
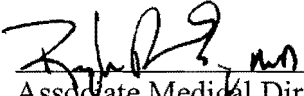
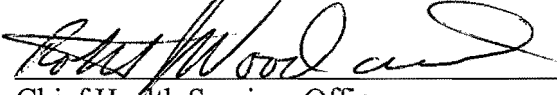


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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RESPONSIBLE DEPARTEMENT HEAD: Chief Health Services Officer							
Review Date	06/2000	02/2002	11/2005	05/2010			
Effective Date		06/01/02	03/31/06	05/29/10			
Revision No.	2000-06	2002-05	2006-02	2010-05			

Approved		Date	5/29/10
	Chief Executive Officer		
Approved		Date	5/26/10
	Associate Medical Director		
Approved		Date	5-26-10
	Chief Health Services Officer		

POLICY¹:

Most dental services are not covered under Kern Health Systems (KHS) Plans.² Dental screenings are included for all members as part of the initial health assessment.³ In addition, KHS will cover fees associated with a surgical facility and the professional services of an anesthesiologist when necessary for the treatment of dental conditions when those conditions meet specific criteria as outlined in this policy.

KHS providers will refer members to appropriate dental providers.

Dental services will be provided in accordance with the following statutory and contractual requirements:

- California Health and Safety Code §1367.71
- DHS Contract 03-76165 Exhibit A – Attachment 11 (14)

PURPOSE:

To assist providers in understanding dental benefits.

PROCEDURE:

1.0 PROGRAM DESCRIPTION

Medi-Cal members receive dental benefits through the Denti-Cal program. Healthy Families members receive dental benefits through a participating dental plan chosen at enrollment.

2.0 ACCESS

Members requiring dental services are identified either through dental screening by KHS Primary Care Practitioners (PCPs) or through members directly requesting referral. Those members are

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referred to appropriate dental providers, Denti-Cal, or the appropriate Dental Plan.⁴

KHS authorization is required for covered medical services related to dental services that are not provided by dentists or dental anesthetists. KHS authorization is required for use of a surgical facility and the professional services of an anesthesiologist. (For Medi-Cal members, the authorization request must include a denial from Denti-Cal). The dental provider must obtain prior authorization through the customary referral process.⁵ See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details.

Those services not covered by KHS do not require authorization from KHS, but may require authorization from Denti-Cal or the appropriate Dental Plan.

3.0 COVERED SERVICES

KHS covers only those dental services described below.

3.1 Dental Screenings

KHS covers dental screenings performed by the member's PCP. This service is included as part of the Initial Health Assessment. For members under 21 years of age, a dental screening/oral health assessment must be performed as part of every periodic assessment, with annual dental referrals made commencing at age 3 or earlier if conditions warrant.⁶

3.2 Covered Medical Services Related to Dental Services that Are Not Provided By Dentists or Dental Anesthetists⁷

KHS covers and encourages the provision of covered medical services related to dental services that are not provided by dentists or dental anesthetists. Covered medical services include: contractually covered prescription drugs; laboratory services; and, pre-admission physical examinations required for admission to an out-patient surgical service center or an in-patient hospitalization required for a dental procedure (including facility fees and anesthesia services for both inpatient and outpatient services).

3.3 Services Performed in a Surgical Center

Certain dental conditions may require treatment in a surgical center rather than in the dentist's office. Treatment in a surgical center may entail using anesthesia due to the prolonged time that the treatment will require, or for the safety of the patient.

KHS covers general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center setting, when the clinical status or underlying medical condition of the patient requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgery center setting.⁸ The procedure must be performed at a contracting facility.

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This benefit applies only to general anesthesia and associated facility charges for only members who meet one of the following criteria⁹:

- A. Under seven years of age
- B. Developmentally disabled, regardless of age
- C. Health is compromised and for whom general anesthesia is medically necessary, regardless of age.

4.0 COORDINATION OF CARE

Dental providers identifying conditions that could require medical intervention or specialty care are encouraged to contact the member's PCP for case management. If assistance is needed from KHS, the Dental Provider may contact the KHS Utilization Management Department for direction at 1-800-391-2000.

KHS PCPs must share appropriate medical record documentation with Dental providers to ensure safe delivery of dental services. Standards for the release of Protected Health Information are outlined in *KHS Policy and Procedure #2.28-P: Medical Records and Other Protected Health Information – Privacy, Use, and Disclosure*.

5.0 REIMBURSEMENT

Dental Providers must seek reimbursement from EDS or the dental health plan for services not covered by KHS. KHS is only responsible for payment of the fees associated with the authorized use of a surgical facility and the professional services of the anesthesiologist. KHS is not responsible for the services of the oral surgeon or dentist.

6.0 PROVIDER REQUIREMENTS

Any provider or facility involved in the authorized treatment of KHS members must have met all credentialing requirements appropriate to their scope of practice and executed a contract for services with KHS.

¹ **Revision 2010-05:** Policy reviewed by UM Supervisor. No revision necessary. **Revision 2006-02:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-05:** Annual review. Revisions made per 09/19/01 DHS Comment. Policy 3.34 deleted and incorporated into this policy. **Revision No. 2000-06:** Spelling corrections made after approval.

² DHS Contract A-11 (14)

³ DHS Contract A-11 (14)

⁴ DHS Contract A-11 (14)

⁵ HSC §1367.71(a); DHS Contract A-11 (14)

⁶ DHS Contract A-11 (14)

⁷ DHS Contract A-11 (14)

⁸ HSC §1367.71 (a)

⁹ HSC §1367.71 (b)