

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	Sibling with a history of Early Childhood Caries			
	Primary caregiver has had active caries in the past 12 months			
GROUP B	Child has had restorations placed in the last 2 years			
	Child is developmentally disabled			
	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 and topical fluorides			
	Obvious white spots or caries on teeth			
	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 CRA related questions, please contact:

Jan Paulsen
(406) 444-3182

Also reference our new resource:
www.BrightSmilesMontana.com

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
- _____ Proper amount of fluoridated toothpaste to dispense (If appropriate, a smear for less than 2 years of age and a rice sized amount for 2-3 years of age.)

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 8
- _____ 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
- _____ Begin 5 week xylitol gum therapy for self: 1 piece of Ice Breakers Ice Cubes chew 4/day for 5 minutes

AbCd Age and Risk Dependant Code Packages

Less than 18 months		Greater than 18 months & less than 36 months		Greater than 36 months & less than 72 months	
D0145 Oral evaluation patient under <3	\$31.27	D0145 Oral evaluation patient under <3	\$31.27	D0150 Comprehensive oral evaluation	\$31.27
D0425 Caries risk assessment 1/yr.	\$40.65	D0425 Caries risk assessment 1/yr.	\$40.65	D1120 Child prophylaxis	\$31.27
D1206 Fluoride varnish	\$18.76	D1206 Fluoride varnish	\$18.76	D1206 Fluoride varnish	\$18.76
D1310 Nutritional counseling	\$37.52	D1310 Nutritional counseling	\$37.52	D1310 Nutritional counseling	\$37.52
D1330 Oral hygiene instructions	\$21.89				
Total	\$150.09	Total	\$128.20	Total	\$118.82
CRA = "high risk" then child may be seen up to 6 times per year using the same codes*		CRA = "high risk" then child may be seen up to 6 times per year using the same codes*		CRA = any risk category may be seen up to 3 times per year using the same codes**	

* These codes are age specific. For example, as a "high risk" child moves from <18months to >18months, the provider must submit codes specific for that age category.

** Children may be considered for a 3rd preventive encounter with prior approval from the Office of Medicaid.

*** Fees effective August 2012.



Questions? We can provide answers.

Does your patient need assistance with transportation? Your patient may qualify for reimbursement to their dental appointments. Please call the 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 additional ABCD Montana materials, information or training?
Please access www.BrightSmilesMontana.com



For answers to these questions and for help with all ABCD Montana related inquiries, please call **Jan Paulsen (406) 444-3182**
Also reference our new resource:
www.BrightSmilesMontana.com



Phone: 406.444.3182
Fax: 406.444.3846
E-Mail: jpaulsen@mt.gov

www.BrightSmilesMontana.com