



Cavity Free at Three Implementation Checklist

It is helpful to work through this checklist during your clinic's Readiness Assessment with Cavity Free at Three staff.

Select Champions

	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Select staff member to serve as the Cavity Free at Three/Oral Health clinic champion who will endorse the program and onboard new staff i. _____				Appendix A
<input type="checkbox"/>	B. Select staff member to pull and report data to Cavity Free at Three in the year following training as part of ongoing program support. i. _____				Appendix B
<input type="checkbox"/>	C. Select staff member to be responsible for billing and related questions/concerns that arise i. _____				Appendix C

Training requirements

	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Select which clinicians/staff will attend the training (we recommend everyone is trained)				

Determine patient population

	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Determine eligible patients and develop office policy for which patients will receive services i. Age ceiling: _____ ii. Insurance types: public / private / uninsured				

Billing

	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Develop an office policy for charging self-pay patients				
<input type="checkbox"/>	B. Develop an office policy for charging patients with private insurance if coverage of services is denied				
<input type="checkbox"/>	C. Train staff on billing procedures including treatment codes and forms for submission				Appendix C
<input type="checkbox"/>	D. Ensure billing codes are entered into the EHR				Appendix C

Clinic Flow

	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Flag charts to identify patient eligibility i. Identify who will be flagging charts and when 1. Who: _____ 2. When: _____				
<input type="checkbox"/>	B. Determine who will be responsible for providing which services of the program. *Note: The provider				Appendices D and E

	must complete the clinical oral evaluation and diagnosis. i. CRA Risk Factor questions 1. Who: _____ ii. Fluoride varnish application 1. Who: _____ iii. Anticipatory guidance/goal setting 1. Who: _____ iv. Referral to a dentist 1. Who: _____				
<input type="checkbox"/>	C. Stock Materials i. Ensure fluoride varnish kits and appropriate educational handouts are ordered and stocked 1. Who: _____ 2. When: _____				Appendix F
<input type="checkbox"/>	D. Prepare Materials i. Ensure fluoride varnish and other program materials are ready and available when needed during exams 1. Who: _____ 2. When: _____				
EHR					
	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Integrate CRA into patient charts (ideally the form is added to EHR but a paper document can also be filled out and scanned into patient's chart)				Appendix D
Create a Dentist Referral List					
	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Create a referral list of local dental clinicians i. Contacting local dental clinicians before adding them to this list is recommended ii. Be sure to try to find some clinicians that accept Medicaid				
<input type="checkbox"/>	B. Establish a referral mechanism to help ensure connection to care				
Plan Implementation Timeline					
	How	Task Assigned To:	Target Date:	Notes:	Relevant Appendix
<input type="checkbox"/>	A. Identify the date all selected staff will complete training by i. Date: _____				
<input type="checkbox"/>	B. Identify the date that Cavity Free at Three will go live in the practice i. Date: _____				

- Appendix A: Onboarding Checklist
- Appendix B: Directions for data reporting
- Appendix C: Billing Reference Sheet
- Appendix D: Caries Risk Assessment
- Appendix E: Self-Management Goals worksheet
- Appendix F: Ordering Fluoride Varnish Kits

Appendix A: Onboarding Checklist



Cavity Free at Three Onboarding Checklist

Employee Name	Start Date	Extension	Title	Supervisor	Clinic champion

Certification	Required?	Date finished	Provide certificate to (fill in name)	Notes or comments
Smiles for Life Child Oral Health	If the practice treats patients ages 0-12			Certification must be on file
Smiles for Life CRA, FV, & Counseling	If the practice treats patients ages 0-12			Certification must be on file
Smiles for Life Adult Oral Health	If the practice treats patients ages 12+			Certification must be on file

Link: <https://www.smilesforlifeoralhealth.org/>; "Learn Online"

Administrative/Processes	Description	Notes
Billing procedures and codes		D0145 oral eval, counseling for caregiver child < 3 yrs, D0190 dental screening child 3+, D1206 fluoride varnish, z13.84 screening dental disorders; pair with well child visit
Provide FVA at the following well child checks		for example: 9mo, 12mo, 18mo, 24 mo, 30 mo, 3y, 4y, 5y
Fluoride varnish/kits storage location		
Procedure for uninsured patients		
Documentation of the Caries Risk Assessment method (EHR, scan and upload, etc.)		
Dental referral list location		

Observed clinic champion integrating the Cavity Free at Three Model	Date completed	Clinic champion initials
Full model observed		
Hands on practice	Date completed	Clinic champion initials
Full model supervised		
Caries Risk Assessment <input type="checkbox"/>	Fluoride <input type="checkbox"/> Varnish	Goal Setting <input type="checkbox"/>
Clinical Evaluation <input type="checkbox"/>	Anticipatory <input type="checkbox"/> Guidance	Referral to Dental Home <input type="checkbox"/>

Appendix B: Directions for reporting data

Pull data for population 0 - 5 years. This is the range for the American Academy of Pediatrics (AAP) Periodicity Schedule which Cavity Free at Three has adopted as standard. If your clinic treats higher ages, please do not include.

Evaluation/screening measure

Numerator: # of screenings (CDT procedure codes D0145 and D0190)

Denominator: # of well child checks (ICD-10 Z00.129 AND Z00.121) in age range 0 - 5 years

Fluoride varnish measure

Numerator: # varnish applications (CDT procedure code D1206 AND CPT code 99188)

Denominator: # well child checks (ICD-10 Z00.129 AND Z00.121) in the age range 0 - 5 years

Appendix C: Billing Reference Sheet

September 2022, Refer to Medicaid guidelines for most recent information

COLORADO MEDICAID BILLING REFERENCE Oral Health Services for Children Primary Care Providers Fee-for-Service Reimbursement



Billing Ages 0-2

D0145 Oral evaluation, counseling with primary caregiver child < 3	\$32.59
D1206 Topical Fluoride Varnish	\$17.13
Z13.84 Screening for dental disorders (EPSDT ICD 10–Diagnosis codes)	
◆ Pair with Well Child Visit and submit on electronic claim 837P	
◆ Document formal Caries Risk Assessment in patient chart	
◆ Reimbursable twice per year, two additional per year for high caries risk children	

Billing Ages 3-4

D0190 Dental Screening	\$17.02
D1206 Topical Fluoride Varnish	\$17.13
Z13.84 Screening for dental disorders (EPSDT ICD 10–Diagnosis codes)	
◆ Pair with Well Child Visit and submit on electronic claim 837P	
◆ Document formal Caries Risk Assessment in patient chart	
◆ Reimbursable twice per year, two additional per year for high caries risk children	

Billing Ages 5-20

D0190 Dental Screening	\$17.02
D1206 Topical Fluoride Varnish	\$17.13
Z13.84 Screening for dental disorders (EPSDT ICD 10–Diagnosis codes)	
◆ Reimbursable a maximum three times, regardless of risk	
◆ Not required to pair with well child; submit on electronic claim 837P	

Caries Risk Assessment

- ◆ Documentation of risk using a [Pediatric Oral Health Screening form](#) must be part of the child member’s medical and/or dental record.



REQUIRED CERTIFICATION TRAINING For Primary Care Providers Oral Health Services for Children



Ages 0 - 12 years

- ◆ Complete Cavity Free at Three Training
Visit CavityFreeatThree.org for upcoming certification trainings or to request a training.
- OR
- ◆ Complete *Smiles for Life* national curriculum online SmilesForLifeOralHealth.org
Complete course 2 (child oral health) and course 6 (fluoride varnish).
Contact CavityFreeatThree.org for any additional hands on training or technical assistance.

Ages 12–20 years

- ◆ Complete *Smiles for Life* national curriculum online SmilesForLifeOralHealth.org
Course 3 (adult oral health) and Course 6 (fluoride varnish).
-
- ◆ Qualified Medical Personnel include Physicians (MDs), Osteopaths (DOs), Nurse Practitioners (NPs) and Physicians Assistants (PAs) with a focus on primary care, general practice, internal medicine or pediatrics and who have completed training.
 - ◆ Qualified Medical Personnel who complete this training must provide **documentation of this training** when requested.





Cavity Free at Three Caries Risk Assessment For the Medical Office

Risk Factors

Children 0-4 years	YES <small>High risk</small>	NO <small>Low risk</small>
Mother /caregiver of child has had active decay past 12 months		
Child sleeps with a bottle containing juice, formula or anything other than water		
Frequent use <i>(between meals)</i> of bottle/non-spill cup containing beverages other than plain water <i>(nothing added)</i>		
Children 0-20 years	YES <small>High risk</small>	NO <small>Low risk</small>
Child has special healthcare needs <i>(developmental, physical, medical or mental that limit performance of adequate oral health care by themselves/caregivers)</i>		
Frequent snacking <i>(greater than 3x day/total)</i> candy, carbohydrates, soda, sugared beverages, fruit juice		
Child takes saliva-reducing meds <i>(asthma, seizure, hyperactivity), hx of anemia/iron therapy, or daily liquid medications</i>		
Oral Exam/Clinical Findings	YES <small>High risk</small>	NO <small>Low risk</small>
Obvious decay present on the child's teeth		
Dental fillings present		
Obvious dental plaque present		
Obvious white spots present		

Protective Factors

	YES	NO
Child lives in a fluoridated community and drinks tap water		
Teeth cleaned with fluoridated toothpaste twice daily		
Child has a dental home and regular dental care		

Plan/Assessment

Clinical caries risk? <i>Answer: At least one risk factor indicated, regardless of protective factors</i>	High risk	Low risk
Fluoride Varnish Applied?	YES	NO
Dental Referral?	YES	NO

Patient-Driven Self Management Goals

- | | |
|--|---|
| <input type="checkbox"/> Regular dental home and regular dental care | <input type="checkbox"/> Dental treatment for caregiver |
| <input type="checkbox"/> Eat more fruits, vegetables | <input type="checkbox"/> Baby to bed without a bottle |
| <input type="checkbox"/> Brush twice daily with fluoride toothpaste | <input type="checkbox"/> Wean baby off of bottle |
| <input type="checkbox"/> Drinks tap water and lives in fluoridated community | <input type="checkbox"/> Only water in sippy cup |
| <input type="checkbox"/> Drink less juice, soda | <input type="checkbox"/> Don't share spoons, lick pacifier etc. |
| <input type="checkbox"/> 3 meals, 2 snacks daily | <input type="checkbox"/> Other _____ |

CONTACT:
Cavity Free at Three Team
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HOW TO USE THIS FORM

- This form can be used to guide you through providing preventive oral health services during a well child check.
- The questions on this assessment determine clinical risk. See section below for billing guidance.
- Clinical Caries Risk is determined by the indication of one or more risk factors, regardless of protective factors.
- A caries risk assessment is required every time you address oral health and apply fluoride varnish.
- This form is for required documentation, it is not meant to be patient-facing.

CERTIFICATION TRAINING

To deliver oral health services in the medical setting, certification is required. If you have not been certified please visit the "Contact Us" tab at www.CavityFreeAtThree.org to request training information. Online options available.

ENGAGE IN A CONVERSATION WITH YOUR PATIENT AROUND ORAL HEALTH

Like any patient-centered visit, ideally an oral health screening begins with a conversation that organically elicits information on oral health risk, provides affirmations about what they are doing right, includes open-ended questions, and helps your patient formulate oral health goals. For example:

- What are your goals for your child's teeth?
- Is there one thing you want to work on between now and the next time I see you? This should be a goal that is important to you and also feels like something you can actually get done. (Prompt from self-management goal list if needed)

FLUORIDE

If you're deciding whether or not to prescribe fluoride for your patient, find out if their community water supply is fluoridated. Search your browser for "my water's fluoride" to find county-level information published by the Centers for Disease Control (CDC).

Community water fluoridation has been proven safe and effective. Go to www.colorado.gov/cdphe/community-water-fluoridation or ilikemyteeth.org/ for more information.

BILLING GUIDANCE

The DentaQuest Office Reference manual provides definitions of high risk for billing purposes. Exact language must be used in documentation to qualify a child ages 0 - 4 as eligible for reimbursement of screening/fluoride varnish 4 times/year. Otherwise, the standard is 2 times/year. Child members ages 5 through 20 years may receive fluoride varnish 3 times/year regardless of risk. Refer to Medicaid guidelines for most recent information.

High Risk of Caries is indicated if a member has one or more of the following four criteria:

1. Presents with demonstrable caries, has a history of restorative treatment, or has a history of dental plaque AND has a history of enamel demineralization, OR
2. Is a child member (age 0 through 20 years old) of mothers with a high caries rate, especially with untreated caries, OR
3. Is a child member (age 0 through 20 years old) who sleeps with a bottle containing anything other than water, or who is breastfeed throughout the night (at-will nursing), OR
4. Is a child member (age 0 through 20 years old) who has special health needs.

RESOURCES

- CavityFreeAtThree.org click on "Resources" tab
- SmilesForLifeOralHealth.org
- Dentaquest Office Reference Manual (for most updated billing guidance) dentaquest.com/state-plans/regions/colorado/health-first-colorado/provider-page/



Self-management Goals

Patient Name: _____

Date: _____



Regular dental care



Eat more fruits, vegetables, milk and cheese



Brush with fluoride toothpaste



Drink tap water



Keep germs to yourself



Don't put baby to bed with a bottle



Wean baby off of bottle



Only water in a sippy cup



Drink more water, less juice and soda

What I want to do (my goals)

1. _____

2. _____

When will I do this: _____

How often will I do this: _____

How confident I am that I can accomplish this goal? 1 2 3 4 5 6 7 8 9 10
Not likely Definitely

Signed by: _____ Witnessed by: _____

Copy given to the patient Yes No Staff Initials: _____

Review Date: _____ Comments: _____ Staff Initials: _____

Review Date: _____ Comments: _____ Staff Initials: _____

Appendix F: Ordering Fluoride Varnish Kits

There are many different options for purchasing fluoride varnish. Fluoride varnish can likely be purchased through your regular supplier and often comes in many different flavors. If your clinic desires premade fluoride varnish kits they can be ordered through Bayaud at <https://bayaudenterprises.org/product/box-of-50-cavity-free-at-three-dental-kits/>. Kits include:

- 1 infant tooth brush
- 1 adult tooth brush
- 4 gauze pads each measuring 2'' x 2''
- An 0.85 OZ Kid's toothpaste
- A single dose 0.3m Centrix Varnish America 5% Sodium Fluoride Varnish treatment
- A product information slip for the fluoride varnish
- Program information cards about the Cavity Free at Three program and Bayaud Enterprises