

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Dental Services – Sedation/General Anesthesia Coverage APL 23-028

This is an advisory notification to Molina Healthcare of California (MHC) network providers on coverage requirements for intravenous (IV) moderate sedation and deep sedation/general anesthesia services provided by a physician in conjunction with dental services for managed care health plan (MCP) Members in hospitals, ambulatory surgical settings, or dental offices.

This notification is based on All-Plan Letter (APL) 23-028, which can be found in full on the Department of Health Care Services (DHCS) website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-028.pdf>.

BACKGROUND

With limited exceptions, dental services are excluded from the MHC Contract and are provided to MHC Members on a Fee-for-Service (FFS) basis or through a Dental Managed Care (DMC) plan. MHC will provide oral health screenings and referrals in accordance with the Recommendations for Preventive Pediatric Health Care (Bright Futures/American Academy of Pediatrics) to all Members less than 21 years of age. MHC will cover medically necessary services administered in connection with dental services that are not performed by dental providers. MHC will reimburse for contractually covered prescription drugs, laboratory services, pre-admission physical examinations required for dental offices, admission to ambulatory surgical settings, or an inpatient hospital stay for a dental procedure, and facility fees, as applicable.

POLICY

All Medi-Cal Members enrolled in MCPs who are eligible for Medi-Cal dental services are entitled to dental services under IV moderate sedation and deep sedation/general anesthesia when medically necessary in an appropriate setting.

MHC will provide prior authorization for IV moderate sedation and deep sedation/general anesthesia for dental services using the criteria provided in Attachment A. MHC will authorize privileges for Medi-Cal Dental providers who need to use anesthesiology at MHC facilities or coordinate for out-of-network access for Members if an MHC facility is not available, in accordance with timely access standards for specialty care. MHC will assist Providers and Members with the prior authorization process as a form of care coordination to avoid situations where services are unduly delayed.

The following lists the requirements for MHC to cover IV moderate sedation and deep sedation/general anesthesia services:

- 1) Contractual responsibilities include:

- a) MHC will cover services related to dental procedures that require IV moderate sedation and deep sedation/general anesthesia and are provided by individuals other than a dental provider, including, but not limited to, any associated contractually required 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.
 - b) MHC will reimburse facility fees for services provided in any hospital or ambulatory surgery center that meet the requirements set forth in this policy provided by dental providers or individuals other than dental providers.
 - c) MHC will coordinate all necessary non-anesthesia covered services provided to a Member.
- 2) Members may receive treatment for a dental procedure provided under IV moderate sedation and deep sedation/general anesthesia by a physician anesthesiologist in the settings listed below only if MHC determines the setting is appropriate and according to the criteria outlined in Attachment A:
- a) Hospital
 - b) Accredited ambulatory surgical center (stand-alone facility)
 - c) Dental office
 - d) A community clinic that:
 - i. Participates in the provision of Medi-Cal dental services (Dental FFS or DMC plan)
 - ii. Is a non-profit organization
 - iii. Is recognized by the DHCS as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike, including Tribal Health Program clinics
- 3) During an inpatient stay, authorization for general anesthesia provided by a physician anesthesiologist to a Member must be part of the authorization for the inpatient admission. This does not preclude any subsequent inpatient stay necessary due to an outpatient procedure. In addition, an inpatient stay is not required for the provision of outpatient surgical center services.

For more information on Medi-Cal dental coverage, please utilize the links below:

- Recommendations for Preventive Pediatric Health Care:
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- Policy for Intravenous Moderate Sedation and Deep Sedation/General Anesthesia (Attachment A):
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/AT-T-A-Policy-IV-Sedation-GA-APL-23-028.pdf>
- Intravenous Moderate Sedation and Deep Sedation/General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios (Attachment B):
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/AT-T-B-IV-Sedation-GA-Billing-Scenarios-APL-23-028.pdf>

WHAT IF YOU NEED ASSISTANCE?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below:

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Please include provider name, NPI, county, and fax number and you will be removed within 30 days.