

AbCd Montana

Caries Risk Assessment (CRA) Tool - Birth to age 36 months



Name: _____ DOB: _____ Today's date _____

Initial/baseline exam date: _____ Recall exam YES/NO

ASSESSMENT		LOW/MED RISK TRAITS	HIGH RISK TRAITS	NOTES
GROUP A	Obvious white spots (early enamel caries) on teeth			
	Primary caregiver has had active dental caries in the past 12 months			
GROUP B	Child has had restorations placed in the last 2 years			
	Child has special healthcare needs			
	Child has continual access to a bottle or a sippy cup with liquids other than water			
	Child has >3 times/day between-meal snacks of sugars/cooked starch/sugared drinks			
	Child sleeps with a bottle or a sippy cup containing a drink other than water			
	Child is allowed to use the breast as a pacifier			
	Child has saliva-reducing factors including: <ul style="list-style-type: none"> • Medications • Medical or genetic factors 			
	Low total exposure to systemic (water or prescription) and topical fluorides (toothpaste)			
	Sibling with a history of Early Childhood Caries			
	Heavy plaque and bleeding gums			
	Other (please explain):			
NOTE: Need ONE of Group A OR TWO of Group B from above for a child to be considered "High Risk".				



For help with any program questions, please contact:

Jan Paulsen
(406) 444-3182

Also reference our new resource:

www.BrightSmilesMontana.com

as well as the Montana Dental

Association's website:

www.MontanaDental.org

Caregiver education:

- _____ Etiology of caries (frequent sugar + bacteria + teeth = caries)
- _____ Caries are preventable
- _____ Transmission of caries from caregiver and siblings to child
- _____ Healthy snacks and drinks: protein snacks (cheese, meat, nuts), fresh fruits/vegetables and water
- _____ Caries promoting snacks: juice, fruit chews, raisins, fruit roll-ups, granola bars and cereal
- _____ No "bottle propping" or allowing the child to walk around with a bottle or a sippy cup
- _____ Protective nature of fluorides and xylitol
- _____ How to identify early caries ("white spots") and to check for them daily
- _____ Proper brushing and flossing techniques
- _____ Begin brushing teeth with a "smear" of fluoridated toothpaste as soon as first teeth erupt.

Recommendations given to caregiver:

- _____ Do not let siblings or self share anything that has been in their mouth with the child
- _____ Have an ADULT brush the child's teeth with fluoridated toothpaste daily until age 6
- _____ Give fluoride supplementation to child daily
- _____ Have an ADULT floss the child's teeth that are touching until age 10
- _____ Reduce sugar exposure (between-meal snacks, bottle/sippy cup use during the day &/or at night)
- _____ Do not use the breast as a pacifier
- _____ Wean child to a cup (not a sippy cup) by age one
- _____ Caregiver to begin 5 week Xylitol gum therapy: chew 1 piece of Xylitol 4/day for 5 minutes

AbCd Risk-Based Age Dependent Table of Benefits

Aged 0-2 Years	Aged 3-5 Years
<p>D0145 Oral Evaluation of a Patient Under 3 Years of Age and Counseling with Primary Caregiver</p> <p>D0425 Caries Susceptibility Tests (“Caries Risk Assessment”)*</p> <p>D1310 Nutritional Counseling for Control of Dental Disease</p> <p>D1330 Oral Hygiene Instructions</p> <p>D0601, D0602, or D0603 Caries Risk Assessment Findings: Low, Medium, High*</p>	<p>D1310 Nutritional Counseling for Control of Dental Disease</p> <p>D1330 Oral Hygiene Instructions</p>

* For children aged 0-2 years, AbCd MT Caries Risk Assessment (D0425) must be completed at least once every 12 months and the results of the assessment retained in the dental record. When submitting a dental claim for AbCd MT Caries Risk Assessment (D0425) also submit the outcome of the assessment as the appropriate and corresponding Caries Risk Assessment Finding code (D0601, D0602, or D0603).

For children aged 0-2 years with an AbCd MT Caries Risk Assessment finding of “High” (D0603) might consider providing up to 6 AbCd MT recall visits per year. The frequency of the recall visits should be supported in the dental record by noting the condition being treated or prevented and the associated level of ongoing risk. For children aged 0-2 years, all of the associated CDT codes noted in the AbCd MT Risk-based Age Dependent Table of Benefits and fluoride varnish (D1206) may be provided at each subsequent visit as indicated by medical necessity. The dentist determines which services are appropriate and medically necessary and is responsible for appropriate documentation of each service. Services performed must be in compliance with the CDT code descriptions in effect at the time of service.



Questions? We can provide answers.



Does your patient need assistance with transportation? Your patient may qualify for reimbursement of travel expenses to their dental appointments. Please call Jan Paulsen 406-444-3182 or have your patient call 1-800-292-7114 for prior authorization.

Do you have a concern about a patient or a patient’s caregiver? One of the goals of AbCd Montana is to assist families in developing good dental service consumer behavior. If you have a patient whose caregiver is having difficulty keeping scheduled appointments, being on time or other challenging behavior we would like to help. Please call Jan Paulsen 406-444-3182.

Do you have questions about coding for dental services? Call us, we can help you. Please call Jan Paulsen 406-444-3182.

Are you having difficulty with a claim? Jan Paulsen, the AbCd Montana liaison will act as an advocate for you. Please call with any claim questions or concerns 406-444-3182.

Do you need initial AbCd Montana certification or a refresher? Go to www.BrightSmilesMontana.com for details on initial or refresher AbCd Montana certification.

Do you need additional information on young child oral health or information about AbCd Montana? Please access www.BrightSmilesMontana.com

For answers to these questions and for help with all AbCd Montana related inquiries, please call

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