





Promise Health Plan

Policy Title: Dental Services		POLICY #: 10.02.05	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 11/97	Effective Date 11/22	Revision Date 12/18, 3/22, 10/22, 2/23, 10/23
VP Approval: Tracy Alvarez, VP, Medical Care Solutions 			Date of Approval: 06/11/2024
Medical Services/P&T Committee: (If Applicable) Jennifer Nuovo, MD Chief Medical Officer 			Date of Committee Review: 06/11/2024

A. PURPOSE

To define the policy and procedure and provide guidance on how Blue Shield of California Promise Health Plan’s (Blue Shield Promise) Members receive dental screenings and appropriate intravenous (IV) moderate sedation and deep sedation and general anesthesia services provided by a physician in conjunction with dental services for Blue Shield Promise Medi-Cal Members in hospitals, ambulatory surgical settings, or dental offices in compliance with the All Plan Letter (APL) 23-028.

B. DEFINITIONS

1. “Federally Qualified Health Centers” (FQHC) are safety net providers that primarily provide services typically furnished in an outpatient clinic. FQHCs include community health centers, migrant health centers, health care for the homeless health centers, public housing primary care centers, and health center program look-alikes. They also include outpatient health programs or facilities operated by a tribe FQHC or tribal organization. Section 330 of the Public Health Service (PHS) Act (42 United States Code Section 254a).
2. “FQHC Look-Alikes” are certain tribal organizations and organizations that meet the PHS Section 330 eligibility, but do not receive grant funding.

C. POLICY

- I. Blue Shield Promise will cover and ensure that dental screenings and oral health assessments are included for all Members and ensure that all Members are given closed loop referrals to appropriate Medi-Cal dental Providers. Blue Shield Promise will provide medically necessary federally required adult dental services (FRADS), fluoride varnish, and dental services that may be performed by a medical professional. Dental services that are exclusively provided by dental providers are not covered.

- II. For Members less than 21 years of age, Blue Shield Promise will ensure that a dental screening and an oral health assessment are performed as part of every periodic assessment, with annual dental referrals beginning with the eruption of the Member's first tooth or at twelve (120 months of age, whichever occurs first).
 - a. Blue Shield Promise will ensure the provision of medically necessary dental-related covered services that are not exclusively performed by dental providers. Blue Shield Promise will also have an identified liaison available to Medi-Cal dental providers to assist with referring the Member to other covered services. Other covered services include, but are not limited to, prescription drugs, laboratory services, pre-admission physical examinations required for dental offices, admission to an outpatient surgical service center, or an inpatient hospitalization required for a dental procedure (including facility fees and anesthesia services for both inpatient and outpatient services). Blue Shield Promise will require prior authorization for medical covered services needed in support of dental procedures.
 - b. When prior authorization is required in support of dental procedures, Blue Shield Promise will develop and publish the policies and procedures for obtaining prior authorization for dental services to ensure that services are provided to the Member in a timely manner. Blue Shield Promise will coordinate with the Department of Health Care Services (DHCS) Medi-Cal Dental Services Division in the development of their policies and procedures pertaining to prior authorization for dental services and must submit such policies and procedures to DHCS for review and approval.
 - i. Blue Shield Promise requires prior authorization for IV moderate sedation and deep sedation/general anesthesia related to dental services. These services will be authorized by Blue Shield Promise based on the criteria provided in Attachment A to APL 23-028.
 - c. Blue Shield Promise providers are required to adhere to all regulatory requirements on pre-operative and peri-operative care; monitoring and equipment requirements; emergencies and transfers; and monitoring guidelines per DHCS APL 23-028.
 - d. Blue Shield Promise will authorize privileges for Medi-Cal Dental providers who need to use anesthesiology at Blue Shield Promise facilities, or coordinate for out-of-network access for Members if a Blue Shield Promise facility is not available, in accordance with timely access standards for specialty care

D. PROCEDURE

- I. Primary care physicians (PCP) are responsible for:
 - a. Dental screening during the Initial Health Appointment (IHA) for all Members.
 - b. For Members under 21 years of age:
 - i. Completing a dental screening/oral health assessment during the IHA and at every periodic assessment.
 - ii. Providing annual dental referrals commencing at age 3 or earlier if conditions warrant.

- II. Members are to be referred to appropriate Medi-Cal dental providers.
- III. Blue Shield Promise will educate contracted providers on dental screenings and the coordination of appropriate referrals for dental services to include medically necessary IV moderate sedation and deep sedation and general anesthesia services via the provider manual that includes access to this policy and procedure.
- IV. Blue Shield Promise will cover and ensure the provision of covered medical services component of dental services that are not provided by dentists or dental anesthetists.
- V. Covered medical services covered by Blue Shield Promise include but not limited to:
 - a. Contractually covered prescription drugs
 - b. Medical laboratory services
 - c. Pre-admission physical examinations required for admission to outpatient or inpatient care required for a dental procedure (*including facility fee and anesthesia services for both inpatient and outpatient services*)
- VI. Blue Shield Promise 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 Blue Shield Promise determines the setting is appropriate and according to the criteria outlined in Attachment A to APL 23-028:
 - a. Hospital;
 - b. Accredited ambulatory surgical center (stand-alone facility);
 - c. Dental office; and
 - d. A community clinic that:
 - i. Participates in the provision of Medi-Cal dental services (Dental Fee-for-Service [FFS] or Dental Managed Care [DMC] plan);
 - ii. Is a non-profit organization; and
 - iii. Is recognized by DHCS as a licensed community clinic or FQHC or a FQHC look-alike, including Tribal Health Program clinics.
- VII. Blue Shield Promise shall cover general anesthesia for dental services for a Member 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:
 - a. Member is under seven (7) years of age;
 - b. Member has a developmental disability
 - c. Member has an underlying clinical or medical condition for which general anesthesia is medically necessary

- VIII. Blue Shield Promise's responsibilities for IV moderate sedation and deep sedation/general anesthesia include:
- a. Blue Shield Promise will coordinate all necessary non-anesthesia covered services provided to a Member;
 - b. Blue Shield Promise 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; and
 - c. Blue Shield Promise 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.
- IX. Blue Shield Promise may require prior authorization for medical services required in support of dental procedures. All covered Dental Services are subject to prior authorization (see P&P # 10.2.38 Utilization Management Prior Authorization Review) and follow the same turn-around-time standards to avoid undue delay.
- X. Blue Shield Promise will assist providers and Members with the prior authorizations process as a form of care coordination and to avoid delays for dental services.
- XI. Authorization for general anesthesia provided by a physician anesthesiologist to a Blue Shield Promise Member during an inpatient stay must be a 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.
- XII. Blue Shield Promise shall reimburse facility fees for services provided in any dental office, hospital, ambulatory surgery center, or community clinic that meet the requirements set forth in this policy.

E. MONITORING:

N/A

F. REPORTING:

N/A

G. REFERENCES & ATTACHMENTS:

1. 42 United States Code Section 254a
2. APL 23-028

3. Health & Safety Code Section 1367.71
4. P&P 10.2.38 Utilization Management (UM) Prior Authorization Review
5. Section 330 of the Public Health Service (PHS) Act

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
2/2023	Updated Regulatory Requirements DHCS	
10/2023	Updated Regulatory Requirements DHCS (APL 23-028)	