General Anesthesia – Dental

Benefit Coverage  (Health & Safety Code, § 1367.71 & DHCS APL15-012)

Coverage for general anesthesia and associated facility charges and outpatient services in connection with dental procedures when the use of a hospital or surgery center is necessary because of the Member’s medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available to Members under seven years of age; the developmentally disabled, regardless of age; and Members whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

General anesthesia for dental procedures requires prior authorization through the contracted IPA.

Beneficiaries may receive treatment for a dental procedure provided under general anesthesia by a physician anesthesiologist in the settings listed below only if the IPA/Health Plan determines the setting is appropriate and according to the criteria outlined in Appendix D, “Intravenous Sedation and General Anesthesia Guidelines for Dental Procedures”:

a) Hospital;
b) Accredited ambulatory surgical center (stand-alone facility); and
c) 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 FQHC look-alike.

Benefit Exclusion

Professional services (i.e. Dentist, Oral Surgeon) are excluded from this benefit. Also excluded are all dental benefits covered in the CCS Program. Any general anesthesia for dental procedures that is not pre-authorized.
General Anesthesia – Dental (continued)

Examples of Covered Benefits

General anesthesia when medically necessary for dental procedures involving:
1. Children under seven years of age; and/or
2. Developmentally disabled individuals, regardless of age; and/or
3. Individuals with a compromised health status.
4. Services related to dental procedures that require general anesthesia and are provided by individuals other than dental personnel, including 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.
5. Facility fees for services provided in any hospital, ambulatory surgery center, that meet the requirements set forth in this policy provided by either dental personnel or individuals other than dental personnel.
6. The coordination of all necessary non-anesthesia covered services provided to a beneficiary.

Examples of Non-Covered Benefits

General anesthesia for dental procedure when:
1. It is not medically necessary; or
2. It is not pre-authorized by the contracted IPA.

See: Appendix D
Intravenous Sedation and General Anesthesia Guidelines for Dental Procedures
Genetic Testing

Benefit Coverage (Health & Saf. Code, § 125000)

Coverage of genetic counseling, diagnostic testing, including prenatal diagnostic testing will be covered when medically necessary or indicated for conditions that may be detected prenatally or based on an ethnic group (i.e., Tay-Sachs Disease or Sickle Cell Trait), familial history or material exposure to teratogen (agents causing birth defects) and when prior authorization from the contracted IPA is obtained. Medically necessary testing includes, but is not limited to, patients with a family history of genetic disorders, a child with multiple malformations, a history of mental retardation or exposure to agents that are known to cause birth defects.

Benefit Exclusion

Experimental or investigational services to determine genetic disorders.

Examples of Covered Benefits

1. Amniocentesis.
3. Chromosomal analysis.
5. Prenatal screening and follow up services provided through the California Prenatal Screening Program.

Examples of Non-Covered Benefits

1. Experimental or investigational tests used to diagnose genetic disorders.
2. Absence of medical necessity (i.e., testing at Member’s request).