



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112

Dental Emergencies

Policy: Emergency dental services are those that are necessary to relieve pain or control acute oral conditions such as: serious bleeding, a potentially life-threatening difficulty, maxillofacial fracture, swelling and severe pain, or other signs of oral infection. Tribal members with dental emergencies will have access to care 24 hours a day, 7 days per week.

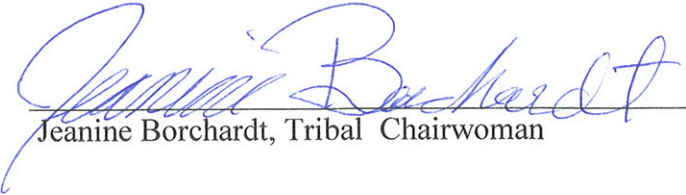
Procedure:

1. The patient must follow all guidelines and provider listings as outlined by their primary insurance. If the patient does not have primary insurance dental coverage, he/she may go to see a dental provider of his/her choice.
2. The Dental provider is authorized to do the following: an emergency exam including x-rays, prescribe medications and any splints that might be needed to stabilize the traumatized teeth, extractions, incisions and drainage, and a minor root canal treatment to relieve the pain (Codes 3220 & 3221). NOTE: The Dental provider is not authorized to do a full root canal (Code 3320 & 3330)
3. The Dental provider will call the Paiute Contract Health Services (CHS) Program to obtain an authorization number for the emergency services rendered.
4. If the emergency occurs on the weekend or holiday, the patient is responsible for making contact with the Contract Health office on the first business day to report the emergency and obtain an authorization number.
5. The Dental provider will schedule the patient for an exam and send the patient's x-rays and a proposed treatment plan to the (CHS) program.
6. The CHS program will send the patient's information to the Phoenix Area Dental Consultant to review the comprehensive treatment plan and provide his/her treatment recommendations. NOTE: Initial root canal treatment will be done to relieve pain only, full root treatment may or may not be approved pending final approval of proposed treatment plan.

Compliance: All CHS eligible members and dental providers are required to follow the emergency procedures listed above. If the procedures are not followed, the member or provider will be responsible for all costs incurred.

CERTIFICATION

I hereby certify that the foregoing **Dental Emergencies Policy** was fully considered and adopted by the Tribal Council at a duly called meeting at Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 5 in favor, 0 opposed, 0 absent, and 0 abstained, this 2nd day of March, 2012


Jeanine Borchardt, Tribal Chairwoman

ATTEST:


Naomi Colorow, Tribal Council Secretary