

Alabama Medicaid Agency



# 1st Look Program



# Take a 1st Look

A Healthy Smile = A Healthy Child

# Overview

- 1<sup>st</sup> Look Program goals
- Qualified Physicians
- Who qualifies for the program?
- Billing/Eligible Services
- Documentation Requirements
- Referrals
- Program Contacts

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# 1<sup>st</sup> Look Program

- Developed by the agency in partnership with the state's pediatric dentists and pediatricians.
- Scheduled to begin in January 2009

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# Program Goals

The 1<sup>st</sup> Look program is designed to:

- Improve awareness of early childhood caries.
- Increase early prevention education.
- Enlarge the dental provider referral base.
- Provide anticipatory guidance
- Apply fluoride varnishes
- Refer children to a dental home

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# Qualified Physicians

- Limited to Patient 1<sup>st</sup> PMPs and their professional staff
- Must complete and successfully pass the Medicaid approved training program to be reimbursed for these services.
- A score of 75% on the post test is required for successful completion.
- Physician has to be trained before other professional office staff members are eligible to be trained.

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# Who Qualifies?

- Children between the ages of 6 months and 36 months
- Children must have at least two high risk indicators using the AAPD Caries Risk Assessment Tool
- If a child has been seen by a dentist, the child does not qualify for the 1<sup>st</sup> Look program and the medical provider should not render services.

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# Who Qualifies?

- It is the responsibility of the provider to verify eligibility before service is rendered.
- It is recommended that provider review the benefits limits section of the eligibility verification of each patient to identify services already billed in order to avoid denial of payments.

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# Eligible Services/Billing

- 1<sup>st</sup> Look providers will be able to bill for initial oral assessment, once, under D0145 (oral exam < 3 years old, counseling)
- D0145 may be billed once by a medical provider and once by a dental provider for children age 6 months to 36 months.

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# Eligible Services

- Provider may also bill for the application of fluoride varnish for high caries risk children under D1206 (topical application).
- Varnish procedure will be limited to 3 per calendar year, regardless of provider, not to exceed a maximum of 6 applications between 6 months and 36 months of age. The allowed frequency will be no less than 90 days.

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# Documentation Requirements

Medical record must document:

- Content of anticipatory guidance
- Counseling given to parents/caregivers
- Results of Caries Assessment Tool
- Documentation that a referral has been made

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# Referrals

- Providers required to refer high risk patients (those with two or more indicators) to a Patient 1<sup>st</sup> Care Coordinator to assist in establishing a dental home.
- List of Care Coordinators can be found on Medicaid website [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) under “Contact Us”

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# Referrals

Once a child has been referred to a dental home:

- Information is to be kept on file with the medical provider.
- No further fluoride varnish application treatment by the medical provider will be permitted.

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# Program Contacts

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Take a 1st Look

# Oral Health Risk Assessment Training for Pediatricians and Other Child Health Professionals

Developed by  
American Academy of Pediatrics  
Pediatrics Collaborative Care (PedCare) Program

*Supported by the Maternal and Child Health Bureau,  
Health Resources and Services Administration  
Department of Health and Human Services  
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American Academy of Pediatrics

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# Child Health Professionals' Role in Promoting Oral Health

- See children early and regularly.
- Become experts in oral health prevention strategies.
- Advocate for child health: Oral health is part of overall health!



# AAP Recommendations for an Oral Health Risk Assessment

- Assess mothers's/caregiver's oral health.
- Assess oral health risk of infants and children.
- Recognize signs and symptoms of caries.
- Assess child's exposure to fluoride.
- Provide anticipatory guidance and oral hygiene instructions (brush/floss).
- Make timely referral to a dental home.



# Learning Objectives

- Understand the role of the child health professional in assessing children's oral health.
- Understand the pathogenesis of caries.
- Conduct an oral health risk assessment.
- Identify prevention strategies.
- Understand the need for establishing a dental home.
- Provide appropriate oral health education to families.

# Course Outline

- *Overview of Dental Caries and Early Childhood Caries*
- Pathophysiology of Caries Process
- History: Determining Caries Risk
- Physical: Oral Health Assessment
- Anticipatory Guidance
- Treatment and Referral

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# Prevalence of Dental Caries

- 5 times more common than asthma
- 7 times more common than hay fever

## Caries Rate

- 18% aged 2 to 4 years
- 52% aged 6 to 8 years
- 67% aged 12 to 17 years



# Early Childhood Caries

- A severe, rapidly progressing form of tooth decay in infants and young children
- Affects teeth that erupt first, and are least protected by saliva



# Early Childhood Caries Can Lead to

...

- Extreme pain
- Spread of infection
- Difficulty chewing, poor weight gain
- Extensive and costly dental treatment
- Risk of dental decay in adult teeth
- Crooked bite (malocclusion)



# Consequences of Dental Caries

- Missed school days
- Impaired speech development
- Inability to concentrate in school
- Reduced self-esteem
- Possible systemic illness for children with special health care needs

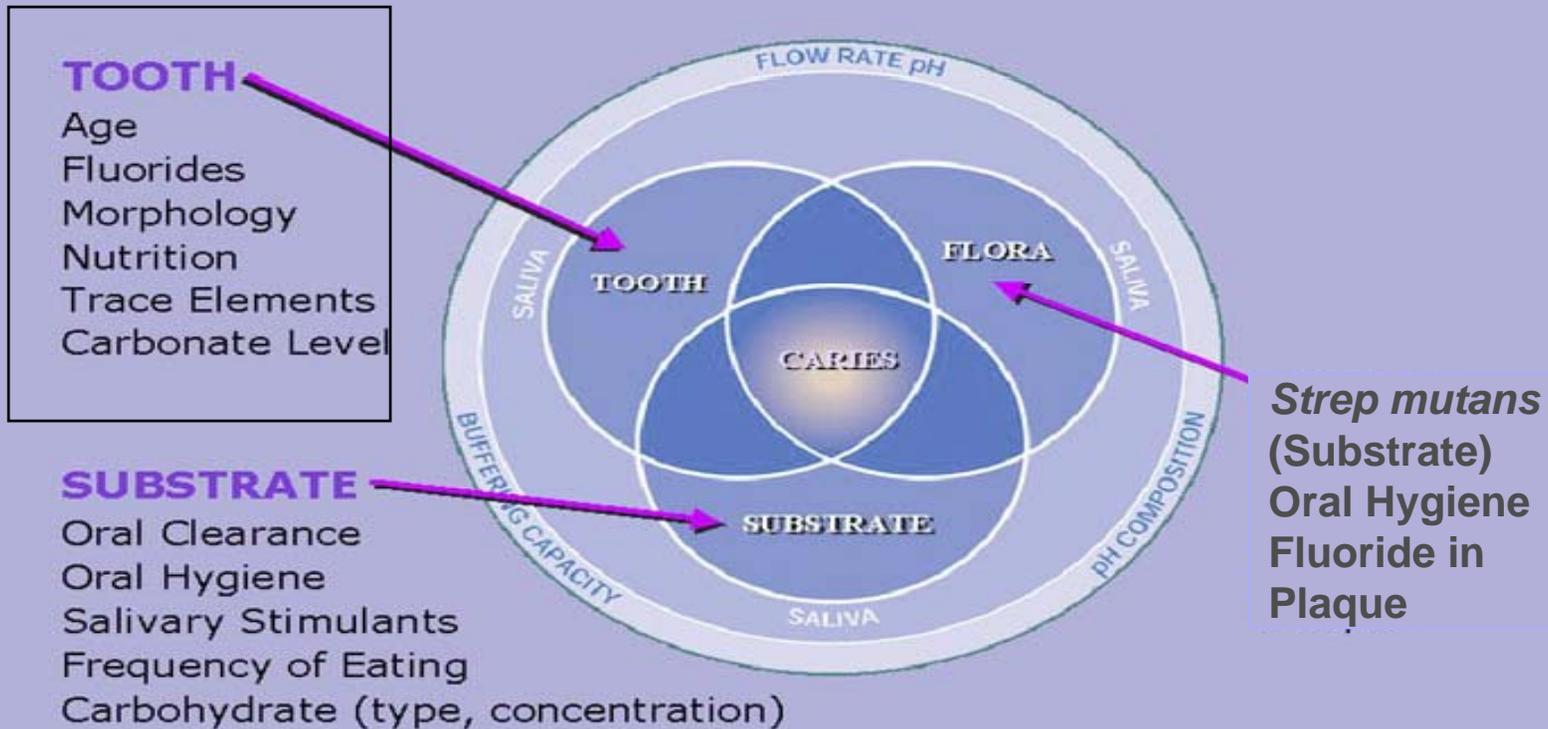


# Course Outline

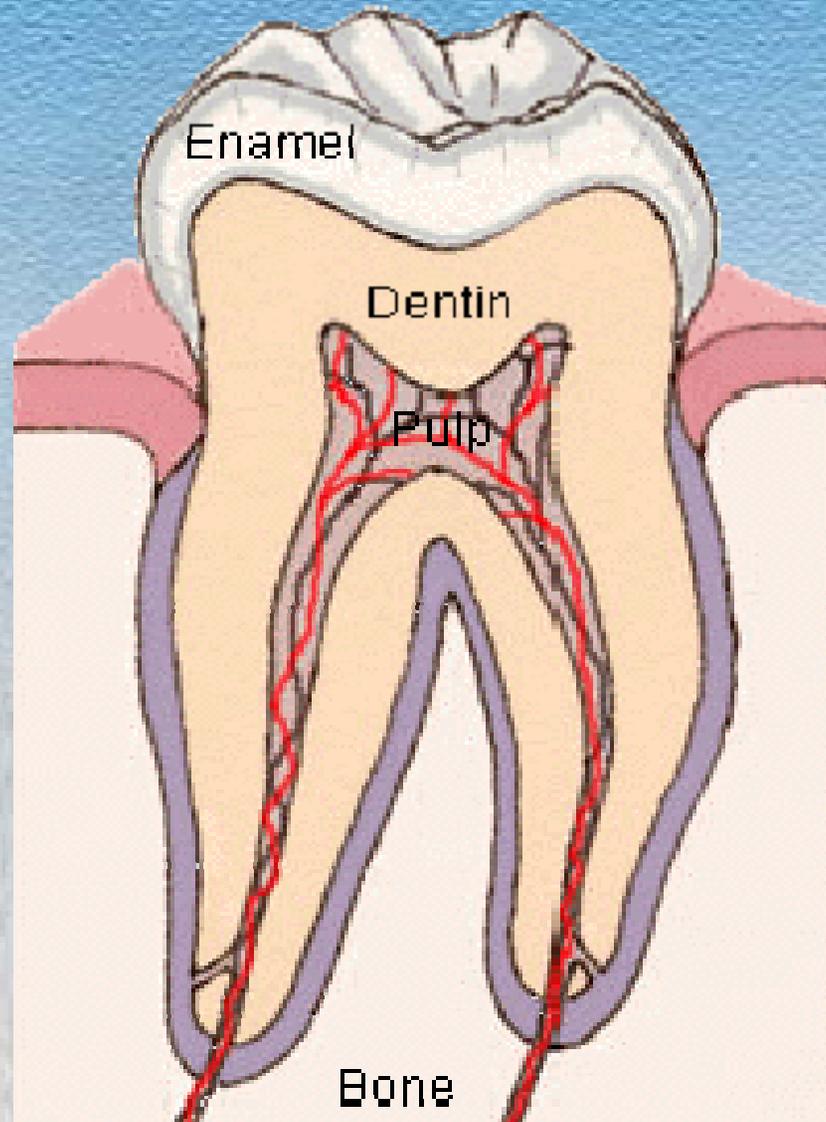
- Overview of Dental Caries and Early Childhood Caries
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# Factors Necessary for Caries

## Dental Caries: Etiology



# Tooth



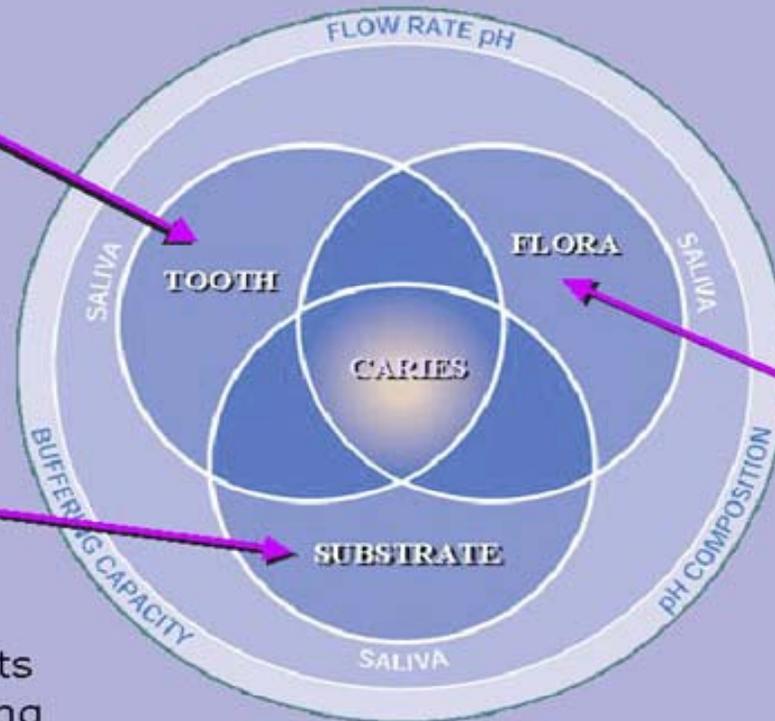
# Factors Necessary for Caries

## TOOTH

Age  
Fluorides  
Morphology  
Nutrition  
Trace Elements  
Carbonate Level

## SUBSTRATE

Oral Clearance  
Oral Hygiene  
Salivary Stimulants  
Frequency of Eating  
Carbohydrate (type, concentration)



## FLORA

*Strep mutans*  
(Substrate)  
Oral Hygiene  
Fluoride in  
Plaque

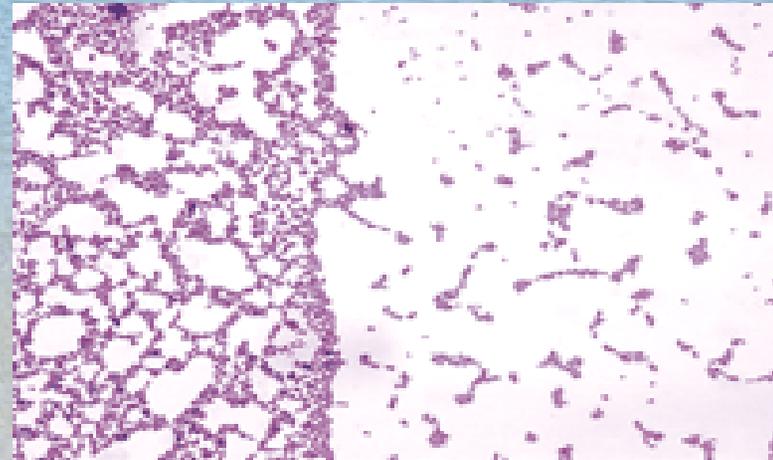
# Oral Flora

- Normal oral flora = billions of bacteria
- Site-specific and not colonized until the eruption of first tooth



# Oral Flora: Pathogenesis of Caries

- An infectious process
- Initiated by pathogenic bacteria—*Streptococcus mutans*, *Lactobacillus*, and *Streptococcus sobrinus*



# Oral Flora: How Does Infection Occur?

- Transmitted mainly from mother or primary caregiver to infant
- Window of infectivity is first 2 years of life
- Earlier child colonized, the higher the risk of caries



# Fluoride's Influence on Oral Flora

- Reduces enamel solubility
- Promotes remineralization of enamel, and may arrest or reverse early caries
- Inhibits the growth of cariogenic organisms, thus decreasing acid production
- Concentrated in dental plaque
- Primarily topical even when given systemically

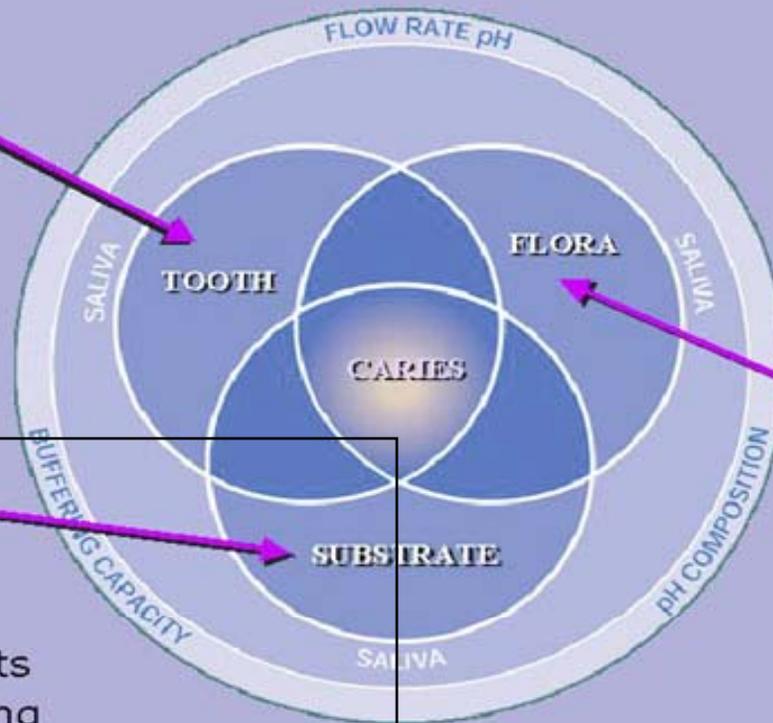
# Factors Necessary for Caries

## TOOTH

- Age
- Fluorides
- Morphology
- Nutrition
- Trace Elements
- Carbonate Level

## SUBSTRATE

- Oral Clearance
- Oral Hygiene
- Salivary Stimulants
- Frequency of Eating
- Carbohydrate (type, concentration)



## FLORA

- Strep mutans* (Substrate)
- Oral Hygiene
- Fluoride in Plaque

# Substrate: You Are What You Eat

- Promoted by carbohydrates, which break down to acid.
- Acid causes demineralization of enamel.



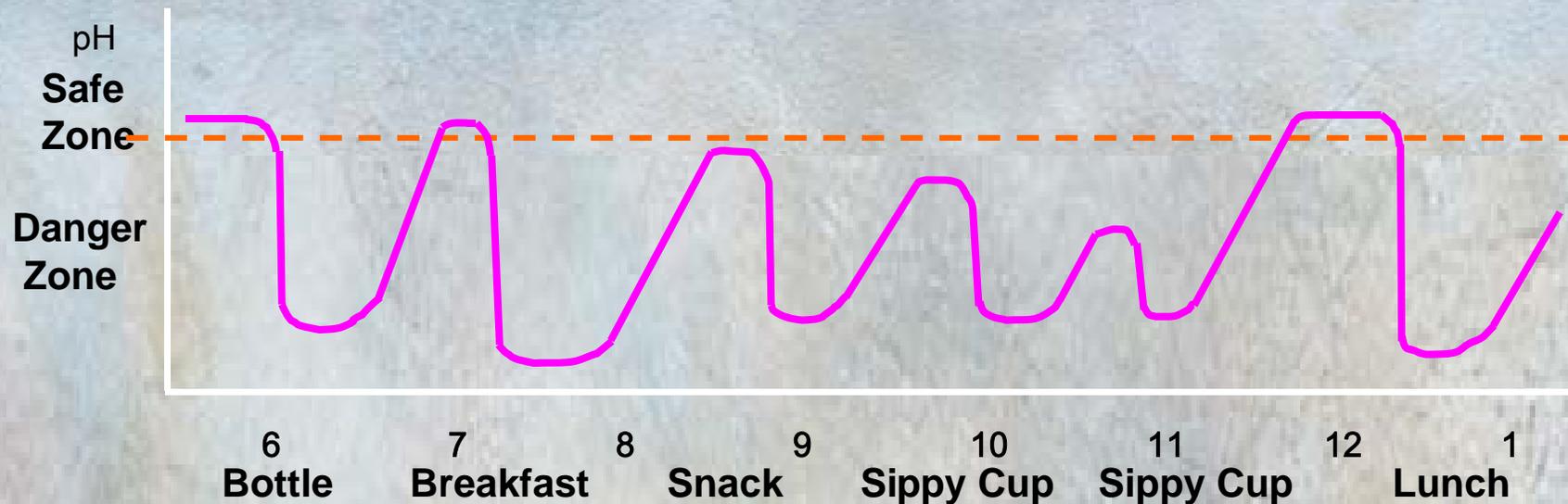
# Substrate: Environmental Influences

- Saliva inhibits bacterial growth.
- Frequent snacking promotes growth of cariogenic bacteria.
- Unremoved plaque promotes the caries process.



# Not Just What You Eat, But How Often

- Acids produced by bacteria after sugar intake persist for 20 to 40 minutes.
- Frequency of sugar ingestion is more important than quantity.



# Breastfeeding

- The AAP and AAPD strongly endorse breastfeeding.
- Although breastmilk alone is not cariogenic, it may be when combined with other carbohydrate sources.
- For frequent nighttime feedings with anything but water after tooth eruption, consider an early dental home referral.



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# High-Risk Groups for Caries

- Children with special health care needs
- Children from low socioeconomic and ethnocultural groups
- Children with suboptimal exposure to topical or systemic fluoride
- Children with poor dietary and feeding habits
- Children whose caregivers and/or siblings have caries
- Children with visible caries, white spots, plaque, or decay



# Children With Special Health Care Needs (CSHCN)

## Recommendations for Child Health Professionals

- Be aware of oral health problems/ complications associated with medical conditions.
- Monitor impact of oral medications and therapies.
- Choose non-sugar-containing medications if given repeatedly or for chronic conditions.
- Refer early for dental care (before or by age 1 year).
- Emphasize preventive measures.



# Common Issues Among Children With Special Health Care Needs

- Children with asthma and allergies are often on medications that dry salivary secretions increasing risk of caries.
- Children who are preterm or low birth weight have a much higher rate of enamel defects and are at increased risk of caries.
- Children with congenital heart disease are at risk for systemic infection from untreated oral disease.



# Socioeconomic Factors

The rate of early childhood dental caries is near epidemic proportions in populations with low socioeconomic status.

- No health insurance and/or dental insurance
- Parental education level less than high school or GED
- Families lacking usual source of dental care
- Families living in rural areas



# Ethnocultural Factors

- Increased rate of dental caries in certain ethnic groups
- Diet/feeding practices and child-rearing techniques influenced by culture



# Fluoride Exposure

- Determine fluoride exposure:  
systemic versus topical
- Fluoridated water
  - 58% of total population
  - Optimal level is 0.7 to 1.2 ppm
  - Significant state variability
  - CDC fluoridation map



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# Maternal/Primary Caregiver Screening

- Assess mother's/caregiver's oral history.
- Document involved quadrants.
- Refer to dental home if untreated oral health disease.



# Child Oral Health Assessment

## Prepare for the Examination

- Provide rationale.
- Describe caregiver role.
- Ensure adequate lighting.
- Assemble necessary equipment.



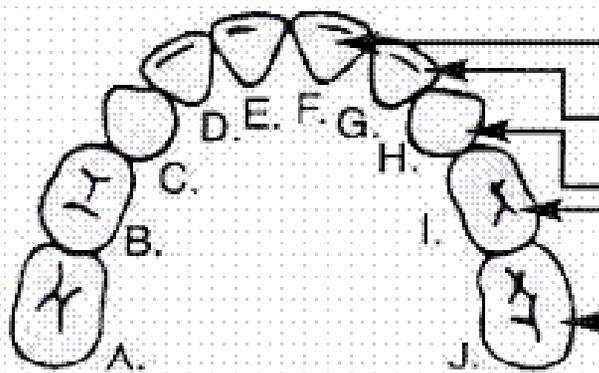
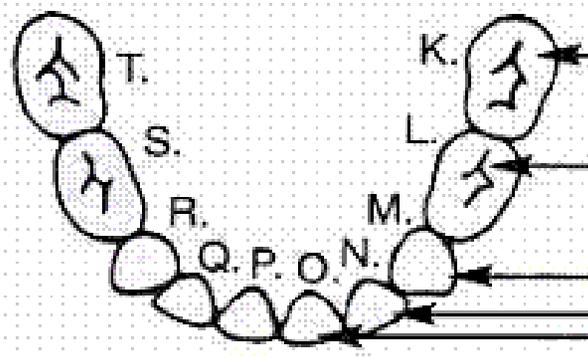
# Positioning Child for Oral Examination

- Position the child in the caregiver's lap facing the caregiver.
- Sit with knees touching the knees of caregiver.
- Lower the child's head onto your lap.
- Lift the lip to inspect the teeth and soft tissue.



# Primary Teeth Eruption

## PRIMARY DENTITION

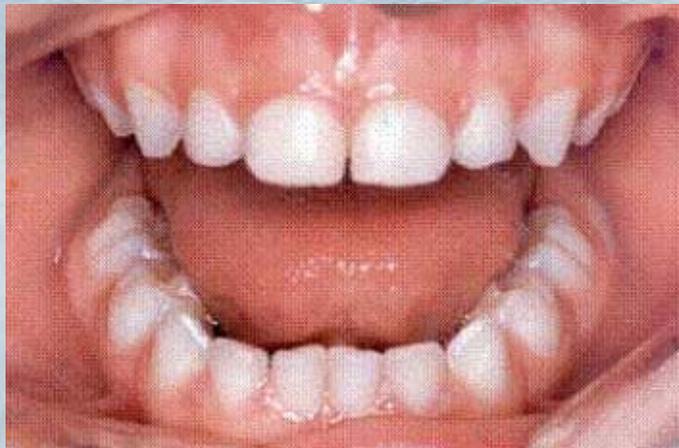
	Upper Teeth	Erupt	Exfoliate
	Central incisor	8-12 months	6-7 years
	Lateral incisor	9-13 months	7-8 years
	Canine (cuspid)	16-22 months	10-12 years
	First molar	13-19 months	9-11 years
	Second molar	25-33 months	10-12 years
	Lower Teeth	Erupt	Exfoliate
	Second molar	23-31 months	10-12 years
	First molar	14-18 months	9-11 years
	Canine (cuspid)	17-23 months	9-12 years
	Lateral incisor	10-16 months	7-8 years
	Central incisor	6-10 months	6-7 years

# What to Look For

- Lift the lip to inspect soft tissue and teeth.
- Assess for
  - Presence of plaque
  - Presence of white spots or dental decay
  - Presence of tooth defects (enamel)
  - Presence of dental crowding
- Provide education on brushing and diet during examination.



# Check for Normal Healthy Teeth



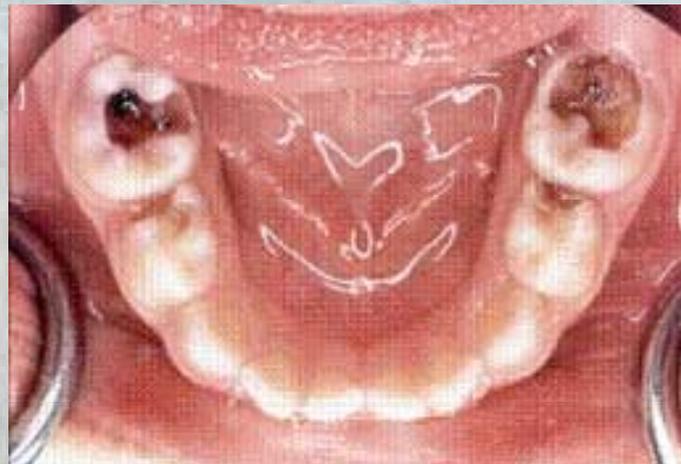
# Check for Early Signs of Decay: White Spots



# Check for Later Signs of Decay: Brown Spots



# Check for Advanced/Severe Decay



# AAPD

## Caries Risk Assessment Tool (CAT)

		Low Risk	Moderate Risk	High Risk
<b>Caries Risk Indicators</b>	<b>Clinical Conditions</b>	<ul style="list-style-type: none"> <li>•No carious teeth in past 24 months</li> <li>•No enamel demineralization (enamel caries “white spot lesions)</li> <li>•No visible plaque; no gingivitis</li> </ul>	<ul style="list-style-type: none"> <li>•Carious teeth in the past 24 months</li> <li>•1 area of enamel demineralization (enamel caries “white spot lesions)</li> <li>•Gingivitis</li> </ul>	<ul style="list-style-type: none"> <li>•Carious teeth in the past 12 months</li> <li>•More than 1 area of enamel demineralization (enamel caries “white – spot lesions”</li> <li>•Visible plaque on anterior (front) teeth</li> <li>•Radiographic enamel caries</li> <li>•High titers of mutans streptococci</li> <li>•Wearing dental or orthodontic appliances</li> <li>•Enamel hypoplasia</li> </ul>
	<b>Environmental Characteristics</b>	<ul style="list-style-type: none"> <li>•Optimal systemic and topical fluoride exposure</li> <li>•Consumption of simple sugars or foods strongly associated with caries initiation primarily at mealtimes</li> <li>•High caregiver socioeconomic status</li> <li>•Regular use of dental care in an established dental home</li> </ul>	<ul style="list-style-type: none"> <li>•Suboptimal systemic fluoride exposure with optimal topical exposure</li> <li>•Occasional (ie, 1-2) between-meal exposures to simple sugars or foods strongly associated with caries</li> <li>•Mid-level caregiver socioeconomic status (ie eligible for school lunch program or SCHIP)</li> <li>•Irregular use of dental services</li> </ul>	<ul style="list-style-type: none"> <li>•Suboptimal topical fluoride exposure</li> <li>•Frequent (ie, 3 or more) between-meal exposures to simple sugars or foods strongly associated with caries</li> <li>•Low-level caregiver socioeconomic status (ie, eligible for Medicaid)</li> <li>•No usual source of dental care</li> <li>•Active caries present in the mother</li> </ul>
	<b>General Health Conditions</b>			<ul style="list-style-type: none"> <li>•Children with special health care needs</li> <li>•Conditions impairing saliva composition/flow</li> </ul>

Complete AAPD Policy Statement with CAT available at:  
<http://www.aapd.org/pdf/policycariesriskassessmenttool.pdf>

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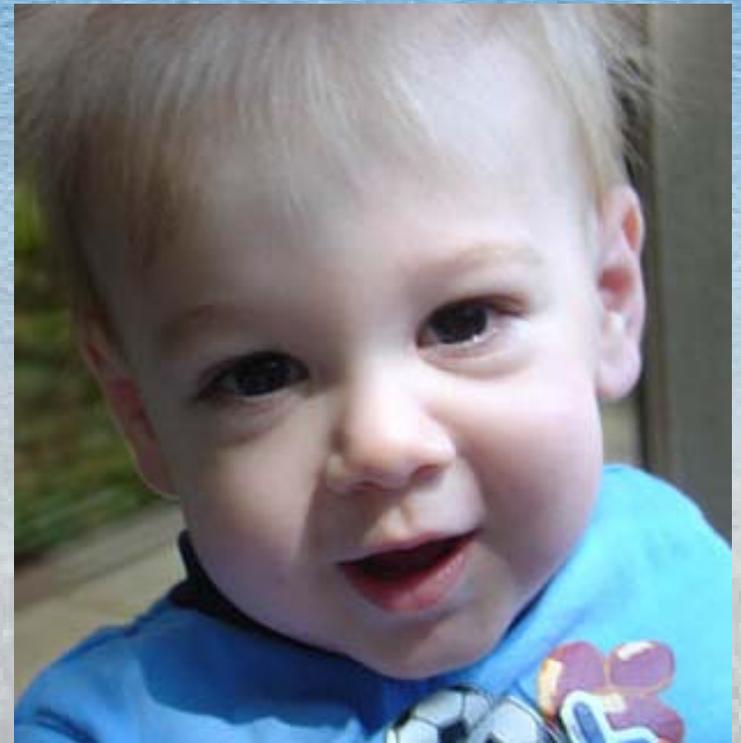
# Anticipatory Guidance

- Minimize risk of infection.
- Optimize oral hygiene.
- Reduce dietary sugars.
- Remove existing dental decay.
- Administer fluorides judiciously.



# Minimize Risk for Infection

- Address active oral health disease in mother/caregiver.
- Educate about the mechanism of cariogenic bacteria transmission.
- Model positive oral hygiene behaviors.
- Provide xylitol gum in certain cases.



# Xylitol for Mothers

Xylitol gum or mints used 4 times a day may prevent transmission of cariogenic bacteria to infants.

- Helps reduce the development of dental caries
- A “sugar” that bacteria can’t use easily
- Resists fermentation by mouth bacteria
- Reduces plaque formation
- Increases salivary flow to aid in the repair of damaged tooth enamel



# Substrate:

## Contributing Dietary and Feeding Habits

- Frequent consumption of carbohydrates, especially sippy cups/bottles with fruit juice, soft drinks, powdered sweetened drinks, formula, or milk
- Sticky foods like raisins/fruit leather (roll-ups), and hard candies



- Bottles at bedtime or nap time not containing water
- Dipping pacifier in sugary substances

# Toothbrushing Recommendations

Age	Toothbrushing Recommendations (CDC, 2001)
< 1 year	~ Clean teeth with soft toothbrush
1–2 years	~ Parent performs brushing
2–6 years	~ Pea-sized amount of fluoride-containing toothpaste 2x/day ~ Parent performs or supervises
> 6 years	~ Brush with fluoridated toothpaste 2x/day



# Toothpaste and Children

- Children ingest substantial amounts of toothpaste because of immature swallowing reflex.
- Early use of fluoride toothpaste may be associated with increased risk of fluorosis.
- Once permanent teeth have mineralized (around 6-8 years of age), dental fluorosis is no longer a concern.



# Toothpaste

A small pea-sized amount of toothpaste weighs 0.4 mg to 0.6 mg fluoride, which is equal to the daily recommended intake for children younger than 2 years.



# Optimizing Oral Hygiene: Flossing

## When to Use Floss

- Once a day  
(preferably at night)
- When 2 teeth touch



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# Recommended Fluoride Supplement Schedule

	Fluoride Concentration in Community Drinking Water		
Age	<0.3 ppm	0.3–0.6 ppm	>0.6 ppm
0–6 months	None	None	None
6 mo–3 yrs	0.25 mg/day	None	None
3 yrs–6 yrs	0.50 mg/day	0.25 mg/day	None
6 yrs–16 yrs	1.0 mg/day	0.50 mg/day	None

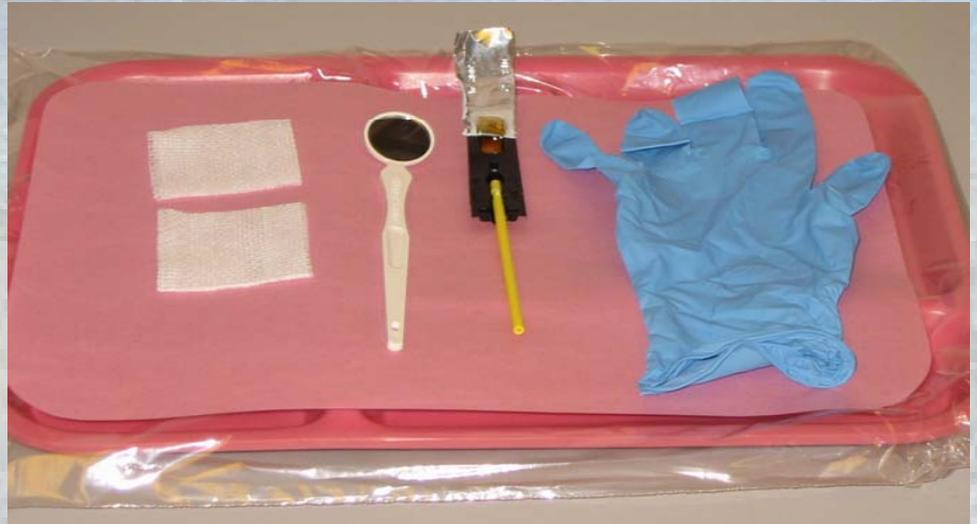
MMWR: Recommendations for Using Fluoride to Prevent and Control Dental Caries in the US: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>.

# Example of Fluorosis



# Fluoride Varnish

- 5% sodium fluoride or 2.26% fluoride in a viscous resinous base in an alcoholic suspension with flavoring agent (eg, bubble gum)
- Has not been associated with fluorosis
- Application does not replace the dental home nor is it equivalent to comprehensive dental care



# Applying Fluoride Varnish



# Remove Existing Dental Decay: Treating an Infection



# Referral: Establishment of Dental Home

What is a dental home?

When to refer?

- Refer high-risk children by 6 months.
- Refer all children by 1 year.



# Community Systems of Care

- Identify dental care professionals in your community.
- Develop partnerships.



# You Can Make a Difference!

- Institute oral health risk assessments into well-child visits.
- Provide patient education regarding oral health.
- Provide appropriate prevention interventions (eg, feeding practices, hygiene).
- Document findings and follow-up.
- Train office staff in oral health assessment.
- Identify dentists (pediatric/general) in your area who accept new patients/Medicaid patients.
- Take a dentist to lunch to establish a referral relationship.
- Investigate fluoride content in area water supply.

