ORAL HEALTH IN THE PEDIATRIC OFFICE

IT’S NOT JUST TEETHING ANYMORE!

Oral Health and Children

Early childhood caries (cavities) is the number 1 chronic disease affecting young children.

Early childhood caries is 5 times more common than asthma and 7 times more common than hay fever.

Tooth pain keeps many children home from school or distracted from learning.

Children are recommended to have their first dental visit by age 1.

Early Childhood Decay in South Carolina – A Fact Sheet

- In the United States, 28% of preschool age children have experienced early childhood caries.
- In South Carolina, 52% of children younger than eight years of age have experienced tooth decay.
- Economically disadvantaged children are significantly more likely to have experienced early tooth decay than children from a stable financial background.
- Fact Sheet from SC DHEC
AAP UPDATED RECOMMENDATION

For Release: Aug. 25, 2014

Dental caries – or tooth decay -- is the most common chronic disease in children in the US

AAP states that fluoride is effective for cavity prevention in children. The AAP is issuing the following new recommendations:

- Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk.
- A smear (the size of a grain of rice) of toothpaste should be used up to age 3. After the 3rd birthday, a pea-sized amount may be used. Parents should dispense toothpaste for young children and supervise and assist with brushing.
- Fluoride varnish is recommended in the primary care setting every 3–6 months starting at tooth emergence.
- Over-the-counter fluoride rinse is not recommended for children younger than 6 years due to risk of swallowing higher-than-recommended levels of fluoride.

NEW USPTF RECOMMENDATION ALSO
Another Reason These Guidelines Are Important

ACA Requirements for Coverage of Preventive Services

- Covers all Bright Futures services for children with no cost-sharing
- The required preventive services come from recommendations made by four expert medical and scientific bodies – the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP), the Health Resources and Services Administration’s (HRSA’s) Bright Futures Project, and HRSA and the Institute of Medicine (IOM) committee on women’s clinical preventive services. The requirement that insurers cover preventive services recommended by the USPSTF, ACIP and Bright Futures program went into effect for non-grandfathered plans with plan-years beginning on or after September 23, 2010. The coverage requirements for women’s clinical preventive services became effective for plans starting on or after August 1, 2012. New or updated recommendations issued by these expert panels are required to be covered without cost-sharing in the plan year that begins on or after exactly one year from the new recommendation’s issue date.
WHERE TO START?

AAP Oral Health Practice Tools
Incorporate oral health into your practice with these easy-to-use tools and resources. Learn how to perform an oral health risk assessment, nutrition and oral hygiene counseling, and to apply fluoride varnish when needed as a vital part of the well child exam.

http://www2.aap.org/oralhealth/practicetools.html

Oral Health Risk Assessment

Recommended at 6, 9, 12, 18, 24, 30 month, 3 year and 6 year well visits

It is a billable code. AAP recommends 99420 "Health Risk Assessment"

Risk assessment not paid by SC HHS

SC HHS does pay for varnish
Every 6 months from 6 months until 36 months, even though not on Bright Futures yet

Most BCBS does too, thanks to USPTF recommendation!
Clinical Findings

The child’s high risk.
Clinical signs present immediately place the child in the high-risk category.

- Restorative Fillings Present
  - Child’s high risk.
  - Restorative fillings present—immediately place the child in the highest category.

- Yields Phase Accumulation
  - Plaque and calculus accumulate on the teeth when food debris and plaque form by flinger, split by brushing and flossing.

- Gingivitis
  - Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents, good oral hygiene to reduce the inflammation.

- Periodontitis
  - Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents, good oral hygiene to reduce the inflammation.

For more information about our NCP oral health program, contact us at oralhealth@ncp.org or call 800-962-0409.

The Pew Charitable Trusts Research & Analysis
Reimbursing Physicians for Fluoride Varnish

- A Cost-effective Solution to Improving Access
- Young children see primary medical care providers earlier and more frequently than they see dentists. This is particularly true for children in low-income families, who face persistent barriers to accessing dental care.
- For these reasons, the medical office is an ideal place to deliver a set of preventive dental services—including the application of fluoride varnish.
- Why is Fluoride Varnish Cost Effective?
- Twenty-eight percent of children aged two to five have had cavities and, of these children, 73 percent were in need of treatment. Fluoride varnish offers the following benefits:
  - Fluoride varnish applied at primary medical care visits can reduce decay rates by one-third, and lead to significant cost savings in restorative dental care and associated hospital costs.
  - The lack of access to preventive dental measures can result in high costs for complex restorative procedures, especially if the child requires hospital-based care. Such care can cost as much as $15,000 per admission, carries a slight but real risk of anesthetic death, and places big burdens on public resources and state Medicaid budgets.
- Fluoride varnish is an inexpensive preventive measure that can curb high costs to state Medicaid programs for treating tooth decay. Most Medicaid programs pay between $15 and $30 for the procedure, and some also separately reimburse for screening, anticipatory guidance, and risk assessment.

Currently, 46 states and the District of Columbia have Medicaid programs that pay medical providers for preventive dental care. South Carolina is one of these states.

SC Medicaid Payment Policies
Private Insurer Payment in SC for Oral Health in the Pediatric Office Setting

- As of December 2014, most BCBS of SC plans are paying for dental varnish. The CPT code is D1206.
- Exceptions are Blue Choice, Federal Blue Cross, and random self-insured plans.
- SC State Employee Plan administered by BCBS pays.
- Essentially no other payers are paying.
- Many parents are willing to self-pay.

Where to get supplies

This list is from AAP website, but is not an endorsement of any product.

The only supply we use in my office is one of the listed varnish products.

---

Dental Supply Companies

Where to get supplies

This list is from AAP website, but is not an endorsement of any company.

---

### Table: Varnish Products

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Supplier</th>
<th>Contact</th>
<th>Phone</th>
<th>Address</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand A</td>
<td>Company 1</td>
<td>John Doe</td>
<td>123-456-7890</td>
<td>123 Main St, Anytown, USA</td>
<td><a href="mailto:jdoe@company1.com">jdoe@company1.com</a></td>
<td><a href="http://www.company1.com">www.company1.com</a></td>
</tr>
<tr>
<td>Brand B</td>
<td>Company 2</td>
<td>Jane Smith</td>
<td>987-654-3210</td>
<td>456 Oak Ave, Anytown, USA</td>
<td><a href="mailto:jsmith@company2.com">jsmith@company2.com</a></td>
<td><a href="http://www.company2.com">www.company2.com</a></td>
</tr>
<tr>
<td>Brand C</td>
<td>Company 3</td>
<td>Bob Johnson</td>
<td>210-987-6543</td>
<td>789 Pine Dr, Anytown, USA</td>
<td><a href="mailto:bjohnson@company3.com">bjohnson@company3.com</a></td>
<td><a href="http://www.company3.com">www.company3.com</a></td>
</tr>
</tbody>
</table>
When we began this program, we had four offices and fourteen doctors. We now have five offices and seventeen doctors.

We began a few test cases in November 2011. We found the procedure was fast and easy, well accepted by patients, and indeed paid by SC Medicaid.

In January 2012, we began in earnest, applying varnish to all Medicaid children with teeth under age 3 at their next well visit.

We have continued this program to present, and attempt to apply varnish every six months on a patient once we begin.

We began test cases of privately insured patients in July 2014, and began offering to all in October 2014.

We have tracked number of dental varnishes by doctor and location.

We have found that the uptake of new things is slow and variable by doctor, location, and even time of year, but eventually the benefits become obvious to all.