Introduction to Pediatric Oral Health Documentation, Coding, Charging & Billing:

Including Considerations for Integrating Pediatric Oral Health into Electronic Medical Records

The following outline has been developed after working with a number of practices and systems to integrate pediatric oral health into records.

There are also elements appropriate for consideration in practices using electronic medical records (EMR). We have worked with many practices and health systems to integrated pediatric oral health into a variety of electronic platforms and screen shots from those systems are available in the Getting Started Section of the Healthcare Provider information found at: www.fromthefirsttooth.org.

1. Oral Evaluation
   A. Documenting an Oral Risk Assessment

   There are a variety of oral risk assessments but there is no standard instrument. One state Medicaid program has approved a risk assessment that includes eight elements. Following are the elements and the technological configuration elements to consider as you integrate it into your EMR:

Question	Text	Response Options	Coding Considerations
Questions 1-5 may be completed by a provider or by staff.			
1	Does the child have teeth?	No – STOP Yes – Continue to Q2	If No: • 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 = elevated risk factor If No: Open the remaining fields If Yes: • 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
4	Has the child ever had cavities or fillings?	No Yes	Yes = elevated risk factor
5	Has the mother/primary caregiver had active/untreated cavities in the past year?	No Yes	Yes = elevated risk factor
Questions 6-8 must be completed after a provider examines the patient.			
6	Is there visible plaque on the teeth?	Yes No	Yes = elevated risk factor

7	Are there signs of visible decay or white spot lesions on the teeth?	No Yes	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

B. Documentation of Risk Status:
The child will be deemed as either Low Risk or Moderate/High Risk based on the outcomes of the Oral Risk Assessment above. While integrating pediatric oral health into the EMR, you will need to consider whether you have the system will auto-calculate the risk status classification or if you want the provider to enter that status classification. We strongly recommend that the system auto-calculates the risk status as follows:

- A child with 1 or more elevated risk factors is deemed Moderate/High Risk (upon completion of all eight oral evaluation questions and assurance that parent education has occurred).
- A child with zero elevated risk factors is deemed to be at Low Risk.

Then, you will need to decide how the system records that an Oral Evaluation was completed. In some systems, when the Risk Status is calculated or entered for a child under the age of three years, a charge is dropped for a D0145 code. A charge is not dropped for children age three and above.

C. Documentation of Oral Health Plan:
Elements that could be included in the EMR include:

- Prescribed Fluoride Supplement:
  - **Yes .25 mg**
  - **Yes 0.5 mg**
  - **Yes 1.0 mg**
  - **No – Fluoride Supplements not indicated**
- Recommended well water testing **Yes, No**
- Provided Oral Health Anticipatory Guidance: **Yes, No**
- Applied Fluoride Varnish: **Yes, No, Parent/Patient Declined** ←Consider having a charge drop when the "Yes" button is clicked.
- Referred Child to Dentist **Yes, No**

2. After Visit Summary Options – See samples in Appendix A
   A. Anticipatory Guidance
   B. Homecare
   C. Referrals & Recommendations
3. Establishing Fees:
   Be aware of what is reimbursed by your state Medicaid program as well as other insurance companies. We have seen multiple situations where a practice or system has set a fee at 12+

times the Medicaid rate. Parents of children without Medicaid received bills for the services and become VERY upset. This proved problematic to parents, practices and the 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 Medicaid 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

4. Charging for Services:
   Be clear on how services rendered will be documented and how the corresponding charges will be dropped.

   Example:
   In one state, the Medicaid agency reimburses for two procedure codes: D0145 (oral evaluation) and D1206 (fluoride varnish). The EMR system was designed to drop charges as follows:

   D0145 – When the Risk Status was calculated/documented.
   D1206 – When the "Yes" button was clicked in for "Applied Fluoride Varnish."

5. Billing for Services:
   Be sure to answer this question: How will the system generate bills?

6. Establishing Reports:
   Consider monitoring the pediatric oral health services provided in the practice. Specifically, consider the following measures as standard reports:
   - **4 by 4:** Percent of children who receive at least four fluoride varnish applications by age four years. Suggested Target: 45%[1]
   - **Well Child Visit:** Percent of well child visits in a specific month/quarter for children ages 12-47 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

[1] **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.