TOHF eCW Workflow & Configuration Guide



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Logic, Specifications, & Documentation

Objective/Measure	Logic/Specifications	Evidence Required
NOHI Project Metrics		
Deliver preventive oral health care services. (Includes risk assessments, fluoride vamish, and referrals)	Unduplicated <u>non-dental providers</u> who completed training organized by the network who delivered one or more <u>preventive oral health services</u> to a patient in the target population during the reporting period	Risk Assessment (ICD10 Code: Z91.841, Z91.843) Referral (EHR Referral or SMART code) Fluoride Varnish (CPT code: 99188)
Parents/caregivers of pediatric patients aged 0-40 months in MCH safety net setting participating in the Network will increase their knowledge/ awareness about preventive oral health practices	Unduplicated patients in the target population with documented <u>oral health</u> <u>education/anticipatory guidance/self-</u> <u>management goal</u> during the reporting period	Oral Health Education/ Anticipatory Guidance/ Self-Management Goal (SMART Code or Structured data)
Children aged 0-40 months in the MCH safety net setting participating in the Network will be referred for dental services (preventive and/or restorative), as appropriate	Unduplicated patients in the target population at <u>high risk</u> as determined by an <u>oral health risk assessment</u> with a documented <u>referral for dental services</u> by a non-dental clinical provider or a non-dental support service provider, during the reporting period	Referral (EHR Referral or SMART code) High Risk (ICD10 Code: Z91.843)
Children aged 0-40 months in MCH safety net setting participating in the Network will receive preventive oral health services (risk assessments, fluoride varnish, referrals)	Unduplicated patients in the target population seen for well- child, or other appropriate visit during the reporting period that received one or more <u>preventive oral health services</u> by a non- dental clinical provider, or a support service provider during the reporting period	Risk Assessment (ICD10 Code: Z91.841, Z91.843) Referral (EHR Referral or SMART code) Fluoride Varnish (CPT code: 99188)
TOHF Specific Metrics		
Target population patients receiving an oral health risk assessment	Unduplicated patients with a documented <u>oral health risk assessment</u> who are seen for a well-child or other appropriate medical visit during the reporting period	Risk Assessment (ICD10 Code: Z91.841, Z91.843)
Target population patients receiving education/ anticipatory guidance/ self-management goal	Unduplicated patients with documented education/anticipatory guidance/self- management goal who are seen for a well-child or other appropriate medical visit during the reporting period	Oral Health Education/ Anticipatory Guidance/ Self-Management Goal (SMART Code or Structured data)
Target population patients receiving fluoride varnish	Unduplicated patients with a documented <u>fluoride varnish</u> application who are seen for a well-child or other appropriate medical visit during the reporting period	Fluoride Varnish (CPT code: 99188)
Target population patients receiving a dental referral	Unduplicated patients with a documented dental <u>referral</u> who are seen for a well-child or other appropriate medical visit during the reporting period	Referral (EHR Referral or SMART code)



eCW Documentation: Best Practice Workflow

To meet the project metrics, preventive oral health services must be integrated within the medical practice. The preventive oral health services include performing oral health risk assessment, providing oral hygiene patient education, fluoride varnish treatment, documenting oral health self-management goals, and sending referrals to dental care.



Risk Assessment

The non-dental provider performs the pediatric oral health risk assessment during an appropriate visit with the patient. The provider documents the oral health risk assessment in the HPI section. The risk assessment is in the "Notes" column of the "Pediatric Oral Health" category. Complete the oral health risk assessment by clicking on the structured data fields in the "Value" column.

1. Navigate to the **Pediatric Oral Health** in the "Dental HPI" category.

HPI (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)													
Pt. Info Encounter Physical Hub													
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Dental HPI / Pediatric Oral Health Show pop-up for c/o Order													
Patient Care Team Pediatric Oral Health													
Medicare Annual Visit Q Find in Pediatric Oral Health													

Behavioral Health	c/o	Denies	Symptom	Duration	Notes								
Breast surgery consultations	S PEDIATRIC ORAL				RISK FACTOR. Mother or primary caregiver ×								
Cardiology	s	Risk Assessment Completed Yes , Caries Ri 🛛 🗙											
Cardiothoracic surgery consultatio													
Case Management													
🛛 Dental HPI													
 Dental Complaint(s) 													
Pediatric Oral Health													
Dermatology Dermatology													
Dist/Eversice													



2. Click on the "Notes" column to access the oral health risk assessment.

C	Dental HPI / Pediatric Oral Health						0	Show pop-up for c/o Order
Ŧ	Behavioral Health	^	F	Pediatric O	ral Health		6	
Ŧ	Breast surgery consultations		q	Find in	Pediatric	Oral Health		
Ŧ	Cardiology							
Ŧ	Cardiothoracic surgery consultatio			c/o	Denies	Symptom	Duration	Notes
Ŧ	Case Management		S			PEDIATRIC ORAL		-fm
۵	Dental HPI		s			PREVENTIVE OR	PEDIATRIC ORAL HEAI	LTH RISK ASSESSMENT
	 Dental Complaint(s) 					L		
	 Pediatric Oral Health 							

3. Complete the assessment by clicking on the "Value" column to respond to each structured value field.

HPI Notes : PEDIATRIC ORAL HEALTH RISK ASSESSMENT	(Test, NOHI -08/06/2020 02:30 pm, A	NN VISIT)		×
3		Default	▼ Default For All ▼ Clear	Clear All
Name	Value		Notes	
🗅 🗌 RISK FACTOR. Mother or primary caregiver	N	v x		×
🗅 🗌 RISK FACTOR. Mother or primary caregiver		Q		×
B RISK FACTOR. Continual bottle or sippy c	O Yes			×
🗅 🗌 RISK FACTOR. Frequent snacking	O No			×
B RISK FACTOR. Special health care needs		· •		×
🗅 🗌 RISK FACTOR. Medicaid eligible		т х		×
PROTECTIVE FACTOR. Existing dental home		т х		×
PROTECTIVE FACTOR. Drinks fluoridated wa		т х		×

4. The responses might trigger a follow-up item, click on each field to complete the risk assessment.

Name	Value			Notes
🗅 🗌 RISK FACTOR. Mother or primary caregiver	No	*	×	×
B RISK FACTOR. Mother or primary caregiver	No	*	×	×
B RISK FACTOR. Continual bottle or sippy c	Yes	Ŧ	×	×
B RISK FACTOR. Frequent snacking	No	Ŧ	×	×
🗅 🗆 RISK FACTOR. Special health care needs	No	Ŧ	×	×
B RISK FACTOR. Medicaid eligible	Yes	*	×	×
PROTECTIVE FACTOR. Existing dental home	No	Ŧ	×	×
PROTECTIVE FACTOR. Drinks fluoridated wa	Yes	Ŧ	×	×
PROTECTIVE FACTOR. Fluoride varnish in t	No	*	×	×
PROTECTIVE FACTOR. Has teeth brushed twi	No	Ŧ	×	×
CLINICAL FINDING. White spots or visible	Yes	Ŧ	×	×
\square \square Child is at an absolute high risk for ca			Q	×
🗅 🗌 CLINICAL FINDING. Obvious decay	R High Risk Assessment Z91.843			×
CLINICAL FINDING. Restorations, fillings	4		~	×
🗅 🗌 CLINICAL FINDING. Visible plaque accumul		Ŧ	×	×



5. Determine the child's risk for caries and document the diagnosis in **Assessment**. Risk for dental caries, Low: ICD-10 Code Z91.841

Risk for	Risk for dental caries, High: ICD-10 Code Z91.843													
Assessment	(Test, NOHI -(08/06/2020 02:30 pm,	ANN VISIT)	A								8		
Pt. Info Enc	ounter Phy	sical Hub Educ	tation	0										
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Q_risk for ca	aries			•	x < >	hrev Prev	Dx	PL	iaps 🐞					
ICD-9	ICD-10	Diagnosis [Using S	mart Search]											
V15.89	Z91.843	Risk for dental caries	for dental caries, high											
V15.89	Z91.841	Risk for dental caries	, low	Risk fo	r dental car	ies, high								
V15.89	Z91.842	Risk for dental caries	, moderate											
V15.89	Z91.849	At risk for dental cari	es											
V15.89	Z91.849	Unspecified risk for d	lental caries											
Selected Asse	essments									Pro	blem L	.ist 💌		
P DPL C	ode 🐧	SNOMED	Diagnosis		Sp	ecify	Not	es	Risk					
🗹 🗌 Z	91.843	609402003	Risk for dental c	aries, high							×	1		

Preventive Oral Health Services

The provider completes the Preventive Oral Health Services Tool to determine the patient's oral health service needs.

1. Navigate to HPI>Dental HPI> "Pediatric Oral Health" category.

HPI (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)														
Pt. Info Encounter Physical Hub														
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Dental HPI / Pediatric Oral Health Order														
- Patient Care Team Pediatric Oral Health														
Medicare Annual Visit		Q Find i	n Pediatrio	Oral Health										
- ******														
Behavioral Health C/o Denies Symptom Duration Notes														
 Breast surgery consultations 		5				RISK FAC	TOR. Mot	her or pri	mary car	regiver ×				
⊞ Cardiology	9	S PREVENTIVE OR Risk Assessment Comple						ompleted	l Yes , Ca	ries Ri 🗙				
Cardiothoracic surgery consultation														
Case Management														
🖻 Dental HPI														
 Dental Complaint(s) 														
Pediatric Oral Health														
Dermatology Dermatology Dist/Suppose	ealth													

2. Click on the "Notes" column to access the Preventive Oral Health Services Tool.





3. Complete the structured value fields by clicking on the "Value" column to respond to each item.

HPI Notes : PREVENTIVE ORAL HEALTH SERVICES (Tes	t, NOHI -08/06/2020 02:30 pm, ANN VI	SIT)		×
3		Default 👻	Default For All 👻 🕻	Ilear Clear All
Name	Value		Notes	
🗅 🗌 Risk Assessment Completed	Yes	v x		×
Caries Risk	High	v x		×
Child is at high risk for caries	High Risk Assessment Z91.843	v x		×
🗅 🗍 Fluoride varnish treatment	Yes	v x		×
🗅 🗌 Anticipatory guidance provided	Yes	v x		×
🗅 🗌 Health Education sent to the portal or p	Yes	v x		×
🗅 🗌 Dental referral provided	Yes	v x		×
🗅 🗍 Other see notes		. × ×		×

4. Perform oral health services as needed.

Fluoride Varnish

The non-dental provider applies fluoride varnish and orders the "Fluoride Varnish" procedure to appropriately document the application in the progress note.

1. Order the "Fluoride Varnish" procedure.

Lab D Procedure • Today's Orders Select All Add Dx fluoride fluoride fluoride fluoride fluoride fluoride Select All fluoride fluoride fluoride fluoride fluoride by Contains Type Both hliss Name hliss Name hliss Name hliss Name App TOPICAL FLUORIDE VARNISH Driptical FLUORIDE VARNISH Driptical FLUORIDE VARNISH Source Date: 0216 Driptical Fluoride	lanage Orders					
Lab DI Procedure HX 2 Select All Add DX 2 Z91.843 Risk for dental ca Order Name H APP TOPICAL FLUORIDE VARNISH Contains Allas Name H APP TOPICAL FLUORIDE VARNISH Contains C		0			Medication Summary Add Net	w Rx Add New Order
Select All Add Dx Fluoride By Contains V Type Both Order Name H APP TOPICAL FLUORIDE VARNISH Order Name H APP TOPICAL FLUORIDE VARNISH Order S Order Date: 08/13	Lab DI Procedure	U	Procedure Hx	• Today's Orders		
	Select All Add Dx	fluoride	All O Previous Orders	H S S Description	Dx Z91.843 - Risk for dental car	ries, hig 🚺 🛱
Order Name Alias Name IH APP TOPICAL FLUORIDE VARNISH APP TOPICAL FLUORIDE VARNISH O Future Orders Order Date: 08/13	Z91.843 Risk for dental ca	By Contains	✓ Type Both ✓			
Order Name IH APP TOPICAL FLUORIDE VARNISH APP TOPICAL FLUORIDE VARNISH OF Eliture Orders Order Date: 08/13						
IH APP TOPICAL FLUORIDE VARNISH APP TOPICAL FLUORIDE VARNISH OFfer Date: 08/13		Order Name	Alias Name			
App TOPICAL FLUORIDE VARNISH		IH APP TOPICAL FLUORIDE VARNISH				
C Future Orders Order Date: 08/13			TOPICAL FLUORIDE VARNISH			
				O Future Orders	c	Order Date: 08/13/2020
H T S IH Description Dx Order Date				H T S IH Description	Dx	Order Date

2. Click "OK" on the **ICD – CPT Association** window to add the fluoride varnish application CPT code.

ICD	- CP1	T Associat	tion 💋					8	
		D Codes a	available for lab						
		ICD Code	Description		CPT Code	Name			
	2	Z91.843	Risk for dental caries, high		99188	APP TOPICAL FLUORIDE VARNISH			
					-				

3. Provide the fluoride varnish treatment.

Cancel



Patient Education & Oral Health Self-Management Goals

The non-dental provider discusses oral health self-management goals with the patient and caregiver. This is documented in the Preventive Medicine section, category "Dental". We recommend sending or printing patient education material for the caregiver.

1. Navigate to the "Dental" category in the **Preventive Medicine** section and click "Oral Health Self-Management Goals".

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Pt.	Info	Enc	ounter	Phy	ysical	Hul)																		
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-	Goa	ls					*		Sym	ptom	i						Pres	sence	Not	es					
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-	Imm	uniza	tions																						
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-	Soci	al/Beh	aviora	Coun	seling				Default	per C	atego	у	Clear	Categ	ory	PDN	1P							••• 🕹	Clr
-	Viole	ence P	revent	ion																					
1,	****	**																							
-	Den	tal																							

2. Click on the "Value" column to access the self-management goal items.

Preventive Medicine 🔸 Notes:ORAL HEALTH SELF MANAGEMENT GOALS: (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)							
2			D	efault 💌	Default For All 👻	Clear All	
Name	Value			Notes			
□ ■ BEDTIME ROUTINE:	brush before bedtime	v	×			×	
	use a soft-bristled toothbrus	h K	×			×	
□ □ PREVENTING CAVITIES:		3	Q			×	
	[Select all]					×	
	avoid child going to bed wit	h bottle or su				×	
□ □ TEETH AND GUMS:	🗸 avoid sugary, flavored drink	s, or soda				×	
C ENAMEL FLUOROSIS:	fruit juice should be fed in or	up only at m	6			×	
L	 use fluoride drinking water 					×	
Ľ	at-will breast feeding should a see to se	d be stopped				×	
	schedule regular dental-che	ck ups to pre	eve				
	0-						



3. Select all items discussed with the parent/caregiver from the appropriate structured value field. See sample below of suggested oral health self-management

goal options.

Preventive Medicine: 🗢

Dental:

ORAL HEALTH SELF MANAGEMENT GOALS: BEDTIME ROUTINE: brush before bedtime



BRUSHING: use a soft-bristled toothbrush,brush twice daily,use toothpaste with fluoride,use only tiny pea-sized amount of toothpaste,brush the tongue,brush chewing surfaces of each tooth,prepare your child to spit out toothpaste after brushing PREVENTING CAVITIES: avoid child going to bed with bottle or sugary liquids in prolonged contact with the teeth, can cause bottle caries,avoid sugary, flavored drinks, or soda,fruit juice should be fed in cup only at meals or snack-time,use fluoride drinking water,at-will breast feeding should be stopped after child's first primary tooth erupts,apply sealants to prevent tooth decay,schedule regular dental-check ups to prevent nursing caries or tooth decays

NUTRITION: balanced-diet helps prevent tooth-decay,food-groups included should be fruits, vegetables, grains, meats, beans and milk,diet rich with calcium, minerals, phosphorous, and proper levels of fluoride,limit number of snack times; choose nutritious snacks THUMB-SUCKING: can cause tooth malalignment and proper mouth growth problems,may lead to future orthodontic

treatment, help the child quit thumb-sucking, if child is sucking thumb due to anxiety help relieve anxiety, take note of when child is sucking thumb more (movies, car rides etc.), put a bandage on the thumb, put a sock over the hand at night, explain what will happen to child's teeth if they continue sucking, be positive and supportive, praise them for not sucking, let child know this not a punishment, reward the child for positive behavior, encourage child to put sticker for everyday they don't suck thumb, thumb-sucking should stop between ages 2-4

TEETH AND GUMS: after breast or bottle-feeding wrap one finger with a clean, damp wash cloth or piece of gauze and gently rub it across baby's gum tissues it clears baby's mouth and begins a process of good oral care, avoid sharing saliva through common use of feeding spoons or licking pacifiers

ENAMEL FLUOROSIS: make sure child spits out toothpaste and does not swallow,too much fluoride can result in defects in tooth enamel,enamel may be rough, pitted, and hard to clean,check for tiny white specks or streaks on teeth,check for discolored or brown markings on teeth in severe cases

- 4. Send oral health patient education material to the patient portal or print the handout for the parent/caregiver.
 - a. In the **Treatment** window, click on "Education" and select "Patient

EC	lucation	,															
Treatme	ent (Test, NOHI -0	8/06/2020 02:3	80 pm, ANI	N VISIT)												6	→ ⊗
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<u>Dx Rx L</u>	abs <u>Diagnostic Im</u>	aging Proce	<u>dures</u> <u>Re</u>	e <u>ferral</u>					Quick O)rder		Ŷ	$\langle \rangle$	☆	-	<u>v=</u>	é _R s
By Dx	By Dx By Category PDMP Add Info Add Curr Rx Allergies Interactions Rx Eligibility Education Define Education																
Z91.843 Ri	isk for dental ca	ies, high	- OS (Cust	om Pa	tient F	ducati	ion
🖊 АРР ТС	OPICAL FLUORIDE V	ARNISH (IH)											Cus	omre		Jucuti	on
🚓 Referra	al To: Dental Gener	al Practice	Assigned to):													
b. Se	 b. Search for applicable patient education material. c. Select the material and click "Add to basket". d. Click on "Print" or "Send". 																
c. Se d. Cl Patient Educ	lick on "P cation	rint" or	"Sen	a ciic 1d".	CK A		asher					(G				
c. Se d. Cl Patient Educ	lick on "P cation	rint" or	"Sen	a ciic nd".	CK A		usket	•		Provin	w Language	(
C. Se d. Cl Patient Educ	lick on "P cation to 23 months) ♥ F	rint" or	"Sen	a ciic nd".	CK A		ushet			Previe	w Languag	je: Englisł					
C. Se d. Cl Patient Educ Infant (birth	Lick on "P cation to 23 months) V F r search term	rint" or male V	"Sen	a ciic 1d".	CK A	Ci Baske	t	d	Print	Previe Size: N	w Languag	je: English					
C. Se d. Cl Patient Educ Infant (birth	ick on "P cation to 23 monthe) V F r search term Oral Health	rint" or male v b a	"Sen	a ciic nd".		UU LO L	et Sing Your Child's	Teeth: Care Inst	Print	Previe Size: N	w Languag	pe: English					
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C. Se d. CL Patient Educ Infant (birth	tick on "P cation to 23 monthe) ♥ F r search term Dral Health Brushing and Floasing Cleft Lip and Cleft Pala Facial Fracture in Child Herpes Gingivostomat Learning About Dential Houth Injury in Children: C Thrush in Children: C Thrush in Children: C an Thumb-Sucking in Chil	rint" or emale Vour Child's Teeth te in Children: Car ren: Care Instruction tis in Children: Ca <u>Care for Your Chil</u> Procedures in Children: Ca <u>Care for Your Chil</u> Procedures in Children: te Instructions a Instructions tens: Care Instructions	A - Z Care Instruction ons re Instruction ons re Instruction d Idren is tions	a clic ad". ctions		C Baske	tt sing Your Child's rt selected	d Teeth: Care Inst	Print	Previe	w Languag	(स्ट्रि					



Referrals

The non-dental provider refers the patient to a dental provider for preventive screening and/or dental care.

1. In the **Treatment** window click on "Referral".

Treatment (Test, NOHI -08/06/2020 02:30 pr			
Pt. Info Encounter Physical Hub			
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<u>Dx Rx Labs Diagnostic Imaging Procedure</u>	<u>s Referral</u>	Quick Order	Sec. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

2. Complete the mandatory fields to send a referral. Be sure to select a dental provider or enter a dental specialty.

Referral (Outgoing)						8
Test, NOHI , 1 Yrs FEMALE				2 03/0	5/2019 🕎 No Ad	cc#: 9172 \$ 111-111-1111
From	Insurance		Pt Ins	POS	11	
Provider 🔾 Willis, Sam, Multi 👻 🏠	Auth Type			Start Date	08/06/2020	
Facility Q Health Center Network -	Auth Code	Authorization Co	ode	End Date	08/06/2021	
То	Open Cases		✓ N	Received Date	08/13/2020	
Provider Q × Pref	Unit Type	V (VISIT)	· · · · · · · · · · · · · · · · · · ·	Referral Date	08/06/2020	111
Specialty* Dental General Practice 🗸	Assigned To*	Q Doshi,Supriya	a 🔻 🟠	Appt Date	08/13/2020	09:00 am ▼
Facility Q -	Priority	Routine		Cub Status		
	Statu	s 🙆 Open 🔾	Consult Pending			-
	51010			iagnosis / Reason Vis	it Details Notes	Structured Data
Reason *						
Description						
1 Establish preventive pediatric dental care						ŵ.
Enter text and press Enter						
Diagnosis*		Add	Procedure	S		Add E&M Add
Code Name			Code Na	me		
Z91.843 Risk for dental caries, high		ŵ				
Scan @Attachment (3) Logs		ОК	Cancel			Send Referral

3. Assign the referral to a referral clerk/designee and send the referral electronically/e-fax.



- 4. Ensure the parent/caregiver understands to follow up with the dental appointment. Assess if the patient needs additional services.
- 5. The referral clerk/designee receives the assigned referral in the 'R' jellybean.
- 6. Contact the patient to assist with scheduling the appointment, or obtain the appointment information from the patient.



7. Enter the date and time of the dental appointment in the "Appt Date" field.

Referral (Outgoing	g)								
Test, NOHI, 1	Yrs FEMALE				2 03/05/2	2019 🕎 No Acc	#: 9172	% 111-111	-1111
From		Insurance	Q	Pt Ins	POS	11			
Provider	🔍 Willis, Sam, Multi 🛛 🔻 🏠	Auth Type			Start Date	08/06/2020			
Facility	Q Health Center Network	Auth Code	Authorization Code		End Date	08/06/2021		0	
То		Open Cases	~	N	Received Date	08/13/2020		U	
Provider	Q X Pref	Unit Type	V (VISIT)	~	Referral Date	08/06/2020			
Specialty *	Dental General Practice 🗸 🗸	Assigned To*	Q Doshi,Supriya	•	Appt Date	08/13/2020	09:	00 am 👻	
Facility	Q. •	Priority	Routine	~	Sub Status		~		
		Statu	s 🖲 Open 🔿 Consul	t Pending (Addressed				
				Dias	nosis / Reason Visit	Details Notes	Structu	red Data	

8. Update structured data fields for tracking and documentation to close the loop. Referral (Outgoing)

Test, NOHI, 1	Yrs FEMALE				≌ 03/05	5/2019 🕎 No Acc#	#: 9172 % 111-111-1111
From		Insurance	Q	Pt Ins	POS	11	
Provider	Q Willis, Sam, Multi 🔹 🏠	Auth Type			Start Date	08/06/2020	
Facility	Q Health Center Network 🔹	Auth Code	Authorization Code		End Date	08/06/2021	1949
То		Open Cases	~	N	Received Date	08/13/2020	100
Provider	Q × Pref	Unit Type	V (VISIT)	~	Referral Date	08/06/2020	
Specialty *	Dental General Practice 🗸 🗸	Assigned To*	Q Benatar,Rachel	•	Appt Date	08/13/2020	💾 09:00 am 👻
Facility	۹	Priority	Routine	~	Sub Status		✓
			8	Diag	nosis / Reason Visi	it Details Notes	Structured Data
Name			Value		Notes		
Appointment	scheduled		Yes		v x		×
Seen by consi	ulting provider				v x		×
Clinical consu	ltation report received		mm/dd/yyyy		×		×
Scan ØAtta	chment (3) Logs		OK Canc	el		Custom	Send Referral 🔺

Tracking & Documentation Workflow: We suggest implementing a workflow to address dental referrals. We recommend utilizing the "Structured Data" tab to track the process.



Template for Progress Note

We suggest that the non-dental provider merges the "Preventive Oral Health Services 0-40 mos" template and associated order set in the progress note at a well-child visit or any other appropriate visit. This will ensure efficient documentation.

1. Find the **Preventive Oral Health Services 0-40 mos** template in the template list and add it as a favorite.

Tem	plate List							\otimes
Cate	gory All	~	Facility	All		~		
pre	vent				1		Add N	ew Template
	TEMPLATE						ACCESS	
	Preventive Oral Health Services 0-40 mos						Public	* / 🗊
								J

- 2. Navigate to the **Right Chart Panel/ICW** "Templates" tab and find the **Preventive Oral Health Services 0-40 mos** template in the "My Favorite Templates" list.
 - a. Click on the arrow to merge the **Preventive Oral Health Services 0-40 mos** template to the current Progress Note.

Overview DRTLA History CDSS Ordersets	Templates Dental K < > >					
T, TEMPLATES, 40Y, M as of 08/20/2020						
Right Panel data last modified on: 04/23/2020 01:46 PM						
 My Favorite Templates 	٩					
🔄 🗄 HE_Preventive Oral Health Services 0-40 mos 🛛 🛛 💽						
, Ch						

b. Click on 🛨 to expand and click on the ^{os} to access the order set associated with the template.



The order set provides a quick way to order what is needed for the patient.

i. Select an appropriate **Linked Assessment** for the orders and click "OK".

Asse	essments	8
		LINKED ASSESSMENTS
R	Z91.841	Risk for dental caries, low
U	Z91.843	Risk for dental caries, high
ОК	Cancel	Add Dx only



- ii. Check the boxes as needed to order the appropriate items.
- iii. Click "Order Selected" to order the items that are selected.
- iv. Close the order set window and navigate back to the Progress Note.

					<u></u>
Order Set Preventive Oral Health Service 🗸 🔮				s 3 🖸	rder Selected
✓ Procedure			Assig	ned To 🔍 Doshi,Supriya 🗙 🚽 🏠	Order
Description	Freq	Dur	Date	Status	
APP TOPICAL FLUORIDE VARNISH				Other Actions	× 📑
🚓 Referrals	Order				
Outgoing Referral for : Dental General Practice					
⊠' Notes					Apply
	X 12 G				4
					Close

3. Complete the preventive oral health services documentation in the Progress Note.



How to Configure Required Data Elements

Risk Assessment & Preventive Oral Health Services

Note: The same steps apply for the pediatric oral health risk assessment and preventive oral health services. Once the **pediatric oral health risk assessment** is configured, repeat the steps for the **preventive oral health** services list.

1. Verify that your practice has a "Dental" category in HPI.



To add a new "Dental" category, select HPI, click on the category button and click on "New".



2. Create a "Pediatric Oral Health" subcategory.



b. Click on the "Category" button and click on "New".



c. Enter the subcategory name "Pediatric Oral Health"





- 3. Create a "Pediatric Oral Health Risk Assessment" custom structured "Symptom".
 - a. Click on "Pediatric Oral Health" subcategory.

	Dental HPI / Pediatric Oral Health	
1	*****	*
Ð	Behavioral Health	
Ð	Breast surgery consultations	
ŧ	Cardiology	
Ð	Cardiothoracic surgery consultatio	
Ð	Case Management	
Ξ	Dental HPI a	
	 Dental Complaint(s) 	
	Pediatric Oral Heal	
		_

b. Click on "Custom".

🖻 Dental HPI	Denies All Clear All Custom
 Dental Complaint(s) 	
 Pediatric Oral Health 	

c. Click on "Add" and enter the property name "Pediatric Oral Health Risk Assessment"

HPI / Items: Pediatric Oral Health									
	Struct	Name	Options						
	×.	PEDIATRIC ORAL HEALTH RISK ASSESSMENT	۱.						
	~	PREVENTIVE ORAL HEALTH SERVICES	<u>ش</u>						





4. Add the Custom Structured Value fields.

Name

a. Navigate back to HPI>Dental>Pediatric Oral Health.

۵	🖻 🖌 🖉 🖾 🛛 🗱		R	Ś	R_{e}	ō	$\mathbf{D}_{\mathbf{x}}$	RX		Ľ,	
Dental HPI / Pediatric Oral Health											
-	Patient Care Team	*	Г	Pediat	ric Ora	il Health	h				
1	Medicare Annual Visit		•	\ Fine	d in P	ediatrio	c Oral	Healt	h		
Ŧ	Behavioral Health			c/o	1	Denies	Syn	npton	n		D
ŧ	Breast surgery consultations		s				PEC	DIATRI	C ORAI		
÷	Cardiology		s				PRE	VENT	IVE OR		
Ŧ	Cardiothoracic surgery consultatio										
÷	Case Management										
Ξ	Dental HPI a										
	Dental Complaint(s)										
	Pediatric Oral Health										
ŧ	Dermatology	h									

b. Click on the "Notes" column in Pediatric Oral Health Risk Assessment.

Value

Dental HPI / Pediatric Oral Health						🗹 Sł	now pop-up for c/o	Order
⊞ Cardiology	^	Pediatric (Oral Health					
 Cardiothoracic surgery consultatio Case Management 	(Q Find in	Pediatric	Oral Health		b		
🗉 Dental HPI		c/o	Denies	Symptom	Duration	Notes		
 Dental Complaint(s) 		s		PEDIATRIC ORAL		0		3
 Pediatric Oral Health 	11	s		PREVENTIVE OR		J		
Dermatology								
Click on "Custom".								
HPI 🕐 Notes : Pediatric Oral Health Assessment (Test, NOHI-08/06/2020 02:30 pm, ANN VISIT)								
					Default 👻	Default For All 👻	Clear Clear All]

Notes





e. For each structured item, enter the name and the type, then click "OK".

Name	Existing dental home	
Туре	Boolean	~
Trigger	Structured Text Numeric Date	
Default	Boolean Date (musyyyyy) Date (yyyy)	

- f. If an item response type is "Structured Text", follow these steps:
 - i. Select the line item and click "Customize Structured Text" to add the text.

onfigure Structured Data for HPI > Note Cus	tomize Structured Text		
Curtamina Structured Text	Name	Default	
customize scructured text		- +	Gind Owizard Add Reorder
Name		J.	Action
D Existing dental home			+ 🗹 🏛
🗅 Drinks fluoridated water or takes fluo			+ 🗹 🏛
🖞 Fluoride varnish in the last 6 months			+ 🗹 🏛
🗅 Has teeth brushed twice daily			+ 🗹 🏛
D Continual bottle or sippy cup use with			+ 🗹 🏛
D Frequent snacking		OK Cancel	+ 🗹 🏛
Mother or primary caregiver had active	Dealasa		1 F/ m

- g. To add a child structured data item, follow these steps:
 - i. Select the line item and click on the + to add child.

Name	Туре	Mandatory	Trigger	Default	Action
🗅 Existing dental home	Boolean				+ 🗹 🏛
🖞 Drinks fluoridated water or takes fluo	Boolean				+ 🗹 🏛
🖞 Fluoride varnish in the last 6 months	Boolean				+ 🗹 🏛
🖞 Has teeth brushed twice daily	Boolean				+ 🗹 🏛
🖞 Continual bottle or sippy cup use with	Boolean				+ 🗹 🏛
🖞 Frequent snacking	Boolean				+ 🗹 🏛
Mother or primary caregiver had active	Boolean				†⊸⊠ ம்
🖞 Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	Add Child
1 Mother or primary caregiver does not h	Boolean				+

ii. Enter the Name, Type and Trigger for the Child, then click "OK".

Modify Stru	tured Data	
Name	2 Child is at an absolute high risk for caries I]
Туре	Structured Text	•
	Multi Select	
Trigger	Yes	'
	Mandatory	
Default	High Risk Assessment Z91.843	•
	OK]



iii.	Click	on the	Pencil	lcon to	Edit.
------	-------	--------	--------	---------	-------

Mother or primary caregiver had active	Boolean			+ 🗹 🏛
🖞 Child is at an absolute high risk for	Structured Text	Yes	3	+ 🕰 🛍
🖞 Mother or primary caregiver does not h	Boolean			+
				Edit

iv. Select a default response.

Trigger	Yes 🗸
Default	Mandatory
	High Risk Assessment Z91.843

5. This is the complete structured data for the **Pediatric Oral Health Risk** Assessment.

Name	Туре	Mandatory	Trigger	Default	Action
RISK FACTOR. Mother or primary caregiv	Boolean				+ 🗹 🏛
$\ensuremath{\mathbb{D}}$ Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+ 🗹 🏛
🖞 RISK FACTOR. Mother or primary caregiv	Boolean				+ 🗹 🏛
🗅 RISK FACTOR. Continual bottle or sippy	Boolean				+ 🗹 🛍
🗅 RISK FACTOR. Frequent snacking	Boolean				+ 🗹 🏛
🗅 RISK FACTOR. Special health care needs	Boolean				+ 🗹 🏛
🗅 RISK FACTOR. Medicaid eligible	Boolean				+ 🗹 🏛
B PROTECTIVE FACTOR. Existing dental hom	Boolean				+ 🗹 🛍
D PROTECTIVE FACTOR. Drinks fluoridated	Boolean				+ 🗹 🛍
🗅 PROTECTIVE FACTOR. Fluoride varnish in	Boolean				+ 🗹 🛍
🗅 PROTECTIVE FACTOR. Has teeth brushed t	Boolean				+ 🗹 🛍
CLINICAL FINDING. White spots or visib	Boolean				+ 🗹 🏛
🗅 Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+ 🗹 🏛
CLINICAL FINDING. Obvious decay	Boolean				+ 🗹 🛍
$\ensuremath{\mathbb{D}}$ Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+ 🗹 🏛
CLINICAL FINDING. Restorations, fillin	Boolean				+ 🗹 🏛
$\ensuremath{\mathbb{D}}$ Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+ 🗹 🛍
🗅 CLINICAL FINDING. Visible plaque accum	Boolean				+ 🗹 🏛
B CLINICAL FINDING. Gingivitis, swollen	Boolean				+ 🗹 🏛
🗅 CLINICAL FINDING. Teeth present	Boolean				+ 🗹 🏛
🗅 CLINICAL FINDING. Healthy teeth	Boolean				+ 🗹 🏛

6. This is the complete structured data for the Preventive Oral Health Services list.

Name	Туре	Mandatory	Trigger	Default	Action
🗅 Risk Assessment Completed	Boolean				+ 🗹 🏛
Caries Risk	Structured Text				+ 🗹 🏛
$\hfill \hfill $	Structured Text		Low	Low Risk Assessment Z91.841	+ 🗹 🏛
$\ensuremath{\mathbb{D}}$ Child is at high risk for caries	Structured Text		High	High Risk Assessment Z91.843	+ 🗹 🏛
🖞 Fluoride varnish treatment	Boolean				+ 🗹 🏛
🖞 Anticipatory guidance provided	Boolean				+ 🗹 🏛
$\ensuremath{\mathbb{B}}$ Health Education sent to the portal or	Boolean				+ 🗹 🏛
🗅 Dental referral provided	Boolean				+ 🗹 🏛
🖞 Other see notes	Boolean				+ 🗹 🏛



Fluoride Varnish

1. Navigate to Menu>EMR>Lab/DI/Procedures>Procedures.



2. Click on "New".

Pro	cedures			\otimes
	Lookup	Starts with	Show Inactive Orders	New
Тур	e Name			\bigcirc
	ABD PARACENTESIS W/IMAGING	🟠 Attribute Code	es	/ î
	ANESTH, BLEPHAROPLASTY	🟠 Attribute Code	es	/ 🗇

3. Click on "Select" to search for the Fluoride Varnish treatment CPT.

Procedure	es Configuration	0		\otimes
Procedure	s '	•		
Name		Select	Show Pathology Details	□ InHouse
CPT Code		J	Do Not Publish To Portal	Approval required
			Vaccine Admin Record	Inactive
MidMark		~		Save

4. Click on the correct CPT and click "OK".

Procedures, Immunizatio	ons										×
Billing Categories	Show Ir	nvalid Codes	Show Fee		~	0.00	Activ	/e	~	Proc	edures
Previous CPT	C Effectiv	e Date	08/05/2020		1					Selected	Procedures and E&M
CPT Codes										Code	Description
AllCodes	CPT	Descriptio	on	Fee	M1	M2	M3				
Cardiology	99188	app topi							<u> </u>	A	
D CPT2013	99188	APP TOPIC	LAL FLUORIDE VAR.	<u></u>				1	/ 🔟		
P CPT2014					IOPIC/	AL FLUORID	E VARNISH				
D Enabling Services											
B LICEGE										-	
										Procedu	res to be used
Import_CP1										Code	Description
Injections										99188	APP TOPICAL FLUORIDE VARN
Modifiers											
Review of all											
medications by											
prescriber											
documented in											
record											
							< Pr	rev	Next >		
New Organize											OK Cancel



5. Check the box to specify it is "InHouse" and click "Save".

Procedure	es Configuration			×
Procedure	s •			
Name	APP TOPICAL FLUORIDE VARNISH	Select	5 Show Pathology Details	
CPT Code	99188		Do Not Publish To Portal Approval Tequ Vaccine Admin Record Inactive	ired
MidMark		~		Save

6. Look up the Fluoride Procedure and click on the Pencil Icon to edit.

Proce				\otimes
	Lookup fluori	Contains	Show Inactive Orders	
		6		New
Туре	Name			
IH	APP TOPICAL FLUORIDE VARNISH	Attribu	ute Codes	1

7. Click "Add" to associate the CPT code.

Procedure	es Configuration					8
Procedures	APP TOPICAL FLUORIDE VARNISH					
Name	APP TOPICAL FLUORIDE VARNISH	Select			Show Pathology Details	InHouse
CPT Code	99188				Do Not Publish To Portal	Approval required
MidMark		~			_	_
						Configuration
CPT se	tup	7	Add	Instructions		••• ab/ Clr 👼
Code	Name		0			
				Scheduling Notes		••• 🕹 Cir 🖶

8. Search for the CPT code, select it, and click "OK"

Fee Schedul													\otimes
Sho	w Fee	♥ 0.0	0	Master Fee So	hedule-Maste	r Fee Sche	dule (01/ 🗸	Z Effective Date	08/2	1/2020			
	All Cod	les	× 6	Active	~			Show Invalid	CPT/HCPC	S Codes			
ld	Chg. Code	СРТ	Name			Fee	Allowed	Cost POS	TOS	M1	M2	M3	
QSearch	QSeard	99188	QSearch										
36603	6	0 99188	APP TOPICAL FL	JORIDE VARNISH		\$0.00	\$0.00	\$0.00					/ 🖞

	Customize A	OK Cancel
9.	The new procedure is now added to your local compendium.	



Oral Health Self-Management Goals

1. Verify that your practice has a "Dental" category in **Preventive Medicine**.

Preventive Medicine	8
Pt. Info Encounter Physical Hub	
🔕 🛍 🖌 ⊱ 🖾 📾 S (X R	승· Re 튭 Dx 藏 團 🚺 🍱 😫 🌲 唱 眶 🔚 🚿 🕸
Preventive Medicine + Dental	
- Goals	Symptom Presence Notes
- HCG Diet	ORAL HYGIENE:
Infectious Disease	
Intervention/High Risk	BEDTIME ROUTINE: , BROSHING: , PRE *
- Mental Status	
- Nutrition	
- Refused Tests	
- Screenings	
- Special Tests	
- *****	
- Handouts Given	
- Health Promotion	
- Immunizations	
 Injury Prevention/Safety 	
- Nutrition Counseling	
- Social/Behavioral Counseling	Default per Category Clear Category PDMP 20 Clr
- Violence Prevention	
- *****	1
Dental	
Assessments Custom	Treatment >

To add a New "Dental" Category, click on the "Custom" button and click on "New Category".

· · · · · · · · · · · · · · · · · · ·	-			
Number Court	New Item			
Incardiana Inc	New Category			
Volume Press	. Update Item 🖤			
	Update Category			
- Dental	Delete Item			
Dentai	Configure Mandatory Fields			
Assessments	Custom 🔺			

- 2. Add a new structured item **Oral Health Self-Management Goals**.
 - a. Select the "Dental" category.
 - b. Click on "Custom" and select "New Item".

Country.		^	Sym
HOLD DISC			
infactions (in			5.
The sectors	regit Real		S.
Internal Status			
Taught House			
Refused Test			
Second Second			
Interior Texas			
Tanala da la			
randouts in		ł	
mandhuith Di		l	
Tanahara In Tanàn Taona Taona Taona			
Harrison II Headly Human Harrison Land Harrison Car	New Item	,fm	
Harrison II Haaddi Arash Harrison II Haad Tarrison	New Item New Category	(J	
	New Item New Category Update Item	(J	Denia
a	New Item New Category Update Item Update Category	Ē	
a terreta	New Item New Category Update Item Update Category Delete Item	B	Þ



c. Enter the Name "Oral Health Self-Management Goals" and check the box "Structured". Click "OK".

Preventive Medicine	New Item	B (m. 100 101)	8
Parent : Dental	С		
	Name	ORAL HEALTH SELF MANAGEMENT GOALS	
	Options		
	Notes		
Structured			

OK Cancel

3. Add the custom structured value fields.

a. Click on the "Not	es" column.
Preventive Medicine	×
Pt. Info Encounter Physical Hub	
🔕 🐚 🖌 & 🗊 📠 S (X	R 😔 Re 📅 Dx 📸 🎟 🛝 😳 🛃 🌲 📲 🟗 🗞 🛞 🎨
Preventive Medicine Dental	
- Goals	
- HCG Diet	Symptom Presence Notes
Infectious Disease	S. Designed and the second s
Intervention/High Risk	S. ORAL HEALTH SELF MANAGEMENT GO >
- Mental Status	Click to Insert Note
- Nutrition	
- Refused Tests	
Screenings	
- Special Tests	
- *****	
- Handouts Given	
- Health Promotion	
Immunizations	
- Injury Prevention/Safety	
- Nutrition Counseling	
- Social/Behavioral Counseling	Default per Category Clear Category PDMP
- Violence Prevention	
- *****	
- Dental	
· · · · · · · · · · · · · · · · · · ·	
	Treatment >

b. Click on the "Custom" button to add the structured data.

revenuve medicine · Notes:ORAL HEALTH SELF	MANAGEMENT GOALS.						
			D	efault 👻	Default For All	•	Clear All
Name	Value			Notes			
B BEDTIME ROUTINE:		Ŧ	×				×
D BRUSHING:		Ŧ	×				×
D PREVENTING CAVITIES:		Ŧ	×				×
D D NUTRITION:		Ŧ	×				×
D D THUMB-SUCKING:		Ŧ	×				×
D D TEETH AND GUMS:		Ŧ	×				×
D ENAMEL FLUOROSIS:		Ŧ	×				×
D D FLOSSING:		Ŧ	×				×
D D PREVENTING CAVITIES		Ψ.	×				×

b		
Prev		OK Cancel
Custom		



c. Click on "Add" to add each structured item.

nfigure Structured Data > Notes	ORAL HEALTH SELF MANAGEMEN	IT GOALS:		
Customize Structured Text			C O Gr	id OWizard Add Reorder
Name	Туре М	andatory Trigger	Default	Action
BEDTIME ROUTINE:	Structured Text (Mult			+ 🗹 🏛
BRUSHING:	Structured Text (Mult			+ 🗹 🏛
PREVENTING CAVITIES:	Structured Text (Mult			+ 🗹 🏛
D NUTRITION:	Structured Text (Mult			+ 🗹 🏛
D THUMB-SUCKING:	Structured Text (Mult			+ 🗹 🏛
D TEETH AND GUMS:	Structured Text (Mult			+ 🗹 🏛
ENAMEL FLUOROSIS:	Structured Text (Mult			+ 🗹 🏛
D FLOSSING:	Structured Text (Mult			+ 🗹 🏛
D PREVENTING CAVITIES	Structured Text (Mult			+ 🗹 🏛

d. Enter the name, select the type "Structured Text", and check the box "Multi Select".

Julicel .		
Add Structured	Data	
Name	PREVENTING CAVITIES	
Туре	Structured Text	~
	🗹 Multi Select	
Trigger		~
	Mandatory	
Default		٣
	ok (Cancel

e. To add the structured text for each item, select the item, and click on "Customize Structured Text".

Configure Structured Data > Notes:ORAL HE	ALTH SELF MANAGEM	ENT GOALS:			8
Customize Structured Text				🖲 Grid 🔵 Wizar	rd Add Reorder
Name	Туре	Mandatory	Trigger	Default	Action
BEDTIME ROUTINE:	Structured Text (Mult				+ 🗹 🏛
🗅 BRUSHING:	Structured Text (Mult				+ 🗹 🏛
D PREVENTING CAVITIES:	Structured Text (Mult				+ 🗹 🏛
D NUTRITION:	Structured Text (Mult				+ 🗹 🏛
THUMB-SUCKING:	Structured Text (Mult				+ 🗹 🏛
🗅 TEETH AND GUMS:	Structured Text (Mult				+ 🗹 🏛
ENAMEL FLUOROSIS:	Structured Text (Mult				+ 🗹 🏛
🗅 FLOSSING:	Structured Text (Mult				+ 🗹 🏛



f.	Add the	Customized	Structured	Text options.
----	---------	------------	------------	---------------



Referrals

3.

D Clinical consultation report received

🗅 Report of clinical encounter received

Confirmatory consultation report recei

- 1. Skip this step if your practice is not utilizing structured data tab to document & track the referral process and close the loop.
- 2. In the Structured Data tab, click on "Custom".

Date

Date

Date

eferral (Outgoing)						_		(
Test, NOHI , 1 Yrs FEMALE				i	°° 03/05/20	19 🕎 No	Acc#: 9172	C 111-111-111
From	Insurance		Pt Ins		POS	11		
Provider 🔍 Willis, Sam, Multi 👻 🐒	Auth Type			Sta	rt Date	08/06/2020		
Facility Q Health Center Network	Auth Code	Authorization Cod	le	Er	nd Date	08/06/2021	-	
То	Open Cases		▼ N	Receive	ed Date		100	
Provider Q × Pre	ef Unit Type	V (VISIT)	~	Referr	al Date	08/06/2020	64	
Specialty* Dental General Practice	Assigned To*		•	Ap	pt Date		Phi t	ime 💌
Facility Q	Priority	Routine	~	Sub	Status		~	
	Statu	s 🙆 Open 🔿 Cc	onsult Pending	Addressed	Status			
		O -1-2-11 O 440	Diag	nosis / Reason	Visit De	etails Note	s Struct	tured Data
		6						
		2				Defau	lt For All	▼ Clear All
Name	Va	alue			Notes			
Appointment scheduled				Ψ X				×
Seen by consulting provider				∀ X				×
Clinical consultation report received		mm/dd/yyyy		×				×
Confirmation accounter received		mm/dd/yyyy		×				×
Commatory constitution report receive		mm/dd/vvvv		Ŷ				
5			I			Curr		ad Defensel
Can Cattachment (3) Logs		UK C	Lancel			Cust	iom m se	nd Keterral
lick "Add" to add the	custom	structu	red fiel	ds.				
onfigure Structured Data								
Customize Structured Text 3						🔘 Gi	rid () Wiz	ard Add
Nama	Tures				Defe 1			A reiser
Name	Dealara	Mand	latory Trig	ger'	Default			Action
Appointment scheduled	Boolean							- C
Seen by consulting provider	Boolean							



Order Set

5.

1. To create the **Preventive Oral Health Service 0-40 mos Order Set**, ensure the fluoride varnish procedure was created.

Proce	edures							\otimes
	Lookup	fluori	☆		Contains	~	Show Inactive Orders	
				U				New
Туре	Name							
IH	APP TO	PICAL FLUORIDE VARNISH				Attribute Codes		/ 💼

2. Navigate to Menu>EMR>Order Set Administration, the order set window will open.

Ø	k	File	Patient	Schedule	EMR	Billing	Reports	CCD	Fax	Tools	Community	Help
Menu	Ľ	EMF										
2		Aler	ts			> s	pecialty For	ms			☆	
		Imm	nunizatior	ns/Therapeut	tic	> 0	uestionnai)	re Desi	gner		☆	
	J	Vita	ls			> F	hysical Exa	minatio	on CP1	г	☆	
	Ľ	Lab	s, DI & Pro	ocedures		> 0	hief Compl	aints a	nd HP	۹	☆	
	-	Mise	cellaneou	s Configurati		> 0	rder Set Ad	lminist	ration		☆	
		Flov	vsheet Ma	anager		☆ (DSS			~	>	
		Rx G	Groups			☆ ₽	QRS/MIPS (Quality			☆	
		eCW	V Visit Coo	les		☆ \	ision				>	
	-											
Click	\sim	n "N	Jow" ·	to oron	toa	nou	()rdo	rSa	+			

3.	Click c	on "New" to create a new Order Set.	
	Order Sets	Search for Order Sets	
	Order Set Prev	entive Oral Health Service V New Copy Update Delete () 🕁	

R _x Medications		6					Interac	tion Add
Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
ll Labe				Dingnostis Imagi	ing			
E De	scription	Lah Co	Add		Description		DI Company	Add
r De	scription	Lab Co	mpany	r	Description		Di Company	

4. Enter the Order Set Description and select "No" for the Quick Order Set option. Click "OK".

New Order set			4			
Order Set Description*	Preventive Oral	Health 0-40 mo	×			
Order Set Measure						
Quick Order Set	No	○ Yes				
			OK Cancel			
lick on "Updat	e".					
rder Sets Search for Order Sets		5				
der Set Preventive Oral Health Service Medications	✓ New	Copy Update Delete	0		Interact	ion
Name Streng	gth Take	Frequency	Duration Refills	Route	Formulation	Disp
Labs		Add	Diagnostic Imaging			4
F Description		Lab Company	F Description		DI Company	



6. Check "Same as trigger" box.

Update Order set			
Order Set Description*	Preventive (Oral Health 0-4	0 mo
Order Set Measure			
Diagnoses (Trigger)	Add	6	
Diagnoses (Linked)	Add	Z Same as	s trigger
Age (Trigger)	🗌 Apply to al	l age	
	From:	0 Y	0 M
	To:	3 Y	4 M
Gender (Trigger)	\bigcirc Male	O Female	 Unknown
Quick Order Set	No	\bigcirc Yes	

7. Click "Add" to add Diagnoses to Trigger the Order Set.

OK

Cancel

Update Order set				
Order Set Description*	Preventive	Oral Health 0-4	0 mo	
Order Set Measure				
Diagnoses (Trigger)	Add	7		
Diagnoses (Linked)	Add	🗹 Same a	s trigger	
Age (Trigger)	🗌 Apply to a	all age		
	From:	0 Y	0 M	
	To:	3 Y	4 M	
Gender (Trigger)	\bigcirc Male	O Female	Ounknown	
Quick Order Set	No	\bigcirc Yes		
			ОК	Cancel



a. Search for "Risk for Dental Caries" ICD-10 Codes, select the **Assessments** and click "OK".

Select Assessn	Select Assessments T,TEMPLATES								
Smart Search									
ICD-9	ICD-10	Diagnosis							
Q risk for dent	al caries		x < > ☆						
V15.89	Z91.843	Risk for dental caries, high							
V15.89	Z91.841	Risk for dental caries, low							
V15.89	Z91.842	Risk for dental caries, moderate							
V15.89	Z91.849	At risk for dental caries							
V15.89	Z91.849	Unspecified risk for dental caries							
V15.89	Z91.841	At low risk for dental caries							

	Code	Diagnosis		
10	Z91.843	Risk for dental caries, high	ŵ	☆
10	Z91.841	Risk for dental caries, low	ŵ	☆

8. Update the "Age (Trigger)" in the order set to 0-40 months.

Order Set Measure Diagnoses (Trigger) Add Diagnoses (Linked) Add Same as trigger Age (Trigger) Apply to all age From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown OK elect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M Gender (Trigger) Male Female Unknown 9 Ouick Order Set Unknown 9 Ouick Order Set OK	
Diagnoses (Trigger) Add Diagnoses (Linked) Add Same as trigger 8 Age (Trigger) Apply to all age From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown Quick Order Set No Yes OK elect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown OK OK OK OK OK OK OK OK OK OK	
Diagnoses (Linked) Add Same as trigger Age (Trigger) Age (Trigger) Apply to all age From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Quick Order Set No Yes OK Prom: 0 Y 0 M To: 3 Y 4 M OK CK Prom: 0 Y 0 M 10 M 1	
Age (Trigger) Apply to all age From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown Quick Order Set No Yes Gelect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown	
From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown Quick Order Set No Yes OK elect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown	
To: 3 Y 4 M Gender (Trigger) Male Female Unknown Quick Order Set No Yes Cok Gelect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown	
Gender (Trigger) Male Female Unknown Quick Order Set No Yes Celect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female Unknown	
Quick Order Set No Yes OK elect "No" for the Quick Order Set and Click "OK" From: To: 3 Y 4 M Gender (Trigger) Male Female Unknown 9	
OK elect "No" for the Quick Order Set and Click "OK" From: 0 Y 0 M To: 3 Y 4 M Gender (Trigger) Male Female OV	
Gender (Trigger) OMale Female Unknown	Ca (". -
Quick Order Set	
Vice of del Sec Vice No Vies	



10. Navigate to **Procedure** and Click "Add" to add a procedure to the order set.

Order Sets	Search for Order Sets							· · · · · ·
Order Set Prev	entive Oral Health Service	✓ New Copy	Update Delete 🧃	☆				
R _x Medications							Inter	Add
Nam	e Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
👗 Labs			Add	🖪 Diagnostic Imag	jing			Add
F 10	Description	Lab Cor	npany	F	Description		DI Company	
Procedure			Add	Appointments				Add Follow-Up
F APP TOPICA	De	escription	J.	C	Follow-Up In :		Duration	
Immunizatio	on		Add	Ø Injection				Add
	Name	Dose	,		Name		Dose	
Smart Form	5		Add	🗢 Referrals				Add
	N	lame		Outgo	ing Referral for :		Speciality	
				Outgoing Referral f	for :	Dental General Practi	ce	
📥 Physician Ed	ucation		Add	🚊 Patient Educati	on			Add
PDF	Name		File Location	PDF	Na	ime	File	Location

- a. Ensure the diagnoses is on the left of the window.
- b. Search for the Fluoride Varnish procedure.
- c. Click on the order to add it to Today's Orders.
- d. Close the window.

Manage Orders						8
Procedure	fluoride		All O Previous Orders	• Today's Orders		
Select All	Ву	✓ Contains	✓ Type Both ✓	S Description APP TOPICAL FLUOR	Dx Z91.843 - Risk for dental caries, hig	1
Z91.843 Risk for dental ca Z91.841 Risk for dental ca	Order Name	C	Alias Name			
	IH APP TOPICAL FLUORID	e VARNISH				
				O Future Orders	Freq: 1 Duration	on: 1 W
				IH Description	Dx	Freq Duration 🗊
	(Prev Next)					d
						Close



11. Navigate to **Referrals** and click "Add" to add a referral to the order set.

order sets search	for Order Sets							
Order Set Preventive Ora	Il Health Service 🗸	New Copy	Update Delete (
R _x Medications							Intera	Add
Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
🛓 Labs			Add	🖪 Diagnostic Ima	ging			Add
F De	escription	Lab Cor	npany	F	Description		DI Company	
/ Procedure			Add	Happointments				Add Follow-Up
F APP TOPICAL FLUORID	Desc DE VARNISH	ription		C	Follow-Up In :		Duration	
Immunization			Add	Ø Injection				Add
Na	me	Dose	•	- 11	Name		Dose	
Smart Forms			Add	a Referrals				Add
	Nan	ne		Outgo	ing Referral for :		Speciality	J
				Outgoing Referral	for :	Dental General Pr	actice	
📥 Physician Education			Add	Arient Educat	ion			Add
PDF	Name		File Location	PDF		Name	File	Location

a. Search and select a dental specialty

b.	Click "OK"				
	Configure Specialty				\otimes
	Q dental		×	U	
	Specialty Name		a		*
	Dental Care				
	Dental General Practice	վիդ			
	Dental surgeon	0			_
				b	
				ОКС	ose

12. Add any other items as needed to the order set.

Template

- 1. To create the **Preventive Oral Health Services 0-40 mos Template**, ensure the following items are configured: oral health risk assessment & preventive oral health services in HPI, oral heath self-management goals in preventive medicine and the preventive oral health 0-40 mos order set.
- 2. Create an appointment for a "Test" patient and follow the workflow above to document the preventive oral health services in the Progress Note.



Note: If the practice is using a SMART Code to report a service such as counseling or referrals, add the SMART code to the template.

To add the SMART code, navigate to the **Billing** window and add the CPT code.

Q, ICD Q, Descript	ion		Add ICD 🛛 🔽 Au	ito Map to ICD10				
P Code Dia	agnosis	Sp	pecify		Notes			
1 × Z91.843 Risk	for dental caries, high						ū	
		Add E8.M	Add CPT EMCode	er Medicare F				
M001 Self Manage	ment Goal Set	ma will M4 ICD1		ICD3		Notes		
9188 APP TOPICAL FLUOR	DE VAR 1.00	1	Z91.8				â	
Billing Notes		••• 🕸 Cir	Follow Up	S ••• Clr	Reason		Clr	
ave the no	te as a te	emplate.						
Patient: Test, NO	HI DOB: 03/05/	2019 Age: 17	7M1D Sex: F	emale				
ubjective:								
Chief Complaint(s	s): 🗢							
Bodiatric Oral Hor	lth 📼							
			т					
PEDIATRIC OF	AL REALTH KISP	ASSESSIVEN						
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4. Name the template "Preventive Oral Health Services 0-40 mos" and mark the template "Public".

Template List				\otimes
Template List	Create/Update Template			
Name	HE_Preventive Oral Health Services 0-40 mos		Associated Order Sets	
Description	TOHF Oral Health Services		Alcohol Smartform Quick OS	
			*PHQ2 Smartform Quick OS	
			*HE_Medicare AWV	
			*PRAPARE Quick OS	
			*Cervical Cancer(Pap) Quick OS	
-			*Cholesterol Screen Quick OS	
Facility	All	~	Preventive Oral Health Service	
Visit Type		~	*Fluoride Varnish Med Quick OS	
Category	General	~	*HIV Screening Quick OS	
Access	O Private Public		A1C Test Quick OS	
Add as Favorite			ОК	Cancel

5. Associate the "Preventive Oral Health 0-40 mo" Order Set by checking the box to select it. Click "OK" to save the template.

Template List			0
<u>Template List</u>	Create/Update Template		
Name	HE_Preventive Oral Health Services 0-40 mos	Associated Order Sets	
Description	TOHF Oral Health Services	*Alcohol Smartform Quick OS	*
		*PHQ2 Smartform Quick OS	
		*HE_Medicare AWV	
		*PRAPARE Quick OS	
		*Cervical Cancer(Pap) Quick OS	
		*Cholesterol Screen Quick OS	
Facility	All	Preventive Oral Health Service	
Visit Type		Fluoride Varnish Med Quick OS	
Category	General	HIV Screening Quick OS	
Access	🔿 Private 💿 Public	A1C Test Quick OS	
Add as Favorite			
Add as Favorite		OK	Cancel

6. Review the template to ensure all workflow items are included.



SMART Code

- 1. Skip this step if your practice is not utilizing SMART codes to report on services.
- 2. To add a new SMART Code, Navigate to Menu>Billing>CPT>CPT Codes.



3. Click on "Customize" and select "New CPT".

Show Fe	e	✓ 0.00 Master Fee Schedule-Master		ter Fee Schedule (01/ 🗸 🛛 Effect		Effective Date	÷ .				100		
	All Code	s	~	Active	~		Show Invalid CPT/HCPCS Codes						
Cł	hg. Code	CPT	Name			Fee	Allowed	Cost POS	TOS	M1	M2	M3	
QSearch	QSearc	QSear	ch QSearc	h									
124544		800	H 6.80%00	MD-DOM: CDuM, MT									18
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3662555		0.00	III ~ 1 mm	tings med not und		40.00	41.00	81.00					1 📋
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New HC	PCS	1071	te i vitin Pue	ND14-000-115-4-000-64		80.00	41.00	40.00					/ 🗊
Revenue	Code	1001	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40-4300-044.000 84		10.00	81.00	81.00					/ 🗊



- 4. Enter the appropriate information to add the New SMART CPT Code.
 - CPT: SM001
 - Name: Self Management Goal Set
 - Enter Place of Service and Type of Service
 - Check the option to "Suppress Claim Edit that warns if Billed fee is < = \$0"
 - Add the descriptions

Fee Schedule Descriptions Associated Codes Dental CPT CPT / HCPCS SM001 × Name Self Management Goal Set × Place of Service 50 - FEDERALLY QUALIFIED HEALTH CENTER Anne All Fee Schedule Mod1 Mod3 Mod2 Global Billing Days Slide A(-01/01/2020-12/31/2020) Name Qualifies for HPSA Incentive Inactive Qualifies for HPSA Incentive Slide E(-01/01/2020-12/31/2020) Min. Units Anesthesia Base Units 0 Max. Units Service Id Qualifier Inactive 0	PT/HCPCS Code	4							
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Indeed in Service Image: Service Im	Place of Service			QSearch	by name		All Fee Sch	nedule	
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Mod2 Global Billing Days Slide B(-01/01/2020-12/31/2020) Required CLIA ID Requires Mammography Certification Number Slide B(-01/01/2020-12/31/2020) Inactive Qualifies for HPSA Incentive Slide D(-01/01/2020-12/31/2020) Slide D(-01/01/2020-12/31/2020) Min. Units Anesthesia Base Units 0 Max. Units Service Id Qualifier Leave as Blank for HC	Mod1	Mod3		Slide A(-01	/01/2020-12/31	1/2020)			/ 1
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Inactive Qualifies for H>SA incentive Suppress Claim Edit that warns if Billed fee is <= \$0	Required CLIA ID	Requires Mammography Certification Number	er	Slide D(-01	/01/2020-12/3	1/2020)			1
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	Min. Units	Anesthesia Base Units 0 Service Id Qualifier Leave as Blank for 'HC'	Ē						
Max. Units Allowed Minutes per Unit	Max. Units Allowed	Minutes per Unit		<< Prev	1	Next >>	Fee Sch	nedule Update L	.og

5. Suppress the SMART codes from insurance billing.

		Fee Schedule Descriptions	Associated Co	des Dental CPT In
CPT / HCPCS	SM001 ld 377759	Fee Schedule		
Name	Self Management Goal Set	Name	Unit Fee	Allowed Fee
		Q Search by name	All Fee Sch	nedule
Place of Service	50 - FEDERALLY QUALIFIED HEALTH CENTER	Master Fee Schedule(2020-01/01/2020-1.	0.00	0.00 🔨
Type of service	~ ·	Master Fee Schedule(Master Fee Schedule.	0.00	0.00 5
Vlod1	Mod3	Slide A(-01/01/2020-12/31/2020)	0.00	0.00
Mod2	Global Billing 0 Day	s Slide B(-01/01/2020-12/31/2020)	0.00	0.00
		Slide C(-01/01/2020-12/31/2020)	0.00	0.00
Required CLIA ID	Requires Mammography Certification Number	Slide D(-01/01/2020-12/31/2020)	0.00	0.00
Inactive	Qualifies for HPSA Incentive	Slide E(-01/01/2020-12/31/2020)	0.00	0.00
Min. Units 1 Max. Units 1	Anesthesia Base Units O Service Id Qualifier Leave as Blank for 'HC			
CPSP Max. Units Allowed	0 Minutes per Unit 0	<pre>< Prev 1 Next >></pre>	Fee Sch	nedule Update Log



b. Check the box "Bill to Patient Only"

Procedure Co	ode Fee Schedule Details	h		
Fee Schedule	Master Fee Schedule			
Unit Fee	0	Allowed Fee	0	
Cost	0	Pt Portion	0	
	Bill To Patient Only			
				OK Cancel

6. Navigate to Menu>Reports>Report Console to validate and activate the new code.



7. Scroll to the Utilities section and click "CPT/HCPCS Validation and Logs".





8. Search for the CPT/SMART code, select the correct new code, enter the valid "From" and "To" dates and click "Submit".

Report Console		\otimes
8		
Please type the CPT that needs to be validated		
CPT : SM001 View CPT validation logs		
Found the following CPT(s)in the database		
CPT	Description	
SM001	Self Management Goal Set	
	Valid From {01/01/2020	

RETURN TO REPORTS CONSOLE



Reporting Templates

NOHI Project Metric Report Template (Baseline and Every 6 Months)

Metric Name	Description	Numerator	Denominator
NOHI 3 - 1	Patients with oral health education/ anticipatory guidance/ self-management goal	# of unduplicated patients with documented education/ anticipatory guidance/ self- management goal during the reporting period, set in a visit with a non-dental provider.	# of unduplicated patients in the target population who are seen for a well-child or other appropriate non- acute visit during the reporting period. Non-dental visits only
NOHI 4 - 1	High risk population with a documented referral	# of unduplicated patients in the target population at high risk as determined by an oral health risk assessment with a documented referral for dental services by a non-dental clinical provider or a non-dental support service provider, during the reporting period.	# of unduplicated patients in the target population at high risk (as determined by an oral health risk assessment) in a well-child or other appropriate non-acute visit during the reporting period. Non-dental visits only
NOHI 5 - A	Preventive oral health services are 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.	# of unduplicated patients in the target population seen for well- child, dental, or other appropriate visit during the reporting period that received one or more preventive oral health services by a dental provider, a non-dental clinical provider, or a non-dental support service provider during the reporting period.	# of unduplicated patients in the target population seen for well-child, dental, or other appropriate visit during the reporting period.
NOHI 5 - A1	Total number of preventive oral health services provided	Report total # of preventative oral health services (any of the 3 below in 5 - A2 through 5 - A4)	N/A – Count only. Report in Numerator Column.
NOHI 5 - A2	Total number of risk assessments conducted	Report total # of preventative oral health services by type: Risk Assessment	N/A – Count only. Report in Numerator Column.
NOHI 5- A3	Total number of fluoride varnish treatments conducted	Report total # of preventative oral health services by type: Fluoride Varnish Treatment	N/A – Count only. Report in Numerator Column.
NOHI 5 - A4	Total number of referrals conducted	Report total # of preventative oral health services by type: Referrals	N/A – Count only. Report in Numerator Column.



TOHF Specific Reporting Template (Monthly)

Metric Name	Description	Numerator Definition	Denominator Definition
TOHF - 1	Percentage of PHC Providers completing OH Training	# of unduplicated medical providers completing oral health training established by the PHC	# of unduplicated medical providers providing care to children in the target population
TOHF - 2	Percentage of target population patients receiving a Risk Assessment	# of unduplicated patients with a documented oral health risk assessment who are seen for a well-child or other appropriate medical visit during the reporting period	# of unduplicated patients in the target population who are seen for a well-child or other appropriate medical visit during the reporting period
TOHF - 3	Percentage of target population patients receiving Education/Anticipatory Guidance/Self-Management Goal	# of unduplicated patients with documented education/anticipatory guidance/self-management goal who are seen for a well-child or other appropriate medical visit during the reporting period	# of unduplicated patients in the target population who are seen for a well-child or other appropriate medical visit during the reporting period
TOHF - 4	Percentage of target population patients receiving Fluoride Varnish	# of unduplicated patients with a documented fluoride varnish application who are seen for a well-child or other appropriate medical visit during the reporting period	# of unduplicated patients in the target population who are seen for a well-child or other appropriate medical visit during the reporting period
TOHF - 5	Percentage of target population patients receiving a Dental Referral	# of unduplicated patients with a documented dental referral who are seen for a well-child or other appropriate medical visit during the reporting period	# of unduplicated patients in the target population who are seen for a well-child or other appropriate medical visit during the reporting period

Additional Support

If you have any questions or need assistance, send an email to support@healthefficient.org.

Publication date: 2022

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement number UK7MC33231. This information or content and conclusions are those of TOHF project staff and should not be construed as the official policy of HRSA, HHS, or the U.S. government, nor should any endorsements be inferred.