	Title: Hospital Dentistry	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

**Purpose:** To establish the process for requesting hospital dentistry.

**Responsibility:**

Quality Improvement (QI)/Utilization Review (UR) Committee

**Scope:** Advantage Dental Services, LLC

**Forms:** n/a

**References:** 42 CFR 438.236; OAR 410-123-1490


**Policy:**

Enrollee Dental and Physical Needs Criteria for Hospital Dentistry:

- A. Children (18 or younger) who:
  - a. Through age 3 -- Have extensive dental needs;
  - b. 4 years of age or older -- Have unsuccessfully attempted treatment in the office setting with some type of sedation or nitrous oxide;
  - c. Have acute situational anxiety, fearfulness, extreme uncooperative behavior, uncommunicative such as a client with developmental or mental disability, a client that is pre-verbal or extreme age where dental needs are deemed sufficiently important that dental care cannot be deferred;
  - d. Need the use of general anesthesia (or IV conscious sedation) to protect the developing psyche;
  - e. Have sustained extensive orofacial or dental trauma;
  - f. Have physical, mental or medically compromising conditions; or
  - g. Have a developmental disability or other severe cognitive impairment and one or more of the following characteristics that prevent routine dental care in an office setting:
    - i. Acute situational anxiety and extreme uncooperative behavior; or
    - ii. A physically compromising condition.
  
- B. Adults (19 or older) who:
  - a. Have a developmental disability or other severe cognitive impairment, and one or more of the following characteristics that prevent routine dental care in an office setting:
    - i. Acute situational anxiety and extreme uncooperative behavior;
    - ii. A physically compromising condition;
  - b. Have sustained extensive orofacial or dental trauma; or
  - c. Are medically fragile, have complex medical needs, contractures or other significant medical conditions potentially making the dental office setting unsafe for the client.

Hospital dentistry is not intended for:

- A. Client convenience. Refer to OAR 410-120-1200;
- B. A healthy, cooperative client with minimal dental needs; or
- C. Medical contraindication to general anesthesia or IV conscious sedation.

	Title: Hospital Dentistry	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Notification When Criteria is Not Met:

- A. Case Management Department will notify the office verbally using the ADIN system that the enrollee does not meet the criteria for hospital dentistry.
- B. A Notice of Action-Adverse Benefit Determination (NOABD) will be sent to the parent/guardian/or care giver of the enrollee.
- C. The NOABD will include Notice of Hearing Rights (form #3030) Administrative Hearing Request (DHS 0443) and information on How to file an Appeal or request an Administrative Hearing.

Required Documentation for Hospital Dentistry

The following information must be included in the client's dental record:

- A. Informed consent: client, parental or guardian written consent must be obtained prior to the use of general anesthesia or IV conscious sedation;
- B. Justification for the use of general anesthesia or IV conscious sedation. The decision to use general anesthesia or IV conscious sedation must take into consideration:
  - a. Alternative behavior management modalities;
  - b. Client's dental needs;
  - c. Quality of dental care;
  - d. Quantity of dental care;
  - e. Client's emotional development;
  - f. Client's physical considerations;
- C. If treatment in an office setting is not possible, documentation in the client's dental record must explain why, in the estimation of the dentist, the client will not be responsive to office treatment;
- D. The Division, Coordinated Care Organization (CCO) or Prepaid Health Plan (PHP) may require additional documentation when reviewing requests for prior authorization (PA) of hospital dentistry services. See OAR 410-123-1160 and section (6) of this rule for additional information;
- E. If the dentist did not proceed with a previous hospital dentistry plan approved by the Division for the same client, the Division will also require clinical documentation explaining why the dentist did not complete the previous treatment plan.

Hospital Dentistry Authorization Requirements

Hospital services require prior authorization unless it is a Medical Emergency. See Emergency Services policy and Hospital Emergencies policy.

- A. If a client is enrolled in a CCO or PHP and our DCO:
  - a. The dentist is responsible for:
    - i. Contacting the CCO or PHP for prior authorization requirements and arrangements; and
    - ii. Submitting documentation to both the CCO or PHP and DCO. This includes the Medical Assistance Program (MAP) hospital referral form 3301;



Title: Hospital Dentistry	Version: 2
Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

- iii. Entering a preauthorization to the DCO using the ADIN system, along with the MAP hospital referral form and the referral from the PCD. These documents will be reviewed by the Case Management Department;
  - b. The DCO shall review the documentation and discuss any concerns they have, contacting the dentist as needed. This allows for mutual plan involvement and monitoring;
  - c. The total response time should not exceed 14 calendar days from the date of submission of all required documentation for routine dental care and should follow urgent/emergent dental care timelines;
  - d. The CCO or PHP is responsible for payment of all facility and anesthesia services. The DCO is responsible for payment of all dental professional services;
- B. If a client is enrolled in a Physician Care Organization (PCO) and our DCO:
- a. The PCO is responsible for payment of all facility and anesthesia services provided in an outpatient hospital setting or an ASC. The Division is responsible for payment of all facility and anesthesia services provided in an inpatient hospital setting. The DCO is responsible for payment of all dental professional services;
  - b. The dentist is responsible for:
    - i. Contacting the PCO, if services are to be provided in an outpatient setting or an ASC, for PA requirements and arrangements; or
    - ii. Contacting the Division, if services are to be provided in an inpatient setting; and
    - iii. Submitting documentation to both the PCO (or the Division) and the DCO. This includes the Medical Assistance Program (MAP) hospital referral form 3301;
    - iv. Entering a preauthorization to the DCO using the ADIN system, along with the MAP hospital referral form and the referral from the PCD. These documents will be reviewed by the Case Management Department;
  - c. The PCO or the Division and the DCO should review the documentation and discuss any concerns they have, contacting the dentist as needed. This allows for mutual plan involvement and monitoring;
  - d. The total response time should not exceed 14 calendar days from the date of submission of all required documentation for routine dental care and should follow urgent/emergent dental care timelines;
- C. If a client is fee-for-service (FFS) for medical services and enrolled in our DCO:
- a. The dentist is responsible for faxing documentation and a completed American Dental Association (ADA) form to the Division. Refer to the Dental Services Provider Guide. ; This includes the Medical Assistance Program (MAP) hospital referral form 3301;
  - b. If the client is assigned to a Primary Care Manager (PCM) through FFS medical, the client must have a referral from the PCM prior to any hospital service being approved by the Division;
  - c. The Division is responsible for payment of facility and anesthesia services. The DCO is responsible for payment of all dental professional services;
  - d. The Division will issue a decision on prior authorization requests within 30 days of receipt of the request.

**Approvals:**

Date: 03/22/2018

Approved by:

Lorena Reinhart (Executive Assistant), Executive Assistant, Operations



Title: Hospital Dentistry	Version: 2
Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Reviewed and Revised

06/14/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
03/17/2017	QI/UR Committee			
03/14/2016	Jeanne Dysert	Tamara Kessler	Rose Novak	Dr. Gary Allen