PROVIDER*Update*

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Learn Which Anesthesia and Facility Fees are PPG Responsibility for *Dental Procedures*

Use the DHCS charts to find out who processes prior authorizations (PA), payments for anesthesia and facility fees

Managed Care Medi-Cal plans (MCPs) do not cover dental procedures performed by dental providers. However, MCPs must reimburse medically necessary services administered in connection with dental services such as intravenous (IV) moderate sedation and deep sedation/general anesthesia services provided by a physician, laboratory services, pre-admission physical examinations, admission to ambulatory surgical settings or inpatient hospital stay for a dental procedure and any facility fees (e.g., CPT** code 41899 and HCPCS code G0330), if applicable.

MCPs are also required to authorize privileges for Medi-Cal dental providers who need to use anesthesiology at contracted facilities or coordinate for out-of-network access if a contracted facility is not available in accordance with timely access standards.

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Reminders

Please refer to the communication for 24-108m, *Find out What Changed: Sedation and Anesthesia Coverage for Dental Services*, dated January 31, 2024. Also refer to the Department of Health Care Services' (DHCS') Revised All Plan Letter (APL) *23-028: Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage*, dated October 3, 2023, for complete details.

Prior authorization and facility fee component

Keep Your Info Updated & Access Key Resources Easily

Update your contact details quickly using our online form: bit.ly/demographics-update. This ensures members can connect with you easily or select you as a provider. Looking for important resources? Visit the Provider Library at providerlibrary.healthnetcalifornia.com for your operations manual, forms, communications and more - all searchable and printable for your convenience!

THIS UPDATE APPLIES TO:
- Participating Physician Groups

PROVIDER SERVICES

CalViva Health Medi-Cal (including ECM and CS providers) – 888-893-1569

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To determine who is responsible for the facility fee authorization request review, refer to DHCS' charts in Attachment B starting on page 4 for authorization requests for these different scenarios – Dental Office, Dental Only Surgery Center, Ambulatory Surgery Centers and General Acute Care Hospitals, and by different treatment providers. Abbreviations are listed on page 6.

Breakdown of responsibilities

Delegated PPGs:

- Need to respond to PA requests submitted for general anesthesia or IV sedation based on the charts starting on page 4. The PPG must render a utilization management decision in a timely manner in accordance with the PPG's *Provider Participation Agreement (PPA)*.

- Notify the member and physicians and other providers in writing if additional clinical information is required within the regulatory time frame.

- Communicate the decision to the member and physicians and other providers within the applicable regulatory time frame from the date of the original receipt of the request.

Member's PCP:

- Provides any necessary pre-operative history and physical examination and necessary laboratory or other medically necessary ancillary services.

Dentist/anesthesiologist:

- Both must have privileges at the selected place of service (e.g., hospital (outpatient, inpatient) or ambulatory surgery center), or a **Letter of Agreement (LOA) needs to be initiated by the PPG** to authorize and provide services at the designated facility site.

Go to the provider manual

For more information about dental services, refer to the provider manual:

1. [Benefits > Dental Services](#) *or*
2. Scan the QR code on the right

Additional DHCS resources:

- Clinical Assurance Division: https://www.dhcs.ca.gov/services/cad/Pages/default.aspx

- Dental Managed Care Plan Directory: https://dental.dhcs.ca.gov/Members/Dental_Managed_Care/DMCDentalPlanDirectory

- Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/

- Medi-Cal Dental Manual of Criteria: https://www.dental.dhcs.ca.gov/MCD_documents/providers/MOC_CDT23_Apr_1.pdf

- Medi-Cal Treatment Authorization Request (TAR) webpage: https://www.dhcs.ca.gov/provgovpart/Pages/TAR.aspx

- Medi-Cal Managed Care Health Plan Directory: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

- Medi-Cal Dental Provider Bulletins: https://www.dental.dhcs.ca.gov/serp.html?q=Medi-Cal+Dental+Provider+Bulletins#gsc.tab=0&gsc.q=Medi-Cal%20Dental%20Provider%20Bulletins&gsc.page=1
- Medi-Cal Provider Manuals: https://www.dhcs.ca.gov/formsandpubs/publications/Pages/Medi-CalProviderManuals.aspx

Additional information

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.

Intravenous Sedation and General Anesthesia:
Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios

The following charts are from the DHCS' APL 23-028, Attachment B and added for reference.

Scenario 1 – Dental Office

Treatment Provider:	Type of Plan/Coverage the Member is Enrolled in:			
	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist	MCP pays anesthesiologist	MCP pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist	Medi-Cal Medical FFS pays anesthesiologist
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	MCP pays for anesthesia fees	MCP pays for anesthesia fees	CAD Field Office (ETAR) pays for anesthesia fees	CAD Field Office (ETAR) pays for anesthesia fees
Dental Anesthesiologist	DMC Plan pays anesthesiologist	Medi-Cal Dental FFS pays anesthesiologist	DMC Plan pays anesthesiologist	Medi-Cal Dental FFS pays anesthesiologist
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	DMC Plan pays for anesthesia fees	Medi-Cal Dental FFS pays for anesthesia fees	DMC Plan pays for anesthesia fees	Medi-Cal Dental FFS pays for anesthesia fees

Scenario 2 – Dental Only Surgery Center

Treatment Provider:	Type of Plan/Coverage the Member is Enrolled in:			
	DMC Plan + MCMC	Medi-Cal Dental FFS + MCMC	DMC Plan + Medi-Cal Medical FFS	Medi-Cal Dental FFS + Medi-Cal Medical FFS
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	• MCP pays anesthesiologist • MCP pays facility fee	• MCP pays anesthesiologist • MCP pays facility fee	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an enrolled Medi-Cal provider
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	MCP pays for anesthesia and facility fees	MCP pays for anesthesia and facility fees	CAD Field Office (ETAR) pays for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider	CAD Field Office (ETAR) pays for anesthesia and facility fees if DOSC is an enrolled Medi-Cal provider

Scenario 2 – Dental Only Surgery Center, continued

Treatment Provider:	Type of Plan/Coverage the Member is Enrolled in:			
	DMC Plan + MCMC	**Medi-Cal Dental FFS + MCMC**	**DMC Plan + Medi-Cal Medical FFS**	**Medi-Cal Dental FFS + Medi-Cal Medical FFS**
Dental Anesthesiologist	• DMC Plan pays anesthesiologist • MCP pays facility fee	• Medi-Cal Dental FFS pays anesthesiologist • MCP pays facility fee	• DMC Plan pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an • enrolled Medi-Cal provider	• Medi-Cal Dental FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fee if DOSC is an • enrolled Medi-Cal provider
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	• DMC Plan pays for anesthesia fees • MCP pays for facility fees	• Medi-Cal Dental FFS pays for anesthesia fees • MCP pays for facility fees	• DMC Plan pays for anesthesia fees • CAD Field Office (ETAR) pays for facility fees if DOSC is an enrolled Medi-Cal provider	• Medi-Cal Dental FFS pays for anesthesia fees • CAD Field Office (ETAR) pays for facility fees if DOSC is an enrolled Medi-Cal provider

Scenario 3 – Ambulatory Surgery Center and General Acute Care Hospitals

Treatment Provider:	Type of Plan/Coverage the Member is Enrolled in:			
	DMC Plan + MCMC	**Medi-Cal Dental FFS + MCMC**	**DMC Plan + Medi-Cal Medical FFS**	**Medi-Cal Dental FFS + Medi-Cal Medical FFS**
Medical Anesthesiologist OR Certified Registered Nurse Anesthetist	• MCP pays anesthesiologist • MCP pays facility fees	• MCP pays anesthesiologist • MCP pays facility fees	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees	• Medi-Cal Medical FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	MCP pays for anesthesia fees and for facility fees	MCP pays for anesthesia fees and for facility fees	CAD Field Office (ETAR) pays for anesthesia fees and for facility fees	CAD Field Office (ETAR) pays for anesthesia fees and for facility fees
Dental Anesthesiologist	• DMC Plan pays anesthesiologist • MCP pays facility fees	• Medi-Cal Dental FFS pays anesthesiologist • MCP pays facility fees	• DMC Plan pays anesthesiologist • Medi-Cal Medical FFS pays facility fees	• Medi-Cal Dental FFS pays anesthesiologist • Medi-Cal Medical FFS pays facility fees
Submit Request for Authorization/Prior Authorization/Treatment Authorization Request to:	• DMC Plan pays for anesthesia fees • MCP pays for facility fees	• Medi-Cal Dental FFS pays for anesthesia fees • MCP pays for facility fees	• DMC Plan pays for anesthesia fees • CAD Field Office pays (ETAR) for facility fees	• Medi-Cal Dental FFS pays for anesthesia fees • CAD Field Office pays (ETAR) for facility fees

Abbreviation list

- CAD – Clinical Assurance Division
- Medi-Cal Dental FFS – Medi-Cal Dental Fee-For-Service
- DMC Plan – Dental Managed Care Plan
- DOSC – Dental Only Surgery Center
- DHCS – Department of Health Care Services
- ETAR – Electronic Treatment Authorization Request
- MCP – Medi-Cal Managed Care Health Plan
- Medi-Cal Medical FFS – Medi-Cal Medical Fee-For-Service
- MCMC – Medi-Cal Medical Managed Care