


<b>PLAN OPERATIONS</b>	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	<b>Childhood Caries Prevention</b>	Policy ID:	<b>PLANCG-18</b>
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	10/23/2021
	States:	Oregon	Last Review Date:	01/18/2022
Application:	Medicaid	Effective Date:	01/19/2022	

## PURPOSE

To define the Dental Care Organization's (DCO's) policy and protocol for its Childhood Caries Prevention program.

## POLICY

This protocol is to lower or prevent dental infections in children.

1. For pregnant enrollees, the provider shall:
  - A. See a pregnant enrollee within four (4) weeks of the enrollee requesting an appointment for routine care and continue to see the enrollee for prevention and any needed treatment.
  - B. Each pregnant enrollee should receive a caries and periodontal risk assessment and appropriate treatment based on risk status, such as full mouth debridement, root planing and curettage, and a prophylaxis and topical fluoride treatment throughout the course of the enrollee's pregnancy.
  - C. Provide instructions to follow the Fluoride Toothpaste Spit, Don't Rinse protocol.
  - D. Create a treatment plan in coordination with the pregnant enrollee that emphasizes the elimination of the sources of infection based on risk. The following dental concerns will be prioritized to eliminate the sources of infection: (1) abscessed teeth, (2) open carious lesions, 3) infected third molars (wisdom teeth), or 4) infected gingiva (gums).
2. Evaluation of pregnant enrollees should follow guidelines outlined in *Oral Health Care During Pregnancy: A National Consensus Statement* (<https://www.mchoralhealth.org/PDFs/OralHealthPregnancyConsensus.pdf>). Radiographs (x-rays) taken on pregnant enrollee should be with a lead apron with a thyroid collar in place.
3. All children should be seen by their first birthday or within six months of eruption of their first tooth, whichever occurs first. The following interventions are indicated for children based on risk status:
  - A. Low Risk
    - (1) Provide fluoride toothpaste and toothbrush with targeted messaging.
    - (2) Exam with a dentist at least once a year.
  - B. Moderate Risk
    - (1) Apply SDF twice annually to the occlusal surfaces of posterior teeth for prevention of future lesions.
    - (2) Provide fluoride toothpaste and toothbrush with targeted messaging.
    - (3) Exam with a dentist at least once a year.
  - C. High Risk

- (1) Stabilize cavitated lesions with SDF and silver modified atraumatic restorative treatment (SMART) until definitive care can be provided.
  - (2) Apply sealants to permanent molars.
  - (3) Apply chemotherapeutic approach for disease management and prevention.
    - (a) Apply SDF twice annually to the occlusal surfaces of posterior teeth for prevention of future lesions.
    - (b) Apply povidone iodine and fluoride varnish to all teeth.
  - (4) Provide fluoride toothpaste and toothbrush with targeted messaging.
  - (5) Exam with a dentist at least once a year.
- D. For children ages 0-2 years old, a smear of fluoride toothpaste should be used on the brush immediately before the child goes to bed at night and be left on the teeth. For children ages 2 and older, a pea sized amount of fluoride toothpaste should be used on the brush immediately before the child goes to bed at night and be left on the teeth. Parents and children should be shown what a smear or pea-sized amount looks like. The child should spit but not rinse, and the child should be given nothing to eat or drink afterward. This should be done every day. The parent or caregiver should be reminded that brushing with fluoride toothpaste should not be left up to the child. If a child is taking fluoride supplements such as fluoride rinses, tablets, drops, or optimal fluoridated water, fluoride toothpaste should not be used in the manner above without first making sure the other sources of fluoride listed in this paragraph are discontinued.
- E. Billing code D1354 (interim caries arresting medicament application) is used when silver diamine fluoride is used to arrest an active cavitated lesion. Code D2940 (protective restoration) is used when a temporary restoration is placed following caries arrest using the SMART technique. When the SMART technique is used on the primary dentition, D2941 (interim therapeutic restoration) is the appropriate code. D1206 (topical application of fluoride varnish) is used for fluoride varnish application. D1208 (topical application of fluoride – excluding varnish) is used for SDF application for prevention. D1355 (caries medicament application) should be used for povidone iodine application.
4. It is imperative that the child does not miss these check-ups and should be encouraged to not miss appointments. Missed appointments for children with dental infection could be considered child neglect and could fall under the Mandatory Reporting Guidelines.
  5. The DCO’s Member Outreach team and Community Care team will collaboratively reach out to schedule teledentistry visits with pregnant enrollees and children 0-14. Expanded Practice Dental Hygienists will assess the enrollee’s oral health, provide oral health counseling and assist in navigation to care.

**REFERENCES**

OAR 410-123-1510 Dental Care Access Standards for Pregnant Women

***Revision History***

Date:	Description
06/14/2012	Approval and adoption.
05/02/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.

02/14/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
12/28/2020	Updates based on annual review.
10/23/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.