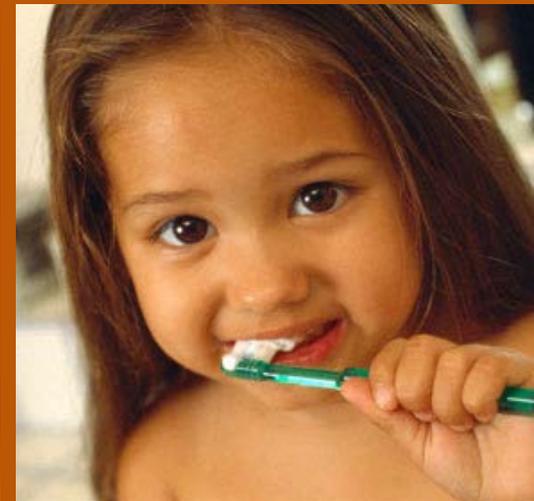


# Promoting Oral Health through Caries Risk Assessment



Training Provided by Texas Department of State Health Services  
and Health and Human Services Commission

09/2015



# Goal

To provide Texas Health Steps dentists with information to support the implementation of the new Caries Risk Assessment Policy.



# Learning Objectives

1. How Texas Health Steps promotes the dental home and preventive care.
2. How quality measures were developed to improve oral health.
3. Why perform caries risk assessments and what are the new Texas Health Steps requirements.
4. What tools are available and how patient assessment tools are utilized based on case scenarios.



# Texas Health Steps (THSteps) and the Dental Home

- The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service for individuals birth through 20 years.
- In Texas, EPSDT is known as Texas Health Steps.
- THSteps follows standards adopted by the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA), and the American Academy of Pediatrics (AAP) that are designed to improve and maintain the oral health of infants, children, and adolescents.



# How THSteps Supports the Dental Home and Need for Preventive Care

- Promotes establishment of the dental home beginning at 6 months with preventive and oral health services.
- Enables dental providers to establish an ongoing relationship with patients that is: comprehensive, continuously accessible, coordinated, and family-centered.
- Provides for diagnostic and preventive services at 3 to 6 month frequencies based on age and caries risk status.



# Quality Measures and Improvements in Oral Health

## Dental Quality Alliance (DQA):

- Established by the American Dental Association.
- Organization of major stakeholders in oral health care delivery that used a collaborative approach to develop performance measures for oral health care.
- Mission is to improve oral health, patient care and safety.



# Quality Measures and Improvements in Oral Health

Texas Health and Human Services Commission adopted several DQA measures and goals:

- To ensure that Texas employs nationally recognized quality measures for dental care that emphasize caries prevention.
- To foster and support professional accountability, transparency, and value in oral health care through the development, implementation and evaluation of performance measurement.
- Measures include assessing those children at elevated caries risk.



# Importance of Caries Risk Assessment

- Approximately 22% of U.S. children aged 2-5 years have experienced dental caries in primary teeth. ([Dye et al, 2015](#))
- Over 20% of U.S. children aged 6-11 years experience dental caries in permanent teeth, and over half (58%) experience dental caries in permanent teeth at 12-19 years of age. ([Dye et al, 2015](#))
- Factors identified when completing an assessment can guide oral health education and lead to the prevention of dental caries.
- Completion of a caries risk assessment as part of THSteps First Dental Home bundled services aids in the prevention of early childhood caries.



# Caries Risk Assessment Tools Developed by Texas DSHS

- Tools were all developed in collaboration with general dentists, pediatric dentists, and public health dentists.
- Dentists in private practice, in academia and from dental professional associations were represented in collaborative workshops.
- Three (3) separate tools are available depending on age of child.
- Tools adapted from nationally recognized caries risk assessment tools and designed for the population of Texas Medicaid children.



# Caries Risk Assessment Tools Developed by Texas DSHS

- Provide dentists with a mechanism for collecting data so that they may apply their own professional judgment to determine each child's caries risk.
- Address individual, biological and protective factors as well as what presents clinically.
- Encourage dentists to look at child as an individual rather than making assessments based on socioeconomic status.



# Caries Risk Assessment - Requirements

Beginning October 1, 2015, THSteps Dentists will be required to complete a caries risk assessment when performing a dental examination utilizing procedure codes: D0145 (First Dental Home), D0120, and D0150.



# Caries Risk Assessment - Requirements

Beginning January 1, 2016 claims will be denied if a caries risk assessment procedure code (D0601, D0602, or D0603) is not submitted on the same claim form as the dental examination.



# Caries Risk Assessment Documentation

- Clearly document the individual patient's dental condition(s) that justifies the risk assessment classification submitted with the claim:
  - Provide results utilizing a recognized tool
  - OR
  - Provide narrative addressing caries risk factors
- Maintain the documentation in the client's dental record.
- The client's dental record is subject to retrospective review.



# Caries Risk Assessment Tools

Dentist can use the professionally-recognized caries risk assessment tool of choice such as ones available on the following websites:

- American Dental Association (ADA),
  - [www.ada.org/~media/ADA/Member%20Center/Files/topics\\_caries\\_instructions.ashx](http://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_instructions.ashx)
  - [www.ada.org/~media/ADA/Member%20Center/Files/topics\\_caries\\_under6.ashx](http://www.ada.org/~media/ADA/Member%20Center/Files/topics_caries_under6.ashx)
  - [www.ada.org/~media/ADA/Science%20and%20Research/Files/topics\\_caries\\_over6.ashx](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topics_caries_over6.ashx)
- American Academy of Pediatric Dentistry (AAPD), and
  - [www.aapd.org/media/Policies\\_Guidelines/G\\_CariesRiskAssessment.pdf](http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf)
- Department of State Health Services (DSHS) Oral Health Program.
  - [www.dshs.state.tx.us/dental/Caries-Risk-Assessment.shtm](http://www.dshs.state.tx.us/dental/Caries-Risk-Assessment.shtm)



# DSHS Caries Risk Assessment Tools



# DSHS Caries Risk Assessment Tool

## Ages 6 months through 35 months



### CARIES RISK ASSESSMENT TOOL

FACTOR	LOW	MODERATE	HIGH
Caries Activity	None	Within 24 months	Within 12 months
Demineralized areas	No white spots	1 white spot	> 1 white spot
Family History – Mother	No decay	Low caries rate	High caries rate
Family History – Father	No decay	Low caries rate	High caries rate
Family History – Siblings	No caries activity	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate	Visible plaque on anterior teeth
Fluoride exposure	Optimal	Low to optimal	Low
Sugar consumption (including bottle or sippy cup use)	With meals only	1-2 between meals	> 3 between meals
Dental home	Established	Irregular use	None
Special conditions			Enamel hypoplasia Special needs patient Impaired salivary flow

First Dental Home



# Caries Risk Assessment Tool

## Ages 3 through 5 years



### Caries Risk Assessment Tool

Patient Name _____
Age _____ Date of Visit _____
Dentist Signature _____

Factor	Low	Moderate	High
Caries Activity	None	Within 24 months	Within 12 months
Demineralized areas	No white spots	Inactive white spot	Active white spots
Parent/Primary Caregiver	No decay	Low caries rate	High caries rate
Family History – Siblings	No caries activity	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate	Visible plaque on anterior teeth
Fluoride exposure	Optimal	Low to optimal	Low
Sugar consumption (including sippy cup use)	With meals only	1-2 between meals	> 3 between meals
Dental home	Established	Irregular use	None
Special conditions		Special needs patient	Enamel hypoplasia Impaired salivary flow

Overall assessment of child's dental caries risk:  Low  Moderate  High



Ages 3 through 5 years



# Caries Risk Assessment Tool

## Ages 6 through 20 years



### Caries Risk Assessment Tool

Patient Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Visit \_\_\_\_\_  
 Dentist Signature \_\_\_\_\_

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot	Active white spots
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate	Heavy
Fluoride exposure	Optimal	Low to optimal	Low
Sugar consumption	With meals only	1-2 between meals	> 3 between meals
Dental home	Established	Irregular use	None
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

Overall assessment of the dental caries risk:  Low  Moderate  High

Ages 6 through 20 years



# Caries Risk Assessment Tools

Providers can:

- Use as a guide (tool is not a definitive algorithm).
- Adjust overall risk assessment up or down based on clinical judgment.
- Track patient's progress at subsequent visits.



# Caries Risk Assessments in Children Under 3 Years of Age

First Dental Home training provides information on Caries Risk Assessments for children ages 6 through 35 months

For information and training see Online Provider Education Course:

[First Dental Home](#)



# Caries Risk Assessments

## Ages 3 through 5 years



# Carries Risk Assessment

## Case Study #1

Factor	Low	Moderate	High
Carries Activity	None ✓	Within 24 months	Within 12 months
Demineralized areas	No white spots ✓	Inactive white spot	Active white spots
Parent/Primary Caregiver	No decay	Low carries rate ✓	High carries rate
Family History – Siblings	No carries activity <i>No siblings</i>	Low carries rate	High carries rate
Presence of plaque, gingivitis	None ✓	Moderate	Visible plaque on anterior teeth
Fluoride exposure	Optimal	Low to optimal	Low <i>Unfluoridated water at home</i>
Sugar consumption (including sippy cup use)	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions	<i>None</i>	Special needs patient	Enamel hypoplasia  Impaired salivary flow

- 3-year-old Ella.
- No visible carries.
- No significant family history of carries.
- Regularly drinks apple juice from a sippy cup with her morning and afternoon snacks.

Determine Ella's risk level.



# Caries Risk Assessment Case Study #1

Factor	Low	Moderate	High
Caries Activity	None ✓	Within 24 months	Within 12 months
Demineralized areas	No white spots ✓	Inactive white spot	Active white spots
Parent/Primary Caregiver	No decay	Low caries rate ✓	High caries rate
Family History – Siblings	No caries activity <i>No siblings</i>	Low caries rate	High caries rate
Presence of plaque, gingivitis	None ✓	Moderate	Visible plaque on anterior teeth
Fluoride exposure	Optimal	Low to optimal	Low <i>Unfluoridated water at home</i>
Sugar consumption (including sippy cup use)	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions	<i>None</i>	Special needs patient	Enamel hypoplasia  Impaired salivary flow

## Moderate

- Ella's use of a sippy cup to drink sugary juice between meals places her at **moderate** risk and should be discouraged.
- Make a note to check Ella's consumption of sugary beverages between meals at her next checkup.
- Additional consumption of sugar between meals could increase her risk level, since Ella lives in an area where water is not fluoridated.



# Caries Risk Assessment

## Case Study #2

Factor	Low	Moderate	High
Caries Activity	None ✓	Within 24 months	Within 12 months
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Parent/Primary Caregiver	No decay	Low caries rate ✓	High caries rate
Family History – Siblings	No caries activity ✓	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate	Visible plaque on anterior teeth ✓
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption (including sippy cup use)	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions		Special needs patient <i>Cerebral palsy - needs help w/ oral care</i>	Enamel hypoplasia Impaired salivary flow

- 5-year-old Maurice has cerebral palsy.
- He receives regular oral care in his dental home.
- Mom has difficulty keeping up with his daily oral care at home.

Determine Maurice's risk level.



# Caries Risk Assessment

## Case Study #2

### High

Factor	Low	Moderate	High
Caries Activity	None ✓	Within 24 months	Within 12 months
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Parent/Primary Caregiver	No decay	Low caries rate ✓	High caries rate
Family History – Siblings	No caries activity ✓	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate	Visible plaque on anterior teeth ✓
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption (including sippy cup use)	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions		Special needs patient <i>Cerebral palsy - needs help w/ oral care</i>	Enamel hypoplasia Impaired salivary flow

- Maurice's limited dexterity makes it difficult for him to help with his oral self-care, beyond the limitations of an average five-year-old who requires adult assistance and supervision.
- Mom has difficulty maintaining his daily oral hygiene at home.
- Regular care in a dental home helps to minimize his dental problems but does not remove him from the high-risk category.



# Caries Risk Assessments

## Ages 6 through 20 years



# Caries Risk Assessment

## Case Study #3

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot	Active white spots ✓
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months ✓	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate	High caries rate ✓
Presence of plaque, gingivitis	None	Moderate ✓	Heavy
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established	Irregular use ✓	None
Special conditions	<i>None</i>	Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

- 6-year-old Suzanna received stainless steel crowns on two teeth at age 4.
- Mom and 10-year-old sister also have multiple restorations.

Determine Suzanna's risk level.



# Caries Risk Assessment

## Case Study #3

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot	Active white spots ✓
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months ✓	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate	High caries rate ✓
Presence of plaque, gingivitis	None	Moderate ✓	Heavy
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established	Irregular use ✓	None
Special conditions	<i>None</i>	Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

### High

- Suzanna's family history combined with her restoration place her at high risk for oral disease.
- Provide anticipatory guidance and oral hygiene counseling to help the whole family maintain oral health.



# Caries Risk Assessment

## Case Study #4

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Restorations or missing teeth due to caries	None ✓	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate ✓	High caries rate
Presence of plaque, gingivitis	None	Moderate ✓	Heavy
Fluoride exposure	Optimal	Low to optimal	Low <i>Can't confirm fluoride history</i>
Sugar consumption	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established	Irregular use	None <i>1st dental visit</i>
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant <i>Recently moved from Central America</i>

- 8-year-old Julio recently moved to the U.S.
- He has never been to a dentist before this visit.
- He has moderate plaque and incipient approximal lesions.
- His fluoride exposure cannot be confirmed.
- Mom reports that everyone in the family has good teeth and she's sure Julio will, too.

Determine Julio's risk level.



# Caries Risk Assessment

## Case Study #4

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Restorations or missing teeth due to caries	None ✓	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate ✓	High caries rate
Presence of plaque, gingivitis	None	Moderate ✓	Heavy
Fluoride exposure	Optimal	Low to optimal	Low <i>Can't confirm fluoride history</i>
Sugar consumption	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established	Irregular use	None <i>1st dental visit</i>
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant <i>Recently moved from Central America</i>

### Moderate or High

- Several risks place Julio in the moderate risk category.
- Your clinical judgment and evaluation of Julio's oral hygiene may determine that he is at high risk for oral disease.



# Caries Risk Assessment

## Case Study #5

Factor	Low	Moderate	High
Caries Activity	None ✓	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Restorations or missing teeth due to caries	None ✓	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate ✓	High caries rate
Presence of plaque, gingivitis	None	Moderate	Heavy ✓
Fluoride exposure	Optimal ✓	Low to optimal	Low
Sugar consumption	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders <i>Will wear braces for 2 more years</i>	Enamel hypoplasia Impaired salivary flow Recent immigrant

- 13-year-old Mai-Lin has braces and receives regular checkups.
- Her exam reveals white spots on several teeth and moderate to heavy plaque.

Determine Mai-Lin's risk level.



# Caries Risk Assessment

## Case Study #5

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Restorations or missing teeth due to caries	None ✓	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None	Low caries rate ✓	High caries rate
Presence of plaque, gingivitis	None	Moderate	Heavy ✓
Fluoride exposure	Optimal ✓	Low to optimal	Low
Sugar consumption	With meals only	1-2 between meals ✓	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders <i>Will wear braces for 2 more years</i>	Enamel hypoplasia Impaired salivary flow Recent immigrant

### Moderate or High

- Use your clinical judgment to determine if a moderate or high risk level.
- Most of Mai-Lin's assessments place her in the moderate risk category. However, the appearance of heavy plaque in some areas may indicate that she is at high risk and requires more frequent follow-up.
- Her long-term risk level should drop if she practices adequate oral hygiene when her braces are removed.



# Caries Risk Assessment

## Case Study #6

Factor	Low	Moderate	High
Caries Activity	None ✓	Incipient lesion	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Restorations or missing teeth due to caries	None ✓	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None ✓	Low caries rate	High caries rate
Presence of plaque, gingivitis	None ✓	Moderate	Heavy
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption	With meals only ✓	1-2 between meals	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders ASD - high functioning	Enamel hypoplasia Impaired salivary flow Recent immigrant

- 14-year-old Simon is diagnosed with autism spectrum disorder (ASD).
- He has received regular care in his dental home, including sealants on his molars, and is scrupulous about oral hygiene.
- Simon has no lesions and low levels of plaque and gingivitis.
- His parents restrict his consumption of sugar to help manage his autism symptoms.

Determine Simon's risk level.



# Caries Risk Assessment

## Case Study #6

Factor	Low	Moderate	High
Caries Activity	None ✓	Incipient lesion	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot ✓	Active white spots
Restorations or missing teeth due to caries	None ✓	1 or 2 restorations within last 36 months	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None ✓	Low caries rate	High caries rate
Presence of plaque, gingivitis	None ✓	Moderate	Heavy
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption	With meals only ✓	1-2 between meals	> 3 between meals
Dental home	Established ✓	Irregular use	None
Special conditions		Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders ASD - high functioning	Enamel hypoplasia Impaired salivary flow Recent immigrant

### Low or Moderate

- Simon's diet, oral hygiene, and exam results place him in a low risk category.
- Based on your observation of his autism symptoms and family relations, you may determine that he is at moderate risk.
- There are no current signs that he is at high risk for oral disease, but you should continue to monitor Simon's condition.



# Caries Risk Assessment

## Case Study #7

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot	Active white spots ✓
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months ✓	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None <i>N/A</i>	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate ✓	Heavy
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption	With meals only	1-2 between meals	> 3 between meals ✓
Dental home	Established	Irregular use ✓	None
Special conditions	<i>No known special conditions</i>	Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

- 17-year-old Ben says his favorite food is Jolly Rancher candy.
- He does not regularly brush his teeth before school.
- He is diligent about brushing his teeth before bed each night.
- He has incipient decay and moderate plaque.

Determine Ben's risk level.



# Caries Risk Assessment

## Case Study #7

Factor	Low	Moderate	High
Caries Activity	None	Incipient lesion ✓	≥1 cavitated lesion
Demineralized areas	No white spots	Inactive white spot	Active white spots ✓
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months ✓	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None <i>N/A</i>	Low caries rate	High caries rate
Presence of plaque, gingivitis	None	Moderate ✓	Heavy
Fluoride exposure	Optimal	Low to optimal ✓	Low
Sugar consumption	With meals only	1-2 between meals	> 3 between meals ✓
Dental home	Established	Irregular use ✓	None
Special conditions	<i>No known special conditions</i>	Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

### High

- Ben's consumption of sugary foods and inadequate oral hygiene place him at high risk.
- Additional behaviors that would increase Ben's risk for oral disease include smoking and use of drugs or alcohol.
- Ask Ben about these topics and counsel him about their effect on oral health.



# Caries Risk Assessment

## Case Study #8

Factor	Low	Moderate	High
Caries Activity	None ✓	Incipient lesion	≥1 cavitated lesion
Demineralized areas	No white spots ✓	Inactive white spot	Active white spots
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months <i>4 - &gt; 7 years ago</i>	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None <i>N/A</i>	Low caries rate	High caries rate
Presence of plaque, gingivitis	None ✓	Moderate	Heavy
Fluoride exposure	Optimal ✓	Low to optimal	Low
Sugar consumption	With meals only ✓	1-2 between meals	> 3 between meals
Dental home	Established ✓	Irregular Use	None
Special conditions	<i>None</i>	Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

- 19-year-old Celine had four teeth filled before the age of 12.
- She eats a healthy diet, drinks plenty of water, and brushes and flosses daily as recommended.
- Her exam shows no sign of active disease.

Determine Celine's risk level.



# Caries Risk Assessment

## Case Study #8

Factor	Low	Moderate	High
Caries Activity	None ✓	Incipient lesion	≥1 cavitated lesion
Demineralized areas	No white spots ✓	Inactive white spot	Active white spots
Restorations or missing teeth due to caries	None	1 or 2 restorations within last 36 months <i>4 - &gt; 7 years ago</i>	3 or more restorations or extracted tooth in last 36 months
Parents, primary caregiver/siblings (ages 6-14)	None <i>N/A</i>	Low caries rate	High caries rate
Presence of plaque, gingivitis	None ✓	Moderate	Heavy
Fluoride exposure	Optimal ✓	Low to optimal	Low
Sugar consumption	With meals only ✓	1-2 between meals	> 3 between meals
Dental home	Established ✓	Irregular Use	None
Special conditions	<i>None</i>	Dental/orthodontic appliance Special needs patient Drug/alcohol abuse Eating disorders	Enamel hypoplasia Impaired salivary flow Recent immigrant

### Low

- Celine's large number of restorations and young age previously placed her in a high-risk category.
- However, she has not required fillings in the past seven years, and the absence of active disease supports her claim of good oral hygiene.
- Celine has effectively reduced her risk level.
- Encourage Celine to continue her good habits and regular checkups.



# Documentation and Billing Requirements for Reimbursement

When submitting for reimbursement for the following CDT codes:  
**D0145, D0150, or D0120**

One of the following CDT codes must also be submitted on the claim form to be considered for reimbursement (Enter \$0.01 in the cost column for Fee-for-Service claims to move the claim through processing. These codes are for information only and are not separately reimbursable.) Note: Dental managed care organizations (DMOs) do not require the \$0.01 billing on the claim form. Providers should contact their DMOs for reimbursement requirements.

–**D0601** carries risk assessment and documentation, with a finding of low risk.

–**D0602** carries risk assessment and documentation, with a finding of moderate risk.

–**D0603** carries risk assessment and documentation, with a finding of high risk.



# Resources

- Dye, BA, Thornton-Evans G, Li X, Lafolla TJ. Dental caries and sealant prevalence in children and adolescents in the United States, 2011-2012. NCHS data Brief, no 191. Hyattsville, MD: National Center for Health Statistics. 2015.
- Dental Quality Alliance Overview, Available at: <http://www.ada.org/en/science-research/dental-quality-alliance/about-dqa>, accessed 9/30/15.
- American Academy of Pediatric Dentistry, Guideline on Caries-risk Assessment and Management for Infants, children and Adolescents, Revised 2014, Available at: [http://www.aapd.org/media/Policies\\_Guidelines/G\\_CariesRiskAssessment.pdf](http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf), accessed 9/30/15.



# Additional Resources – Due for Release in Mid-November 2015

## Coming Mid-November:

Texas Health Steps Online Provider Education will offer an in-depth continuing education-accredited module addressing preventive oral health visits and the use of caries risk assessment.

The screenshot displays the Texas Health Steps website interface. At the top, there is a navigation bar with the Texas Health Steps logo on the left and buttons for 'Register', 'Sign In', and 'Help' on the right. Below the navigation bar, the main content area features a large banner with the text 'Looking for pediatric and adolescent CME?' and a 'View our course listing' button. To the right of the banner is a 'Video Introduction' player. Below the banner, there are sections for 'Free Online Continuing Education Courses' and 'Ethics-Accredited Courses'. The 'Free Online Continuing Education Courses' section includes a list of topics such as 'Multisystem Interviewing', 'Recognizing, Reporting and Preventing Child Abuse', and 'Hailhouse Tutorial: An Introduction to Screening, Brief Intervention, and Referral to Treatment'. The 'Ethics-Accredited Courses' section lists topics like 'Transition Services for Children and Youth with Special Health-Care Needs' and 'Culturally Effective Health Care'. On the right side of the page, there is a sidebar with a 'Find a Course' button, a 'Resource Center' button, and a 'News' section. The footer of the page contains a logo for the Department of State Health Services, a 'Help' section with links for 'FAQ' and 'Tech Support', and a 'Resources' section with links for 'Helpful Links', 'Course-Specific References', 'Video Library', 'Case Management', and 'HHS's Medical Transportation Program'.

<http://www.txhealthsteps.com/>



# Online Provider Education

**Thank you for your  
participation!**

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