

Electronic Medical Record Integration Guide: Pediatric Oral Health in Primary Care Practices (Documentation, Coding, Charging, Billing & Measurement)

The purpose of this document is to guide medical providers and representatives from information technology departments as they consider integrating pediatric oral health into primary care medical practices in Maine. This guide outlines three general areas for consideration:

1. Documentation of:
 - A. Oral evaluation and risk assessment
 - B. Fluoride varnish
 - C. Oral health plan
 - i. After Visit Summary Options
2. Establishing Fees, Charging Fees and Billing for Services
3. Measuring Progress/ Establishing Reports

There are two appendices that include After Visit Summary options as well as samples of screen shots from a variety of EMR systems. This guide was developed after working with over 150 medical practices and many electronic medical records.

Documentation

A. Documentation of Oral Evaluation and Risk Status

MaineCare has approved an oral evaluation and risk assessment instrument that includes eight elements. The dental procedure code associated with this assessment is the D0145 (Oral Evaluation for children under 3 years of age).

For reimbursement, MaineCare¹ requires four steps including:

1. Question about the existence of a current primary dentist/dental home.
2. Risk screening questions based on oral health history.
3. Risk assessment of mouth and teeth performed by licensed provider.
4. Oral health plan, which includes parent education about the importance of establishing a primary dentist/dental home for the child and referral to a dentist (when possible).

The first three elements are addressed in this section (A/Table 1) and the fourth element (oral health plan) is addressed in Section B/Table 2. Table 1 includes eight questions required for the Oral Evaluation and Risk Assessment followed by two methods for calculating risk status. The technological configurations for each of the eight questions are included in Table 1.

¹ D0145: Oral Evaluation of Children Under 3 Years of Age by Medical Providers, MaineCare Services, 11/19/2014.

ACTION: Integrate the following nine elements required for the Oral Evaluation and Risk Assessment. Included are the technological configuration considerations for each. Consider configuring all 9 responses so they can be reported. • Indicates a priority field for reporting.

Table 1

Q*	Text	Response Options	EMR Action	Coding Considerations
<i>Questions 1-5 may be completed by a provider or by staff.</i>				
1	Does the child have teeth?	No – STOP Yes – Continue to Q2	No – Prompt Oral Health Plan – Anticipatory Oral Health Education Yes – Open Question 2	If No: <ul style="list-style-type: none"> Consider coding so that a charge is not dropped and a bill is not generated. A second option is to keep all remaining fields closed. If Yes: Open Question 2
2	• Has the child seen a dentist in the past year?	No – Continue Yes – STOP	No – Open Questions 3-5 Yes – Prompt Fluoride Varnish Application	No = elevated risk factor If No: Open the remaining fields If Yes: <ul style="list-style-type: none"> Consider coding so that a charge is not dropped and a bill is not generated. A second option is to keep all remaining fields closed.
3	Does the child have his/her teeth brushed daily with toothpaste?	No Yes	No = elevated risk factor and/or value=1	No = elevated risk factor
4	• Has the child ever had cavities or fillings?	No Yes	Yes = elevated risk factor and/or value=1	Yes = elevated risk factor
5	• Has the mother/primary caregiver had active/untreated cavities in the past year?	No Yes	Yes = elevated risk factor and/or value=1	Yes = elevated risk factor
<i>Questions 6-8 must be completed after a provider examines the patient.</i>				
6	Is there visible plaque on the teeth?	Yes No	Yes = elevated risk factor and/or value=1	Yes = elevated risk factor
7	• Are there signs of visible decay or white spot lesions on the teeth?	No Yes	Yes = elevated risk factor and/or value=1	Yes = elevated risk factor
8	• Does the child have other oral conditions of concern (abscess, broken tooth, pain, etc.)?	No Yes	Yes = elevated risk factor and/or value=1	Yes = elevated risk factor
Risk Status Calculation/Determination				
9	• Caries Risk Assessment:	Moderate/High Risk Low Risk	Child with 1 or more elevated risk factors Child with zero elevated risk factors	Determined based on the results of the eight oral evaluation questions above. Auto-calculation is strongly recommended vs. provider entry for this field.

**Required for MaineCare reimbursement of D0145*

B. Documentation of Oral Health Plan:

ACTION: Integrate Oral Health Plan elements into the EMR. Following are four options including two required for MaineCare reimbursement.

Table 2

Topic	Text	Response Options	EMR Action	Coding Considerations
1*	Provided Oral Health Anticipatory Guidance	Yes No		Consider integrating oral health into after visit summary language, by age grouping-see Appendix A. **Topics: <ul style="list-style-type: none"> • Anticipatory Guidance • Referrals & Recommendations
2*	Referral	Yes No	Yes – Drop down for Referral type: <ul style="list-style-type: none"> • Urgent Care (pain or infection) • Early Dental Care (moderate/high caries risk) • Routine (no obvious problems) No – Recommend child see a dentist starting at age 1 year	
3	Recommended well water testing	Yes No	Yes – Maine Well Water form prepopulates in After Visit Summary	
4	Prescribed Fluoride Supplement	Yes .25 mg Yes 0.5 mg Yes 1.0 mg No – Fluoride Supplements not indicated		

** Required for MaineCare Reimbursement of D0145*

***May address MaineCare oral evaluation requirement for parent education*

C. Documentation of Fluoride Varnish

Determine periodicity schedule for application of fluoride varnish and/or oral evaluation procedures. A standard schedule:

- 12 months
- 18 months
- 24 months
- 30 months
- 36 months (do not charge for oral evaluation)
- 48 months (do not charge for oral evaluation)
- 5 years (do not charge for oral evaluation)

ACTIONS:

1. Integrate schedule into EMR prompts.
2. Integrate fluoride varnished applied into EMR as follows:

Table 3

Topic	Text	Response Options	EMR Action	Coding Considerations
1*	Applied Fluoride Varnish	Yes No Parent/Patient Declined		<p>If Yes: Consider coding (D1206) so that a charge is dropped and a bill is generated (Refer to section below on establishing fees)</p> <p>Consider integrating oral health into after visit summary language-see Appendix A. Topic:</p> <ul style="list-style-type: none"> • Post application instructions for fluoride varnish

* Required for MaineCare Reimbursement of D1206

Establishing Fees, Charging Fees and Billing for Services:

MaineCare reimburses medical providers in non-Federally Qualified Health Centers, Rural Health Centers and Indian Health Services settings for two dental procedure codes:

- D0145 – Oral Evaluation (for children under three years of age) - \$20
- D1206 – Fluoride Varnish Application - \$12

Additionally, some private insurance companies and some self-insured large employers as well as Maine Community Health Options (ACA) reimburses for application of fluoride varnish. These entities vary on frequency, age and reimbursement amounts.

Fees:

MaineCare and insurance companies differ in their approaches to reimbursement. We have seen multiple situations where a practice or health system has set a fee at 12+ times the MaineCare rate. Parents of children without MaineCare received bills for the services and become VERY upset. This has proven problematic for parents, practices and providers. In all cases, the fee was reduced to either the same rate as Medicaid or within \$8 of the fee (less than double the MaineCare rate).

Example:

A procedure reimbursed by Medicaid at \$12 had a fee set at \$150 in two systems. A few self-pay or commercially insured families received \$150 bills for the services provided to their children.

They were angry. Both systems almost immediately reduced the fees as follows:

Health System A: to \$12 to match the Medicaid reimbursement rate

Health System B: to \$20

ACTION: Establish a fee for each of the following procedure codes:

- D0145 – Oral Evaluation (for children under three years of age) - \$___
- D1206 – Fluoride Varnish Application - \$___

Charging & Billing:

Be clear on how services rendered will be documented and how the corresponding charges will be dropped. Here is one option for dropping charges in other medical settings:

Example:

The EMR system was designed to drop charges as follows:

D0145 – When the Risk Status was calculated/documentated.

D1206 – When the “Yes” button was clicked in for “Applied Fluoride Varnish.”

MaineCare states that Federally Qualified Health Centers, Rural Health Centers and Indian Health Services settings are to use the codes for encounter purposes; reimbursement for the visit will continue to be paid at the core rate for the practice.

ACTION: Determine how charges will be dropped/encounters will be documented.

Measuring Progress/Establishing Reports:

Consider monitoring the pediatric oral health services provided in the practice. Specifically, consider the following measures as standard reports:

- **Well Child Visit:** Percent of well child visits in a specific month/quarter for children ages 12 through 47 months (or other appropriate age range) that have an oral health related/dental procedure code associated with the visit (e.g., D1206 or D0145 or 99188). Suggested Target: 50%
- **One Year Olds:** Percent of children ages 12-23 months who have received at least one fluoride varnish. Suggested Target: 80% or higher
- **4 by 4:** Percent of children who receive at least four fluoride varnish applications by age four years. Suggested Target: 45%²

ACTION: Determine which measures will be monitored, by whom and frequency (e.g., monthly or quarterly). Develop appropriate reports. Share findings to practice/providers/organization.

² **Technical Criteria:** Numerator: Number of children who had at least 4 fluoride varnishes by their 4th birthday. Denominator: Number of children who were <48 months during the measurement year. Only include children who have had at least four well child visits between age 12 months and 47 months.

Appendix A
Oral Health - After Visit Summary

A. Fluoride Varnish Post Application Instructions

Instruction for after fluoride varnish is applied

- Do not brush your child's teeth today.
- Start brushing your child's teeth tomorrow.
- Do not feed your child hard, sticky or hot foods today.

B. Anticipatory Guidance – including referrals and recommendations for obtaining dental care

Less than 6 months old

- Go to your own dentist two times a year. It is important to keep your mouth healthy so that you do not pass germs that cause tooth decay to your baby. Germs are passed to your baby through your saliva.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier.
- Use a cold teething ring if your baby has sore gums.

6 month to 12 months

- Many babies begin to cut teeth.
- Brush teeth with a smear of toothpaste that has fluoride in it (a smear is the size of a grain of rice).
- Do not give your child a bottle in bed.
- Check your child's teeth for spots and stains. Ask your child's doctor or dentist about any problems that you see. Early signs of tooth decay can look like bright white spots.
- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier. Germs that cause tooth decay can be passed to your baby through your saliva.
- Ask us about fluoride. Children should have fluoride put on their teeth 4 or more times by 4 years old.
- It is best for children to see a dentist by the time they are 12 months old.

12 months to 36 months

- Brush your child's teeth with a smear of toothpaste that has fluoride in it (a smear is the size of a grain of rice).

- Do not share spoons or cups with your baby or use your mouth to clean the baby's pacifier. Germs that cause tooth decay can be passed to your baby through your saliva.
- Check your child's teeth for spots and stains. Ask your child's doctor or dentist about any problems that you notice. Early signs of tooth decay can look like bright white spots.
- Ask us about fluoride. Children should have fluoride put on their teeth 4 or more times by 4 years old.
- Take your child for a first visit with a dentist by 12 months old.

36 months to 6 years old

- Brush your child's teeth using a pea size amount of toothpaste that has fluoride in it two times every day; after breakfast and before bed. Have your child spit out extra toothpaste, but do not rinse with water.
- Start to floss your child's teeth once every day as soon as he/she has two or more teeth that touch each other.
- Take your child to the dentist two times every year for check-ups.
- Ask your dentist about dental sealants to help prevent cavities in the molars.

6 – 12 years old

- Help your child brush his/her teeth two times every day; after breakfast and before bed, using a pea size amount of toothpaste that has fluoride in it. Have your child spit out extra toothpaste, but do not rinse with water.
- Ask your child to floss his/her teeth once every day.
- Take your child to the dentist two times every year for check-ups.
- Ask your child's dentist about dental sealants to help prevent tooth decay in the molars.
- Have your child wear a mouth guard when playing sports.

13 + years

- Your child should brush his/her teeth two times every day; after breakfast and before bed, using toothpaste that has fluoride in it. Have your child spit out extra toothpaste, but do not rinse with water.
- Ask your child to floss his/her teeth once every day.
- Take your child to the dentist two times every year for check-ups.
- Ask your dentist about dental sealants to help prevent tooth decay in the molars.
- Have your child wear a mouth guard when playing sports.

Appendix B EMR Screen Shots

1 test
24 Months Old Male (DOB: 10/28/2011) **CHECK PROTOCOLS**
PCP: None

Oral Health Plan

- Is your child on fluoride? Yes No
- If using well water is it tested for fluoride? Yes No

Add Fluoride Supplement to Meds List

- 0.55 (0.25F) MG CHEW
- 1.1 (0.5 F) MG CHEW
- 2.2 (1 F) MG CHEW
- 1.1 (0.5 F) MGML SOLN

Update Medications

Medications

Current Medications: [Empty field]

Multivitamins: Yes No

Multivitamins recommended: Yes No

Callouts:

- Clinical Support Staff collect risk assessment data when rooming patient
- Oral eval data pulls from provider's physical exam to auto populate this field
- Risk factors auto populate based on assessment and eval
- Oral Health Plan is documented here. Additional comments may be added as free text in the [2 Year Old BF]

Update Orders - test1 test 24 Months Old Male, (DOB: 10/28/2011)

Date	Description	Status	Diagnoses
11/1/2013	Assay of Lead	Unsigned	PREVENTIVE CHECKUP
11/1/2013	Hemoglobin Count, Colorimetric	Unsigned	PREVENTIVE CHECKUP
11/1/2013	Preventive Checkup, Est, B,1-4 Yrs	Unsigned	PREVENTIVE CHECKUP
11/1/2013	State - HEP A	Unsigned	PREVENTIVE CHECKUP
11/1/2013	Standard Dev. Testing (ASO)	Unsigned	PREVENTIVE CHECKUP
11/1/2013	Standard Dev. Testing (MCHAT)	Unsigned	PREVENTIVE CHECKUP
11/1/2013	State - FLU (6-35 mos)	Unsigned	PREVENTIVE CHECKUP

Custom List

Use custom list: 24 mos

- Preventive Checkup, Est, B,1-4 Yrs
- State - HEP A
- Preventive Checkup, New, B,1-4 Yrs
- State - FLU (6-35 mos)
- 24 mos
- Collect Capillary Blood Specimen
- Assay of Lead
- Hemoglobin Count, Colorimetric
- Fluoride Varnish
- Oral Evaluation-No Dental Home- MeCare only
- Standard Dev. Testing (ASO)
- Standard Dev. Testing (MCHAT)

Callout: Added DO145 to the orders custom list for appropriate ages

Diagnoses: PREVENTIVE CHECKUP, PEANUT ALLERGY OM, ACUTE ALLERGIC MJUCOID

Buttons: Remove, Reorder, Clear Diagnoses, New..., Sign Orders, OK, Cancel