



Cavity Free at Three Caries Risk Assessment

For the Medical Office

Risk Factors

Children 0-4 years **YES** High risk **NO** Low risk

Mother/caregiver of child has had active decay past 12 months		
Child sleeps with a bottle containing juice, formula or anything other than water		
Frequent use (<i>between meals</i>) of bottle/non-spill cup containing beverages other than plain water (<i>nothing added</i>)		

Children 0-20 years **YES** High risk **NO** Low risk

Child has special healthcare needs (<i>developmental, physical, medical or mental that limit performance of adequate oral health care by themselves/caregivers</i>)		
Frequent snacking (<i>greater than 3x day/total</i>) candy, carbohydrates, soda, sugared beverages, fruit juice		
Child takes saliva-reducing meds (<i>asthma, seizure, hyperactivity</i>), hx of anemia/iron therapy, or daily liquid medications		

Oral Exam/Clinical Findings **YES** High risk **NO** Low risk

Obvious decay present on the child's teeth		
Dental fillings present		
Obvious dental plaque present		
Obvious white spots present		

Protective Factors

YES **NO**

Child lives in a fluoridated community and drinks tap water		
Teeth cleaned with fluoridated toothpaste twice daily		
Child has a dental home and regular dental care		

Plan/Assessment

Clinical caries risk? <i>Answer: At least one risk factor indicated, regardless of protective factors</i>	High risk	Low risk
Fluoride Varnish Applied?	YES	NO
Dental Referral?	YES	NO

Patient-Driven Self Management Goals

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Regular dental home and regular dental care <input type="checkbox"/> Eat more fruits, vegetables <input type="checkbox"/> Brush twice daily with fluoride toothpaste <input type="checkbox"/> Drinks tap water and lives in fluoridated community <input type="checkbox"/> Drink less juice, soda <input type="checkbox"/> 3 meals, 2 snacks daily | <ul style="list-style-type: none"> <input type="checkbox"/> Dental treatment for caregiver <input type="checkbox"/> Baby to bed without a bottle <input type="checkbox"/> Wean baby off of bottle <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Don't share spoons, lick pacifier etc. <input type="checkbox"/> Other _____ |
|--|---|

HOW TO USE THIS FORM

- This form can be used to guide you through providing preventive oral health services during a well child check.
- The questions on this assessment determine clinical risk. See section below for billing guidance.
- Clinical Caries Risk is determined by the indication of one or more risk factors, regardless of protective factors.
- A caries risk assessment is required every time you address oral health and apply fluoride varnish.
- This form is for required documentation, it is not meant to be patient-facing.

CERTIFICATION TRAINING

To deliver oral health services in the medical setting, certification is required. If you have not been certified please contact Cavity Free www.CavityFreeAtThree.org under “contact us”. Online options available.

ENGAGE IN A CONVERSATION WITH YOUR PATIENT AROUND ORAL HEALTH

Like any patient-centered visit, ideally an oral health screening begins with a conversation that organically elicits information on oral health risk, provides affirmations about what they are doing right, includes open-ended questions, and helps your patient formulate oral health goals. For example:

- What are your goals for your child’s teeth?
- Is there one thing you want to work on between now and the next time I see you? This should be a goal that is important to you and also feels like something you can actually get done. (Prompt from self-management goal list if needed)

FLUORIDE

If you’re deciding whether or not to prescribe fluoride for your patient, find out if their community water supply is fluoridated. Search your browser for “my water’s fluoride” to find county-level information published by the Centers for Disease Control (CDC).

Community water fluoridation has been proven safe and effective. Go to www.colorado.gov/cdphe/community-water-fluoridation or ilikemyteeth.org/ for more information.

BILLING GUIDANCE

The DentaQuest Office Reference manual provides definitions of high risk for billing purposes. Exact language must be used in documentation to qualify a child ages 0 - 4 as eligible for reimbursement of screening/ fluoride varnish 4 times/year. Otherwise, the standard is 2 times/year. Child members ages 5 through 20 years may receive fluoride varnish 3 times/year regardless of risk. Refer to Medicaid guidelines for most recent information.

High Risk of Caries is indicated if a member has one or more of the following four criteria: presents with demonstrable caries, has a history of restorative treatment, has a history of dental plaque AND has a history of enamel demineralization, OR is a child member (age 0 through 20 years old) of mothers with a high caries rate, especially with untreated caries, OR is a child member (age 0 through 20 years old) who sleeps with a bottle containing anything other than water, or who breastfeed throughout the night (at-will nursing), OR is a child member (age 0 through 20 years old) who has special health needs.

RESOURCES

- CavityFreeAtThree.org click on “resources” tab
- SmilesForLifeOralHealth.org
- Dentaquest Office Reference Manual (for most updated billing guidance) dentaquest.com/state-plans/regions/colorado/health-first-colorado/provider-page/