# GOVERNMENT OF THE DISTRICT OF COLUMBIA
## Department of Health Care Finance

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**TO:**      DC Medicaid Dental Providers and EPSDT/HealthCheck Providers

**FROM:**    Melisa Byrd
             Senior Deputy Director/State Medicaid Director

**DATE:**    March 20, 2019

**SUBJECT:** National Children's Dental Health Month, Dental Procedures and Billing
             Requirements

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All District of Columbia children eligible for the Medicaid program are entitled to receive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. EPSDT, also known as the DC HealthCheck, is a mandatory Medicaid benefit that includes preventive and specialty care, such as dental services. Preventive care rendered by EPSDT primary care providers includes oral health assessments for all ages and fluoride varnish application for children under the age of 3 during a well-child visit. Comprehensive oral exams, dental sealants, and dental cleanings are covered by Medicaid, as well as any needed diagnostic or treatment services identified by dental providers.

In celebration of National Children's Dental Health Month in February, the purpose of this transmittal is to inform dental and EPSDT providers of the state of children's oral health in the District of Columbia, and of Medicaid-covered oral health procedures administered in primary care and dental settings.

## Dental Care for District Children – Current Statistics and Guidelines

The American Academy of Pediatric Dentistry recommends that children visit a dentist at the time of the eruption of the first tooth, no later than 12 months of age, and every 6 months thereafter. In 2017, 56% of the District of Columbia's children under age 21 enrolled in DC Medicaid received a preventive service from a dentist.[1]

Childhood cavities and decay are preventable with early preventive measures, early detection and treatment.[2] According to the American Academy of Pediatrics and the Centers for Disease Control and Prevention, tooth decay is the single most common chronic childhood disease (5 times more common than asthma).[3] More than 51 million school hours are lost each year to

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[1] District of Columbia CMS-416 Form, Line 12b, FY2017.
[2] U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
[3] Ibid.

dental-related illness in the United States alone.[4] Applying dental sealants to the chewing surfaces of the back teeth is one common way to prevent tooth decay. However, only 25% of DC children between the ages of 6-14 received dental sealants on a permanent molar tooth.[5] Studies show that dental sealants reduce decay in the permanent molars by 81% for 2 years after they are placed on the tooth and continue to be effective for 4 years after placement.[6]

## Children's Oral Health Initiative
The DC Department of Health Care Finance (DHCF), through the Children's Oral Health Initiative, is in collaboration with the health care provider community, Managed Care Organizations (MCOs), and the DC Department of Health (DC Health) in an effort to improve the oral health of the District's children. The Children's Oral Health Initiative aims to increase access to dental providers and improve dental utilization rates. It is the District's goal that 60% of children enrolled in DC Medicaid receive a preventive dental service, and 27% of children ages 6-9 receive dental sealants on permanent molars. DHCF convenes the Children's Oral Health Initiative regularly to implement strategies aimed at increasing children's access to and the utilization of dental services.

## Oral Health Assessments during Well-Child Visits
Oral health assessments are a required part of every primary care well-child visit for young children so that primary care providers can assist in identifying children who need dental care. Every infant should receive an oral health risk assessment by 6 months of age that includes: (1) assessing the patient's risk of developing oral disease using the American Academy of Pediatrics' Oral Health Risk Assessment Tool; (2) providing education on infant oral health; and (3) evaluating and optimizing fluoride exposure.

Children at risk for dental caries should be referred to a dentist as early as 6 months after the first tooth erupts, or 12 months of age for establishment of a dental home. Children at risk are defined as:
- Children with Special Health Care Needs;
- Children of mothers with high caries rate;
- Children with demonstrable caries, plaque, demineralization, and/or staining;
- Children who sleep with a bottle or breastfeed throughout the night, later-order offspring, or
- Children in families of low socioeconomic status.

Primary care providers should advise parents to establish a dental home for their child by 12 months of age. Every child has a primary dental provider available through their MCO. The child's primary dental provider will provide dental examinations, render any indicated treatment

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[4] U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
[5] District of Columbia CMS-416 Form, Line 12d, FY2017.
[6] Ahovuo-Saloranta A, Forss H, Walsh T, Hiiri A, Nordblad A, Mäkelä M, Worthington HV. Sealants for preventing dental decay in the permanent teeth. *Cochrane Database of Systematic Reviews*. 2013; Issue 3. Art. No.: CD001830. DOI: 10.1002/14651858.CD001830.pub4.

services, as well as anticipatory guidance in managing long-term oral health conditions. At a minimum, all children should have an established primary dental provider by 3 years of age.

## Reimbursable Oral Health Procedures in Primary Care Setting

In addition to regular oral health assessments, the application of fluoride varnish every three to six months has been proven to decrease the incidence of early childhood caries (ECC). A child is considered to have ECC when there is one or more decayed, missing (due to caries), or filled tooth surface in any primary tooth before the child turns 6 years of age. Primary care providers may bill DC Medicaid for oral health assessments using Current Dental Terminology (CDT) code D0191. CDT code D0191 is reimbursable at a rate of $30.00 per application.

Children at high risk for ECC benefit from quarterly applications of fluoride varnish, while those with low to moderate risk should receive fluoride varnish applications every 6 months. The application of fluoride varnish for children under the age of 3 by a trained primary care provider is a reimbursable oral health procedure. In order to receive Medicaid reimbursement, primary care providers must complete the fluoride varnish training offered through DC HealthCheck. Once trained, primary care providers may bill DC Medicaid for the fluoride varnish application on a child less than 3 years of age using the Current Procedural Terminology (CPT) code 99188. CPT code 99188 is reimbursable once every 3 months per beneficiary at a rate of $29.00 per application.

## Reimbursable Dental Procedures in Dental Office

According to the American Academy of Pediatric Dentistry, early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness. A child's first dental examination should occur the time of the eruption of the first tooth and no later than 12 months of age. Comprehensive oral exams, dental sealants, and dental cleanings, as well as any needed diagnostic or treatment services identified by dental providers, are covered by DC Medicaid.

Caries risk assessment is a key element of preventive oral health care for infants, children and adolescents. Children at high risk for caries benefit from quarterly applications of fluoride varnish, while those with low to moderate risk should receive fluoride varnish applications every six months. The application of fluoride varnish is a reimbursable dental procedure. Dental providers may bill DC Medicaid for fluoride varnish application using CDT code D1206. CDT code D1206 is reimbursable once every 3 months per beneficiary at a rate of $29.00 per application.

The application of dental sealants to the chewing surfaces of the back teeth is another method to prevent tooth decay. The American Academy of Pediatric Dentistry recommends the application of dental sealants on caries-susceptible primary molars, permanent molars, premolars and anterior teeth with deep pits and/or fissures on children ages 24 months and older. Dental providers may bill DC Medicaid for dental sealants on children ages 24 months and older using CDT code D1351. CDT code D1351 is reimbursable at a rate of $38.00 per tooth.

## Provider Resources

The DC HealthCheck Periodicity schedules reflect the Bright Futures/American Academy of Pediatrics and the American Academy of Pediatric Dentistry guidelines. Both the dental and primary care DC HealthCheck periodicity schedules are available on www.dchealthcheck.net. DHCF requires all pediatric primary care providers to complete EPSDT training and strongly encourages fluoride varnish training, both of which are available through the DC HealthCheck website. DHCF also strongly encourages all EPSDT and dental providers display the attached DC Medicaid Dental Benefits brochure in their waiting rooms.

## DHCF contact information

If you have any questions about the information contained in this transmittal, or need additional information, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services or Dr. Antonio, Lacey, Program Analyst, Division of Clinician, Pharmacy and Acute Provider Services. Colleen Sonosky can be reached by phone at (202) 442-5913 or by email at Colleen.Sonosky@dc.gov. Dr. Lacey can be reached by phone at (202) 442-5847 or by email at Antonio.Lacey@dc.gov.

Thank you for your continued support and providing the oral health services needed to beneficiaries of the DC Medicaid program.

cc:  Medical Society of the District of Columbia
      DC Hospital Association
      DC Primary Care Association
      DC Health Care Association
      DC Home Care Association
      DC Behavioral Health Association
      DC Coalition of Disability Service Providers