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| PLAN OPERATIONS | Advantage Dental 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: 01/09/2025 |
| | States: | Oregon | Last Review Date: 01/22/2025 |
| | Application: | Medicaid | Effective Date: 01/23/2025 |

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 PointClickCare (formerly CollectiveMedical) platform, 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 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.

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 any incident involving the teeth and gums which may require immediate treatment to stop ongoing tissue bleeding, alleviate severe and sudden pain or infection, treat unusual swelling of the face or gums, or to preserve an avulsed tooth:

- (a) Emergency conditions are 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 over-the-counter medications in the absence of immediate medical attention may not in fact have had the adverse results; and

- (b) The treatment of an emergency dental condition is limited only to Covered Services. The Authority recognizes that some non-covered services may meet the criteria of treatment for the emergency condition. However, this rule does not extend to those non-covered services.

“Dental Urgent Care Services” means the management of conditions that require prompt attention to relieve pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These conditions must be treated as minimally invasively as possible. Urgent dental care is distinguished from emergency dental care in that urgent dental care requires prompt but not immediate treatment. Examples include dull toothache, mildly swollen gums, or small chips or cracks in teeth.

“Emergency Medical Condition” means a medical condition, whether physical, dental, or behavioral, manifesting itself by acute symptoms of sufficient severity such 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 with respect to the pregnant person, the health of the person or their pregnancy) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. An emergency medical condition is not based on the final diagnosis but is based on presenting symptoms as perceived by a prudent layperson and includes cases in which the absence of immediate medical attention would not in fact have had the adverse results described in the previous sentence.

“Medical Emergency Services” means health services from a qualified provider necessary to evaluate or stabilize an emergency medical condition, including inpatient and outpatient treatment that may be necessary to assure within reasonable medical probability that the patient’s condition is not likely to materially deteriorate from or during a client’s discharge from a facility or transfer to another facility.

REFERENCES

42 CFR 438.114

OAD 410-141-3840 Emergency and Urgent Care Services

OAD 410-123-1060 Definition of Terms

OAD 410-120-0000 Acronyms and Definitions

Revision History

| Date: | Description |
|------------|--|
| 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. |
| 11/08/2021 | Updates based on annual review. |
| 12/31/2022 | Updates based on annual review. |

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| 03/23/2023 | Updates based on annual review. |
| 03/28/2024 | Updates based on annual review. |
| 01/09/2025 | Updates based on annual review. |