Oral Health Services Assessment

Introduction

Transforming Oral Health for Families (TOHF)

Networks for Oral Health Integration within the Maternal and Child Health Safety Net

Oral Health Services Assessment

The Oral Health Services Assessment is an evaluation of health center protocols related to oral health service provision, scope of practice, regulation, coding, billing, and reimbursement. This assessment will focus on fluoride varnish, caries risk assessments, anticipatory guidance and patient/parent education, and referrals, and will include examination of EHR utilization and patient education and/or outreach materials.

Instructions

Please fill out the survey to the best of your ability.

Definitions

- Non-dental clinical provider: physician, physician assistant, nurse practitioner, midwife
- Non-dental clinical team members: nurse, medical assistant
- Non-dental support service provider: community health educator, promotora, health navigator, community health worker, home visitor, and/or WIC staff
- Dental clinical provider: dentist, dental hygienist, dental therapist, dental assistant
- Dental support service provider: community dental health coordinator
- Preventive oral health services: activities that aim to improve and maintain good oral health and function by reducing the onset and/or development of oral diseases or deformities and the occurrence of orofacial injuries. Examples of preventive oral health services include oral hygiene instruction, fluoride treatment, and dental sealants. This is not an exhaustive list of preventive services.
- Oral Health Screening/Risk Assessment: Oral health screening is a visual inspection of the mouth; it is NOT an oral exam. Risk assessment is defined as evaluating a person’s risk of oral health disease based on their social environmental and behavioral influences. Both risk assessment and oral health screening help to dictate treatment needs and urgency for dental referral.
- Tele-dentistry: the remote provision of dental care, advice, or treatment through the medium of information technology rather than direct personal contact.

Target populations

Children from birth to age 40 months and pregnant women. A patient in the target population is a child that receives regular primary care.

Oral Health Services Assessment

Survey Respondent Information

1. For which center is this survey being completed?

2. What is your name (Last, First)?

3. At what organization do you currently work?

4. What is your current role within the organization?

5. What is the organization's address?

6. What is your phone number?

7. What is your email address?

Oral Health Services Assessment

Scope of Practice and Medicaid Fee-for-Service Reimbursement

8. For each Provider type below, indicate whether OH Screening/Risk Assessment and Fluoride Varnish are allowable under the provider's scope of practice

	OH Screening/Risk Assessment	Fluoride Varnish
MD/DO (Physician)		
NP (Nurse Practitioner)		
PA (Physician Assistant)		
Pharmacists		
RN or LPN (Registered Nurse) (Licensed Practical Nurses)		
Midwives		
CMA/RMA (Medical Assistant)		
CHW (Community Health Worker)		
DDS/DMD (Dentists)		
DT (Dental Therapists)		
RDH (Registered Dental Hygienists)		
“Advanced” RDH (Registered Dental Hygienists)		
CDA/RDA (Dental Assistant)		
CDHC (Community Dental Health Coordinators)		

9. Which codes are utilized to bill for the following oral health services at the health center site? Please include all that apply.

OH Screening/Risk Assessment	
Fluoride Varnish	
Oral Health Education	
Dental Referral	
Case Management	

10. What is your Medicaid reimbursement for the following oral health services? Please include all that apply.

	Reimbursed	Not Reimbursed	NA
OH Screening/Risk Assessment	○	○	○
Specify $ amount & Code			
Fluoride Varnish	○	○	○
Specify $ amount & Code			
Oral Health Education	○	○	○
Specify $ amount & Code			
Dental Referral	○	○	○
Specify $ amount & Code			
Case Management	○	○	○
Specify $ amount & Code			

11. Do you receive other reimbursement for the following oral health services? Please include all that apply.

	Reimbursed	Not Reimbursed	NA
OH Screening/Risk Assessment	○	○	○
Fluoride Varnish	○	○	○
Oral Health Education	○	○	○
Dental Referral	○	○	○
Case Management	○	○	○

OH Screening/Risk Assessment: If Yes, specify $ amount & Code

Fluoride Varnish: If Yes, specify $ amount & Code

Oral Health Education: If Yes, specify $ amount & Code

Dental Referral: If Yes, specify $ amount & Code

Case Management: If Yes, specify $ amount & Code

12. Please provide sources used in the section above (provide links to all sources and/or a description of where the information is located):

13. Please indicate if you utilize your EHR to document the following services. If yes, please include a screenshot of this EHR form.

	Yes	No	NA
OH Screening/Risk Assessment	◯	◯	◯
Fluoride Varnish	◯	◯	◯
Oral Health Education	◯	◯	◯
Dental Referral	◯	◯	◯
Case Management	◯	◯	◯

14. Please upload a single document that has copies/EHR forms used in your practice to document the services mentioned above. [Max file size 16MB]

Choose File Choose File No file chosen

15. What tool does your practice use for oral health screening or caries risk assessment?

16. Please upload a copy of the Oral Health screening or Caries risk assessment tool being used at your health center. [Max file size 16MB]

Choose File Choose File No file chosen

17. How does your practice determine who receives fluoride varnish?

18. Do providers require training to apply fluoride varnish? If yes, please describe the requirements and details of the training program and entity.

19. How does your practice determine who receives oral health anticipatory guidance?

20. What materials are used for patient oral health education?

21. Please upload any patient education materials or resources used in your practice for preventive oral health education [Max file size 16MB]

Choose File Choose File No file chosen

22. Do you have any of the following documents in multiple languages?

	English	Spanish	Other language	Not applicable
Caries Risk assessment from	◯	◯	◯	◯
Oral Health screening form	◯	◯	◯	◯
Patient education materials	◯	◯	◯	◯
Referral Form	◯	◯	◯	◯

23. Do you have a referral form or system in place to refer patients from primary care to dental?

24. What factors determine who receives a dental referral?

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Medicaid Reimbursement for Non-Dental Clinical Providers

25. To be reimbursed by Medicaid for preventive oral health services, does your state require non-dental clinical providers or their team to take a training course (for example, oral hygiene instruction, fluoride varnish application)?

- Yes
- No
- Don't Know

* 26. Please enter your email address to receive a copy of your completed survey

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