CHDP Dental Training: Focus on PM 160 Screening

California Child Health & Disability Prevention (CHDP) Program Statewide Oral Health Subcommittee August 2013

Adapted from: CHDP Program - Health Assessment Guidelines and Provider Manual and American Academy of Pediatrics (AAP) Oral Health Initiative

http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspxx
Problem Statement

• Low income children are at highest risk for dental caries

• Over 70% of California children have a history of dental caries by grade 3 (2006)

• Dental caries is historically the most frequently reported problem of CHDP children
  – Nearly 75% of CHDP Dental Assessments were incorrectly documented on the PM160 – resulting in children not being referred to a dentist *

*Survey of 7 Counties, California Child Health and Disability Prevention (CHDP) Program, 2008
Training Objectives

• **Perform a complete dental assessment** at every CHDP Health Assessment regardless of age

• **Document correctly on PM160 form** suspected problems or routine dental referral

• **Refer all children age one and over** at least annually to a dentist at the time of their CHDP Health Assessment, and more frequently if a problem is detected or suspected

• **Provide anticipatory guidance** and encourage establishment of a “Dental Home” for child/family
4 Steps

Acceptable Dental Assessment and Referral

Based on the CHDP Provider Manual

1. Risk Assessment
2. Oral Assessment
3. Documentation on PM160 form
4. Referral to a Dental Provider
Step 1: Risk Assessment

All CHDP and low-income children are considered at risk for dental caries.
Additional Caries Risk Factors

- **Active or Past Tooth Decay**
  - In parents, siblings, caregivers or child
  - White spot lesions on teeth

- **Poor Feeding Habits**
  - Frequent snacking on carbohydrates
  - Sticky sugary foods
  - Sweet/acidic drinks
  - Bottle in bed
  - Bottle after age 1

- **Lack of Fluoride in**
  - Drinking water
  - Vitamins/Supplements
  - Toothpaste

- **No Recent Dental Visit**
  - Within the last year

- **Poor Homecare**
  - Lack of daily brushing and flossing

- **Children with Special Needs**
Print copies of the Guide for your exam room:

Fluoride Assessment

Ensure only **one systemic** fluoride:

- Tap water if fluoridated
  or
- Well water (test for fluoride level)
  or
- Bottled water with added fluoride
  or
- Fluoride supplements Rx from medical or dental office *

And

Encourage **all topical** fluorides:

Toothpaste, rinses, treatment in a dental or medical office, fluoride varnish in a school, childcare or other community setting

*  [www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm#tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm#tab1)
Step 2: Oral Assessment

Perform an inspection of the mouth, teeth, and gums at each health assessment visit *(Required by CHDP)*

Sample oral health assessments:

http://www.youtube.com/watch?v=cV5OmL7C8K4&feature=player_embedded
http://www.youtube.com/watch?v=UF4Ra1Zgovl

Smiles for Life

First Five Oral Health

* California Code of Regulations Title 17 Section 6843 “An inspection of the teeth, gums and mouth is part of the health assessment.”
Provide Anticipatory Guidance

Messages for Parents:

• Establish a “Dental Home” by Age One
  [Link](http://pediatrics.aappublications.org/content/111/5/1113.full)

• Hold baby while feeding – No bottle in bed

• Brush at least twice a day with a small amount of fluoride toothpaste
  [Link](www.mchoralhealth.org/PediatricOH/mod4_2_3.htm)

• Ask dentist about sealants to protect pits and grooves from decay
  [Link](http://www.cdc.gov/OralHealth/publications/factsheets/sealants_faq.htm)

Caries Risk Assessment Appropriate for the Age 1 Visit, Ramos-Gomez
[Link](http://www.dhcs.ca.gov/services/chdp/Documents/CHDPDental/RiskAssessment.pdf)
Step 3: Documentation on PM160 Form

Reasons to Document:

- **Identifies** children that need care coordination to access dental services

- **Fulfills Federal EPSDT mandates** and reduces risk of State and Federal audits

- Data reported may **increase funding**

- **Strengthens** overall CHDP program
4 Dental Areas to Document

Confidential Screening/Billing Report*

1. 02 Dental Assessment/Referral
2. Comments/Problems
3. Referred To
4. Routine Referral Dental

* PM160
1. **02 Dental Assessment/Referral** – Document in column A, B, C or D according to findings
2. **Comments/Problems –** Describe the condition and classify using Class I, II, III or IV (Examples of classifications to follow)
3. Referred To –
Enter one of the following:

- Dentist name/phone
- CHDP dental list
- Local county helpline
- Denti-Cal 1-800-322-6384
4. Routine Referral
Dental Box –
Always mark if column A or B is checked for ages one and older
Dental Treatment Class I

- No visible decay, inflammation or oral problems
- Refer to dentist for routine dental care
  (Children with full Medi-Cal are covered through Denti-Cal for routine care every 6 months)
How to Document Class I

- **No Problem Suspected** - Check column A
- **Routine Referral** - Check dental box
- **Refer at Least Annually** - Beginning at age one

### CHDP ASSESSMENT

<table>
<thead>
<tr>
<th>Assessment</th>
<th>New</th>
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<th>Date of Service</th>
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<td>01 History and Physical Exam</td>
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<td>07 Audiometric</td>
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<td>09 Urine Dipstick</td>
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<td>12 TB Mantoux</td>
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</tbody>
</table>

### FOLLOW UP CODES

1. No DX/RX indicated or now under care.
2. Questionable result, recheck.
3. DX made and RX started.
4. DX pending/return visit scheduled.
5. Referred to another examiner for DX/RX.
6. Referral refused.

### Referred To:

- **Dr. Painless**

### Telephone Number:

- **916-123-4567**

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**Comments/Problems:**

If a problem is diagnosed this visit, please enter your diagnosis in this area.

**Routine Referral(s):**

- **Dental**

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Dental Treatment Class II

- **Mild Dental Problems** - Small carious lesions (including decalcifications) and/or mild gingivitis
- **Condition is Not Urgent** - Requires a dental referral

- **Beginning Decay** (white chalky decalcification near gum line)
- **Small Carious Lesions**
- **Mild Gingivitis** (slightly red and swollen gums)
How to Document Class II

- **Enter Follow-up Code 5** - in column C if new problem, or in column D if known problem
- **Describe Problem** - in comments section
- **Enter Name/Telephone of Dentist** - in "REFERRED TO:" box

**CHDP ASSESSMENT**

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**FOLLOW UP CODES**

- 01: No DX/Rx indicated or now under care
- 02: Questionable result, recheck planned within two weeks
- 03: Rx made and tx started
- 04: Rx pending/return visit scheduled
- 05: Referred to another examiner
- 06: Referred, refusal

**Comments/Problems**

- 02 - Class II - gingivitis and tooth decay (5)
Dental Treatment Class III

- **Severe Dental Problems** – Large carious lesions, abscess, extensive gingivitis, a history of pain, or severe (medically handicapping) malocclusion

- **Need for Dental Care is Urgent** – Conditions can progress rapidly to an emergency. *Make dental appointment today!*
How to Document Class III

- **Enter Follow-up Code 5** - in column C if new problem, or in column D if known problem
- **Describe Problem** - in comments section
- **Enter Name/Telephone of Dentist** - in “REFERRED TO:” box

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<td>06 SNEFFEN OR EQUIVALENT</td>
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**FOLLOW UP CODES**
1. NO DX/RX INDICATED OR NOW UNDER CARE
2. QUESTIONABLE RESULT, RECHECK SCHEDULED
3. DX MADE AND RX STARTED
4. DX PENDING/RETURN VISIT SCHEDULED
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX
6. REFERRAL REFUSED

**REFERRED TO:** Dr. Painless
**TELEPHONE NUMBER:** 916-123-4567

**COMMENTS/PROBLEMS**

- **02 - Class III - Early Childhood Caries, ECC (5)**
Limited Orthodontics and Craniofacial Care through CCS and Medi-Cal

• **Severe Medically Handicapping Malocclusions** - Children with all permanent teeth present or age 13 through 20

• **Cleft Lip/Palates and Other Craniofacial Anomalies** - Children age 0 through 20
CHDP/CCS* Orthodontic & Craniofacial Referral Guide

*California Children’s Services (CCS)
http://www.dhcs.ca.gov/services/ccs
Scroll to “Contact a CCS Program” for list of local county offices.

Print copies of this guide for your exam rooms:
How to Document Orthodontics and Craniofacial Anomalies

- **Enter Follow-up Code 5** - in column C if new, or column D if known
- **Describe Problem** - in comments section as Handicapping Malocclusion or Craniofacial Anomaly
- **Enter Name/Telephone Number of Dentist** - or Denti-Cal orthodontist in “REFERRED TO:” box

CHDP ASSESSMENT

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FOLLOW UP CODES

1. NO DX/FRX INDICATED OR NOW UNDER CARE
2. QUESTIONABLE RESULT, RECHECK 5. REFERRED TO ANOTHER EXAMINER FOR DX/FRX

REFERRED TO: Denti-Cal Orthodontist
TELEPHONE NUMBER: Denti-Cal 1-800-322-6384

COMMENTS/PROBLEMS

02 - Class III - Handicapping Malocclusion (5)
Dental Treatment Class IV

• **Emergency Dental Treatment Required** - Acute injury, oral infection, or pain

• **See Dentist Immediately** - or at least within 24 hours

For more information: Acute Dental Emergencies In Emergency Medicine

Webmaster to upload pdf to CHDP training site
How to Document Class IV

- **Enter Follow-up Code 5** - in column C if new, or column D if known
- **Describe Problem** - in comments section
- **Enter Name/Telephone Number of Dentist** - in "REFERRED TO" box

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</table>

**FOLLOW UP**

1. NO DX/RX INDICATED OR DX/RX UNDER CARE
2. QUESTIONABLE RESULT; RECHECK SCHEDULED
3. DX MADE AND RX STARTED
4. DX PENDING; RETURN VISIT SCHEDULED
5. REFERRED TO ANOTHER EXAMINER
6. REFERRAL REFUSED

**REFERRED TO:** Dr. Painless
**TELEPHONE NUMBER:** 916-123-4567

**COMMENTS/PROBLEMS**

02 - Class IV - Emergency, Oral Infection (5)
Step 4 - Referral to a Dental Provider

• **Routine Referral**
  - Annually beginning at age one
  - Semi-annually for moderate to high risk children
    *(a Medi-Cal/Denti-Cal benefit once in a six month period)*
  - Children with special needs may require more frequent referrals

  **OR**

- **Refer** if a problem is detected or suspected at any time regardless of age
### When to Refer

**Table 21.2 CHDP PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>12 Month Dental Referral</th>
<th>6 Month Dental Referral**</th>
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</thead>
<tbody>
<tr>
<td>1* - 20</td>
<td>☑️ Once a year minimum</td>
<td>☑️ Most CHDP children are moderate to high caries risk. Refer every 6 months.***</td>
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</table>

- **Children with special needs may need more frequent referrals.**
- **A dental screening/oral assessment is required at every CHDP health assessment regardless of age.**
- **Refer children directly to a dentist:**
  - At least annually beginning at age one for maintenance of oral health (mandated beginning at age 3).
  - At any age if a problem is suspected or detected.
  - Every six (6) months if moderate to high risk for caries.
  - Every three (3) months for children with documented special health care needs when medical or oral condition can be affected.
- **To help find a dentist for a child with Medi-Cal, contact Denti-Cal at 1-800-322-6384 or [http://www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).** For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist.

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* The American Academy of Pediatrics (AAP) policy recommendation is to establish a dental home by age one:
  - [http://aapolicy.aappublications.org/cgi/reprint/pediatrics;122/6/1337.pdf](http://aapolicy.aappublications.org/cgi/reprint/pediatrics;122/6/1337.pdf)

** For Medi-Cal eligible children, Denti-Cal will cover preventive services (exam, topical fluoride application, and prophylaxis) once in a six month period and more frequently if there is a documented necessity. Denti-Cal has adopted the American Academy of Pediatric Dentistry’s (AAPD) “Recommendations for Preventive Pediatric Oral Health Care” which indicates frequencies for diagnostic and preventive procedures: [http://www.denti-cal.ca.gov/prosurvs/bulletins/Volume_26_Number_7.pdf](http://www.denti-cal.ca.gov/prosurvs/bulletins/Volume_26_Number_7.pdf). The AAPD emphasizes the importance of very early professional intervention and the continuity of care: [http://www.aapd.org/media/Policies_Guidelines/G_Pedagogy.pdf](http://www.aapd.org/media/Policies_Guidelines/G_Pedagogy.pdf)


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**References**

05-14-2011

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Young children are seen **earlier and more frequently** by medical providers than by a dentist.

- **Low income** young children are at highest risk for dental decay.
- Medical providers are now placing fluoride varnish to **prevent decay**.
- Research shows high **efficacy** of fluoride varnish.*
Dental Training Summary:

- Do a risk assessment
- Perform an oral assessment and provide anticipatory guidance
- Refer child at least annually beginning at age one
- Encourage a “Dental Home” at any age for child and family
- Assess for and apply fluoride varnish

- Document on the PM 160
  - Check the ROUTINE REFERRAL box, or
  - Note PROBLEM SUSPECTED
  - Record findings in COMMENTS/PROBLEMS area and
  - Provide dentist name and phone number
Working Together

Together we can stop the epidemic of dental disease!

Medical Providers  CHDP  Dental Providers

Parents/Caregivers  Individuals

For local CHDP contact information – http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx
Printable Educational Materials

• Growing Up Healthy (14 age-specific brochures)
  http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPub.aspx#brochures

• Every Child Needs a Dental Home
  http://www.cdph.ca.gov/programs/MCAHOralHealth/Pages/PublicationsandReports.aspx

• Fluoride Varnish
  http://www.cdph.ca.gov/programs/MCAHOralHealth/Pages/PublicationsandReports.aspx

• CHDP Oral Health Educational Resources
  – For babies and young children (Birth-5)
  – Children and teens (6-20)

• Medi-Cal Dental Benefits
  http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=BeneSrvcs

• Prevent Tooth Decay in Babies and Toddlers
  http://www.cdph.ca.gov/programs/MCAHOralHealth/Pages/PublicationsandReports.aspx
Provider Guides

Providers can print each guide and use as a quick reference.

**Oral Health for Infants and Toddlers - A Medical Providers Guide**

**PM160 Dental Guide**

**Orthodontic/Craniofacial Referral Guide**

**Periodicity Table**
References

• Problem Statement

• Risk Assessment
  – http://www2.aap.org/commpeds/dochs/oralhealth/RiskAssessmentTool.html
  – http://www.cda.org/library/cda_member/pubs/journal/jour0303/consensus.htm

• Fluoride Assessment and Supplementation
  – http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm#tab1

• Health Assessment / Health Assessment Guidelines
  – http://www.youtube.com/watch?v=vRodm0Zxvfw
  – http://www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx

• Anticipatory Guidance
  – http://www.mchoralhealth.org/PediatricOH/mod4_2_3.htm
  – http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CHDPPubs.aspx#brochures

• Dental Emergencies
  – http://www.ebmedicine.net/topics.php?action=showTopicSeg&topic_id=32&seg_id=577

• Referrals
  • Periodicity Table
  • Dental Home
    – http://pediatrics.aappublications.org/content/111/5/1113.full.pdf
  • Provider to Provider Referral Form
References cont.

- Malocclusion and Craniofacial Referral
  - [www.dhcs.ca.gov/services/CCS/pages/countyoffices.aspx](http://www.dhcs.ca.gov/services/CCS/pages/countyoffices.aspx)
- Denti-Cal
- Fluoride Varnish
  - Effectiveness
    - [www.ncbi.nlm.nih.gov/pmc/articles/PMC2257982/?tool=pubmed](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2257982/?tool=pubmed)
  - Who Can Apply
    - [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dental_m00o03o09.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dental_m00o03o09.doc)
    - [http://cda.org/popup/cda-sponsored_legislation_clarifies_who_can_place_topical_fluoride_including_fluoride_varnish](http://cda.org/popup/cda-sponsored_legislation_clarifies_who_can_place_topical_fluoride_including_fluoride_varnish)
- Parent Brochure
- Training Modules
  - [http://www.youtube.com/watch?v=cV5OmL7C8K4&feature=player_embedded](http://www.youtube.com/watch?v=cV5OmL7C8K4&feature=player_embedded)
  - [http://www.youtube.com/watch?v=zNOlGS1ggSg&feature=player_embedded](http://www.youtube.com/watch?v=zNOlGS1ggSg&feature=player_embedded)
  - [http://www.ohmdkids.org/flvarnish/](http://www.ohmdkids.org/flvarnish/)
- Billing Code
  - [http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dental_m00o03o09.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dental_m00o03o09.doc)

For local CHDP contact information:
[www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx)

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THANK YOU for being a partner in promoting oral health!

To help us improve this training, please complete an anonymous 2 minute online evaluation

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