



# Provider Bulletin

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## TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, to go the [Provider Training Seminar Schedule](#).

## PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday  
8am - 4pm

# Reminder: Criteria Requirements for General Anesthesia and Intravenous Sedation

Effective November 1, 2015, 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 in medical and dental 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.

Please note, the submission and criteria requirements outlined in the Manual of Criteria (MOC) will not be updated until the implementation of CDT 19 occurs. Providers are required to abide by the updated requirements outlined in Provider Bulletin [Volume 31, Number 21](#), along with the attached flowchart to be used in conjunction with the Dental GA/IV Sedation policy.

The flowchart was developed to aid and ensure that providers are submitting appropriate documentation to justify medical necessity of the IV Sedation or GA. Each case requiring IV Sedation/GA is unique and should be evaluated as such. Although standard forms may be used to document the

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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 Telephone Service Center at (800) 423-0507.

# 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***

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

**#3**

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

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

**#4**

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 (oral/inhalation) was ***not feasible***

**#5**

Patient has acute situational anxiety due to immature cognitive functioning.

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

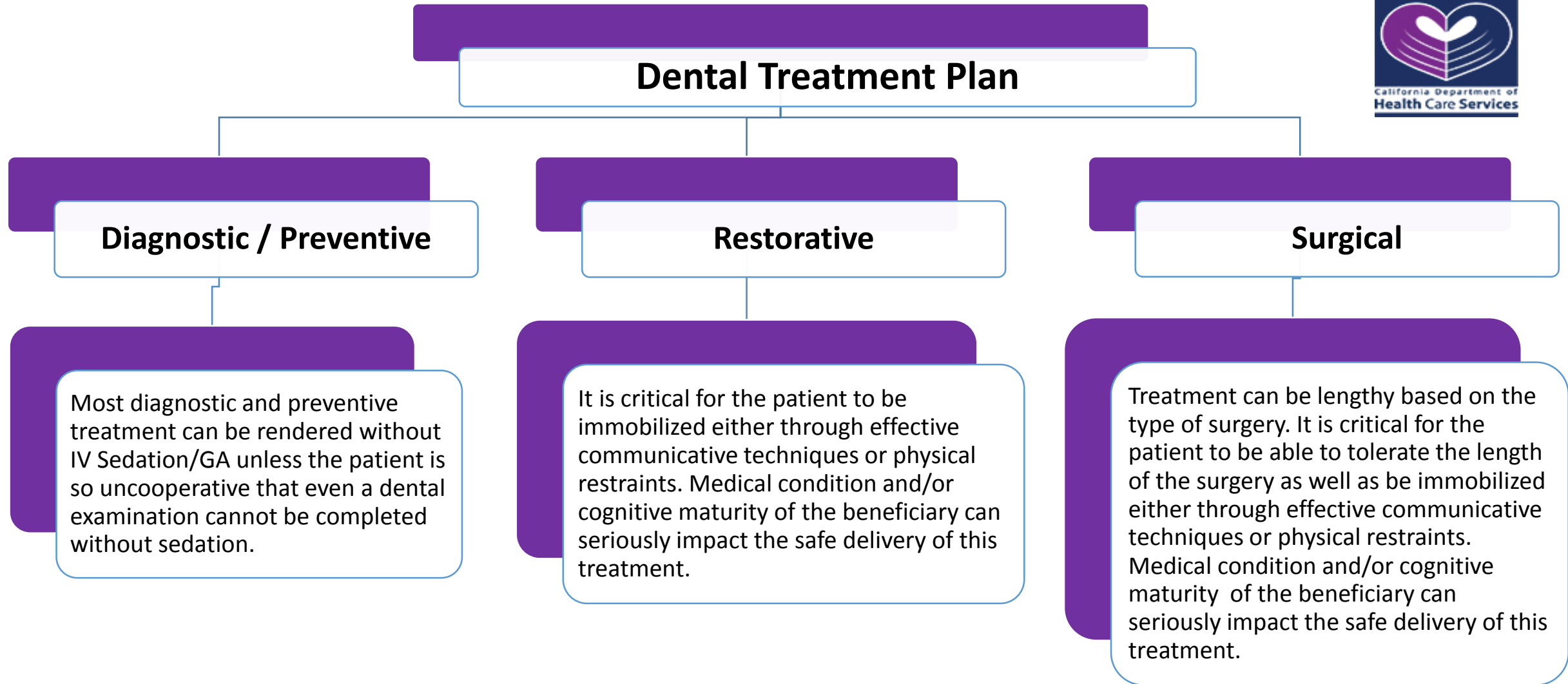
**#6**

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***



***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***