



Department of Health Care Policy and Financing

Preventive Care in Oral Health

Tool Kit for Primary Care Providers

The Department of Health Care Policy and Financing is committed to improving the health of our clients through improved **screening, diagnosis, treatment, and referral**.

This tool kit is intended to provide guidance on how to document and address preventive care in oral health for Medicaid and the Children's Health Insurance Program (CHP+) clients.

For clinical guidelines on children's preventive care in oral health, visit:

[American Academy of Pediatric Dentistry](#)

How you can help:

- ✓ REVIEW clinical guidelines
- ✓ SCREEN using risk assessment forms
- ✓ DIAGNOSE, recording specific dental codes
- ✓ TREAT/ REFER, recording specific dental codes
- ✓ FOLLOW reimbursement instructions
- ✓ TRACK health outcomes

SCREENING:

Primary care providers make all the difference when it comes to getting children screened for oral health problems. According to the 2007 Medical Expenditure Panel Survey, only 26.7 percent of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during 2007. Primary care providers should screen all children for oral health problems like tooth decay during pediatric well child visits.

TREATMENT AND REFERRAL:

Primary care providers can help children get the dental care they need by educating parents about the importance of regular dental visits, and by referring children to dentists. Establishment of a dental home should begin no later than 12 months of age. The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.

Primary care providers can also administer some preventive dental services, which are reimbursable by Medicaid and CHP+.

Allowable services

Trained medical personnel (see qualifications below) may administer fluoride varnish at a well child visit to Medicaid and CHP+ children ages birth through 4 (until the day before their fifth birthday) who have moderate to high caries risk after they complete a risk assessment and document it in the medical record. Risk assessment forms may be found either at [Cavity Free at Three](#) or at [HCPF: Forms](#).

Medicaid will reimburse for a maximum of three fluoride varnish administrations per year for each eligible and high risk child, and CHP+ will reimburse for a maximum of two per year for CHP+ clients. Additionally, State Managed Care Network CHP+ clients must be treated by a CHP+ participating primary care provider. Dental and medical providers are encouraged to communicate with one another to avoid duplication and nonpayment of services.



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Providers who may bill directly for the above services include MDs, DOs, and nurse practitioners. Other trained medical personnel employed through qualified physician offices or clinics may provide these services during a well child visit and bill using the physician's or nurse practitioner's Medicaid provider number. In order to provide this benefit and receive reimbursement, the medical provider must have participated in on-site training from the "Cavity Free at Three" team or have completed Module 2 (child oral health) and Module 6 (fluoride varnish) at the [Smiles for Life curriculum](#). Medical personnel who complete the training must save the documentation for this training in the event of an audit.

Billing Procedures

For children ages birth-2 (until the day before their third birthday):

Private practices: D1206 (topical fluoride varnish) and D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver) must be billed on a Colorado 1500 paper claim form or electronically as an 837P (Professional) transaction in conjunction with a well child visit.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs): D1206 and D0145 must be itemized on the claim with a well child visit, but reimbursement will be at the current encounter rate.

The diagnosis V72.2 (dental examination) should be used as a secondary diagnosis. Billing is on the UB-04 paper claim form or electronically as an 837I (Institutional) transaction.

For children ages 3 and 4 (from their third birthday until the day before their fifth birthday):

Private practices: D1206 and D0999 (dental screening) must be billed on a Colorado 1500 paper claim form or electronically as an 837P transaction in conjunction with a well child visit.

FQHCs and RHCs: D1206 and D0999 must be itemized on the claim with a well child visit but reimbursement will be at the current encounter rate. The diagnosis V72.2 (dental examination) should be used as a secondary diagnosis. Billing is on the UB-04 paper claim form or electronically as an 837I transaction.

Varnishes may be applied up to three times a year per eligible and high risk child enrolled in Medicaid and up to two times a year for CHP+ clients. For medical providers seeing CHP+ HMO members, fluoride varnish application is built into the CHP+ per member per month fee and therefore there is no additional fee paid for that service.

The Medicaid provider [fee schedule](#) is updated regularly.

Additional information about the CHP+ dental program can be found at <http://www.deltadentalco.com/CHP.aspx>

REFERRALS:

Primary care physicians can consult the following for a list of both Medicaid and CHP+ enrolled dental providers: [Find a Provider](#) or www.insurekidsnow.gov





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Appendix A

The Department is committed to improving the health outcomes of our clients. Performance measures used by the Department for tracking oral health in Medicaid/ CHP+ clients are outlined in Appendix A. Appropriate coding will give us the information we need to track changes in health outcomes. The data is updated annually, and is available for review at [Healthy Living Performance Measures](#). For more information on the [Healthy Living Initiatives](#), please link to our website.

Performance measures for tracking preventive oral health services in Medicaid/ CHP+:

The Department will document, track, and evaluate the diagnosis and treatment of preventive services in oral health, based on the following measures.

Goal: Improve dental outcomes in Medicaid and CHP+ children by promoting evidence-based strategies

Outcome Indicator:

- Percent of predominantly low income children in the third grade who have dental caries experience *Basic Screening Survey*

Process Indicators:

- Percent of children who have received dental treatment services *CHP+ data /CMS 416*
- Percent of children who have received preventive dental services *CHP+ data/CMS 416*
- Percent of children who have received sealants *Medicaid/ CHP+ data*

