

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 21-06

TO: DC Medicaid Dental Providers and EPSDT/HealthCheck Providers

FROM: Melisa Byrd
Senior Deputy Director/State Medicaid Director

DATE: February 23, 2021

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

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 HealthCheck in D.C., is a mandatory Medicaid benefit that includes preventive and specialty care, including dental services. Preventive care rendered by EPSDT primary care providers during a well-child visit includes oral health assessments for all ages and fluoride varnish application for children under the age of 3. 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.

Recently, local and national data have shown a decline in services used by children covered by Medicaid, indicating that children and families have likely been delaying necessary medical and dental health care during the COVID-19 pandemic.¹ These delays in care can result in missed opportunities to manage chronic conditions or diagnose and treat other health issues.² In this challenging time, it remains critical for pediatric Medicaid beneficiaries to receive all necessary services included in the EPSDT benefit, including well-child visits (through telemedicine and in-person appointments) and preventive dental screenings.

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.

¹ Fact Sheet: Service Use among Medicaid & CHIP Beneficiaries age 18 and Under during COVID-19. CMS Newsroom. 09/23/2020. Retrieved from: <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-service-use-among-medicaid-chip-beneficiaries-age-18-and-under-during-covid-19>

² Czeisler ME, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4>

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 2019, 56% of the District of Columbia’s children under age 21 enrolled in DC Medicaid received a preventive service from a dentist.³

Childhood cavities and decay are preventable with early preventive measures, early detection and treatment.⁴ 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).⁵ Applying dental sealants to the chewing surfaces of the back teeth is one common way to prevent tooth decay. However, only 15% of DC children between the ages of 6-14 received dental sealants on a permanent molar tooth.⁶ 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.⁷

Children’s Oral Health Initiative

The DC Department of Health Care Finance (DHCF), through the Children’s Oral Health Initiative, is in active 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. 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.

A new initiative to improved dental health coordination will be discussed with MCOs, dental providers and key stakeholders in the Children Oral Health Initiative meetings this year. Children’s National Hospital is launching a new initiative to address barriers to oral health care for Medicaid-enrolled children in Wards 7 and 8 with the support from the United States District Court for the District of Columbia. The program will improve coordination of care between a child’s primary care pediatric health center and dental home through the integration of a Community Dental Health Coordinator into the existing system. The Community Dental Health Coordinator is a new and important role within the health care team based on the American Dental Association model. In addition to oral health promotion and disease prevention, the coordinator will interact directly with children and families who are at risk for dental disease but are unsure of how to access dental services.

The Community Dental Health Coordinator’s efforts will complement efforts by the MCOs and other stakeholders. Project activities and updates will be reported at Children’s Oral Health Initiative meetings.

³ District of Columbia CMS-416 Form, Line 12b, FY2019.

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 Ibid.

⁶ District of Columbia CMS-416 Form, Line 12d, FY2019.

⁷ 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.

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 Needs⁸;
- 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 socio-economic 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 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 \$11.38 per unit.

⁸ "Environmental factors (e.g., cost of care, difficulty finding a provider to treat [CSHCN], dental offices inaccessible to children with physical limitations) and non-environmental factors (e.g., oral defensiveness, parents' or children's fear of dentist) contribute to un-met oral health needs of [CSHCN]. Children with developmental disorders, Down Syndrome, autism spectrum disorders, and cerebral palsy face the most barriers to care." For more information, see: <https://www.mchoralhealth.org/PDFs/SHCNfactsheet.pdf>.

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 at 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.⁹

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 to 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 (colleen.sonosky@dc.gov) or Dr. Antonio Lacey, Program Analyst, Division of Clinician, Pharmacy and Acute Provider Services (antonio.lacey@dc.gov).

Thank you for providing oral health services to pediatric beneficiaries of the DC Medicaid program during the COVID-19 public health emergency.

cc: Medical Society of the District of Columbia
DC Hospital Association

⁹ There are no limitations on the scope or frequency of EPSDT services (including dental services) so long as they meet medical necessity criteria under federal law. 42 USC 1396d(r)(5); 42 CFR 440.230(b) ("Each service must be sufficient in amount, duration and scope to reasonably achieve its purpose").

DC Primary Care Association

DC Health Care Association

DC Home Care Association

DC Behavioral Health Association

DC Coalition of Disability Service Providers

DC Chapter of American Academy of Pediatrics

DC Chapter of American Academy of Pediatric Dentistry