



Kaiser Foundation Health Plan- Southern California Utilization Management (UM) Criteria for Dental Anesthesia – Medi-Cal, Including Members Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Under the Age of 21

Utilization Management Criteria Statement

This document includes criteria that support utilization review of certain provider requested health care services.

Utilization review occurs when a qualified physician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified physician is in the position to approve, deny, delay, or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and provided for your reference.

If you are in a treatment relationship with a member your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and influenced, where applicable, by clinical practice guidelines and clinical support tools found in the Library under "Guidelines".

Principles

Dental Anesthesia Utilization Guidelines

General Anesthesia (GA) and associated facility charges for dental procedures are covered when general anesthesia is medically necessary based on clinical status or a qualifying medical condition.

If the dental procedure ordinarily requires general anesthesia by nature of the procedure itself, regardless of the clinical situation, then neither the general anesthesia nor facility charges are covered.

Kaiser Foundation Health Plan, Inc. covers Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services, as required by law for Medi-Cal managed care plan (MCP) members under age 21, when determined to be medically necessary based upon the following medical necessity criteria and the member's current clinical condition to correct or ameliorate defects and physical and mental illnesses or conditions. Services must also be provided when medically necessary to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency.

Service/s need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the child's current health condition are also covered under EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional health problems. The common definition of "ameliorate" is to "make more tolerable." Additional services must be provided if determined to be medically necessary for an individual child.

Medical necessity decisions are individualized. Flat limits or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements. Therefore, MCPs are prohibited from imposing service limitations on any EPSDT benefit other than medical necessity. The determination of whether a service is medically necessary or a medical necessity for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child.

Clinical Review Criteria

Criteria Indications for Intravenous Sedation or General Anesthesia:

Behavior modification and local anesthesia shall be attempted first, anxiolysis with oral medications then moderate sedation with IV agents and/or nitrous oxide as stipulated below shall then be considered if this fails or is not feasible based on the medical needs of the patient.

If the provider provides clear medical record documentation of both number 1 and number 2 below, then the patient shall be considered for intravenous sedation or general anesthetic.

1. Use of local anesthesia to control pain failed or was not feasible based on the medical needs of the patient.
2. Use of anxiolysis with oral medications then moderate sedation with IV agents and/or nitrous oxide, either inhalation with nitrous oxide or oral, failed or was not feasible based on the medical needs of the patient.

If the provider documents any one of numbers 3 through 6 then the patient shall be considered for intravenous sedation or general anesthetic.

3. Use of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient.
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation via nitrous oxide or oral sedatives.
5. Patient has acute situational anxiety due to immature cognitive functioning.
6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated, then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: anxiolysis with oral medications then moderate sedation with IV agents and/or nitrous oxide via nitrous oxide or oral sedatives, , intravenous sedation, then monitored anesthesia care (MAC) with or without general anesthesia.

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (i.e. continuous anticoagulant therapy such as Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

The need to diagnose and treat, as well as the safety of the patient, practitioner, and staff, should be considered in the use of GA. The decision to use GA must take into consideration:

1. Alternative behavioral guidance modalities
2. Dental needs of the patient
3. The effect on the quality of dental care
4. The patient's emotional development
5. The patient's medical status

Objectives of GA:

1. Provide safe, efficient, and effective dental care for the treatment of the mentally, physically, or medically compromised patient
 - Eliminate anxiety that interfere with procedure
 - Reduce untoward movement and reaction to dental treatment
 - Eliminate the patient's pain response during the procedure

We cover anesthesia services that are Medically Necessary when you get outpatient care. These services may include anesthesia for dental procedures when provided by an anesthesiologist and/or CRNA.

For dental procedures, we cover the following services when authorized by The Permanente Medical Group:

- IV sedation or general anesthesia services administered by a medical professional
- Facility services related to the sedation or anesthesia in an outpatient surgical, Federally Qualified Health Center ("FQHC"), dental office, or hospital setting

We do not cover any other services related to the dental care, such as the dentist's services

Examples of potentially qualifying conditions may include (but not limited to):

- Developmental Disabilities: Severe Autism, Pervasive Developmental Disorders, or significant Developmental Delay causing inability to cooperate
- Conditions of such severity that intubation is required include (but not limited to):
 - Sleep Apnea
 - Decreased oropharyngeal patency
 - Enlarged Tonsils that significantly increase the risk of airway compromise
 - Dental Skeletal deformities such as mandibular hypoplasia

- Medical Conditions:
 - Multiple System Failures
 - Significant Cardiac Arrhythmias i.e. >5 PVC's /min on ECG, sick sinus syndrome, etc
 - Poorly controlled diabetes or widely fluctuating blood sugars in spite of multiple insulin doses and vigorous attempts at control
 - Presence of prosthetic valves and anticoagulation therapy
 - Bleeding disorders such as hemophilia
 - Sickle Cell Disease with history of multiple crises
 - Myelodysplastic disease
 - Advanced Liver Disease i.e. cirrhosis with coagulopathy
 - Acute or Chronic renal failure with metabolic compromise
 - Significant CHF with limitations of normal activity and/or dyspnea
 - Unstable Angina
 - Epilepsy on at least one medication
 - Advanced Pulmonary Disease, i.e. emphysema or bronchitis requiring supplemental oxygen
 - Severely compromised nutritional status
 - Cerebral Palsy
 - Conditions making local anesthesia ineffective (example: infection) or contraindicated

- Neuropsychological or Psychiatric Conditions:
 - Dementia causing inability to cooperate
 - Sequela of prior head injury or stroke causing inability to cooperate
 - Post-traumatic Stress Disorder requiring management with multiple medications
 - Unstable or poorly controlled psychotic disorders
 - Poorly controlled severe depression causing inability to cooperate
 - Anxiety that has failed attempts at IV or oral anxiolysis with oral medications then moderate sedation with IV agents and/or nitrous oxide and Behavioral modalities
 - Other non-communicative states leading to inability to follow commands

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Utilization Management Steering Committee (UMSC)	11/2022,08/2023, 8/2024

References

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- 2012 Guidelines for the Use of Sedation and General Anesthesia by Dentists; American Dental Association
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- APL 15-012 Dental Services – Intravenous Sedation and General Anesthesia Coverage with Attachment A.