



Analysis of the Month

A look at Medicaid Adult Dental Emergency Visits in Washington State

Situation & Background

Oral diseases, while largely preventable, can be a significant threat and affect a patient throughout their life. Patients with chronic health conditions can be more prone to poor oral health, and vice versa. For those without sufficient dental coverage, emergency departments (EDs) can become a safety net to receive care for treating oral health pain or symptoms. Individuals from low-income areas are more likely to have a dental ED visit¹. The American Dental Association has estimated that ED visits for dental care may cost three times as much as a visit to the dentist and average \$749 if the patient isn't hospitalized. This amounts to \$1.6 billion annually (one-third of which is paid by Medicaid)². In 2022, Washington state had around 23,000 adult visits where the primary diagnosis required dental care. A significant portion of those were also Medicaid patients. In this Analysis of the Month, we will explore ED dental claims using the Washington State Hospital Discharge Dataset to observe trends in the state.

¹ Seu, K. (2022, November). Emergency department visits for Dental-related conditions, 2009. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK116745/>

² ADA. (n.d.). Emergency department referrals. Emergency Department Referrals, American Dental Association. [https://www.ada.org/en/resources/community-initiatives/action-for-dental-health/emergency-department-referrals#:~:text=Every%20year%20in%20the%20U.S.,\(EDs\)%20for%20dental%20pain.](https://www.ada.org/en/resources/community-initiatives/action-for-dental-health/emergency-department-referrals#:~:text=Every%20year%20in%20the%20U.S.,(EDs)%20for%20dental%20pain.)

Summary of Findings

This analysis includes information on diagnoses, discharge dates and payers. The dataset pulls dental claims starting from January 2022 through November 2023. A dental ED visit was defined as those ED visits with any diagnosis (ICD-10) code in the following range: K00 to K14³. Washington State receives around 2 million ED visits a year. One percent of these are comprised of visits that involve a dental primary diagnosis.

Diving deeper into these ED dental claims, our first findings show that 44% of all dental claims in the ED had these ICD-10 codes designated as the primary diagnosis. A patient may have more than one reason to visit an ED. For the purpose of this analysis, we observed claims and patients whose primary diagnosis were identified under the dental ICD-10 codes as these will dictate the demand of provider resources during the patients' stays.

Dental ED Claims All Diagnosis Adult breakout Jan 2022-Nov 2023

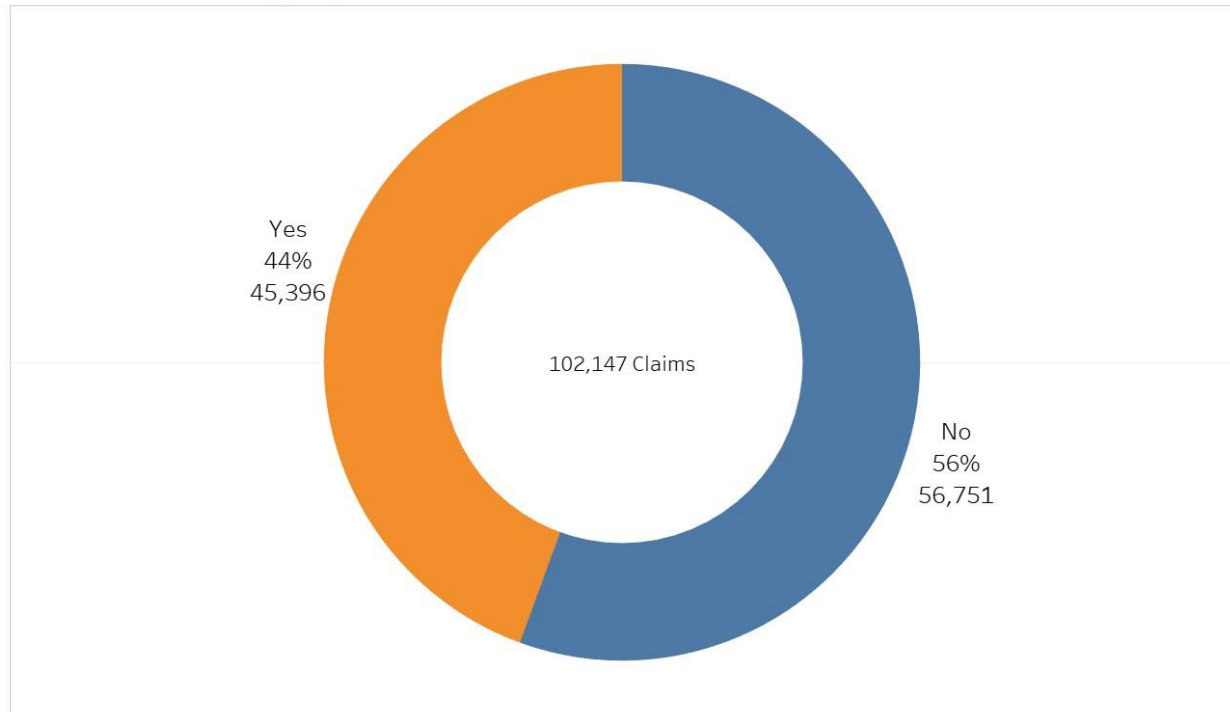


Figure 1: Primary diagnosis adult (over 18) Dental Claims 2022- Nov 2023 Adult ED. "Yes" represents that the claim fell under the listed ICD-10 codes and was a primary diagnosis.

A previous study shows that Medicaid patients tend to be the bulk of this population⁴. Our analysis looked further into the insurance coverage distribution of these ED dental claims. In our

³ ICD10Data. (n.d.). 2024 ICD-10-CM codes K00-K14: Diseases of oral cavity and salivary glands K00-K14. Diseases of oral cavity and salivary glands K00-K14. <https://www.icd10data.com/ICD10CM/Codes/K00-K95/K00-K14>

⁴ Seu, K. (2022, November). Emergency department visits for Dental-related conditions, 2009. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK116745/>

data we found that 54% of patients had Medicaid as their primary coverage followed by Commercial at 19%.

A notable aspect that provides context to dental related visits in the ED relates to the Emergency Medical Treatment and Active Labor Act (EMTALA)⁵. This act ensures that any individual entering a hospital must be tended to regardless of ability to pay. Since dental practices in the United States do not have to comply with this law, patients with financial challenges, often Medicaid enrollees, may utilize the ED for necessary dental services.

Other factors may limit a patient's access and instead use the ED due to a geographic or financial limit of dentists accepting Medicaid enrollees. According to Apple Health, only 23% of adult Medicaid enrollees saw a dentist in 2021⁶(about 2.1 million people are enrolled in Apple Health).

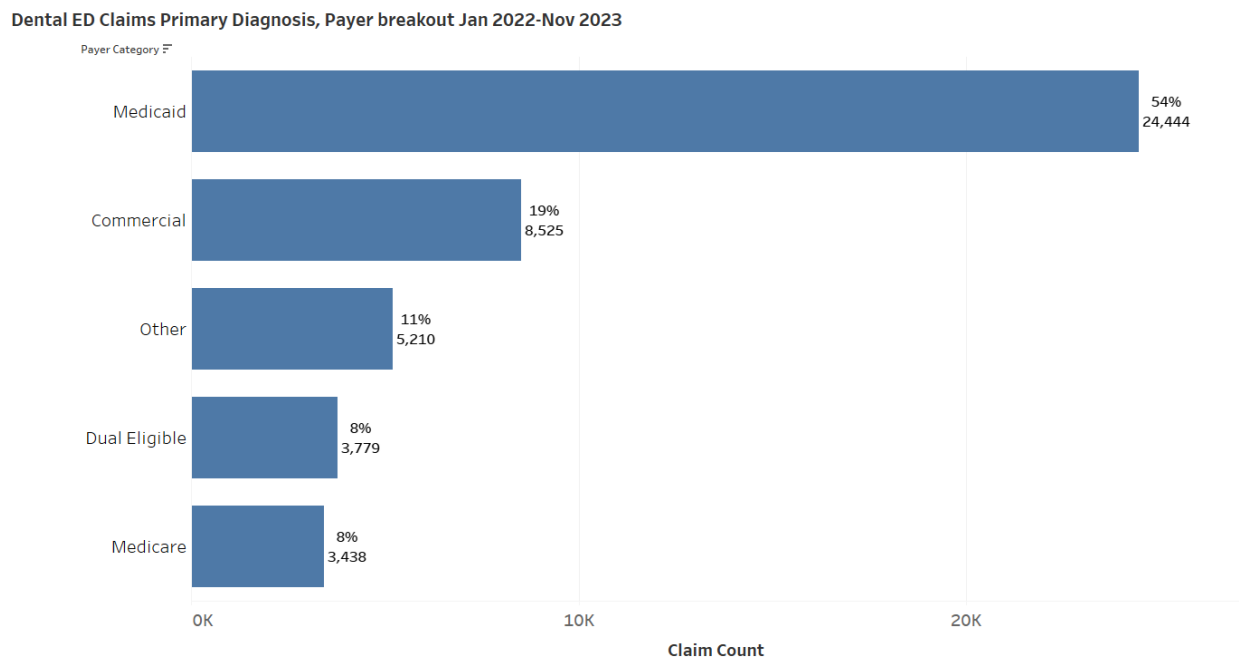


Figure 2: Distribution of adult (over 18) dental claims with a primary diagnosis of dental by insurance coverage from Jan 2022-Nov 2023.

Once the primary diagnosis and Medicaid filters are in place, we observed the monthly trends of patients to get an understanding of the overall state's volume. On average, WA state ED's receive around 1,100 patients per month when observing the period of January of 2022 through November 2023 where the primary diagnosis involved dental care.

⁵ American College of Emergency Physicians. (2024). Understanding EMTALA. Home Page. <https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet#:~:text=Hospitals%20have%20three%20main%20obligations,of%20payment%20or%20insurance%20coverage.>

⁶ Knaplund, H. (2022, January 27). Dentists that accept Apple Health. DentistLink. <https://dentistlink.org/dentists-that-accept-apple-health/>

Looking at a timeline of these trends we observe that from February 2023 to May 2023, there is a 20% increase in the volume of patients. This increase coincides around the same time as the continuous enrollment provision (provided by Congress through the Families First Coronavirus Response Act) ended for millions of Medicaid patients.

Dental ED Medicaid Patients, Primary Diagnosis, by Discharge Month Jan 2022-Nov 2023

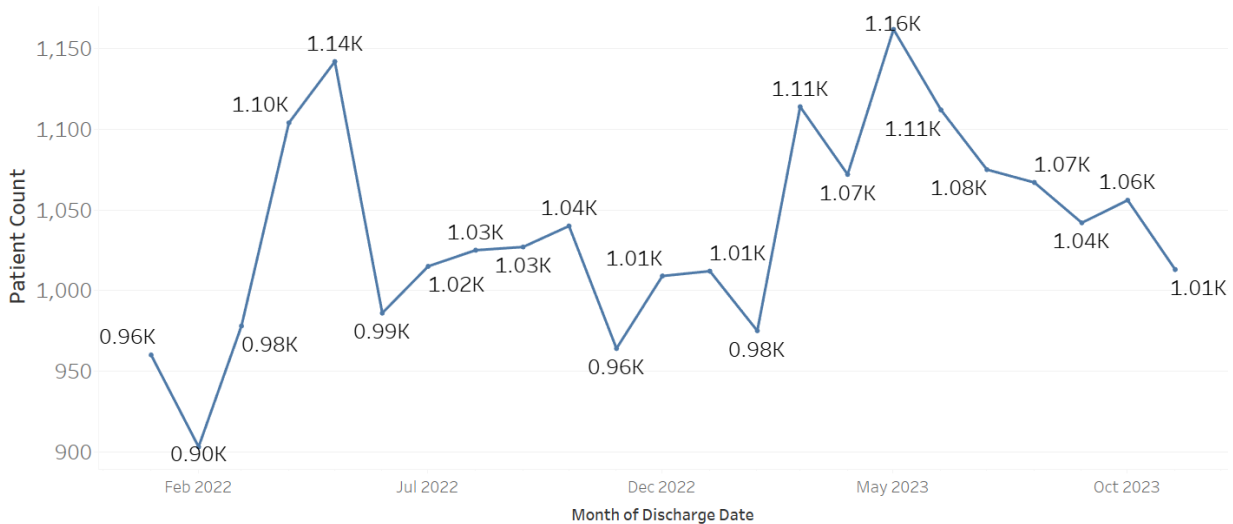


Figure 3: Distinct count of Medicaid adult (over 18) dental patients with Primary diagnosis by month.

Due to most patients having Medicaid as their primary coverage, we wanted to observe trends within claims diagnosis descriptions for these Medicaid related visits. Most of these are described as “any dental condition including traumatic injury” according to their clinical classification descriptions for diagnosis codes provided by CCSR⁷.

In Figure 4, we explored where this diagnosis ranked compared to other diagnoses for Medicaid claims. This graph demonstrates how these visits rank within the Top 15 diagnoses from Jan 2022 – Nov 2023 for Medicaid adult claims in the ED. Patients in communities with limited access to dental care can often find it difficult to get treatment.

⁷ HCUP. (n.d.). User support. Clinical Classifications Software Refined (CCSR). https://hcup-us.ahrq.gov/toolssoftware/ccsr/ccs_refined.jsp#overview

Top 15 Medicaid ED Visits Claims Primary Diagnosis by Clinical Classification Category, Adult, Jan 2022-Nov 2023

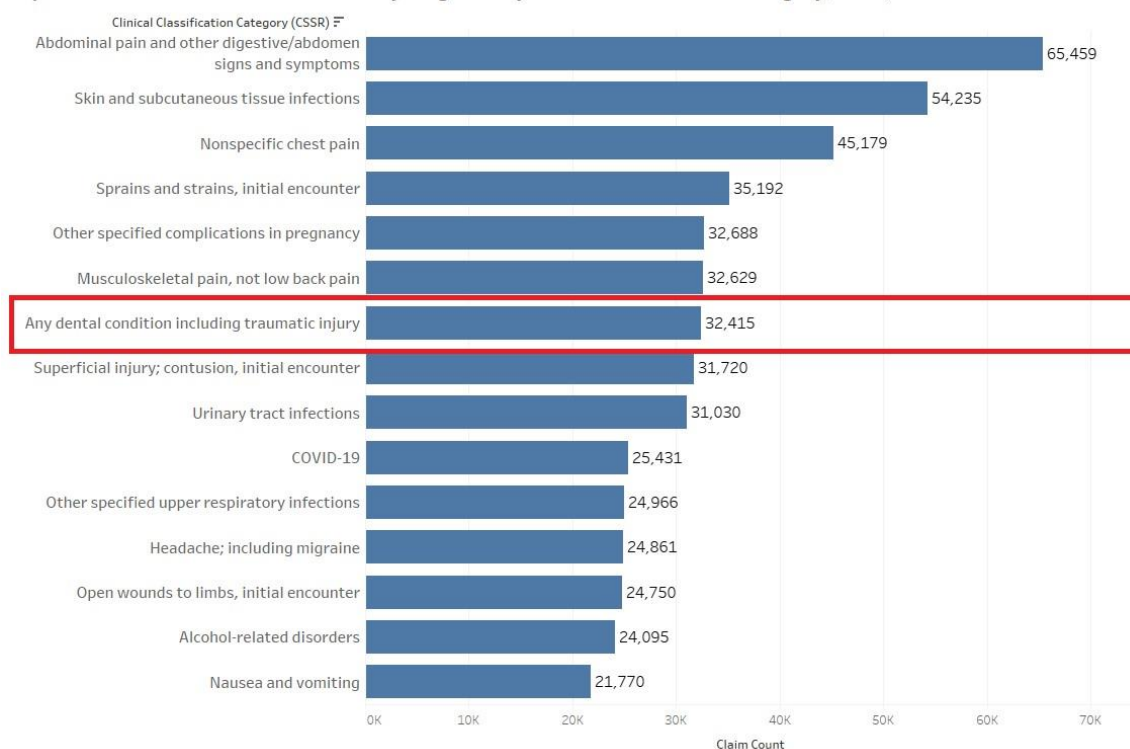


Figure 1 Top 15 distinct count of adult (over 18) claims with primary diagnosis by diagnosis description from Jan 2022- Nov 2023

Limitations & Other Considerations

The previous section presented trends of ED dental visits in the state where 54% of all primary dental related claims were Medicaid patients and how these claims rank within the Top 15 of all primary diagnosis categories for Medicaid claims. The data only presents hospital-based claims collected from WA state hospitals collected monthly, with a lag time of approximately three months.

Tooth decay and periodontal disease are among the most prevalent chronic diseases worldwide and have been shown to be associated with several life-threatening conditions, including sepsis, diabetes, and heart disease⁸. It's worth noting that some visits could potentially be prevented. However, it's important to clarify that this analysis did not specifically address the distinction between preventable and non-preventable visits be on the lookout for a second part of this analysis where we plan to explore potentially avoidable visits.

⁸ Owens, P. L., Manski, R. J., & Weiss, A. J. (2021, August). Emergency department visits involving dental conditions, 2018. Healthcare Cost and Utilization Project. <https://hcup-us.ahrq.gov/reports/statbriefs/sb280-Dental-ED-Visits-2018.pdf>

Other items not considered in this analysis are the geographic limits of the dental care workforce. The University of Washington Center for Health Workforce report on the supply of dentists shows an uneven distribution of licensed dentists across the states. Some rural counties show 50-60 dentists per 100,000 people compared to urban areas where there are 109 licensed dentists per 100,000 people⁹.

In addition, dental emergencies may also arise outside of business hours and 24-hour dental emergency centers are not common in the state. When they are available, these kinds of services are located within major urban centers such as the King and Pierce County areas and still have limited after-hours availability.

Conclusion & Recommendations

In 2023, 16.4 million¹⁰ patients lost Medicaid coverage nationwide due to the end of continuous enrollment provided in the FCCR act. A loss in healthcare coverage often leads to a loss in dental coverage which can potentially lead to continued increase in the number of patients we see in the ED with dental emergencies. These are topics the Washington State Hospital Association plans to continue monitoring using our Washington State Hospital Discharge Dataset and DASH/DASH Premium products. For more dashboards and ad-hoc explorers, please visit [DASH and DASH Premium](#) website. If you have any questions or want to learn more, please contact Ed Phippen edp@wsha.org or datanalytics@wsha.org.

References:

¹ Seu, K. (2022, November). Emergency department visits for Dental-related conditions, 2009. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK116745/>

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³ ICD10Data. (n.d.). 2024 ICD-10-CM codes K00-K14: Diseases of oral cavity and salivary glands K00-K14. Diseases of oral cavity and salivary glands K00-K14. <https://www.icd10data.com/ICD10CM/Codes/K00-K95/K00-K14>

⁴ Seu, K. (2022, November). Emergency department visits for Dental-related conditions, 2009. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK116745/>

⁵ American College of Emergency Physicians. (2024). Understanding EMTALA. Home Page. <https://www.acep.org/life-as-a-physician/ethics--legal/emtala/emtala-fact-sheet#:~:text=Hospitals%20have%20three%20main%20obligations,of%20payment%20or%20insurance%20coverage>.

⁹ UW CHWS. (n.d.). Supply of each dental occupation – trends over time. UW CHWS. <https://familymedicine.uw.edu/chws/resources/wohw/workforce-data/supply-over-time/>

¹⁰ Kaiser Family Foundation. (2024, February 1). Medicaid enrollment and Unwinding tracker - overview. Kaiser Family Foundation. <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

⁶ Knaplund, H. (2022, January 27). Dentists that accept Apple Health. DentistLink. <https://dentistlink.org/dentists-that-accept-apple-health/>

⁷ HCUP. (n.d.). User support. Clinical Classifications Software Refined (CCSR). https://hcup-us.ahrq.gov/toolsoftware/ccsr/ccs_refined.jsp#overview

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