

# Oral Health In Your Medical Office Summary

## Coding:

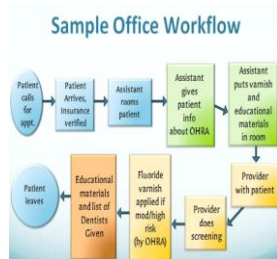
- CPT 99188 ± 96156 ± 96158 for behavior assessment, and 98960 for patient education by qualified staff
- ICD 10 – Z29.3, Z13.84, Z41.8, K02.9, K12.2, K08.8

## Materials Required:

- Light Source (otoscope, penlight, head lamp)
- Supply bag (varnish, gloves, gauze, disposable mirror)
- Parent instructions (from varnish or EHR)

## Workflow responsibilities

- Office Champion
- Supply ordering (need someone's DEA number)
- Assembling materials at point of service
- Risk assessment by staff
- Examination of teeth – MD, NP, PA
- Family education
- Recording the process
- Maintain Dentist referral list



## Positions:

- Knee to knee
- Sitting alone or w/parent
- Supine on exam table – after ear exam
- In parent/guardian lap

## Exam Steps:

- Lift the lower lip first outside the teeth
  - ✓ Mouth will open automatically
  - ✓ Focus on upper incisors, and molars, then lower
- Exam systematically
  - ✓ Upper Arch – front and back
    - ❖ Left side
    - ❖ Middle
    - ❖ Right side
  - ✓ Lower arch – front and back
    - ❖ Left side
    - ❖ Middle
    - ❖ Right side
    - ❖ Tongue
- Apply varnish (to age 21)
  - ✓ Use only enough to cover teeth – not all in the well
  - ✓ Varnish will spread on its own
  - ✓ Caution: Irritates open oral lesions
  - ✓ Pine nut allergy IS NOT A PROBLEM!

## Education

- Brushing with fluoride toothpaste - Twice daily
- Tooth paste smear amount-rice, pea, pinky fingernail
- Flossing as indicated; Brush tongue always
- Dental visits 1-4 times per year depending upon risk
- Fluoride in water

## Warm handoff Dental referral

- Who is their dentist?
- Screen local dentists
- Ask your own dentist to accept your calls!

## Sample Dental List for Parents

Pediatric Dentists					
Name	Telephone Number	Insurance Plans Accepted	Medicaid/CHIP Accepted (Y/N)	Accepts Children Ages ___ - ___	Other Information
Family Dentists					
Name	Telephone Number	Insurance Plans Accepted	Medicaid/CHIP Accepted (Y/N)	Accepts Children Ages ___ - ___	Other Information
Public Health Dental Clinics, Charity/Donated Time Programs, Other					
Name	Telephone Number	Insurance Plans Accepted	Medicaid/CHIP Accepted (Y/N)	Accepts Children Ages ___ - ___	Other Information

## Chart Note:

### Risk Assessment:

#### Moderate/High Risk Factors present:

- Family member w/active decay in past 12 mos
- Parent/Caregiver, siblings have no dentist
- Bottle/sippy cup use with sweet fluid added**
- Child to bed w/sweet substance to drink**
- Frequent snacking during the day**
- Child has special healthcare needs**
- Child is a recent immigrant
- Sibs >3 yo have no dental home

#### Protective factors present:

- Existing dental home
- Drinks water w/F; takes F supplements if indicated
- Fluoride varnish applied in the past 3 months
- Teeth are brushed twice daily
- Teeth flossed once daily if appropriate

### Examination:

- Teeth healthy and gums examined - no gum disease, stains, or caries noted.
- Teeth and gums examined and the following were found:
  - White spots or visible decalcifications
  - Obvious decay
  - Restorations (fillings) present
  - Visible plaque accumulation
  - Gingivitis (swollen/bleeding gums)

### Fluoride Varnish Application:

- 5% NaF in xylitol varnish applied with brush to all surfaces of the erupted teeth with patient cooperation and parent verbal consent.
- Explained to give relatively soft diet for 24 hours, delay brushing and flossing until next day,

### Education

- Explained dental care with brushing and use of fluoride containing toothpaste a little dot not a lot" twice daily.
- Explained that flossing is encouraged where teeth touch each other.

### Referral to Dentist - \_\_\_\_\_