

## **Mission Children's Hospital Referral Guideline**

### **Mission Children's Dental**

#### **Background:**

For Medicaid/Health Choice patients with oral/dental disease that would require treatment under general anesthesia in the operating room. For example: Pre-cooperative children (age 0-4 yrs with significant dental disease or conditions requiring surgical treatment but otherwise healthy), autistic children, children with genetic disorders, children with global delays, cerebral palsy and any other medically compromising condition that precludes cooperation for traditional dental care.

#### **Initial Evaluation:**

Determination of oral/dental disease or conditions requiring surgical treatment

#### **Initial Management:**

Make referral to local dental practice or completion of Referral Document (attachment) to refer to Mission Children's Dental

#### **Pre-Visit Work up:**

Include latest primary care history and physical

#### **When to Refer:**

For patients ages birth to 18 years that have oral/dental disease and do not have a current dental home. Patients should have exhausted efforts to establish a local dental practice home without success due to either medical issues or significant dental disease in pre-cooperative otherwise healthy children.

#### **Co-management Strategy:**

Both case specific

#### **Return to Primary Care:**

Patient is referred back to referring dental practice or if none, a listing of local dental practices by county accepting Medicaid/Health Choice is provided or The ToothBus is available to provide a dental home to children in grades 2-5 in some rural areas.

#### **Contact Info:**

Mission Children's Dental  
11 Vanderbilt Park Drive  
Asheville, NC 28803  
828-213-1700  
Fax 828-213-1705