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| PLAN OPERATIONS |  From DentaQuest | | | |
| | <i>Policy and Procedure</i> | | | |
| | Policy Name: | Hospital Emergencies | Policy ID: | PLANCG-29 |
| | Approved By: | Quality Assurance and Performance Improvement Committee | Last Revision Date: | 11/8/2021 |
| | States: | Oregon | Last Review Date: | 11/15/2021 |
| Application: | Medicaid | Effective Date: | 11/16/2021 | |

PURPOSE

To establish Dental Care Organization's (DCO's) policy for reviewing emergency dental services obtained in a hospital outpatient setting by enrollees.

POLICY

It is the policy of the DCO to review emergency room usage by enrollees, with the primary diagnosis being a dental concern, obtained in a hospital outpatient setting.

The Care Coordination Department will be notified by the enrollee's Coordinated Care Organization (CCO) of dental concerns addressed in the emergency room. The DCO also has a direct connection with the Collective Medical platform (EDIE), which is fully integrated into its Care Coordination system, to monitor emergency room usage with dental diagnosis.

The Care Coordination Department will be responsible for follow up with the enrollee to find out why they accessed care through the emergency room within 14 days of receiving the information and work with them to schedule an appointment with their Primary Care Dentist (PCD).

Medical Emergency and Medical Post stabilization services are not provided or covered by the DCO. However dental services provided for the purposes of post stabilization are provided by a DCO provider and are covered by the DCO. The DCO is financially responsible for such post-stabilization services obtained within or outside of its provider network that are preapproved by a participating provider or other DCO representative. The DCO shall limit to enrollees for post-stabilization services to an amount no greater than what the DCO would have charged the enrollee had the services been provided by one of the DCO's participating providers. For purposes of cost-sharing, post-stabilization care services begin upon inpatient admission.

The DCO has a call system in place to address the enrollee's dental concerns 24 hours a day 7 days a week. The enrollee will be sent written materials with the information on what to do in case of a dental emergency. The enrollee will be counseled on the importance of seeing their PCD on a regular basis for routine care to prevent future emergency situations.

REFERENCES

42 CFR 438.114
OAR 410-141-3840 Emergency and Urgent Care Services
OAR 410-123-1060 Definition of Terms
OAR 410-120-0000 Acronyms and Definitions

DEFINITIONS

- **“Dental Emergency Services”** means dental services provided for severe tooth pain, unusual swelling of the face or gums, or an avulsed tooth.
- **“Emergency Dental Condition”** means a condition based on the presenting symptoms (not the final diagnosis) as perceived by a prudent layperson (rather than a Health Care Professional) and includes cases in which the absence of immediate medical attention would not in fact have had the adverse results. Emergency Dental Condition may include but is not limited to severe tooth pain, unusual swelling, or an avulsed tooth. For an emergency dental service, the enrollee must be seen or treated within 24 hours.
- **“Dental Urgent Care Services”** means Covered Services that are Dentally Appropriate and immediately required in order to prevent a serious deterioration of an enrollee’s dental health that results from an unforeseen illness or an injury. Services that can be foreseen by the individual are not considered Dental Urgent Services. For an urgent dental care service, the enrollee must be seen or treated within 7 days, or as indicated in the initial screening.
- **“Dental Post Stabilization Services”** means Covered Services related to an Emergency Dental Condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or to improve or resolve the enrollee’s condition, the DCO cannot be contacted, or the DCO’s representative and the treating dentist cannot reach an agreement concerning the enrollee’s care and a contracted provider is not available for consultation. To the extent that services required to treat an emergency medical condition fall within the scope of the services for which the DCO is responsible, the rules under CFR 438.114 apply.
- **“Medical Emergency Condition”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
 - Serious impairment to bodily functions.
 - Serious dysfunction of any bodily organ or part.
- **“Medical Emergency Services” means covered inpatient and outpatient services that are:**
 - Furnished by a provider that is qualified to furnish these services.
 - Needed to evaluate or stabilize and emergency medical condition.

Revision History

| Date: | Description |
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| 06/14/2012 | Approval and adoption. |
| 05/02/2014 | Updates based on annual review. |
| 02/23/2015 | Updates based on annual review. |
| 02/23/2016 | Updates based on annual review. |
| 02/14/2017 | Updates based on annual review. |
| 03/12/2018 | Updates based on annual review. |
| 04/24/2019 | Updates based on annual review. |
| 05/01/2020 | Conversion to revised policy and procedure format and naming convention. |
| 05/20/2021 | Updates based on annual review. |
| 11/8/2021 | Updates based on annual review. |