Denti-Cal

California Medi-Cal Dental

Bulletin

July 2017 Volume 33, Number 8

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Training Seminars

Reserve an available spot for one of our open training seminars.

Bakersfield

Workshop/D666 - July 13, 2017

Webinar

Basic & Edi/D667 - July 26, 2017 Advanced/D668 - July 28, 2017

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. Go here for more information!

Wednesday, July 19, 8 am - 4 pm.

For Faster Denti-Cal Payments, Enroll in Electronic Funds Transfer (EFT) Today!

Denti-Cal encourages providers to enroll in the EFT program. With EFT, Denti-Cal automatically deposits payments into a provider's designated savings or checking account, which means:

- No more lost or misdirected checks
- No more waiting for checks to arrive in the mail
- No more trips to the bank
- Payments are available faster

To participate in the program, providers must complete and sign the attached <u>Electronic</u> <u>Funds Transfer (EFT) Enrollment Form</u>. Providers can also obtain a form by calling the Provider Customer Service line at 1-800-423-0507 or by writing to Denti-Cal at this address:

Denti-Cal Attn: Provider Enrollment Department PO Box 15609 Sacramento, CA 95852-0609

Instructions for completing the EFT form are available in the <u>Providers Application Forms</u> section on the Denti-Cal website at <u>www.denti-cal.ca.gov</u>.

The EFT form must include the following:

- The provider's original signature (in blue ink)
- A preprinted, voided check attached to the form or a letter from the bank signed by an authorized agent confirming the provider's account information.

Providers must mail the completed form and bank account verification to Denti-Cal at the address shown above.

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Upon receipt of the EFT form, Denti-Cal will send a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Denti-Cal payment checks through the mail.

The amount of each deposit will appear on the corresponding Explanation of Benefits once direct deposit begins.

More information about direct deposit can be found in "Section 3: Enrollment Requirements" of the Provider Handbook.

For questions, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

Supplemental Information for General Anesthesia and Intravenous **Sedation**

Effective November 1, 2015, new criteria and guidelines were developed by the Department of Health Care Services (DHCS) for Intravenous Conscious Sedation/Analgesia (procedures D9241/D9242) and Deep Sedation/General Anesthesia (procedures D9220/D9221). These policies are currently in effect across all delivery systems and programs. Providers rendering general anesthesia (GA) and intravenous (IV) sedation services are required to submit Treatment Authorization Requests (TARs). The TARs should be submitted with documentation justifying the medical necessity for the IV Sedation / GA.

The flowchart below is a resource for providers to be used in conjunction with the Dental GA/IV Sedation policy previously released by DHCS in Denti-Cal bulletin Volume 31, Number 21.

The flowchart was developed to aid and ensure that providers are submitting appropriate documentation to justify medical necessity of the IV Sedation / GA. Each case requiring IV Sedation / GA is unique and should be evaluated as such. Although standard forms may be used to document the medical necessity for IV Sedation / GA, it is imperative that providers submit additional documentation that is specific to the case. If a dental treatment plan is available it should be included with the justification for the IV Sedation / GA.

For more information please call the Denti-Cal Provider Service Line at 1-800-423-0507.

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NEED MORE INFORMATION?

Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Thursday, July 6, 2017	Double Tree by Hilton Los Angeles—Norwalk	Los Angeles
8:00 AM - 4:00 PM	13111 Sycamore Drive	
Register Now!	Norwalk, CA 90650	

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Treatment Authorization Request (TAR) submitted for Intravenous Sedation or General Anesthesia



#1/2 Local Anesthesia/conscious sedation (oral/inhalation) failed

(oral/inhalation) was not feasible

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

Effective communicative techniques and the ability for immobilization failed or was not feasible based on the medical needs of

Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

Requires extensive dental restorative treatment or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

Submitted documentation outlines the extensive treatment or surgical treatment plan based on radiographs or visual exam (if unable to obtain radiographs) of the referring Dentist.

#1/2 Local Anesthesia/conscious sedation

Patient has acute situational anxiety due to immature cognitive functioning.

Submitted documentation indicates the patient is uncooperative due to coanitive immaturity whereby they are unable to follow commands from provider rendering the needed dental/surgical interventions.

#6

Patient is uncooperative due to certain physical or mental compromising conditions.

> Documentation provided must support/justify the need for the consideration of using IV Sedation or GA.

When a provider determines that a beneficiary meets one of the criteria of 3-6, it is not automatically considered to be documentation that conscious sedation or IV sedation was not feasible; rather the submitted documentation of the criteria that was met must be clearly stated in the patient's records and the submitted documentation requesting GA must clearly demonstrate the need for this covered benefit. April 2017

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Dental Treatment Plan

Diagnostic / Preventive

Most diagnostic and preventive treatment can be rendered without IV Sedation/GA unless the patient is so uncooperative that even a dental examination cannot be completed without sedation.

Restorative

It is critical for the patient to be immobilized either through effective communicative techniques or physical restraints. Medical condition and/or cognitive maturity of the beneficiary can seriously impact the safe delivery of this treatment.

Surgical

Treatment can be lengthy based on the type of surgery. It is critical for the patient to be able to tolerate the length of the surgery as well as be immobilized either through effective communicative techniques or physical restraints. Medical condition and/or cognitive maturity of the beneficiary can seriously impact the safe delivery of this treatment.

Extensive dental treatment is not defined by the number of procedures rendered but the treatment that can be reasonably tolerated and rendered in a safe and humane fashion based on cognitive maturity and medical condition of the beneficiary. April 2017



PO Box 15609 Sacramento, CA 95852-0509 (800) 423-0507