

Capitol Dental



Caries Risk Assessments and Sealants

In 2018, Caries Risk Assessment codes were added to the CDT dental procedure codebook.

D0601 – Low caries risk

D0602 – Moderate caries risk

D0603 – High caries risk

Caries Risk Assessments are a valuable tool that dental providers can use in the clinical decision-making process to:

- identify a patient's risk of future caries
- determine the appropriate level of patient care
- treat the caries disease process instead of the outcome of the disease
- understand disease factors for a specific patient
- individualize preventive and behavior modification conversations
- individualize, select, and determine appropriate frequency of preventive and restorative treatment for each patient
- Anticipate caries progression or stabilization.

The American Dental Association has developed Caries Risk Assessment tools for patients [0-5 years old](#) and [6 years and older](#). The American Association of Pediatric Dentistry also has developed a [tool for children](#).

In 2019, regular utilization of Caries Risk Assessment will become more important as the State Sealant Metric changes to measure placement of sealants on children aged 6-15 who are High Caries Risk or have had a filling placed within the previous 12 months.

Capitol Dental Care encourages its providers to utilize a Caries Risk Assessment tool as part of a comprehensive treatment planning approach. Capitol Dental Care currently reimburses \$5 for codes D0601, D0602 or D0603 once per year. Effective November 1, the fee reimbursement will increase to \$10.

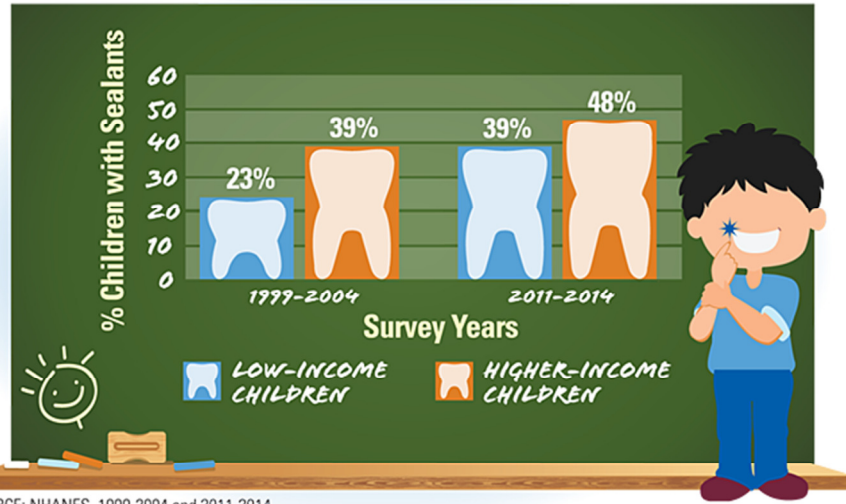
Sealants

Reminder: we have a performance metric around dental sealants! It is very important for Capitol to reach this metric. Strategies to increase placement rates should include: placing sealant material on every restorative tray so that they can be easily placed along with another procedure, empower your EFDA's and RDH's to place sealants anytime there is a need and patient is in the chair (do not reschedule for sealants), create an office friendly competition between providers to increase sealants placed.

Sealant Use

Disparities are decreasing over time

The number of low-income children with sealants increased by about 70% from 1999-2004 to 2011-2014, and the number of higher-income children with sealants increased by 23%. The increase in sealants among low-income children prevented almost 1 million cavities.*

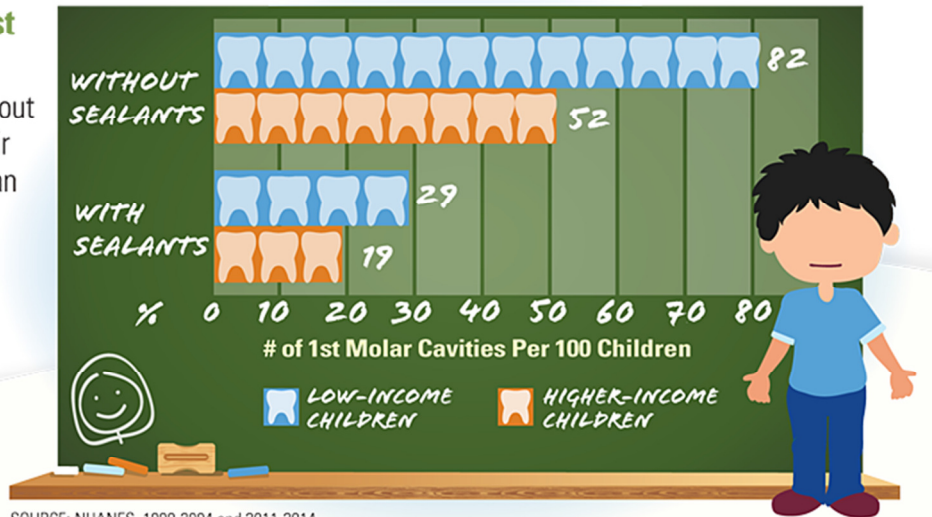


SOURCE: NHANES, 1999-2004 and 2011-2014.
*Journal of Public Health Dentistry, 2014: <http://bit.ly/2cZXOYh>

Cavities

Disparities still exist

Low-income children without sealants have about 60% more cavities in their 1st permanent molars than higher-income children.



SOURCE: NHANES, 1999-2004 and 2011-2014.

Numerator: Unduplicated number of children ages 6-14 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351) with teeth numbered 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, and 32.

Denominator: Unduplicated number of children ages 6-14 who are continuously enrolled in a Coordinated Care Organization for the 12-month measurement year (with no more than one gap in continuous enrollment of up to 45 days) counted as part of the denominator.

2018 Metric: 23%