
Best Practice Implementation Guide



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Introduction

Whether you are new to Cavity Free at Three, have struggled getting the program embedded into your office flow, or would just like to learn ways to improve the program within your practice, these guidelines are for you! We interviewed and surveyed 19 CCHAP affiliated practices that have already implemented Cavity Free at Three, and have now outlined what we believe to be sustainable, efficient, and tested processes that work best for implementing the program into the primary care setting. We are also including plenty of resources including sample flow sheets, step-by-step directions, educational materials, and more!

What we learned

We discovered common approaches among practices that have successfully implemented the Cavity Free at Three program into their work flow.

First, embedding Cavity Free at Three into the primary care setting requires practice champions. These champions help ensure that the program is sustainable through practice training and monitoring.

Second, practices who spent time planning and training for the program spent less time getting their program working efficiently and do not think that providing the Cavity Free at Three service is time consuming. They also have higher staff satisfaction, increased compliance, and better follow through. These practices also regularly evaluate their program.



Third, practices are using their staff to their full licensure. Successful practices empower their assistants to be actively involved in the Cavity Free at Three program. These Medical Assistants not only apply fluoride varnish, but they also reiterate oral health concepts.

Finally, successful practices engage their entire staff through training and identifying individual roles that will make their oral health program successful.

As a primary care provider, you will have lots of opportunities to impact the oral health of the children in your practice. It is our hope that this guideline, along with free Cavity Free at Three resources, will help you make the most out of every opportunity!

Dental caries is the most preventable common, chronic childhood disease. It is 5 times as common as asthma, and 7 times as common as hay fever!

80 % of the disease is in 20% of the population. It is largely a disease of poverty.

Dental disease affects children's ability to eat properly, grow, attend school and learn.

28% of Colorado children ages 2-5 have already

**The State of Colorado has designated Oral Health as a Priority "Winnable Battle".
This goal cannot be accomplished without you!**

Implementation Worksheet

A. Preparing your Practice

WHAT	WHO (Identify person responsible)	HOW
<p>1. Identify Champions (build sustainability)</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	<p>Who:</p>	<p>1. Identify a <i>provider and a member of the practice staff</i> who together will champion the oral health program. Who are your practice champions?</p> <p>a. _____ b. _____</p> <p>2. For practices with multiple locations, identify a site champion for training/continuing education purposes.</p> <p>a. _____</p> <p>3. Have Champions complete the Cavity Free at Three 4-hour training, if possible.</p>
<p>2. Develop Timeline</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	<p>Who:</p>	<p>1. Complete Timeline (See Appendix A, Project Timeline)</p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>
<p>2. Train Staff</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	<p>Who:</p> <p>Who:</p>	<p>1. All staff will complete Cavity Free at Three program and/or Smiles for Life modules, 2 and 6.</p> <p>2. Educate your staff about oral health and its impact on health outcomes for children.</p> <p>3. Train staff to introduce practice oral health program and respond to parent questions.</p> <p>3. Develop ongoing training activities for practice meetings (i.e. watch Cavity Free at Three training videos, annual trainings, etc.)</p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>
<p>3. Motivate Staff</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	<p>Who:</p>	<p>1. Determine attitudes or misconceptions that may influence consistently providing the service. Ask for ideas for helping families understand.</p> <p>2. Involve your staff: Set the expectation that oral health education is an important part of routine care.</p>
<p>4. Change Office Environment</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	<p>Who:</p>	<p>1. Place posters, brochures, handouts, etc. in waiting areas, exam rooms, hallways, by scales, etc. Consider using Cavity Free at Three videos (See A.3, above) on televisions throughout office, if available, as well as Cavity Free at Three brochures. (See B.3., below, for planning ideas)</p>

* KEY: Provider, Cavity Free at Three Champion, Clinical Staff, Front Office Staff, QI Team, CCHAP QI Coach

B. Developing Your Practice Approach

WHAT	WHO (Identify person responsible)	HOW
<p>1. Determine When to Provide Oral Health Screening, Education, Risk Assessment, and Fluoride Varnish</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	Who:	<p>1. Children 0-59 months of age, at well child visits (9mo, 12mo, 15mo, 18mo, 24mo, 36mo, 48mo).</p> <p>NOTE: Education/ anticipatory guidance and recommendation of the establishment of a dental home can happen at any encounter.</p> <p>REMEMBER: Only Medicaid and CHP+ currently reimburse for fluoride when the service is provided during Well Child Visits.</p>
<p>2. Develop office policy regarding Recommendation of Dental Home/ Fluoride Varnish Application (build sustainability)</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	Who:	<p>1. Recommend that, per AAP & AAPD guidelines, all children should have a dental home by 12 months of age.</p> <p>2. All children should receive at least 3 fluoride varnish applications per year, through 4 years of age.</p> <ul style="list-style-type: none"> a. Provider will provide, per policy set forth in B.1. (above). b. Provider will educate and encourage family to receive the remaining fluoride varnish applications at the child’s dental home. <p>See Appendix A</p>
<p>3. Choose Patient Educational Materials</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	Who: Who:	<p>1. Develop a list of patient education materials (See www.cavityfree.org)</p> <p>2. Select/Create patient educational materials.</p> <p>NOTE: <i>Cavity Free at Three</i> has several ready to print materials available via a <i>free</i> download from their website.</p>
<p>4. Identify Available Referral Sources (build sustainability)</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	Who: Who:	<p>1. Develop a list of dental referral options.</p> <p>2. Contact area dentists to inform them your practice will be providing oral health screening and fluoride varnish. Ask them if they are willing to accept referrals and provide dental support.</p> <p>3. Develop a list of dental resources for families.</p>
<p>5. Establish Referral Mechanism</p> <p>Due: ____/____/____ <input type="checkbox"/> Completed</p>	Who:	<p>1. Determine practice role in linking parent to resources.</p> <ul style="list-style-type: none"> a. Individualized referral to outside resource – caregiver takes on responsibility b. Practice coordinates referrals. c. Handouts (i.e. prescription pad form, referral forms, etc.) <p>2. Develop practice referral tools/forms</p> <ul style="list-style-type: none"> a. Fax Referral forms b. Care Plan inclusion c. Tracking mechanism. <p>See Appendix A</p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>

* **KEY:** Provider, Cavity Free at Three Champion, Clinical Staff, Front Office Staff, QI Team, CCHAP QI Coach

C. Developing Your Office Flow

WHAT	WHO (Identify person responsible)	HOW
<p>1. Policy</p> <p>Due: / /</p> <p><input type="checkbox"/> Completed</p>	Who:	<p>1. Add practice oral health policy to existing manuals. (See B.2, above)</p> <p>2. Develop training policy for existing and new staff.</p> <p><i>See Appendix A, Sample Policy</i></p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>
<p>2. Develop Systems to Delivery, Record, and Bill for Services (build sustainability)</p> <p>Due: / /</p> <p><input type="checkbox"/> Completed</p>	Who:	<p>1. Develop process flow (timeline, roles/responsibilities). (See Sample Practice Flow Sheet)</p> <p>NOTE: CCHAP Practices who have already implemented the Cavity Free at Three program have found no need to adjust their schedules in order to accommodate the implementation of this service.</p> <p>2. Choose a method to document services (i.e. Paper, Electronic).</p> <p>3. Determine billing mechanism and formalize billing process. (See Appendix D)</p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>
<p>3. Develop Templates</p> <p>Due: / /</p> <p><input type="checkbox"/> Completed</p>	Who:	<p>1. Consider developing templates for internal processes, i.e. documentation, EMR, billing, etc.</p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>
<p>4. Develop Evaluation</p> <p>Due: / /</p> <p><input type="checkbox"/> Completed</p>	Who: Who:	<p>1. Develop job description for QI Team (See Appendix A, Embedding QI Philosophy)</p> <p>2. Create QI Plan (PDSA) (See Appendix A, Sample QI Plan)</p> <p>3. Establish regular staff meetings to review progress and celebrate success.</p> <p>4. Establish project timeline. (See Appendix A, Project Timeline)</p> <p>5. Consider surveying families regarding program satisfaction.</p> <p>Note: Assistance is available from your CCHAP QI Coach.</p>
<p>5. Select Monitor</p> <p>Due: / /</p> <p><input type="checkbox"/> Completed</p>	Who:	<p>1. Select a person to check and order materials for screening, and to stock exam rooms with brochures/educational materials. For Fluoride Ordering information click here.</p>

* KEY: Provider, Cavity Free at Three Champion, Clinical Staff, Front Office Staff, QI Team, CCHAP QI Coach

Appendixes



Appendix A



Preparing for the Visit

WHAT	WHEN / WHO	HOW
1. Identify Eligible Children	When: Prior to exam Who: Front Desk Staff, Nurse, MA	1. If child is 0-59 months of age and in for a well child visit, flag for Cavity Free at Three.
2. Prepare Handouts	When: Prior to exam Who: Front Desk Staff, Nurse, MA	1. Ensure that appropriate handouts, forms, educational materials are available at time of visit.
3. Stock Fluoride	When: Ongoing Who: Front Office Staff	1. Ensure that fluoride varnish and/or oral kits are ordered and stocked. Monitor according to vaccine monitoring protocol.
3. Prepare Materials	When: Prior to exam Who: Nurse, MA	1. Ensure that fluoride varnish and other program materials are ready and available. a. Consider storing fluoride kits in exam room. b. Prepare for application of fluoride varnish prior to vaccinations.

* KEY: Provider, Cavity Free at Three Champion, Clinical Staff, Front Office Staff, QI Team, CCHAP QI Coach

The Visit

WHAT	WHEN / WHO	HOW
1. Introduction	When: Prior to exam /In exam room, after vitals. Who: Front Desk Staff, Nurse, MA, Physician, NP, or other provider can perform this role.	1. Clip screener/forms/handouts to chart or develop a method that ensures the health team sees the materials. 2. Explain Cavity Free at Three to the parent.
2. Educate	When: In exam room, provide oral health education & distribute screener to the parent before s/he sees the provider. Who: Nurse or MA	1. Ask if the child has an established Dental Home. 2. Begin Risk Assessment with caregiver (Cavity Free at Three Pediatric Oral Health Screening Form) –Caries Risk Indicators and Protective Factors sections. 3. Answer caregiver’s questions regarding the oral health program and provide the caregiver with educational materials.
3. Discuss Risks	When: During the visit. Who: Physician, NP, or other provider performs this role.	1. Advise parent of negative or discuss positive screening results.
4. Assess Risk & Examine	When: During exam Who: Provider	1. Complete Risk Assessment (Cavity Free at Three Pediatric Oral Health Screening Form). 2. Examine Oral Cavity. 3. Provide anticipatory guidance.
5. Educate	When: During the visit. Who: Physician, NP, or other provider performs this role.	1. Discuss with parent the significance of findings. 2. Discuss with parent the significance of oral health on childhood outcomes.
6. Agree on a Plan of Action	When: During the visit. Who: Physician, NP, or other provider performs this role.	1. Jointly agree on what to do next (parent may not wish to take action); for example apply Fluoride varnish and set goals for next visit. 2. Recommend establishment of dental home and refer to dentist, when indicated. 3. Document decisions and next steps on portable patient care plan.
7. Apply Fluoride	When: After the visit, prior to immunizations. Who: MA/RN	1. Answer any questions about the process. 2. Apply fluoride varnish.
8. Record	When: At the end of the visit. Who: Physician, NP, other provider, or MA performs this role (as appropriate).	1. Record exam, assessment, fluoride application, and actions taken.
9. Provide Referral	When: During the visit. Who: Physician, NP, or other provider performs this role.	1. Provide referrals as indicated and recommend that the family establish a dental home. 2. Assist caregiver with finding a dentist, if needed.

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After The Visit – Follow Up/ Referral







WHAT	WHEN	WHO	HOW
1. Arrange Referral	When: At the end of the visit. Who: Designated staff member to perform this role.		<ol style="list-style-type: none"> 1. If necessary, arrange referral or contact referral provider. 2. Consider having care coordinator follow up to ensure that an appointment was made and kept, as follow up for receipt of status report from dentist. <ol style="list-style-type: none"> a. Use established tracking mechanism
2. Follow-up Visit	When: At the next visit. Who: Physician, NP, or other provider performs this role.		<ol style="list-style-type: none"> 1. Follow up on oral health goals. 2. Determine whether or not appointment was made and kept (after referral). 3. Ask if the child has an established Dental Home and encourage regular visits.

* KEY: Provider, Cavity Free at Three Champion, Clinical Staff, Front Office Staff, QI Team, CCHAP QI Coach

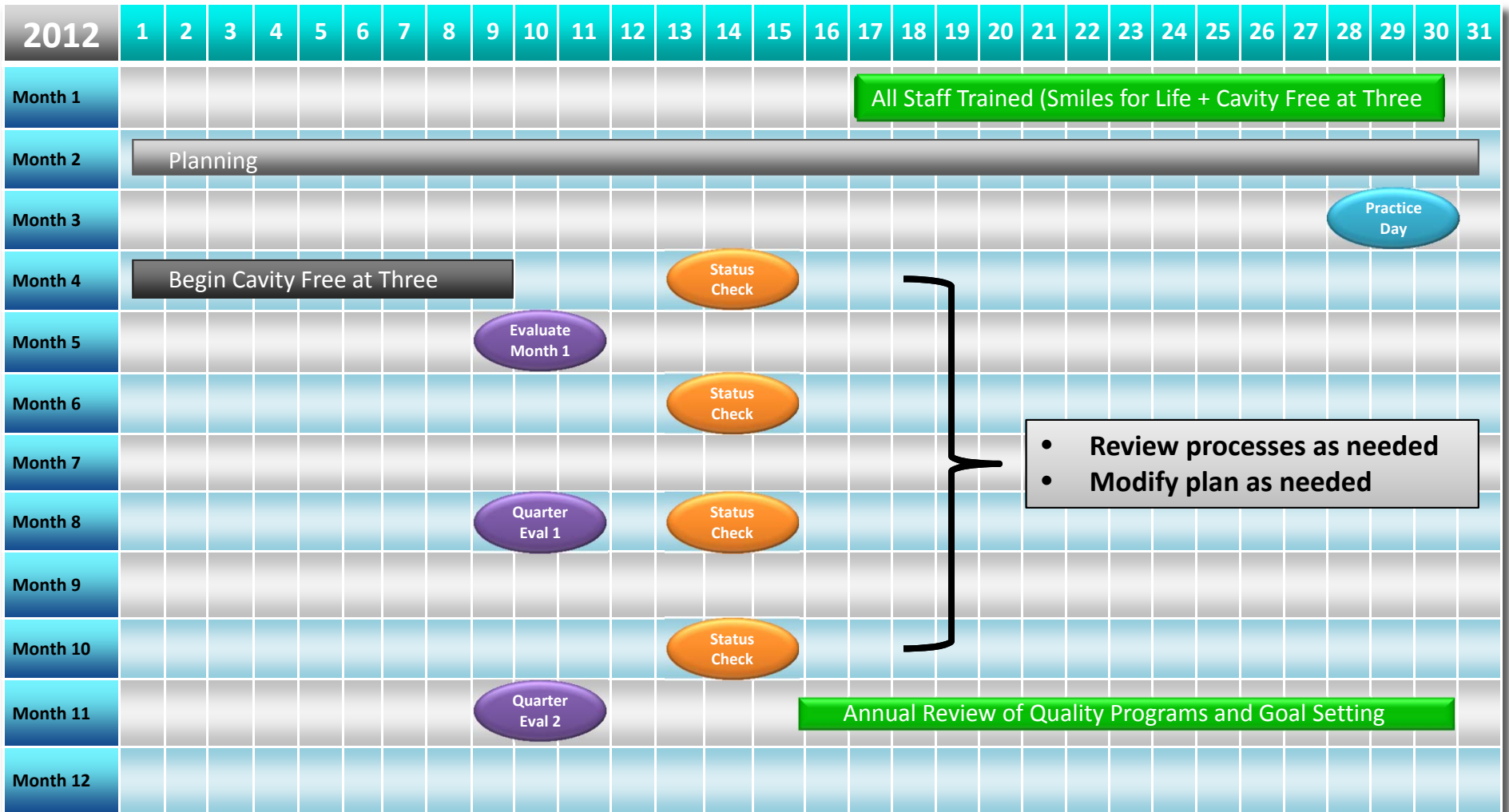
CALENDAR PROJECT PLANNING

1 Month

JUNE 2012

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		 Practice Day 29	30	31	1	2	3
WEEK 1	 Begin Cavity Free at Three	 Complete roles/responsibilities/process planning			8	9	10
WEEK 2	11	12	13	 Status Check	15	16	17
WEEK 3	 Review process as needed, modify plan as needed				22	23	24
WEEK 4	25	26	27	28	Status Check  29	30	

Cavity Free at Three PLAN 2012



Provision of Cavity Free at Three services – Policy

Created Date: ____/____/____
 Revised Date: ____/____/____
 By:



POLICY STATEMENT

It is the policy of _____ to provide oral health education, assessment and fluoride varnish to children <5 years old will have an oral exam at 6-month, 9-month, 12-month, 15-month, 18-month, 24-month, 3-year, 4-year and 5-year (only if the 5-year visit comes before the 5th birthday) well child visits.

Training regarding Cavity Free at Three will be provided to all staff, both clinical and non-clinical. Staff are expected to complete the *Smiles for Life* modules, as well as attend the Cavity Free at Three training, when available.

Individual roles and responsibilities, including documentation, can be found in the “Preparing your Practice” worksheet.

Establishment of Dental Home – Policy

Created Date: ____/____/____
 Revised Date: ____/____/____
 By:



POLICY STATEMENT

It is the policy of _____ to recommend that all children should have a dental home by 12 months of age, per AAP & AAPD guidelines.

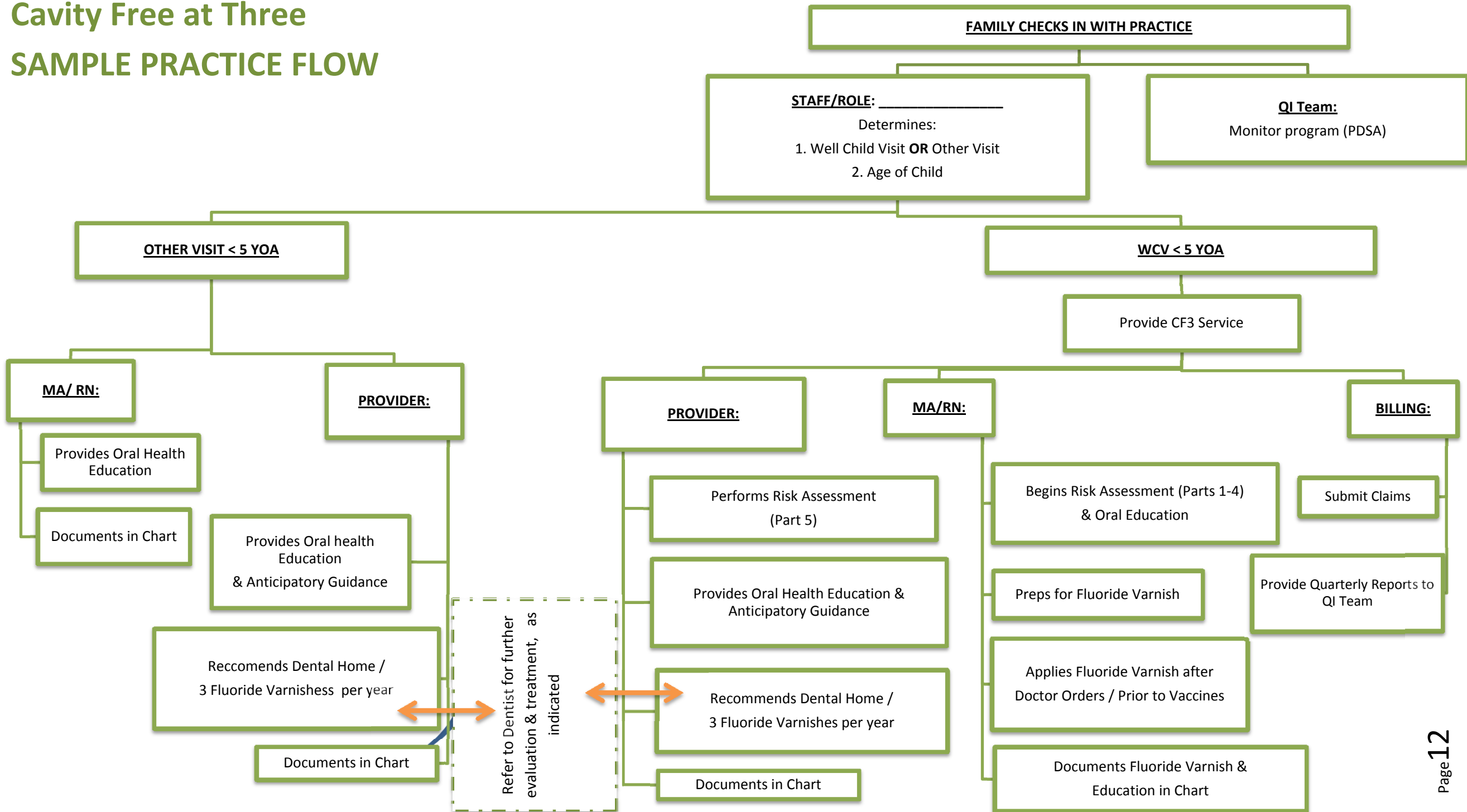
Furthermore, it is the policy of _____ that all children under five (5) years of age should receive oral health education, risk assessment screening and fluoride varnish at least 3 times per year. Parents will be encouraged to receive any remaining fluoride varnish applications from the child’s Dental Home.

Cavity Free at Three Practice Policy

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Cavity Free at Three

SAMPLE PRACTICE FLOW



Referral Form

Re: (PATIENT NAME – Last, First)



Patient Information:

Address _____

City/Zip _____ County _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Parent/Guardian Name: _____

Primary Insurance _____ ID# _____

Primary Language: _____

Scheduling: Please call the patient The patient will schedule appointment

Relevant History (Indicate any special factors – either dental or medical – such as known allergies and specific medical problems relevant to diagnosis and treatment.)

Tip: Attach to practice cover sheet along with [Pediatric Oral Health Screening form](#) and fax referral to dentist.

I authorize [*insert practice name*] to share the results of the dental visit with the above signed referring professional.

Signed: _____ Dated: ____/____/____

copy to parent(s) or legal guardian

Follow up – Please fax back

Patient seen on ____/____/____ Fluoride Varnish applied

Patient did not call to schedule.

Care Plan:

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Referral Log

Referral Date	Patient Name/ ID	Referred to	Authorization Status & Date (approved or denied)	Date of Appointment	Report Received	Notes



Some EMRs may have this type of reporting functionality built in: Consider using your EMR system to its highest potential to improve efficiency and reduce staff rework.

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Embedding QI Philosophy: Job Descriptions

QI philosophy can be embedded into organizational goals & priorities. In addition to being part of your strategic plan, you can do so within Job Descriptions. Consider adding [any of] the following duties to your existing and future job descriptions:

Physician Manager

- Ensures resources are available for quality training
- Ensures resources are available for quality projects
- Directs quality improvement
- Reviews project improvement teams and results
- Familiarity with the tools, concepts and methodologies of quality management.

Practice Administrator/ Manager

- Tracks projects
- Coordinates data collection
- Documents any areas that may need improvement.
- Directs resolution to quality problems
- Assists Physician Manager
- Reviews the current policies and coordinates QI Team for the creation of plans to improve upon the existing quality standards.
- Skills -
 - Effective communication and report writing skills.
 - Good leadership capabilities to lead projects to successful completion.
 - Familiarity with the tools, concepts and methodologies of quality management.

QI Team

- Assists with the identification new QI Initiatives
- Creates QI Plan (PDSA)
- Administers the quality assurance program
- Reviews data/lessons learned
- Creates project reports
- Drives continuous improvement

Don't forget to recognize the hard work that your QI Team and staff are putting into your Quality Initiatives! Consider contests & challenges, awards, and/or practice celebrations! You may also need to consider reducing/shifting duties or adjusting compensation in order to create time for QI Team members.

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- Collects data & creates reports on projects
- Familiarity with the tools, concepts and methodologies of quality management.

Clinical/Clerical Staff

- Team participant
- Improves customer satisfaction
- Improves business productivity
- Familiarity with the tools, concepts and methodologies of quality management.

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GOAL

Provide pediatric oral health screenings, education and varnish application for all Medicaid & CHP + children < 5 years of age.

ACTION PLAN

1. By / / , complete steps from “Preparing Your Practice” worksheet.
2. By / / , implement the Cavity Free at Three program.
3. Develop Goals
 - a. By / / (date), 100% of Medicaid & CHP+ children <5 years old will receive oral health education (as part of anticipatory guidance) at well child visits and sick visits.
 - b. By / / (date), 85% of Medicaid & CHP+ children <5 years old will have an oral exam at 6-month, 9-month, 12-month, 15-month, 18-month, 24-month, 3-year, 4-year and 5-year well child visits (only if the 5-year visit comes before the 5th birthday) well child visits.
 - c. By / / (date), 85% of Medicaid children <5 years old will have a fluoride varnish application (when teeth have erupted) at 6-month, 9-month, 12-month, 15-month, 18-month, 24-month, 3-year, 4-year and 5-year well child visits (only if the 5-year visit comes before the 5th birthday) well child visits.
4. Develop Data Collection Plan
 - a. Who will pull/create reports? QI TEAM
 - b. Where will you collect the information from (i.e. billing, chart audit, etc.)?
 - c. What is your baseline?
 - d. How will data be reported out and to whom? (See attached sample.)
5. Study: Look at the results of implementing the project. Look at data collected.
 - a. Is your process (flow) working? Is the plan moving you toward goal achievement? What did you find out? (Record observations, good AND bad.)
 - b. On / / , run reports to get a baseline measure. The report period is: . (That way if any process tweaking is necessary, it can be done sooner rather than later.)
 - c. Reports should be run quarterly starting: .
6. Act: Decide what actions should/could be taken to improve outcomes. AND, what could you do to take this project up a notch? Get feedback from practice staff.
7. Repeat process as needed: What other reports/ data might be useful? (ROI, number of Medicaid children treated, time spent completing process, process changes, capacity changes, etc.)
8. Consider next Action steps

Appendix B



All Providers

Provider Bulletin Excerpt

Reference: B0900268 July 2009

Effective July 1, 2009, trained medical personnel may administer fluoride varnish for moderate to high caries risk Medicaid children, ages 0 through 4, in conjunction with an oral evaluation and counseling with a primary caregiver after performing a risk assessment. Risk assessment forms may be found at:

<http://www.cavityfreeatthree.org/GetMaterials/ProviderMaterials> and documentation should be part of the client's medical record. Medical personnel that can bill directly for these services include MDs, DOs, and nurse practitioners. Trained medical personnel employed through qualified physician offices or clinics can provide these services and bill through the physician or nurse practitioner's Medicaid provider number.

Children ages 0 through 4 (until the day before their fifth birthday) are eligible to receive this service and both services must be provided together at the time of a well child visit.

In order to provide this benefit and receive reimbursement, the medical provider must have participated in on-site training from the Cavity Free at Three team or have completed Module 2 (child oral health) and Module 6 (fluoride varnish) at the Smiles for Life curriculum at <http://www.smilesforlife2.org/powerpoints.html>.) It is also recommended that providers view the videos on the Lap-to-Lap Child Oral Exam and the Application of Fluoride Varnish at <http://www.smilesforlife2.org/videos.html>.

Documentation for this training should be saved in the event of an audit.

Dental providers inclusive of unsupervised dental hygienists are also able to provide these services. While encouraged, no additional training is required for qualified dental personnel.

Effective July 1, 2011

The maximum allowable benefit per eligible and high-risk child will be three times per year. Dental offices and medical offices are encouraged to communicate with one another to avoid duplication of services and/or nonpayment of services.

The billing procedures for **medical personnel** are as follows:

For children ages 0-2 (until the day before their third birthday):

In private practice, children ages 0 through 2, D1206 (topical fluoride varnish) and D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver) should be billed on a Colorado 1500 claim form or electronically on the 837(P) professional format through the web portal.

*Please check www.colorado.gov/hcpf for the most up-to-date information on billing.

FQHCs and RHCs: D1206 and D0145 should be itemized on the claim with a well child visit but reimbursement will be at the current encounter rate. The diagnosis V72.2 should be used as a secondary diagnosis. Billing is on the UB-04 claim form or electronically on the 837(I) institutional format.

For children ages 3 and 4 (from their first birthday until the day before their fifth birthday):

In private practice, children ages 3 and 4, D1206 (topical fluoride varnish) and D0999 (in place of D0145) should be billed on a Colorado 1500 claim form or electronically on the 837(P) professional format.

FQHCs and RHCs: For children ages 3 and 4, D1206 and D0999 should be itemized on the claim with a well child visit but reimbursement will be at the current encounter rate. The diagnosis V72.2 should be used as a secondary diagnosis. Billing is on the UB-04 claim form or electronically on the 837(I) institutional format.

Marcy Bonnett, marcy.bonnett@state.co.us.
303-866-3604

*Please check www.colorado.gov/hcpf for the most up-to-date information on billing.

Appendix C



Resources

CCHAP Manual: www.cchap.org

Cavity Free at Three Website: <http://www.cavityfreeatthree.org/>

Smiles For Life: <http://www.smilesforlife2.org/default.aspx?tut=555&pagekey=62948&s1=1343975>

Fluoride Kits

Lonnie L. Schwindt
Bayaud Enterprises, Inc.
333 West Bayaud Avenue
Denver, CO 80223
Phone 303/830-6885 x212 Fax 303/830-6653
lonnie.schwindt@bayaudenterprises.org
<http://bayaudenterprises.org>

Department of Health Care Policy and Financing - Preventive Care in Oral Health, Tool Kit for Providers:
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251766420366&ssbinary=true>

Acknowledgements

We want to acknowledge the CCHAP affiliated practices that contributed to the development of best practices around the implementation of Cavity Free at Three. Those practices are:

Advanced Pediatrics
Arvada Pediatric Associates, P.C.
Aspen Valley Pediatrics
Brighton Pediatrics, PC
Castle Valley Children's Clinic
Ebert Children's Clinic
Gordon Clinic
Guardian Angel Health Center
Lowry Pediatrics
Mid Valley Family Practice
Miramont Family Medicine
Moffat Family Clinic LLC
New Castle Family Health
Office of Linda Peterson MD
Office of Mindy Miller MD
Office of Suman Morarka MD
Parker Pediatrics
Peak Pediatrics
Rocky Mountain Youth Clinic
San Luis Valley Regional Medical Center
Telluride Medical Center
The Pediatric Associates of Montrose and Delta

Thank you!

