





Promise Health Plan

<b>Policy Title:</b> Dental Services		<b>POLICY #: 10.2.5</b>	
		<b>Line of business: Medi-Cal</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 11/97	<b>Effective Date</b> 11/22	<b>Revision Date</b> 12/18, 3/22, 10/22, 2/23
<b>VP Approval:</b> Tracy Alvarez, VP, Medical Care Solutions 			<b>Date of Approval:</b> 2/17/2023
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date of Committee Review:</b> 2/9/2023

**A. PURPOSE**

To define the policy and procedure and provide guidance on how Blue Shield Promise Health Plan’s (BSCPHP) member receive dental screenings and appropriate intravenous (IV) sedation and general anesthesia services provided by a physician in conjunction with dental services for BSCPHP Medi-Cal beneficiaries in hospitals, ambulatory medical surgical settings, or dental offices in compliance with the APL-15-012.

**B. DEFINITIONS**

1. "Federally Qualified Health Center (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 Federally Qualified Health Center 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. BSCPHP 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. BSCPHP 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, BSCPHP 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 12 months of age, whichever occurs first.

- a. BSCPHP will ensure the provision of Medically Necessary dental-related Covered Services that are not exclusively provided by dentists or dental anesthetists. BSCPHP 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 laboratory services, and pre-admission physical examinations required for admission to an outpatient surgical service center, or an in-patient hospitalization required for a dental procedure (including facility fees and anesthesia services for both inpatient and outpatient services). BSCPHP 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, BSCPHP 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 BSCPHP will coordinate with 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. BSCPHP requires prior authorization on IV sedation and general anesthesia related to dental services will be authorized by BSCPHP based on the guidance of Attachment A in APL 15-012.
- c. BSCPHP 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 15-012

#### D. PROCEDURE

- I. Primary Care Physicians (PCP) are responsible for:
  - a. Dental screening during the IHA for all members.
  - b. Members under 21 years of age:
    - i. Completing a dental screening/oral health assessment during the Initial Health Assessment and at every periodic assessment.
    - ii. Provide 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. BSCPHP will educate contracted providers on dental screenings and the coordination of appropriate referrals for dental services to include medically indicated intravenous (IV) sedation and general anesthesia services via the provider manual that includes access to this policy and procedure
- IV. BSCPHP 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 BSCPHP 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. Beneficiaries may receive treatment for a dental procedure provided under general anesthesia by a BSCPHP anesthesiologist in the settings listed below only if BSCPHP 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; and
  - d. A community clinic that:
    - i. Accepts Medi-Cal dental program (Denti-Cal or DMC plan) beneficiaries;
    - ii. Is a non-profit organization; and
    - iii. Is recognized by the Department of Health Care Services as a licensed community clinic or a Federally Qualified Health Center (FQHC) or a FQHC look-alike.
- VII. BSCPHP shall cover general anesthesia for dental services for a beneficiary 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. Beneficiary is under 7 years of age;
  - b. Beneficiary has a developmental disability
  - c. Beneficiary has an underlying clinical or medical condition for which general anesthesia is medically necessary
- VIII. BSCPHP shall cover general anesthesia services provided by either dental personnel, or individuals other than dental personnel and any associated 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.
- IX. BSCPHP's responsibility for general anesthesia:
  - a. BSCPHP shall coordinate all necessary non anesthesia covered services provided to a beneficiary
- X. BSCPHP 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 Prior Authorization Review & Approval Process) and follow the same turn-around-time standards to avoid undue delay
- XI. BSCPHP will assist providers and members with the prior authorizations process as a form of care coordination and to avoid delays for dental services.
- XII. Authorization for general anesthesia provided by a physician anesthesiologist to a beneficiary during an inpatient stay must be a part of the authorization for the inpatient admission.
- XIII. BSCPHP 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 15-012, May 14, 2015, revised August 21, 2015
3. Health & Safety Code Section 1367.71
4. P&P 10.2.38 Prior Authorization
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	