



June 1, 2007

Clifford Allenby
Chair
California Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, California 95814

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Dear Mr. Allenby:

The California Dental Association supports the use of general anesthesia in dental offices and is encouraged by the recent discussions by the Managed Risk Medical Insurance Board on including dental office general anesthesia as a covered benefit in the Healthy Families Program. With the recent PricewaterhouseCoopers cost impact report submitted to the board in May, it appears the board is moving toward a final decision on whether to recognize the use of general anesthesia used in the dental office as a benefit of the program. While CDA appreciates the findings in that report, we have serious concerns about the assumption in the report that the general anesthesia benefit for dental patients would be covered under dental benefits.

This assumption contradicts state law in the use of general anesthesia (see Health and Safety Code Sec. 1367.71, and Insurance Code Sec. 10119.9). General anesthesia is utilized in dental care not primarily for the performance of a specific dental procedure, but because the physical and medical conditions of the patient (young children, as dictated by the code sections) requires the use of general anesthesia to complete that care. In other words, general anesthesia becomes necessary due to the medical, physical, or developmental condition of the patient. Current law recognizes that the use of anesthesia in these circumstances is appropriate, and therefore by necessity should be borne by the medical plan because of the underlying medical or physical condition of the patient, not the oral health condition of the patient.

Making a general anesthesia benefit for in-office dental care a component of the dental side of the program would be a serious deviation from the rationale of the existing law. It would sever the need for general anesthesia based upon medical necessity stemming from the condition of the patient. Under existing law, dental work performed in a hospital under general anesthesia requires medical plan reimbursement. Under the MRMIB proposed policy recommendation, if the same patient with the same medical conditions were to have his or her dental work performed under general anesthesia in a dental office, the dental plan would be responsible. The issue of whether a patient requires general anesthesia should be about why the patient needs general anesthesia, not where a patient receives it. This benefit, as proposed for the Healthy Families Program and assumed in the PricewaterhouseCoopers memo, could create a conflict based on the venue of care, not a patient's condition. We fear a situation where dental and medical plans will battle over the venue for administering general anesthesia as they both attempt to obtain

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payment for the procedure by the other. Creating the in-office general anesthesia benefit within dental plans will encourage cost avoidance as both dental and medical plans attempt to shift the cost, and inappropriately shifting the debate over this proposal from why the benefit is important for patients, to where the benefit should be provided. This type of debate and ultimate cost-shifting battle would be a detriment to the patient. Medical plans should be pleased with the reduced cost option of conducting general anesthesia in the dental office that this proposal provides. If the conflicting venue situation is created by the policy adopted by MRMIB, lack of patient access to general anesthesia would be exacerbated rather than reduced, and the rationale for adopting the change in policy, which is to increase access and decrease cost, will be defeated.

While this point introduces a "new wrinkle" to the issue, as it was characterized at the hearing, the ability of dentists to bill medical plans for general anesthesia in-office is common practice among commercial medical plans. The dentist claims the procedure using the appropriate CPT (the American Medical Association's Current Procedural Terminology) code to the patient's medical carrier. We hope that a similar capability could be instituted within the Healthy Families Program, and we offer our assistance to work with the board staff and other stakeholders to ensure a workable procedure of claims and reimbursement.

Again, the PricewaterhouseCoopers' report lends support to the points that CDA has made in the past that extension of the general anesthesia benefit to dental offices would expand access to patients who need the benefit, and would also provide a more cost-effective venue for the procedure. We hope the board will now move forward with this proposal and look forward to a timely resolution of this matter.

Please don't hesitate to contact us if we can be of further assistance.

Sincerely,



Liz Snow
Chief Strategy Officer

c: Members, Managed Risk Medical Insurance Board
California Society of Pediatric Dentistry

**EVALUATION OF IMPACT OF ADDING HFP DENTAL COVERAGE
FOR IN-OFFICE CONSCIOUS SEDATION AND GENERAL ANESTHESIA**

ISSUE:

Should the Managed Risk Medical Insurance Board (MRMIB) implement the Healthy Families Advisory Panel's recommendation to expand the administration of general anesthesia and conscious sedation in the dental office beyond the use for covered oral surgery?

STAFF RECOMMENDATION:

MRMIB staff does not recommend expanding the administration of conscious sedation and general anesthesia in the dental office. However, should the Board decide to do so, staff suggests that dental plans provide prior authorization and that specific criteria be established (similar to the criteria used in several other SCHIP programs) which limits usage for children with dental phobias and behavioral problems to those circumstances where extensive or significantly complex dental work must be performed.

EXISTING BENEFIT:

HFP Dental Benefit

Currently, the HFP *dental* benefit provides coverage for local anesthetics, oral sedatives and nitrous oxide dispensed in the dental office. These forms of sedation are considered minimal and can be effective in controlling regional pain, reducing fear and anxiety, and improving patient cooperation without causing unconsciousness. The patient can respond normally to verbal commands. Children who have received minimal sedation generally will not require more than observation and intermittent assessment of their level of sedation. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are usually unaffected.

The HFP regulations specifically exclude both general anesthesia and intravenous/conscious sedation provided in a dental office **unless administered during covered oral surgery** (such as surgical removal of impacted or wisdom teeth and excision of cysts). Intravenous/conscious sedation is a drug-induced depression of consciousness during which the patient is able to breathe independently and respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Cardiovascular functioning is usually maintained. General anesthesia is the highest level of sedation where the patient is "put to sleep" in order for dental treatment to be provided. The child is completely unconscious during the procedure and has no sensations, feelings of pain, awareness, movement or memory of the procedure. Specifically, general anesthesia is a drug-induced loss of consciousness during which patients cannot be easily aroused, unless by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent (unobstructed) airway; and cardiovascular functions may be impaired.

HFP Health Benefit for Dental Procedures

The HFP *health* benefit covers general anesthesia and associated facility charges in connection with dental procedures **when hospitalization is necessary because of an underlying medical condition, the severity of the dental procedure or clinical status.** This benefit design is patterned after the state employees' benefit package, in which general anesthesia is covered as a health (rather than a dental) benefit. HFP health plans must coordinate care with the dental plan. The dentist or oral surgeon's services are covered by the participating dental plan in the scope of dental benefits.

Under the HFP *health* benefit, general anesthesia in connection with dental procedures can be administered in a hospital or surgical center and applies to:

- subscribers under seven years of age;
- the developmentally disabled, regardless of age; and
- subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

In applying the current HFP regulations, dental plans report that the majority of referrals to a hospital or surgical center are made because of a child's medical condition. Typically, a dentist makes a referral to a pedodontist who then determines whether a hospital setting is necessary to perform the required dental procedure with the administration of general anesthesia. HFP subscribers have been referred to a hospital/surgical center for such medical conditions as: autism/violent behavior, bipolar disorder, cancer, third degree burns, Downs Syndrome, cerebral palsy, severe mental retardation, asthma, and juvenile rheumatoid arthritis. Because of these medical conditions, a child may be non-verbal, unable to respond to commands, or otherwise unable to be treated in the dental office. The types of dental treatments provided to subscribers referred to the hospital or surgical center include: radiographs, cleanings, sealants, pulpotomies, crowns, extractions, fillings and root canals.

HFP ADVISORY PANEL RECOMMENDATION:

Over the past several years, the HFP Advisory Panel has engaged in on-going discussions about adding the administration of conscious sedation and general anesthesia in the dental office as a covered benefit under dental plans. These discussions have included presentations by representatives from various dental professional organizations such as the California Society of Dental Anesthesiologists, the California Society of Pediatric Dentistry and the California Dental Association. At the May 3, 2006 HFP Advisory Panel meeting, the Panel approved a motion to recommend that the Board amend the HFP regulations to add the administration of conscious sedation and general anesthesia when the care is provided in a dental office by a qualified and state licensed provider. The motion was presented at the October 2006 MRMIB meeting. The Board directed MRMIB staff to prepare this paper on the issue.

Proponents' Arguments

During the Advisory Panel's discussions, the proponents for office-based general

anesthesia noted that some young children in the HFP are difficult to treat because they are extremely fearful and often uncooperative. Many of the children present on their first appointment in pain and with a large number of untreated tooth decay. Dentists must rely on oral sedation which the proponents contend is not effective for extremely anxious children; or the dentists must use excessive physical restraints which can leave a lasting negative memory of the dental experience. Supporters for dental office-based general anesthesia contend that many more dentists would be able to treat extremely fearful and uncooperative HFP patients and thereby increase overall patient access to care. They also contend that because of increasing costs and low reimbursements, hospitals limit the use of their surgical facilities for low paying dental procedures, which has reduced the ability of the dentists to use general anesthesia and limited patients' access to care.

Some of the additional advantages cited by supporters for the inclusion of office-based general anesthesia in the HFP dental benefits include:

- Access will greatly improve for HFP members who need general anesthesia for dental procedures. Supporters contend that large numbers of HFP subscribers are currently not able to get necessary dental care because of difficulties in getting the needed approvals from a medical plan to perform dental services in the hospital/surgery centers. However, data has not been provided to support this contention.
- Scheduling of appointments will become easier and treatment can be provided on a timely basis because anesthesiologists will be more easily accessible. In addition, dentists will have the ability to schedule regular patient appointments if the anesthesia appointment must be cancelled or delayed.
- Dentists could increase hourly production which would encourage more dentists to sign up as HFP network providers. With more providers, HFP subscribers would have greater access to care.
- Dentists would not have to worry about obtaining and maintaining hospital privileges or transporting their equipment to the hospital/surgicenter
- The dental procedures could be completed in a familiar environment that is less intimidating to the child than a hospital setting; and multiple dental procedures could be treated in a single visit, which would free up appointment times for new patients
- The overall costs of the facility use and administration of anesthesia will be cheaper when performed in the dental office rather than in hospital operating rooms and community surgery centers.

Dr. Paul Morris, who represents pediatric dentists on the Advisory Panel, submitted a white paper on this issue for discussion. This paper is included as Attachment I. In the paper, Dr. Morris proposed allowing the use of general anesthesia and conscious sedation under the same circumstances delineated in regulations for the use in the hospital setting (i.e., underlying medical condition, severity of dental procedure; or clinical status).

Interpretation of Clinical Status

Of note is that Dr. Morris believes the "clinical status" criteria can be interpreted to

include children who have behavior issues such as dental phobia or anxiety that would make it difficult for the dentist to provide treatment, even in situations requiring simple dental procedures.

However, the HFP dental plans are **not** routinely referring subscribers to a hospital setting to have general anesthesia administered in conjunction with dental procedures based solely on the subscriber's behavioral issues (dental phobia, anxiety or fear). The MRMIB staff as well as the participating dental plans believe that considering children with behavior issues as meeting the "medical condition or clinical status" requirement is a broad interpretation of the HFP regulations and, if used in expanding the dental benefit, could significantly expand the circumstances under which dentists administer conscious sedation and general anesthesia.

DENTAL PROFESSIONAL ORGANIZATIONS' POLICIES AND GUIDELINES

Dental professional organizations such as the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) have issued policy statements reflecting their support of the in-office administration of deep sedation and general anesthesia and have developed various guidelines to assist dentists.

The ADA policy on *The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry* states:

The use of conscious sedation, deep sedation and general anesthesia in dentistry is safe and effective when properly administered by trained individuals. The ADA strongly supports the right of appropriately trained dentists to use these modalities for the management of dental patients and is committed to ensuring their safe and effective use.

The AAPD policy on dental anesthesia states:

The AAPD endorses the in-office use of deep sedation or general anesthesia on select pediatric patients, administered by a trained, credentialed, and licensed pediatric dentist, dental or medical anesthesiologist, or nurse anesthetist in an appropriately equipped and staffed facility.

In December 2006, AAPD in partnership with the American Academy of Pediatricians (AAP) co-endorsed a Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures which contains joint recommendations to unify the guidelines for sedation used by medical and dental practitioners for the monitoring and management of pediatric patients. The new guidelines follow definitions of sedation categories and expected physiological responses currently used by the Joint Commission on Accreditation of Healthcare Organizations and the American Society of Anesthesiologists. According to the Guideline, the majority of pediatric patients can be treated routinely in the office with behavior guidance techniques or oral medications. However, in order to receive dental treatment in a safe and gentle fashion, there is a subset of children that require parenteral (usually intravenous) sedation/general anesthesia because of the following circumstances:

- extensive treatment needs,
- acute situational anxiety,
- uncooperative age-appropriate behavior,
- immature cognitive functioning,
- disabilities or medical conditions.

GENERAL ANESTHESIA AND CONSCIOUS SEDATION BENEFITS IN SIMILAR PROGRAMS:

- **State Employee Coverage**--The HFP provides dental services to subscribers based on dental coverage in the **State employee dental plans** administered by the Department of Personnel Administration. General anesthesia and conscious sedation are **excluded** as a dental benefit in the State employee dental plan unless administered during covered oral surgery procedures. *In addition, office-based general anesthesia is generally not a covered benefit in commercial dental plans. When it is covered it is usually for oral surgery or as a health benefit due to the member's health condition(s).*
- The **Medi-Cal Dental program (Denti-Cal)** regulations authorize general anesthesia and conscious sedation as a program benefit to its enrollees. However, in the past the low reimbursement rates paid to the anesthesiologists have impacted utilization of the benefit. In order to provide anesthesia services to Medi-Cal dental patients, the licensed dentist administering treatment must be enrolled as a Denti-Cal provider and must possess a valid and current conscious sedation permit and/or general anesthesia permit from the Dental Board of California.
 - *General anesthesia* is covered in the Medi-Cal program for dental pain control without prior authorization when the need for its use is documented and justified. Payment is denied if documentation is not listed on the provider's claim form. Documentation for office (outpatient) general anesthesia must indicate an acceptable reason why local anesthesia is not appropriate. Reasons include, but are not limited to: severe mental retardation, spastic type handicap, prolonged (more than 30 minutes) or severe surgical procedures, acute infection at an injection site which causes failure of local anesthetic agents, failure of a local anesthetic to control pain and an actual contraindication to a local anesthetic agent.
 - *Conscious sedation* is covered in the Medi-Cal program, without prior authorization, to enrollees through age 12 or developmentally disabled residents of DHS-certified care facilities, regardless of age. Prior authorization is required for beneficiaries 13 years of age or older when it is justified and documented that a mental or physical handicap "precludes a rational response to commands." Conscious sedation is **not** covered in Medi-Cal to alleviate patient apprehension, nervousness, or fear or when diagnostic procedures are the only services provided.
- **Other State SCHIPs**—Staff received feedback from SCHIPs in eight states. Of these, four states (Colorado, Delaware, Michigan and Wyoming) do **not** include general anesthesia administered in the dental office as a covered dental benefit.

However, in most of these states, general anesthesia and conscious sedation provided in conjunction with covered dental procedures are covered as a *health* benefit when administered by an oral surgeon or in a hospital setting for children up to a specified age (such as under 5 or under 8 years of age).

In the remaining four states (New Hampshire, Utah, Virginia and Washington) general anesthesia administered in a dental office is provided as a covered **dental** benefit under specific and restricted circumstances. Some of these circumstances include:

- A person who has exceptional medical circumstances or a developmental disability as determined by a licensed physician which places the person at serious risk.
- For the extraction of impacted teeth and for children under 6 years of age for dental phobia or anxiety **when extensive dental work is being done.**
- Patients who require significant surgical procedures or have dental needs who otherwise would not receive comprehensive care.
- Extremely uncooperative, fearful, anxious or physical resistant patients **with substantial dental needs.**
- Patients who have sustained extensive orofacial or dental trauma

In at least one state, both the child's dentist and primary care physician must determine that the child has a dental condition of significant complexity which requires general anesthesia. Some states restrict coverage to children under a specific age (such as under 4 or 8 years of age). As noted above, in several of the states, when the child's dental phobia or anxiety is included in the criteria for office-based general anesthesia, it is in conjunction with a severe or significant dental condition. Several states reported low to no utilization of office-based general anesthesia. In these states general anesthesia continues to be administered in an outpatient surgical facility and is rarely provided in the dental office due to dentists' concerns about patient safety, additional costs of liability insurance, and lack of necessary equipment in their offices.

FACTORS THAT IMPACT FEASIBILITY OF ADDING OFFICE-BASED GENERAL ANESTHESIA

There are several factors that the Board should consider in evaluating the feasibility of adding the administration of general anesthesia and intravenous conscious sedation in the dental office as a covered dental benefit. These factors include the impact upon access to care, fiscal implications, safety issues and existence of written protocols and guidelines, availability of properly credentialed providers, and the plans' ability to add anesthesiologists to their provider networks.

Impact on Access to Care

The proponents for office-based general anesthesia report that large numbers of HFP subscribers are currently not able to get necessary dental care or timely access to care because of difficulties in getting approvals from a medical plan to perform the dental services in the hospital/surgery centers. However, specific data was not provided on the actual numbers of children who they believe are being negatively impacted. As a

result, MRMIB staff consulted with its five HFP dental plans regarding barriers that may exist when they coordinate services with the health plans. The majority of the dental plans reported that in the 2005/06 benefit year, there were no cases where the health plan denied the referral for general anesthesia. Among those dental plans that were able to provide utilization information to MRMIB, a total of 27 HFP subscribers were referred to the health plans for the administration of general anesthesia in conjunction with dental treatment during the 2005/06 benefit year. Two of the plans did not refer any HFP subscribers for hospital-based general anesthesia in the 2005/06 benefit year.

The major barrier/obstacle encountered by the dental plans is that they do not have large numbers of network dentists who also have hospital admitting privileges. Although this problem has sometimes resulted in a delay in the delivery of dental services, the member has been able to receive the services. To address this problem, some health plans are providing temporary admitting privileges. In addition, dental plans are sending their members to non-contracted providers with hospital privileges and paying the usual and customary rates.

MRMIB staff believes that the proponents' expectation that dentists will be able to schedule dental procedures requiring general anesthesia in the dental office on a more timely basis than in the hospital/surgicenter is based on the assumption that anesthesiologists will be available in the plans' provider networks and willing to travel to the dental offices. MRMIB staff believes that the anesthesiologists may not be willing to travel to a dentist's office to administer general anesthesia for a single or limited number of patients. Staff envisions that the dentists would need to schedule multiple patients requiring general anesthesia for the same day to facilitate the productive use of the anesthesiologist's time. Therefore, the waiting periods may not be significantly improved from the time periods currently required to coordinate and schedule the services through the medical plan.

Availability of Anesthesia Providers for Inclusion in Dental Plan's Networks

California law requires that general anesthesia and conscious sedation be provided by qualified and appropriately trained individuals in accordance with state regulation. The providers may include doctors of dental medicine (DMD), doctors of dental surgery (DDS), and doctors of medicine (MD) and certified registered nurse anesthetists. Dentists may not administer or order the administration of general anesthesia or conscious sedation in the dental office and physicians and surgeons may not administer anesthesia and conscious sedation in the office of a licensed dentist for dental patients unless they hold a valid anesthesia permit issued by the Dental Board of California. The requirements to obtain and maintain the permit are outlined in Attachment II.

There are a limited number of providers qualified to administer general anesthesia in a dental office setting. Based on information provided by the California Dental Board, there are approximately 714 providers statewide with current permits to administer general anesthesia and conscious sedation. This number includes dental providers and oral surgeons acting as their own anesthesiologists. Separate from these 714 providers there are approximately 50 dental anesthesiologists and 86 medical general anesthesia providers (136 providers total) who could administer general anesthesia in the HFP dental offices. These are the providers that the proponents of office-based general anesthesia are proposing the HFP dental plans utilize. MRMIB staff solicited feedback

from the HFP participating dental plans on how the expansion of coverage to provide in-office anesthesia and conscious sedation would affect the adequacy of their provider networks. Several plans expressed concern that they do not currently have a sufficient number of licensed providers in their network who can administer office-based general anesthesia services. In addition, the dental plans also expressed concerns about their ability to adequately recruit new anesthesiologists into their provider network, especially in the more rural areas of the state.

SafeGuard Dental indicated that many of their dental providers (oral surgeons and pedodontists) are increasingly unwilling to personally administer anesthesia in a dental office setting due to increased concerns regarding patient safety and liability considerations. The dental providers are more commonly willing to bring in a medical doctor to administer the anesthesia. However, the medical anesthesiologists are not part of the traditional dental delivery system and introduce additional obstacles to network delivery. SafeGuard is currently unable to credential anesthesiologists and does not have contracting strategies in place with these specialized medical providers. Delta Dental also expressed concern about their ability to enroll a large number of anesthesiologists in their network, unless the reimbursement rate was very generous and financially appealing.

Cost Implications/Reimbursement Issues

The inclusion of office-based general anesthesia and conscious sedation as covered dental benefits would result in increased costs to the HFP dental plans and the HFP. Payment of anesthesiologists for the administration of general anesthesia provided for dental procedures would shift from the medical plans to the dental plans, whenever the service is conducted in a dental office. The dental plans estimate that the current usual and customary rates for providing general anesthesia for dental procedures can range from approximately \$800 to \$1400. During the HFP Advisory Panel discussions, supporters of office-based general anesthesia cited low reimbursement rates in the Medi-Cal program as a reason for low utilization of office-based general anesthesia in that program. They advised MRMIB that if office-based general anesthesia were approved as a covered dental benefit in the HFP, the reimbursement rate for anesthesiologists must be set at an appropriate level to secure the anesthesiologists' interest and willingness to participate in the HFP dental program.

In the Medi-Cal program procedure code 998 is used by anesthesiologists to bill for general anesthesia administered in the dental office, hospital or surgical center. Data provided by the Department of Health Services indicates that approximately 1,361 Medi-Cal children between the ages of zero to five annually receive anesthesia services from a DDS-Anesthesiologist annually. The annual cost was \$178,767 (\$131.35 average per child). Prior to October 1, 2006, payment to the dentist-anesthesiologist under this procedure code included a basic set-up fee of \$70.05 and \$14.01 per 15-minute unit of anesthesia. Dental anesthesiologists were reimbursed under an entirely different structure than the medical anesthesiologists. The low reimbursement rate served as an impediment for general dentists to locate a dental anesthesiologist willing to provide office-based general anesthesia for their patients. However, effective October 1, 2006, dental anesthesiologists working within the Denti-Cal program and administering in-office, hospital or surgical center general anesthesia are reimbursed at levels equal to their medical counterparts. The **new** rate is \$63.33 per 15-minute unit (with no set-up

fee). For a one-hour procedure, the new payment is approximately \$253 in comparison to the old rate of \$126. No data is currently available to determine whether the change in reimbursement rates has increased the utilization of general anesthesia in the dental office.

Unlike the Medi-Cal Program, MRMIB's contractual relationship is with the HFP plans and not directly with the providers. The plans are paid a negotiated, capitated rate; and they determine the payment methodology they will use to compensate their HFP network providers. MRMIB would not dictate a specific reimbursement rate that dental plans would be required to pay anesthesiologists performing services for HFP subscribers. Given the fact that some dental plans are currently paying anesthesiologists the usual and customary fee when their services are needed for covered oral surgeries, MRMIB staff believe that it could be very difficult to find anesthesiologists willing to become a contracted network provider at a discounted rate. The dental plans have also expressed concerns about the impact that the reimbursement rates they would need to pay anesthesiologists may have on their proposed rates for the Healthy Families Program. Some plans stated that the family value package parameters for setting HFP rates may preclude them from establishing a reimbursement rate high enough to recruit a sufficient numbers of anesthesiologists.

Safety Issues

During the HFP Advisory Panel discussions, several panel members raised concerns regarding safety issues associated with providing general anesthesia in the dental office. MRMIB staff is also concerned about the safety of HFP subscribers, especially if the criteria for providing general anesthesia in the dental office were expanded to include behavioral issues, without other more restrictive criteria that require an evaluation of the severity/complexity of the dental procedures to be performed in conjunction with the child's behavior issues/dental phobias. Staff believes that this could significantly increase the number of children receiving general anesthesia in dental offices and thereby increase the probability for an adverse outcome.

There have been recent cases reported of young children dying in dental offices during the administration of anesthesia. The most common serious complications of sedating pediatric patients involve compromise of the airway or depressed respiration resulting in airway obstruction, hypoventilation, hypoxemia, and apnea. In addition, hypotension and cardiopulmonary arrest may occur, usually from inadequate recognition and treatment of respiratory compromise. Rare complications may include seizures and allergic reactions.

The AAPD Guideline on Use of Anesthesia Care Providers in the Administration of In-Office Deep Sedation/General Anesthesia to the Pediatric Dental Patient states that sedation and anesthesia in a non-hospital environment (private physician or dental office) may be associated with an increased incidence of "failure to rescue" the patient should an adverse event occur, because the only backup in this setting may be to activate emergency medical services. In contrast, the major advantage of administering general anesthesia in the hospital setting during dental procedures is that additional medical support can be made available immediately in the event of an emergency situation. In a dental office, additional skilled help may not be immediately available if an HFP subscriber's health were compromised. In rural areas, an emergency situation

could become further exacerbated as extensive travel time may be involved in transporting a patient in crises to the nearest hospital.

The AAPD Guideline includes detailed recommendations regarding the advanced training needed for the anesthesia provider to recognize and manage pediatric emergencies and for the operating dentists and clinical staff to maintain expertise in basic life support. These skills are critical in providing safe sedation and anesthesia. In addition, the treating dentist's staff must be well-versed in emergency protocols (including cardiopulmonary resuscitation) and have contact numbers for emergency medical services and ambulance services. The personnel requirements state that there should be 3 individuals present for in-office deep sedation/general anesthesia—the anesthesia care provider, the treating dentist, and support staff. There are specific recovery protocols that require the patient to be under the direct supervision (immediate presence) of the anesthesia provider during all phases of the procedure. An individual experienced in recovery care must be in attendance in the recovery facility and continually monitor the patient until respiratory and cardiovascular stability are exhibited and appropriate discharge criteria have been met.

In California, both dentists and physician providers of conscious sedation and/or general anesthesia are required under Section 1043.3 of the California Code of Regulations of the Dental Practice Act to meet specific physical facility, equipment, record keeping, emergency and drug standards requirements to ensure patient safety. If the in-office administration of general anesthesia was approved as a covered dental benefit, the HFP dental plans/providers would be required to adhere to these requirements, which could also result in extra costs to meet the additional equipment and drug requirements.

The facilities in which the dentist practices must meet the guidelines and appropriate state codes for the administration of the highest possible level of sedation/anesthesia when anesthesia care providers are utilized for in-office administration of deep sedation or general anesthesia. For example, the treatment room must accommodate the dentist and auxiliaries, the patient, the anesthesia care provider, the dental equipment, and all necessary anesthesia delivery equipment along with appropriate monitors and emergency equipment.

For the administration of in-office general anesthesia, the anesthesiologist must demonstrate that the required equipment, records and drugs are available on the premises when the anesthesia services are provided. Emergency equipment must be readily accessible and should include the necessary drugs and age/size appropriate equipment to resuscitate and rescue a non-breathing and unconscious pediatric dental patient and provide continuous support while the patient is being transported to a medical facility. In addition to monitoring equipment required for deep sedation (such as blood pressure monitor and electrocardioscope), other equipment such as a temperature monitor and pediatric defibrillator, pulse oximeter, endotracheal tubes and appropriate connectors, and laryngoscope are required for general anesthesia. Emergency drugs such as antihypertensive, antiarrhythmic, and intravenous medication for treatment of cardiopulmonary arrest must also be accessible. These requirements are detailed in Dr. Morris' proposal (refer to page 3 of Attachment I).

How HFP Dental Plans View Coverage of In-Office Sedation and General Anesthesia:

MRMIB staff solicited the opinions of the HFP participating dental plans about the appropriateness and necessity of adding office-based conscious sedation and general anesthesia in the scope of the HFP dental benefits. As noted in the summaries below, the plans expressed varying opinions and concerns about the potential inclusion of in-office general anesthesia and conscious sedation coverage.

Premier Access, a fee-for-service dental plan, serves 3% of HFP subscribers (21,467) and **Access Dental**, a prepaid dental plan, serving 16% of HFP subscribers (126,845) **supports** the inclusion of office-based general anesthesia as a covered dental benefit. The plans believe that if HFP dental plans had full control of this benefit, it would reduce the time (usually several weeks to sometimes months) currently required to coordinate with health plans and would enable members to obtain more timely dental care. The plans believe that clear, well-established guidelines would need to be established to allow for accurate and fair application of the benefit by dental plans.

Delta Dental, a fee-for-service dental plan, serves 50% of HFP subscribers (391,340). Delta believes that some HFP subscribers may benefit from the administration of general anesthesia in the dental office. Delta staff believes that the provision of general anesthesia by an appropriately trained and licensed (dental) anesthesiologist in a dental office rather than in a hospital setting will most likely be less costly on an **individual** case-by-case basis. However, the plan has concerns about the criteria that would be used and the resulting impact on overall costs. Delta staff believes that the current criteria for the limited use of general anesthesia and conscious sedation in the dental office (i.e., in conjunction with covered oral surgery) is clear and can be administered uniformly. Expansion of the dental benefit to include additional criteria would mean that the new criteria would need to be equally specific in order to allow consistent administration. For example, a "behavioral problems" criterion is too open to interpretation and inconsistent administration. Because of the high costs of general anesthesia, the financial implications associated with increased utilization could be significant. Therefore, Delta recommends that any changes must be made with care.

Western Dental serves 8% of HFP subscribers (60,966). The plan **does not support** the inclusion of office-based general anesthesia as a covered dental benefit. The plan believes that general anesthesia is not necessary or desirable for the provision of routine dental services for most healthy children. There are other less invasive techniques for gaining patient cooperation that have a greater margin of safety than general anesthesia. These less invasive techniques are appropriate for children who are healthy but may not be able to behave appropriately in the dental setting; and they are covered under the HFP as it is currently administered. Adding office-based general anesthesia to the benefits encourages the use of general anesthesia on healthy children when other less-invasive techniques could be effective. As a result, healthy children would be put at unnecessary risk. For those children who currently qualify for general anesthesia for dental treatment due to their medical condition, Western Dental believes that there are very severe risks that outweigh the benefits of office-based general anesthesia in almost all cases. These risks are minimized when general anesthesia is administered in a hospital setting where there are experienced personnel and equipment readily available in case of an adverse outcome. The HFP subscribers who

are currently receiving general anesthesia in the hospital setting in conjunction with dental procedures are the most vulnerable, medically-compromised children who should only receive general anesthesia in the safest setting possible. The plan suggests that any improvements to the program would be best directed at streamlining and improving the ability of the dental plans to contact and coordinate services with the health plans.

SafeGuard Dental, a pre-paid dental plan, serves 18% of HFP subscribers (140,808). The plan **does not support** the payment of costs for the administration of general anesthesia in the pedodontists' dental office unless the HFP subscriber's medical plan is required to cover the costs of the administration. As previously noted, the plan's experience has been that their dentists are unwilling to administer general anesthesia and are requesting the services of a medical provider, the costs of which were not intended to be covered by the dental plans contracting with the HFP. SafeGuard estimates that a non-contracted anesthesiologist costs between \$800 and \$1200, depending on the extensive nature of the services that will be performed, regardless of the reason for the need (medical necessity or behavior issues).

Health Net Dental serves 6% of HFP subscribers (47,028). The Plan **does not support** the addition of general anesthesia performed in the dental office as a covered benefit and believes that it would likely have a financially unacceptable impact and also present an unacceptable health hazard to HFP subscribers.

Health Net Dental believes that the current regulations are not problematic as almost all instances where general anesthesia is required are a "medical crossover". Currently, most dental treatment is being provided under oral sedation and/or nitrous oxide without a problem. The only time where in-office general anesthesia should even be considered is with medical necessity. Health Net feels that if the patient requires general anesthesia, it should be done in a hospital setting where there is maximum medical support when the extremely rare emergency does occur.

The Plan is concerned that the proposed addition of in-office general anesthesia fails to consider the shifting of payment from the medical plans to the dental plans. Health Net Dental recommends that the current process be improved for handling dental referrals for general anesthesia by establishing protocols (including standardized forms and procedures) with the HFP medical plans. The Plan also questions why a provider or dental plan would be willing to incur additional costs for in-office general anesthesia, when the medical plans currently pay for the procedure when it is administered in a hospital setting. Health Net believes the current system works. If in-office general anesthesia is included as a dental benefit and expanded to include patient management, the Plan believes there would be a drastic increase in usage with concurrent increases in expense and health risks to the patients. Without medical necessity general anesthesia restrictions, the use of general anesthesia runs rampant, as is evident in states such as Tennessee: According to Health Net representatives, in the Tenn Care system three plans declared bankruptcy because of increased expenses incurred from excessive usage of hospital-based general anesthesia. This increase in utilization was due to dentists requesting general anesthesia for patient management rather than the patient's medical condition.

STAFF'S CONCLUSIONS

MRMIB staff concludes that the HFP regulations should **not** be changed to include in-office administration of conscious sedation and general anesthesia as a covered dental benefit, based on the following reasons:

- The inclusion of office-based conscious sedation and general anesthesia coverage is inconsistent with the State employees' dental benefit package (which is used as the HFP benchmark).
- There is no evidence that children in the HFP who need general anesthesia (due to their medical condition, clinical status or severity of dental procedure) are currently not able to receive these services through their HFP health plans.
- There are safety concerns associated with the potential increase in utilization of general anesthesia in the dental office, especially if the administration of general anesthesia increases for children who have dental phobias or behavior issues.
- There are a limited number of providers with necessary permits who are available to provide office-based conscious sedation and general anesthesia; and the dental plans could experience difficulties in adding a sufficient number of these anesthesiologists to their provider networks at reasonable reimbursement rates.
- There could be serious financial implications for the contracted dental plans. The dental plans would assume the costs previously paid by the health plans; and these costs could be compounded depending upon the criteria established and the resulting impact from utilization of general anesthesia in the dental office. Any increases in dental plan costs would result in an increase in overall program costs for the State.

If the Board wants to consider expanding the HFP dental benefit to include the administration of conscious sedation and general anesthesia in the dental office for circumstances beyond covered oral surgery, MRMIB staff recommend that:

- (1) Specific criteria should be established to clearly delineate the circumstances when conscious sedation and general anesthesia can be administered in the dental office. Staff recommends that if a child's dental phobia or other "behavior issues" are included in the criteria, it should be in conjunction with a review of the severity/complexity of the child's dental problems/dental procedures required.
- (2) Prior authorization by the dental plans should be required in order to assure uniform and consistent application of the criteria and to appropriately manage the utilization of conscious sedation and general anesthesia services.

