

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 23-14

TO: DC Medicaid Dental Providers and EPSDT/HealthCheck Providers

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: February 13, 2023

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

Purpose

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

All DC children eligible for the Medicaid program are entitled to receive the care described in the EPSDT services benefit. EPSDT, also known as HealthCheck in DC, is a mandatory Medicaid benefit that includes preventive and specialty care, including dental services.

Unfortunately, research indicates trends that many individuals and families have delayed necessary medical and dental health care due to a variety of issues,¹ including the ongoing COVID-19 pandemic.^{2,3} Delays in care can exacerbate chronic conditions or delay diagnoses and treatment of health issues.⁴ It remains critical for pediatric Medicaid beneficiaries to receive necessary preventive services, including well-child visits and preventive dental screenings.

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 three

¹ Brenan, Megan. *Record High in U.S. Put Off Medical Care Due to Cost in 2022*. Gallup (Wellbeing). January 17, 2023. Retrieved from: https://news.gallup.com/poll/468053/record-high-put-off-medical-care-due-cost-2022.aspx?utm_source=alert&utm_medium=email&utm_content=morelink&utm_campaign=syndication

² *Renewal of Determination That a Public Health Emergency Exists*. Administration for Strategic Preparedness and Response. PHE Declarations – January 11, 2023. Retrieved from: <https://aspr.hhs.gov/legal/PHE/Pages/covid19-11Jan23.aspx>

³ Gavin, Kara. *Did the pandemic interrupt your health care? Time to get back on track!* Michigan Health: Wellness & Prevention. February, 18, 2022. Retrieved from: <https://healthblog.uofmhealth.org/wellness-prevention/did-pandemic-interrupt-your-health-care-time-to-get-back-on-track>

⁴ 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>

years old. Medicaid also covers comprehensive oral exams, dental sealants, and dental cleanings, as well as any needed diagnostic or treatment services advised by dental providers.

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, with subsequent appointments based on risk assessment.⁵ In FY 2021, 42% of DC children under age 21 enrolled in DC Medicaid received a preventive service from a dentist.⁶

Childhood cavities and decay are preventable with preventive measures, early detection, and treatment.⁷ 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 (five times more common than asthma).⁸

In addition, applying dental sealants to the chewing surfaces of the back teeth is one effective way to prevent tooth decay. 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.⁹ However, in FY 2021 only 12% of children between the ages of 6-14 enrolled in DC Medicaid received dental sealants on a permanent molar tooth.¹⁰

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) to improve the oral health of children living in the District. DHCF convenes the Children’s Oral Health Initiative regularly to implement strategies aimed at increasing children’s access to and utilization of oral health 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.

⁵ American Academy of Pediatric Dentistry. Policy on the dental home. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:21-2.

⁶ District of Columbia CMS-416 Form, Line 12b, FY 2021.

⁷ 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.

⁸ Ibid.

⁹ 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.

¹⁰District of Columbia CMS-416 Form, Line 12d, FY 2021.

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 the 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 socio-economic status.¹¹

Primary care providers should advise parents to establish a dental home for their child by 12 months of age. Every Medicaid-enrolled 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 assessment.

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 \$11.00 per application.

Reimbursable Dental Procedures in Dental Office

According to the American Academy of Pediatrics, early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness.¹²

⁸ American Academy of Pediatric Dentistry. Caries-risk assessment and management for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2021:252-7.

¹² Bright futures Guidelines for Health Supervision of Infants, Children, and Adolescents (4th ed.). (2017). American Academy of Pediatrics.

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.¹³ 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.¹⁴

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.

Children's National Hospital's Community Dental Health Coordinator Project

In 2023, Children's National Hospital will continue their initiative to address barriers to oral health care for Medicaid-enrolled children in Wards 7 and 8. The program aims to improve coordination of care between a child's primary care team and their dental home through the integration of a Community Dental Health Coordinator into the existing pediatric health center 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 engage directly with children and families who are at-risk for dental disease but experiencing obstacles to connecting with dental health services.

This role and the project are made possible through the support and oversight of the United States District Court for the District of Columbia.

The Community Dental Health Coordinator's efforts will complement efforts by DHCF, the MCOs, and other stakeholders to address gaps in care. Project activities and updates will continue to be shared at Children's Oral Health Initiative meetings.

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.

¹³ American Academy of Pediatric Dentistry. Policy on the dental home. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:21-2.

¹⁴ 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").

DHCF requires all pediatric primary care providers to complete EPSDT training and strongly encourages training in the application of fluoride varnish, 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.

Contact

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, at colleen.sonosky@dc.gov or (202) 557-1625 or Dr. Antonio Lacey, Program Analyst, Division of Clinician, Pharmacy and Acute Provider Services, at antonio.lacey@dc.gov or (202) 442-5847.

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

cc: 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
Medical Society of the District of Columbia
DC Chapter of American Academy of Pediatrics
DC Chapter of American Academy of Pediatric Dentistry
DC Dental Society