



GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION

CMS Requirements of Participation for Long Term Care

Requirements for Long Term care Facilities Participation in Medicare and
Medicaid Programs

CMS Regulations Relating to Dental Services 483.55 :

- ▶ F411 §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(a) Skilled Nursing Facilities A facility-- (1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; (2) May charge a Medicare resident an additional amount for routine and emergency dental services; (3) Must if necessary assist the resident-- (i) In making appointments; and (ii) By arranging for transportation to and from the dentist's office; and (4) Promptly refer residents with lost or damaged dentures to a dentist. Intent: §483.55 The intent of this regulation is to ensure that the facility be responsible for assisting the resident in obtaining needed dental services, including routine dental services.

- ▶ “Routine dental services” means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.
- ▶ “Emergency dental services” includes services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity by a dentist that required immediate attention.
- ▶ “Prompt referral” means, within reason, as soon as the dentures are lost or damaged. Referral does not mean that the resident must see the dentist at that time, but does mean that an appointment (referral) is made, or that the facility is aggressively working at replacing the dentures.
- ▶ Probes: \$483.55 Do residents selected for comprehensive or focused reviews, as appropriate, with dentures use them? Are residents missing teeth and may be in need of dentures? Do sampled residents have problems eating and maintaining nutritional status because of poor oral health or oral hygiene? Are resident’s dentures intact? Proper fit?

- ▶ F412 §483.55(b) Nursing Facilities The facility-- (1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; (2) Must, if necessary, assist the resident-- (i) In making appointments; and (ii) By arranging for transportation to and from the dentist's office; and (3) Must promptly refer residents with lost or damaged dentures to a dentist. Interpretive Guidelines: §483.55(b)(1)(i) For Medicaid residents, the facility must provide the resident, without charge, all emergency dental services, as well as those routine dental services that are covered under the State plan.

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- ▶ The facility is responsible for selecting a dentist who provides dental services in accordance with professional standards of quality and timeliness under §483.75(h)(2). “Routine dental services” means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures. “Emergency dental services” includes services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity by a dentist that required immediate attention. “Prompt referral” means, within reason, as soon as the dentures are lost or damaged. Referral does not mean that the resident must see the dentist at that time, but does mean that an appointment (referral) is made, or that the facility is aggressively working at replacing the dentures. Probes: §483.55 D

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- ▶ §483.55 Dental Services) A facility may not charge a resident for the loss or damage to dentures when the loss or damage is the responsibility of the facility. A Dental referral required within 3 days from the time the loss or damage to dentures is identified unless the facility can document extenuating circumstances. Facilities must document what they did to ensure that the resident could eat and drink adequately while awaiting dental services.
- ▶ Document the Date dentures were broken/missing and that Dental referral was made.
- ▶ Consider Implementing a tracking form.