



THIS ISSUE

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Anesthesia

Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Covered by Medi-Cal Managed Care Plans

As previously published in All Plan Letter [\(APL\) 23-028](#), [Attachment A](#) and [Attachment B](#) Medi-Cal managed care health plans (MCPs) are required to cover anesthesia services provided by a physician in conjunction with dental services for MCP members in hospitals and ambulatory surgical settings. MCPs must review and consider the guidelines for intravenous moderate sedation and deep sedation/general anesthesia for dental procedures during the prior authorization process before services are provided.

If you are planning a procedure for a member who needs general anesthesia, deep sedation or intravenous moderate sedation in a hospital or ambulatory surgical setting, contact the member's MCP for prior authorization and to assist in finding an in-network facility where the service can be performed. If a MCP in-network facility is not available ask the dental liaison to help coordinate out-of-network access for the patient in accordance with timely access standards for specialty care. In an emergency situation, providers may want to consider one-time temporary privileges at an MCP in-network facility predicated on their existing privileges at another facility.

As part of the prior authorization process for dental procedures

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Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).



in a hospital or ambulatory surgery center the following information should be provided by the dental provider:

1. A request for appropriate anesthesia services – Current Procedural Terminology (CPT) Code 00170 (Anesthesia for intraoral procedures)
2. A request for and facility fee coverage utilizing CPT Code 41899 (Unlisted procedure, dentoalveolar structures) or , Healthcare Common Procedure Coding System (HCPCS) Level II Code G0330 (Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia and use of an operating room) depending on which code the MCP utilizes for facilities., For Medi-Cal Fee for Service (FFS) use specific Department of Healthcare Services (DHCS) local facility codes Z7506 (Use of operating room – first hour), Z7508 (Use of operating room subsequent half hour) and Z7510 (Use of operating room second subsequent half hour) Please contact the specific MCP for guidance and reference APL23-028, Attachment B for delineation of anesthesia providers and payors based on location of services.
3. A letter of medical necessity delineating why the patient needs deep sedation, general anesthesia or intravenous moderate sedation for the proposed dental procedures.
4. It may be helpful to qualify to the MCP that all the dental procedures (exam, radiographs, fillings, extractions, etc.) will be covered by the member's dental benefits (i.e. Medi-Cal Dental or Dental Managed Care Plan).

For intravenous moderate sedation or deep sedation/general anesthesia provided in a dental office Current Dental Terminology (CDT) Codes D9222 (deep sedation/general anesthesia – first 15 minutes), D9223 (deep sedation/general anesthesia – subsequent 15 minutes), D9239 (intravenous moderate sedation – first 15 minutes) and D9243 (intravenous moderate sedation – subsequent 15 minutes) apply and will be covered by Medi-Cal Dental or one of the Dental Managed Care Plans. There is no applicable facility fee allowed.

MCPs may differ and have a specific form to fill out along with documentation requirements. Dental providers should work with MCPs to access the available provider portals in order to monitor the authorization process. Additionally, each MCP has a dental liaison available to assist dental providers in obtaining referrals to health plan covered services such as intravenous moderate sedation or deep sedation/general anesthesia in hospital operating rooms or in the ambulatory surgical setting.

MCPs are subject to time or distance standards which are established in state and federal

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law and regulations to ensure members have reasonable access to Covered Services. MCPs must meet time or distance standards based on the population density of the county for designated provider types set forth in [Attachment A](#) of [APL 23-001](#).

Hospital Operating Room or Ambulatory Surgical Setting Procedures

If you, as a provider are experiencing delays in securing an operating room within 15 business days of approval, please begin by reaching out to the Medi-Cal Managed Care plan directly. If normal processes are not working, please contact the MCP dental liaison for additional help. For a list of Medi-Cal Managed Care Plans by county, visit the [Medi-Cal Managed Care Health Plan Directory](#) webpage.

If you continue to face obstacles, you have the right to file a formal grievance with the specific Medi-Cal Managed Care Plan. This process allows you to officially document your concerns, helping ensure that the necessary healthcare needs are met with the urgency they deserve. Taking these steps can help advocate for the prompt care and attention that your patient is entitled to.

Below are some additional tools that are helpful to consider when working with patients that need anesthesia for dental procedures in a hospital or ambulatory surgical center.

Enhanced Care Management (ECM) benefit

[California Advancing and Innovating Medi-Cal \(CalAIM\)](#) is a multi-year initiative to improve the quality of life and health outcomes of the Medi-Cal managed care population through the implementation of broad delivery system, program, and payment reforms across the Medi-Cal program. The Enhanced Care Management (ECM) benefit is a component of the CalAIM initiative that is delivered through Medi-Cal managed care. ECM is a whole-person, interdisciplinary approach to comprehensive care management intended to address the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services that is community-based, interdisciplinary, high-touch, and person-centered.

ECM is a new statewide Medi-Cal benefit available to eligible members with complex needs, including:

- Access to a single Lead Care Manager who provides **comprehensive care management** and coordinates their health and health-related care and services.
- Connections to the quality care they need, no matter where members seek care — at the doctor, the dentist, with a social worker, or at a community center.

Please refer to the [ECM Provider Toolkit](#) to help you navigate this new benefit for your members.
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Dental Advocacy Services

DHCS-Medi-Cal Dental offers Dental Advocacy Services which are designed to help recommend and guide policy changes and strategies that will assist underserved communities, reduce disparities and inequities, and overall improve member access to quality dental care. Dental Advocacy Services include:

- Resolution of complex member cases through care coordination and case management services, including complaints and grievances
- Working to identify and address systemic barriers to dental care, improve member experience, and minimize inequities through policy changes
- Collaboration and representation at external stakeholder meetings to identify issues most pressing to members
- Supporting member and provider outreach services to effectively communicate with members and providers

Case Management Services from DHCS Medi-Cal Dental

DHCS offers a range of Case Management services to all members. Providers can refer members who have been identified as those who have or at increased risk for a chronic physical, behavioral, developmental, or emotional conditions, to the Case Management program. Case Management services include:

- Assistance finding a general or specialist dentist in the member's geographical area
- Assistance accessing and scheduling appointments based on member's specific needs
- Coordination of transportation services to and from the appointment
- Providing language services to assist members with securing and attending appointments (including American Sign Language ASL)
 - Identification and assistance for members with significant or special diagnoses or needs. The services under case management include:
 - Identification and Assessment (Determining eligibility and performing comprehensive initial evaluation and treatment plan)
 - Service Planning
 - Monitoring and Documentation
 - Care Coordination
 - Exit Planning and Case Closure

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Please refer to the [Dental Case Management Referral](#) webpage to complete the online referral form.

For questions and support, please contact the Medi-Cal Dental Telephone Service Center (TSC) toll-free at (800) 423-0507. Medi-Cal Dental representatives are available to answer phone calls between 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you. For general program information, the Medi-Cal Dental Interactive Voice Response System (IVR) is available 24 hours a day, seven days a week, using the automated system.