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