:

- No prior authorization is required.
- GA services may be performed in any clinical setting (inpatient or outpatient).
- Payable only to an educationally qualified Dentist-Anesthesiologist (not the treating dentist) with a General Anesthesia permit from the Dental Board of California. Field 34 of the Claim form must contain the permit number.
- Payable even if the treatment services provided by the treating dentist are denied.
- A copy of the dental anesthesia record or Operating Room (OR) report must be included as an attachment to the Claim.

Payment to the Dentist-Anesthesiologist is as follows:

- Basic set-up fee of $70.05
- $14.01 per 15-minute unit of anesthesia time.

Hospital Dental Services

If a Medi-Cal dental provider needs to perform dental services within a hospital inpatient setting, the provision of the medical support services, e.g., Operating Room (OR) time, surgical nurse, anesthesiologist, or hospital bed, will depend on how the Medi-Cal dental patient receives their Medi-Cal medical services. Medi-Cal dental beneficiaries may receive their medical services through a number of different entities:

- Medi-Cal Fee-For-Service (FFS)
- Geographic Managed Care (GMC)
- Medi-Cal Managed Care
- County Organized Health Systems (COHS)

Medi-Cal dental providers should refer to the Denti-Cal Provider Manual Section Two (Beneficiary Eligibility) for instructions on how to determine the entity providing a patient's medical services.

Requesting Hospital Dental Services for Medi-Cal Beneficiaries Enrolled in the Medi-Cal (FFS) Program

Prior authorization is required for each non-emergency and non-diagnostic dental service provided to Medi-Cal dental patients in a hospital inpatient setting where the patient's hospital stay exceeds 24 hours. This processed is processed by Denti-Cal.

A separate authorization is required to admit the patient into the hospital. This authorization must be submitted on the Medi-Cal Form 50-1 and should be sent directly to:

Department of Health Services
San Francisco Medi-Cal Field Office
P.O. Box 3704
San Francisco, CA 94119
(415) 904-9600

Do not send the Medi-Cal Form 50-1 to Denti-Cal - doing so with only delay the authorization for hospital admission. If the Medi-Cal Field Office receives a Form 50-1 for a Medi-Cal patient who receives their medical services through the GMC, COHS, or Medi-Cal Managed Care programs, the form will be returned to the submitting dentist. This hospital authorization does not need to be submitted to Dent-Cal.

Requesting Hospital Dental Services for Medi-Cal Beneficiaries Enrolled in the GMC, COHS, or Medi-Cal Managed Care Plans

The Medi-Cal dental provider must contact the patient's medical plan to arrange for hospital or surgicenter admission and medical support services. All medical plans that provide services to Medi-Cal managed care beneficiaries are contractually obligated to provide medical support services for dental treatment.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.