

PARTNERSHIP HEALTH PLAN OF CALIFORNIA

POLICY/PROCEDURE

Policy/Procedure Number: MPUP3048 (previously MCUP3048)		Lead Department: Health Services	
		Business Unit: Utilization Management	
Policy/Procedure Title: Dental Services (including Dental Anesthesia)		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/20/2000		Next Review Date: 03/11/2027	
		Last Review Date: 03/11/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 03/11/2026

I. RELATED POLICIES:

- A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- B. MCCP2022 – Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. Closed loop referral: A closed loop referral means bidirectional information sharing between two or more parties to communicate requests for services and the associated outcomes of the requests. The frequency and format of this information sharing varies by service provider and by the degree of formality that may be required according to local community norms. Depending on the type of service needed, this process may include referral to medical, dental, behavioral, and /or social services or community agencies. While a warm hand off may occasionally be appropriate, a closed loop referral does not imply that a warm hand off is required.
- B. Federally Required Adult Dental Services (FRADS): Per Federal law requirements, the Federally Required Adult Dental Services (FRADS) are services by a dentist which a physician could reasonably provide.
- C. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.
- D. Physician-Administered Drug (PAD) or Medical Benefit Medications: A physician-administered drug is an outpatient drug other than a vaccine that is typically administered by a health care provider in a physician’s office or other outpatient clinical setting. For example, drugs that are infused or injected are typically physician-administered drugs. The provider bills the appropriate CMS Medicaid or Medicare program (e.g. fee-for-service, managed care plan, or county operated health system) for the drug using the appropriate national drug code (NDC) and Healthcare Common Procedure Coding System (HCPCS) code.

IV. ATTACHMENTS:

- A. N/A

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V. PURPOSE:

To define the coverage under which Partnership HealthPlan of California (Partnership) authorizes and reimburses for dental anesthesia and dental services for Members.

VI. POLICY / PROCEDURE:

- A. Partnership provides benefit coverage for medical services related to dental services including physician-administered medications (defined at Section III. above), laboratory services, pre-admission physical examinations required for dental offices, admission to an ambulatory surgical setting or an inpatient hospital stay for a dental procedure, and facility fees as applicable. (Note: Effective January 1, 2022 with the implementation of Medi-Cal Rx, the Medi-Cal pharmacy benefit is carved-out to Medi-Cal Fee-For-Service as described in All Plan Letter (APL) 25-013 and all medications (Rx and OTC) which are provided by a pharmacy must be billed to the State Medi-Cal/DHCS-contracted pharmacy administrator instead of Partnership).
- B. Partnership covers and ensures that dental screenings and oral health assessments are included for all Members.
 1. Members are given “closed loop referrals” to appropriate Medi-Cal dental providers as follows:
 - a. Partnership’s Population Health Team includes the encouragement and referral to dental services in their outreach campaigns.
 - b. Partnership’s Population Health Team follows up with the Member to ensure the Member received the dental services as appropriate.
- C. Medi-Cal dental providers may contact Partnership’s Care Coordination department at (800) 809-1350 or by emailing the Care Coordination Help Desk at CCHelpDeskSR@partnershiphp.org (Southern Region), CCHelpDeskNR@partnershiphp.org (Northern Region) or CCHelpDeskEA@partnershiphp.org (Eastern Region) for assistance with referring a Member to other covered services.
- D. The following dental services are covered as a benefit under Partnership:
 1. Dental services that may be performed by a medical professional, including Medically Necessary Federally Required Adult Dental Services (FRADS).
 - a. Dental services that are exclusively provided by dental providers are not covered by Partnership.
 2. Fluoride varnish
 - a. Partnership provides benefit coverage for the topical application of fluoride for children younger than age six (6), up to three (3) times in a 12-month period.
 - b. Refer to policy MCCP2022 Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services for more information regarding dental services for Members less than 21 years of age.
- F. Partnership is responsible for services related to dental procedures that require IV moderate sedation or deep sedation/ general anesthesia and are provided by individuals other than dental personnel, including laboratory services, physical examinations required for admission to a medical facility, outpatient surgical center services and inpatient hospital services required for a dental procedure.
- G. Dental anesthesia services require prior authorization from Partnership (except as noted in VI.G.2 below). Treatment Authorization Requests (TARs) must be submitted to Partnership electronically through Partnership’s online services system or in writing via facsimile at (707) 863-4118.
 1. TARs will be reviewed according to the criteria provided in the California Department of Health Care Services (DHCS) All Plan Letter ([APL 23-028 Attachment A](#) “Policy for Intravenous Moderate Sedation and Deep Sedation/ General Anesthesia”).
 - a. Actual decisions for determining medical necessity for dental anesthesia in individual cases take into account the needs for individual patients and the characteristics of the local delivery system.

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2. A TAR is not required prior to delivering intravenous (IV) moderate sedation or deep sedation/ general anesthesia as part of an outpatient dental procedure in a state certified skilled nursing facility (SNF) or any category of intermediate care facility (ICF) for the developmentally disabled per [APL 23-028 Attachment A "Policy for Intravenous Moderate Sedation and Deep Sedation/ General Anesthesia"](#).
 3. During an inpatient stay, authorization for general anesthesia provided by a physician anesthesiologist or a certified registered nurse anesthetist (CRNA) to a Partnership Member must be part of the authorization for the inpatient admission. This does not preclude any subsequent inpatient stay necessary due to an outpatient procedure. In addition, an inpatient stay is not required for the provision of services in an accredited ambulatory surgical center (stand-alone facility).
 4. For assistance with the TAR process, providers may contact Partnership Utilization Management at (800) 863-4144. For TAR inquiries, Members may contact Partnership Member Services at (800) 863-4155.
- H. Providers are required to adhere to all regulatory requirements (Federal, State, Licensing Board, etc) for:
1. Preoperative and perioperative care
 2. Monitoring and equipment requirements
 3. Emergencies and transfers
 4. Monitoring guidelines
- I. Criteria:
1. As per state law and Medi-Cal program policy (Partnership Medi-Cal Members) as well as Federal regulations and Medicare program policy (Partnership Advantage enrollees), Partnership covers medically necessary IV moderate sedation and deep sedation/general anesthesia for dental procedures for Members who meet specific criteria.
 2. Members may receive treatment for a dental procedure provided under IV moderate sedation or deep sedation/ general anesthesia by a physician anesthesiologist or CRNA in the settings listed below only if Partnership determines the setting is appropriate and meets criteria:
 - a. Hospital
 - b. Accredited ambulatory surgical center (stand-alone facility)
 - c. Dental Office; and
 - d. A Community Clinic that:
 - 1) Accepts Medi-Cal dental program
 - 2) Is a non-profit organization; and
 - 3) Is recognized by DHCS as a licensed community clinic or a Federally Qualified Health Center (FQHC) or FQHC look-alike.
 3. If sedation is indicated, then the least profound procedure should be attempted first. The procedures are ranked from low to high profundity in the following order:
 - a. Conscious Sedation via inhalation or oral anesthetics
 - b. Intravenous (IV) moderate sedation
 - c. Deep sedation/ General Anesthesia
 4. If the provider documents both a. and b. below, then the Member shall be considered for IV moderate sedation or deep sedation/ general anesthesia:
 - a. Failure of Behavioral Modification AND
 - b. Failure of conscious sedation, either inhalation or oral
 5. If the provider documents any one of the following, then the Member shall be considered for IV moderate sedation or deep sedation/ general anesthesia:
 - a. Failure of effective communication techniques and the inability for immobilization (Member may be dangerous to self or staff)
 - b. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

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- c. Patient has acute situational anxiety due to immature cognitive functioning
- d. Patient is uncooperative due to certain physical or mental compromising outcomes.
6. Appropriate review of treatment authorization requests for conducting dental procedures under IV moderate sedation or deep sedation/ general anesthesia requires the Member’s medical history, physical status, and indications for anesthetic management. Documentation of a recent (preferably no more than six [6] months prior to procedure) pre-operative exam completed by the Member’s primary care physician should be submitted with the TAR. The PCP’s pre-operative exam should evaluate for medical conditions, medical history, family history or medications that increase anesthesia risk. The assessment should include a statement that the patient is “cleared for general anesthesia,” or an equivalent statement.
7. Members 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 should be treated in a hospital setting or licensed facility capable of responding to a serious medical crisis.
8. The anesthesiologist performing anesthesia or sedation will be responsible for conducting a pre-operative history and focused physical to assess any interaction risk and plan accordingly per the American Society of Anesthesiologists’ “Basic Standards for Preanesthesia Care.” October 15, 2025 available on this website: <https://www.asahq.org/standards-and-practice-parameters/basic-standards-for-preanesthesia-care>
9. Partnership recommends medical and dental procedures follow the recommendations of the American Academy of Pediatrics – Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures (see VII. A. References).

VII. REFERENCES:

- A. Guidelines for Monitoring and Management of Pediatric Patients Before, During and After Sedation for Diagnostic and Therapeutic Procedures: Update 2019. American Academy of Pediatrics, American Academy of Pediatric Dentistry, Charles J. Coté, MD, FAAP, Stephen Wilson, DMD, MA, PhD. *Pediatrics*. 2019; 143(6): e20191000. <https://doi.org/10.1542/peds.2019-1000> (This clinical report was reaffirmed in December 2025 with reference updates)
- B. Title 10 California Code of Regulations (CCR) Chapter 5.8, [Article 3 Health, Dental and Vision Benefits §2699.6700-6707, 6709-6711](#)
- C. Department of Health Care Services (DHCS) All Plan Letter [\(APL\) 23-028 Dental Services- Intravenous Moderate Sedation and Deep Sedation/ General Anesthesia Coverage](#) (10/03/2023) and
 1. [Attachment A](#) “Policy for Intravenous Moderate Sedation and Deep Sedation/ General Anesthesia
 2. [Attachment B](#) “Intravenous Moderate Sedation and Deep Sedation/General Anesthesia: Prior Authorization/Treatment Authorization Request and Reimbursement Scenarios
- D. Department of Health Care Services (DHCS) All Plan Letter [\(APL\) 23-006 Delegation and Subcontractor Network Certification](#) (03/28/2023)
- E. American Society of Anesthesiologists (ASA) “Basic Standards for Preanesthesia Care.” October 15, 2025. <https://www.asahq.org/standards-and-practice-parameters/basic-standards-for-preanesthesia-care>
- F. Title 42 Code of Federal Regulations (CFR), Particular services excluded from coverage [§411.15\(a\)](#)
- G. Medi-Cal Provider Manual/Guidelines: Dental Benefits [\(dental\)](#)

VIII. DISTRIBUTION:

- A. Partnership Provider Manual
- B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

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X. REVISION DATES:

Partnership Advantage (Program effective January 1, 2027)
03/12/25; 03/11/26

Medi-Cal
10/17/01; 08/20/03; 10/20/04; 10/19/05; 10/18/06; 02/20/08; 04/21/10; 08/18/10; 10/20/10; 03/21/12;
06/19/13; 08/19/15; 04/20/16; 04/19/17; *06/13/18; 05/08/19; 06/10/20; 01/13/21; 11/10/21; 11/09/22;
11/08/23; 03/13/24; 03/12/25; 03/11/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids – KKUM103, MPUP3048 (Healthy Kids program ended 12/01/2016)
02/20/08, 04/21/10; 08/18/10; 10/20/10; 03/21/12; 06/19/13; 08/19/15; 04/20/16 to 12/01/2016

Partnership Advantage:
MPUP3048 - 02/20/2008 to 01/01/2015

Healthy Families:
MPUP3048 - 10/20/2010 to 03/01/2013

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.