

Advantage Dental

From DentaQuest

Policy Name: Appointment Scheduling	Policy Number: PL004-Appointment Scheduling-CARE
Type of Policy: DCO	Effective Date: 6/14/2012
Responsible Department: Plan Operations	
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Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 7/17/2019
PURPOSE: To ensure Enrollees are scheduled for treatment within the required timeframes established by Oregon Administrative Rules and community standards.	
DEFINITIONS: Dental Emergency –A condition manifesting itself by acute symptoms of sufficient severity requiring immediate treatment within 24 hours such as severe tooth pain that is not controlled by over-the-counter medication, unusual or rapidly progressing swelling of the face or gums, bleeding that cannot be controlled or an avulsed tooth. Dental Urgency – A condition manifesting itself by acute symptoms of sufficient severity requiring care within 72 hours such as persistent dental pain that is not controlled by over-the-counter medication or infection presenting as abnormal swelling around the gums.	
FORMS: Advantage Dental Services Dentistry Protocol	
REFERENCES: 42 CFR 438.100; 42 CFR 438.114; 42 CFR 438.206; OAR 410-123-1060; OAR 410-123-1510; OAR 410-141-3140; OAR 410-141-3220	
POLICY: Dentistry is by nature preventative. Most dental disease, caries, gingivitis, and periodontal disease is preventable if the knowledge dental professionals have today is applied. With proper preventive techniques, a dental disease can be controlled and/or eliminated. The DCO's philosophy stresses emergency triage, diagnosis, and prevention before any major restorative procedures are done. It is the DCO's belief that there is not enough money in the State to fix all the problems without emphasizing prevention. Enrollees experiencing emergent or urgent dental concerns shall receive a response through the emergency call system. The emergency will be responded to within 1 hour and addressed/treated within 24 hours or sooner. The urgent concern will be responded to within 12 hours and addressed within 72 hours, depending on the enrollee's condition. After any emergent or urgent conditions are addressed, if any, Enrollees are then scheduled for routine care as follows:	

Priority Routine Care – For the following routine care, which should take priority in the dental office, enrollees should be appointed within 14 days, or the provider’s community standard, whichever is less, unless there is a special clinical reason making scheduling longer than twelve weeks is appropriate.

- Any routine services as defined below for members that fall within a special population (pregnant women, foster children, enrollees with a diabetic diagnosis, enrollees indicated as having a social determinant of health, children in need of a sealant, or enrollees that have utilized the emergency department for dental related reasons)
- Broken tooth with no additional symptoms
- Broken denture

Routine Care – For the following routine care and in the order set forth, enrollees are appointed on average in eight weeks (two weeks for pregnant women) but within twelve weeks, or the provider’s community standard, whichever is less, unless there is a special clinical reason making scheduling longer than twelve weeks appropriate.

- diagnosis and treatment planning
- eliminating oral pathology and periapical pathology
- prevention or needed restorative work

Office Waiting Times - It is difficult to establish exact waiting times in the office because every enrollee’s dental needs are different. Under normal circumstances MAP enrollees should not be kept waiting longer than non-MAP enrollees. If MAP enrollees are kept waiting, or if a wait of over 45 minutes is anticipated, MAP enrollees shall be given the opportunity to reschedule the appointment.

Dental Emergency Services – After an emergency triage, enrollees are scheduled for examination and diagnosis. At that examination, a treatment plan is established.

It is the responsibility of the provider’s office to call and confirm all appointments for enrollees unless the provider does not call any other patients of record to confirm appointments. If the provider calls to confirm and leaves a message, the provider must assume the enrollee will be present at their appointed time. If the phone number has been disconnected, then the provider can give the appointment away. If the enrollee shows up, the provider should make an attempt to see the enrollee. If the provider does not have time, then they may reschedule the appointment, after updating the enrollee’s contact information. If the enrollee is more than 15 minutes late, and the provider does not have time in the schedule for treatment, this would qualify as a no show or missed appointment.

The DCO will monitor the compliance of the Appointment Scheduling Policy through the Appeals and Grievance process, enrollee and provider surveys, and through the enrollee’s contact with Customer Service.

Reviewed and Revised By:

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02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover

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