



Cavity Free at Three Caries Risk Assessment

For a Dental Office

Risk Factors

Children 0-6 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>)		
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</i>), hx of anemia/iron therapy, or daily liquid medications		

Oral Exam/Clinical Findings	YES <small>High risk</small>	NO <small>Low risk</small>
Decay present on the child's teeth		
Dental fillings present		
Dental plaque present		
White spots present		
Inadequate salivary flow		
Teeth missing due to caries		

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 (<i>i.e. established patient of record in a dental office</i>)		

Plan/Assessment

Clinical caries risk? (<i>At least one risk factor indicated, regardless of protective factors</i>)	High risk	Low risk
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Patient-Driven Self Management Goals

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



HOW TO USE THIS FORM

- This Caries Risk Assessment is designed for dental providers to evaluate young children (0 - 6 years old). Dental providers should use a more comprehensive risk assessment (such as ADA >6) to evaluate children over age 6.
- The questions on this assessment determine clinical risk. See section below for billing guidance.
- This form defines clinical caries risk as one or more risk factors, regardless of protective factors, but is ultimately based on the clinical judgment of the dental provider.
- A caries risk assessment is recommended every time you see a pediatric patient and apply fluoride varnish.
- This form is not meant to be patient-facing.

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:

- Tell me how you keep your child's teeth healthy?
- 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 breastfed 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
- Dentaquest Office Reference Manual (for most updated billing guidance) dentaquest.com/state-plans/regions/colorado/health-first-colorado/provider-page/