


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Hospital Dentistry	Policy ID:	PLANCG-28
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	03/28/2024
	States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024	

PURPOSE

To establish the process for requesting hospital dentistry.

POLICY

Enrollee Dental and Physical Needs Criteria for Hospital Dentistry:

- A. Children (18 or younger) who:
 - 1. Through age 3 -- Have extensive dental needs;
 - 2. 4 years of age or older -- Have unsuccessfully attempted treatment in the office setting with some type of sedation or nitrous oxide;
 - 3. Have acute situational anxiety, 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;
 - 4. Need the use of general anesthesia (or IV conscious sedation) to protect the developing psyche;
 - 5. Have sustained extensive orofacial or dental trauma;
 - 6. Have physical, mental or medically compromising conditions; or
 - 7. 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:
 - a. Acute situational anxiety and extreme uncooperative behavior
 - b. A physically compromising condition

- B. Adults (19 or older) who:
 - 1. 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:
 - a. Acute situational anxiety and extreme uncooperative behavior;
 - b. A physically compromising condition;
 - 2. Have sustained extensive orofacial or dental trauma; or
 - 3. Are medically fragile, with a medical or physical condition which requires monitoring during dental procedures (i.e. coronary disease, asthma, or chronic obstructive pulmonary disease (COPD), heart failure, serious blood or bleeding disorder, or unstable diabetes or hypertension), 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.

Notification when criteria is not met:

- A. Preauthorization and Referral Department will notify the office electronically using the Provider Portal system that the enrollee does not meet the criteria for hospital dentistry.
- B. A Notice of Action Benefit Denial (NOABD) will be sent to the enrollee or their parent/guardian/or caregiver.
- C. The NOABD will include the Health Systems Division Service Denial Appeal and Hearing Request form (OHP 3302) and information on how to file an appeal or request a 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:
 1. Alternative behavior management modalities;
 2. Enrollee's dental needs;
 3. Quality of dental care;
 4. Quantity of dental care;
 5. Client's emotional development;
 6. Client's physical considerations;
- C. If treatment in an office setting is not possible, documentation in the enrollee's dental record must explain why, in the estimation of the dentist, the client will not be responsive to office treatment.
- D. The Coordinated Care Organization (CCO) or DCO 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 DCO for the same client, the DCO 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. The DCO shall ensure that dental services that must be performed in an outpatient hospital/ambulatory surgical center, due to the age, disability, or dental condition of the enrollee, are coordinated and pre-authorized.

- A. If a client is enrolled with the DCO:
 1. The dentist is responsible for:
 - a. Contacting the CCO for prior authorization requirements and arrangements; and
 - b. Submitting documentation to both the CCO and DCO. This includes the Oregon Health Plan(OHP) Dental Hospital Referral form (OHP 3301);
 - c. Entering a preauthorization to the DCO using the Provider Portal system, along with the OHP hospital referral form and the referral from the PCD. These documents will be reviewed by the Preauthorization and Referral Department;
 2. 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;

3. 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;
4. The CCO is responsible for payment of all facility and anesthesia services. The DCO is responsible for payment of all dental professional services;

REFERENCES

OAR 410.123.1490 Hospital Dentistry
 OAR 410.123.1060 Definition of Terms
 OAR 410-120-1200 Excluded Services and Limitations
 OAR 410-123-1160 Medical Assistance Benefits and Provider Rules

FORMS AND OTHER RELATED DOCUMENTS

- OHP Dental Hospital Referral Form (OHP 3301)

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.
03/14/2018	Updates based on annual review.
04/24/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
03/06/2020	Updates based on annual review.
04/22/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
03/28/2024	Updates based on annual review.