

TOHF Workflow, Configuration & Billing Guide

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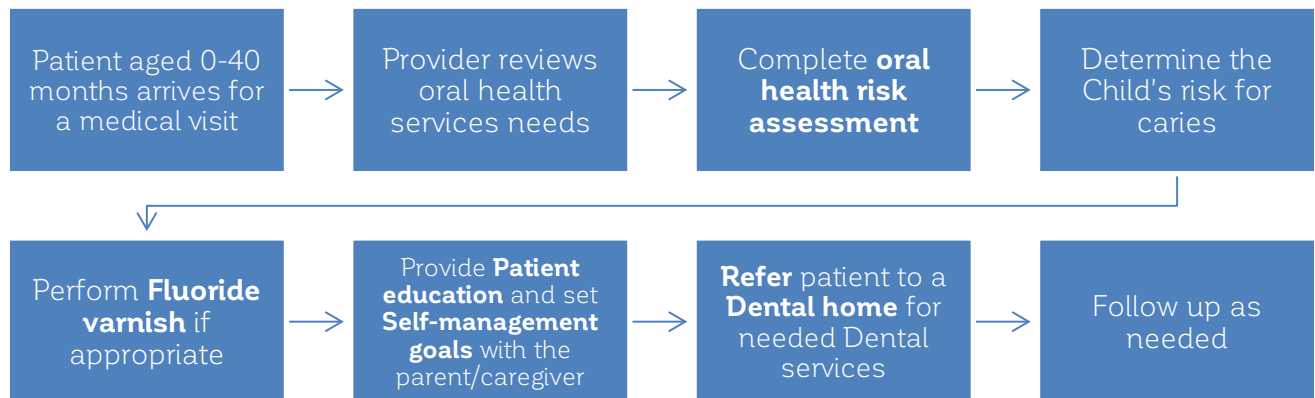
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Logic, Specifications & Documentation

Objective/Measure	Logic/Specifications	Evidence Required
Deliver preventive oral health care services. (Includes Risk Assessments, fluoride varnish, and referrals)	Unduplicated non-dental providers who completed training organized by the network who delivered one or more <u>preventive oral health services</u> to a patient in the target population during the reporting period.	Risk Assessment (ICD10 Code: Z91.841, Z91.843) Referral (EHR Referral or SMART code) Fluoride varnish (CPT code: 99188 or CDT Code: D1206)
Parents/caregivers of pediatric patients aged 0-40 months will increase their knowledge/awareness about preventive oral health practices.	Unduplicated patients with an oral health <u>self-management goal</u> during the reporting period.	Oral Health Self- Management Goal (SMART Code SM001)
Children aged 0-40 months will be referred for dental services (preventive and/or restorative), as appropriate.	Unduplicated patients in the target population at <u>high risk</u> as determined by an <u>oral health risk assessment</u> with a documented <u>referral</u> for dental services by a non-dental clinical provider or a non-dental support service provider, during the reporting period.	Referral (EHR Referral or SMART code) High Risk (ICD10 Code: Z91.843)
Children aged 0-40 months will receive preventive oral health services. (includes Risk Assessments, fluoride varnish, referrals)	Unduplicated patients in the target population seen for well- child, dental, or other appropriate visit during the reporting period that received one or more <u>preventive oral health services</u> by a dental provider, a non-dental clinical provider, or a non- dental support service provider during the reporting period.	Risk Assessment (ICD10 Code: Z91.841, Z91.843) Referral (EHR Referral or SMART code) Fluoride varnish (CPT code: 99188 or CDT Code: D1206)
Target population will receive an oral health risk assessment by a non-dental provider.	<u>Oral health risk assessments</u> conducted by non-dental providers on unduplicated patients during the reporting period.	Risk Assessment (ICD10 Code: Z91.841, Z91.843)
Target population at elevated risk will receive least 2 topical fluoride applications as a preventive oral health service in one year.	Unduplicated patients at <u>high risk</u> who received at least 2 <u>fluoride applications</u> by non- dental providers during the reporting period.	High Risk (ICD1: Z91.843) Fluoride varnish (CPT code: 99188 or CDT Code: D1206)
Children <40 months will be referred to a dentist for an initial dental appointment.	Unduplicated patients in the target population with a documented <u>referral</u> from a non-dental provider or a non-dental support service provider for initial dental exam during the reporting period.	Referral (EHR Referral or SMART code)
Length of time from referral to dental Appointment.	Length of time from the date the <u>referral</u> to dental was created to the <u>dental appointment</u> .	Referral (EHR Referral or SMART code) Dental Appointment (CDT Code)

eCW Documentation: Best Practice Workflow

To meet the project metrics, preventive oral health services must be integrated within the medical practice. The preventive oral health services include performing oral health risk assessment, providing oral hygiene patient education, fluoride varnish treatment, documenting oral health self-management goals and sending referrals to dental care.



Risk Assessment

The non-dental provider performs the pediatric oral health risk assessment during an appropriate visit with the patient. The provider documents the oral health risk assessment in the HPI section. The risk assessment is in the “Notes” column of the “Pediatric Oral Health” category. Complete the Oral Health risk assessment by clicking on the structured data fields in the “Value” column.

1. Navigate to the **Pediatric Oral Health** “symptom” in the Dental HPI category.

The screenshot shows the eCW interface for a Pediatric Oral Health assessment. The left sidebar lists various medical categories, with 'Dental HPI' highlighted. Under 'Dental HPI', 'Pediatric Oral Health' is selected, indicated by a red circle with the number 1. The main area displays a table with columns: c/o, Denies, Symptom, Duration, and Notes. The table contains two rows of data, both with 'S' in the c/o column and 'PREVENTIVE OR...' in the Symptom column. The Notes column contains 'RISK FACTOR. Mother or primary caregiver ...' and 'Risk Assessment Completed Yes , Caries Ri...'. A red box highlights the 'Pediatric Oral Health' category in the sidebar.

c/o	Denies	Symptom	Duration	Notes
S		PEDIATRIC ORAL...		RISK FACTOR. Mother or primary caregiver ...
S		PREVENTIVE OR...		Risk Assessment Completed Yes , Caries Ri...

- Click on the “Notes” column to access the Oral Health risk assessment.

Dental HPI / Pediatric Oral Health 2 ☒ Show pop-up for c/o

Pediatric Oral Health

Find in Pediatric Oral Health

c/o	Denies	Symptom	Duration	Notes
S		PEDIATRIC ORAL...		
S		PREVENTIVE OR...	PEDIATRIC ORAL HEALTH RISK ASSESSMENT	x

- Complete the assessment by clicking on the “Value” column to respond to each structured value field.

HPI > Notes : PEDIATRIC ORAL HEALTH RISK ASSESSMENT (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT) x

Default:

Name	Value	Notes
<input type="checkbox"/> RISK FACTOR. Mother or primary caregiver ...		x
<input type="checkbox"/> RISK FACTOR. Mother or primary caregiver ...		x
<input type="checkbox"/> RISK FACTOR. Continual bottle or sippy c ...		x
<input type="checkbox"/> RISK FACTOR. Frequent snacking		x
<input type="checkbox"/> RISK FACTOR. Special health care needs		x
<input type="checkbox"/> RISK FACTOR. Medicaid eligible		x
<input type="checkbox"/> PROTECTIVE FACTOR. Existing dental home		x
<input type="checkbox"/> PROTECTIVE FACTOR. Drinks fluoridated wa ...		x

- The responses might trigger a follow up item, click on each field to complete the risk assessment.

Name	Value	Notes
<input type="checkbox"/> RISK FACTOR. Mother or primary caregiver ...	No	x
<input type="checkbox"/> RISK FACTOR. Mother or primary caregiver ...	No	x
<input type="checkbox"/> RISK FACTOR. Continual bottle or sippy c ...	Yes	x
<input type="checkbox"/> RISK FACTOR. Frequent snacking	No	x
<input type="checkbox"/> RISK FACTOR. Special health care needs	No	x
<input type="checkbox"/> RISK FACTOR. Medicaid eligible	Yes	x
<input type="checkbox"/> PROTECTIVE FACTOR. Existing dental home	No	x
<input type="checkbox"/> PROTECTIVE FACTOR. Drinks fluoridated wa ...	Yes	x
<input type="checkbox"/> PROTECTIVE FACTOR. Fluoride varnish in t ...	No	x
<input type="checkbox"/> PROTECTIVE FACTOR. Has teeth brushed twi ...	No	x
<input checked="" type="checkbox"/> CLINICAL FINDING. White spots or visible ...	Yes	x
<input type="checkbox"/> Child is at an absolute high risk for ca ...		x
<input type="checkbox"/> CLINICAL FINDING. Obvious decay		x
<input type="checkbox"/> CLINICAL FINDING. Restorations, fillings ...		x
<input type="checkbox"/> CLINICAL FINDING. Visible plaque accumul ...		x

- Determine the child's risk for caries and document the diagnosis in Assessment.
Risk for dental caries, Low: ICD-10 Code Z91.841
Risk for dental caries, High: ICD-10 Code Z91.843

Assessment (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)

Pt. Info Encounter Physical Hub Education

Search: risk for caries

ICD-9	ICD-10	Diagnosis [Using Smart Search]
V15.89	Z91.843	Risk for dental caries, high
V15.89	Z91.841	Risk for dental caries, low
V15.89	Z91.842	Risk for dental caries, moderate
V15.89	Z91.849	At risk for dental caries
V15.89	Z91.849	Unspecified risk for dental caries

Selected Assessments

P	PL	Code	SNOMED	Diagnosis	Specify	Notes	Risk
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Z91.843	609402003	Risk for dental caries, high			x

Preventive Oral Health Services

The provider completes the preventive oral health services questionnaire tool to determine the patient's oral health service needs.

- Navigate to HPI>Dental HPI> "Pediatric Oral Health" category.

HPI (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)

Pt. Info Encounter Physical Hub

Dental HPI / Pediatric Oral Health

Find in Pediatric Oral Health

c/o	Denies	Symptom	Duration	Notes
S		PEDIATRIC ORAL...		RISK FACTOR. Mother or primary caregiver ...
S		PREVENTIVE OR...		Risk Assessment Completed Yes , Caries Ri...

- Click on the "Notes" column to access the Preventive Oral Health Services tool.

Dental HPI / Pediatric Oral Health

Find in Pediatric Oral Health

c/o	Denies	Symptom	Duration	Notes
S		PEDIATRIC ORAL...		
S		PREVENTIVE OR...		

PREVENTIVE ORAL HEALTH SERVICES

- Complete the structured value fields by clicking on the “Value” column to respond to each item.

HPI Notes : PREVENTIVE ORAL HEALTH SERVICES (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)

3

Name	Value	Notes
<input type="checkbox"/> Risk Assessment Completed	Yes	
<input checked="" type="checkbox"/> Caries Risk	High	
<input type="checkbox"/> Child is at high risk for caries	High Risk Assessment Z91.843	
<input type="checkbox"/> Fluoride varnish treatment	Yes	
<input type="checkbox"/> Anticipatory guidance provided	Yes	
<input type="checkbox"/> Health Education sent to the portal or p ...	Yes	
<input type="checkbox"/> Dental referral provided	Yes	
<input type="checkbox"/> Other see notes		

- Perform the oral health services as needed.

Fluoride Varnish

The non-dental provider applies fluoride varnish and orders the “Fluoride varnish” procedure to appropriately document the application in the progress note.

- Order the “Fluoride varnish” procedure.

Manage Orders

1

Lab DI Procedure Procedure Hx

Select All Add Dx

☒ Z91.843 Risk for dental ca

fluoride

By Contains Type Both

Order Name Alias Name

IH APP TOPICAL FLUORIDE VARNISH APP TOPICAL FLUORIDE VARNISH

Today's Orders

H	S	S	Description	Dx
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APP TOPICAL FLUOR	Z91.843 - Risk for dental caries, hig

Future Orders

Order Date: 08/13/2020

- Click OK on the ICD – CPT Association window to add the fluoride varnish application CPT code.

ICD - CPT Association

2

ICD Codes available for lab

ICD Code	Description
<input checked="" type="checkbox"/> Z91.843	Risk for dental caries, high

CPT Codes available

CPT Code	Name
<input checked="" type="checkbox"/> 99188	APP TOPICAL FLUORIDE VARNISH

OK Cancel

- Provide the fluoride varnish treatment.

Referral

The non-dental provider refers the patient to a Dental provider for preventive screening and/or dental care.

1. In the Treatment window click on the Referral button. The referral window opens.

The screenshot shows the 'Treatment' window for patient 'Test, NOHI -08/06/2020 02:30 pm, ANN VISIT'. The 'Referral' button in the top toolbar is highlighted with a red circle and the number 1. Below the toolbar, the 'Referral' tab is selected in the navigation bar.

2. Complete the mandatory fields to send a Referral. Be sure to select a dental provider or enter a dental specialty.

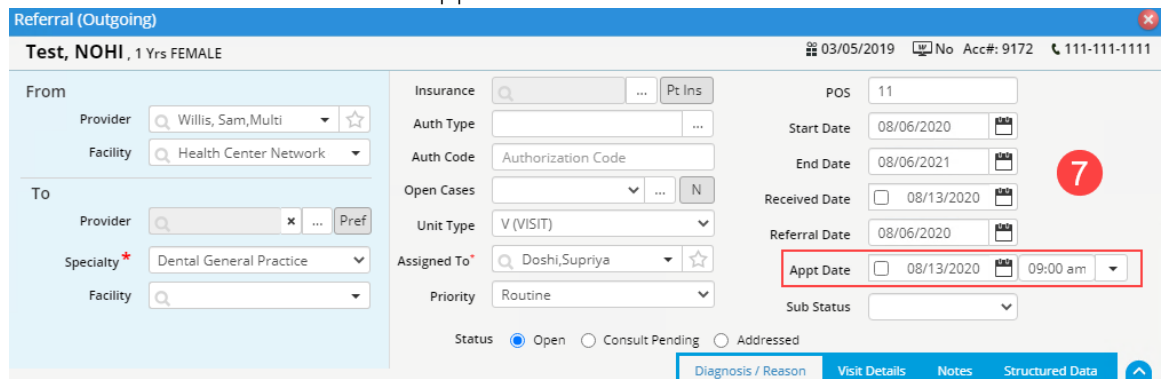
The screenshot shows the 'Referral (Outgoing)' window for patient 'Test, NOHI, 1 Yrs FEMALE'. The window is divided into several sections. The 'From' section includes 'Provider' (Willis, Sam, Multi) and 'Facility' (Health Center Network). The 'To' section includes 'Provider' (selected with a red box), 'Specialty' (Dental General Practice, highlighted with a red box), and 'Facility'. The 'Assigned To' field is also highlighted with a red box. The 'Reason' section shows 'Establish preventive pediatric dental care'. The 'Diagnosis' section shows 'Z91.843 Risk for dental caries, high'. The 'Procedures' section is empty. The 'Status' is set to 'Open'. The 'Send Referral' button is at the bottom right.

3. Assign the referral to a referral clerk/designee and send the referral electronically/e-fax.

The screenshot shows the 'Send Referral' dialog box. The 'Fax with Attachment' option is highlighted with a red box and the number 3. The 'Send Referral' button is at the bottom right.

4. Ensure the parent/caregiver is aware to follow up with the Dental appointment. Assess if the patient needs additional Enabling services.
5. The Referral clerk/designated staff member receives the assigned referral in the 'R' jellybean.

6. Contact the patient to assist with scheduling the appointment or obtain the appointment information from the patient.
7. Enter the date and time in the Appointment Date and time field.



Referral (Outgoing)

Test, NOHI, 1 Yrs FEMALE

03/05/2019 No Acc#: 9172 111-111-1111

From

Provider Willis, Sam, Multi

Facility Health Center Network

To

Provider

Specialty Dental General Practice

Facility

Insurance

Pt Ins

Auth Type

Auth Code Authorization Code

Open Cases

Unit Type V (VISIT)

Assigned To Doshi, Supriya

Priority Routine

Status ☒ Open ☐ Consult Pending ☐ Addressed

POS 11

Start Date 08/06/2020

End Date 08/06/2021

Received Date ☐ 08/13/2020

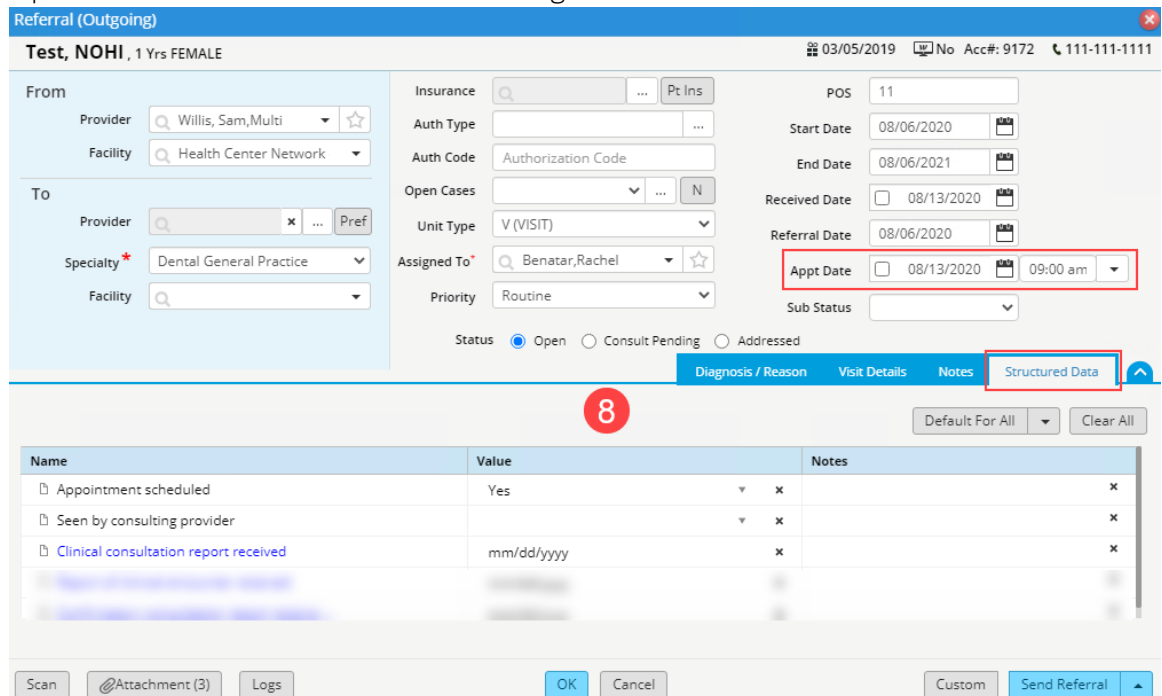
Referral Date 08/06/2020

Appt Date ☐ 08/13/2020 09:00 am

Sub Status

Diagnosis / Reason Visit Details Notes Structured Data

8. Update Structured data fields for tracking and documentation.



Referral (Outgoing)

Test, NOHI, 1 Yrs FEMALE

03/05/2019 No Acc#: 9172 111-111-1111

From

Provider Willis, Sam, Multi

Facility Health Center Network

To

Provider

Specialty Dental General Practice

Facility

Insurance

Pt Ins

Auth Type

Auth Code Authorization Code

Open Cases

Unit Type V (VISIT)

Assigned To Benatar, Rachel

Priority Routine

Status ☒ Open ☐ Consult Pending ☐ Addressed

POS 11

Start Date 08/06/2020

End Date 08/06/2021

Received Date ☐ 08/13/2020

Referral Date 08/06/2020

Appt Date ☐ 08/13/2020 09:00 am

Sub Status

Diagnosis / Reason Visit Details Notes Structured Data

Default For All Clear All

Name	Value	Notes
<input type="checkbox"/> Appointment scheduled	Yes	
<input type="checkbox"/> Seen by consulting provider		
<input type="checkbox"/> Clinical consultation report received	mm/dd/yyyy	

Scan Attachment (3) Logs OK Cancel Custom Send Referral

Tracking & Documentation workflow: We suggest a workflow is implemented to address the Dental referrals. We recommend utilizing the Structured Data tab to track the process.

Patient Education & Oral Health Self-Management Goals

The non-dental provider discusses with the patient and caregiver oral health self-management goals. This is documented in the Preventive Medicine section, category "Dental". We recommend sending or printing Patient Education material for the caregiver.

1. Navigate to the “Dental” category in the Preventive Medicine section and click Oral Health Self-Management goals.

Preventive Medicine (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)

Pt. Info Encounter Physical Hub

Preventive Medicine **Dental** 1

Symptom	Presence	Notes
S. ORAL HYGIENE:	>	
S. ORAL HEALTH SELF MANAGEMENT GO...	>	BEDTIME ROUTINE: brush before bedti... x

ORAL HEALTH SELF MANAGEMENT GOALS:

Default per Category Clear Category PDMP ... ab Clr

Dental

2. Click on the “Value” column to access the Self-Management goal items.

Preventive Medicine Notes:ORAL HEALTH SELF MANAGEMENT GOALS: (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)

2

Default Default For All Clear All

Name	Value	Notes
<input type="checkbox"/> BEDTIME ROUTINE:	brush before bedtime x	x
<input type="checkbox"/> BRUSHING:	use a soft-bristled toothbrush... x	x
<input type="checkbox"/> PREVENTING CAVITIES:		x
<input type="checkbox"/> NUTRITION:		x
<input type="checkbox"/> THUMB-SUCKING:		x
<input type="checkbox"/> TEETH AND GUMS:		x
<input type="checkbox"/> ENAMEL FLUOROSIS:		x
<input type="checkbox"/>		x
<input type="checkbox"/>		x

[Select all]

- ☒ avoid child going to bed with bottle or sug...
- ☒ avoid sugary, flavored drinks, or soda
- ☒ fruit juice should be fed in cup only at me
- ☒ use fluoride drinking water
- ☒ at-will breast feeding should be stopped
- ☒ apply sealants to prevent tooth decay
- ☐ schedule regular dental-check ups to preve
- ☐

3. Select all items discussed with the parent/caregiver from the appropriate structured value field. See sample below of suggested oral health self-management goal options.

Preventive Medicine:

Dental:

ORAL HEALTH SELF MANAGEMENT GOALS:

BEDTIME ROUTINE: brush before bedtime

BRUSHING: use a soft-bristled toothbrush, brush twice daily, use toothpaste with fluoride, use only tiny pea-sized amount of toothpaste, brush the tongue, brush chewing surfaces of each tooth, prepare your child to spit out toothpaste after brushing

PREVENTING CAVITIES: avoid child going to bed with bottle or sugary liquids in prolonged contact with the teeth, can cause bottle caries, avoid sugary, flavored drinks, or soda, fruit juice should be fed in cup only at meals or snack-time, use fluoride drinking water, at-will breast feeding should be stopped after child's first primary tooth erupts, apply sealants to prevent tooth decay, schedule regular dental-check ups to prevent nursing caries or tooth decays

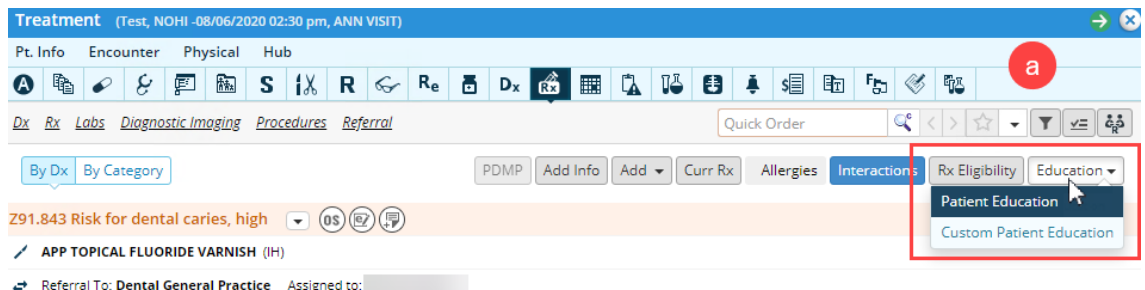
NUTRITION: balanced-diet helps prevent tooth-decay, food-groups included should be fruits, vegetables, grains, meats, beans and milk, diet rich with calcium, minerals, phosphorous, and proper levels of fluoride, limit number of snack times; choose nutritious snacks

THUMB-SUCKING: can cause tooth malalignment and proper mouth growth problems, may lead to future orthodontic treatment, help the child quit thumb-sucking, if child is sucking thumb due to anxiety help relieve anxiety, take note of when child is sucking thumb more (movies, car rides etc.), put a bandage on the thumb, put a sock over the hand at night, explain what will happen to child's teeth if they continue sucking, be positive and supportive, praise them for not sucking, let child know this not a punishment, reward the child for positive behavior, encourage child to put sticker for everyday they don't suck thumb, thumb-sucking should stop between ages 2-4

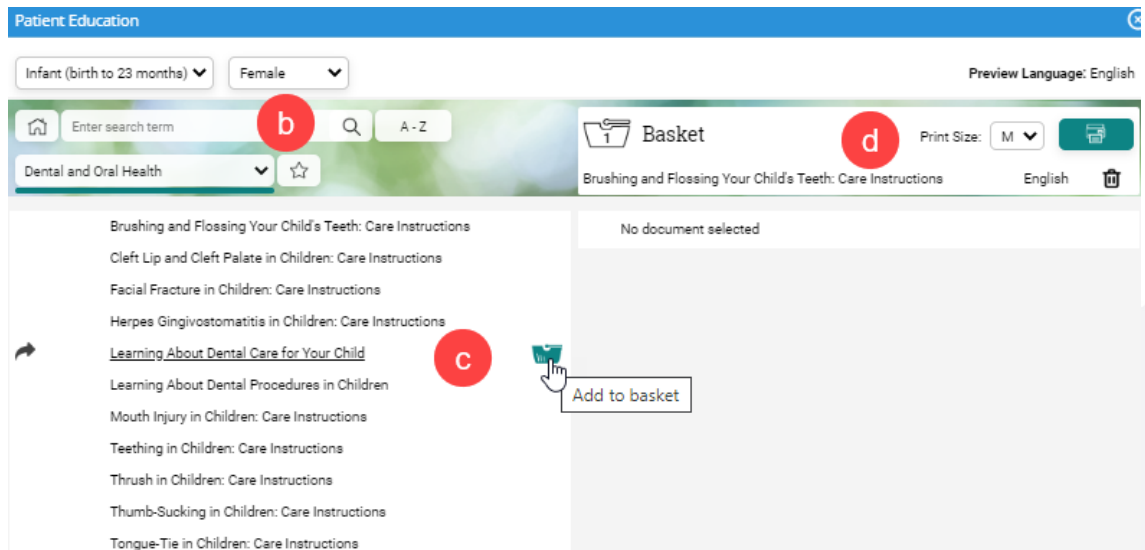
TEETH AND GUMS: after breast or bottle-feeding wrap one finger with a clean, damp wash cloth or piece of gauze and gently rub it across baby's gum tissues it clears baby's mouth and begins a process of good oral care, avoid sharing saliva through common use of feeding spoons or licking pacifiers

ENAMEL FLUOROSIS: make sure child spits out toothpaste and does not swallow, too much fluoride can result in defects in tooth enamel, enamel may be rough, pitted, and hard to clean, check for tiny white specks or streaks on teeth, check for discolored or brown markings on teeth in severe cases

4. Send oral health patient education material to the patient portal or print the handout for the parent/caregiver.
 - a. In the Treatment window click on the Education button and select Patient Education.



- b. Search for applicable patient education material.
 - c. Select the material and Add to basket.
 - d. Click on Print or Send.



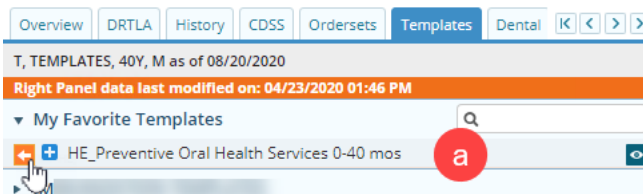
Template for Progress Note

To best follow the workflow and for efficient documentation the non-dental provider should merge the “Preventive Oral Health Services 0-40 mos” template and associated order set in the progress note at a well-child visit or any other appropriate visit.

1. Find the “Preventive Oral Health Services 0-40 mos” template in the template list and add it as a favorite.



2. Navigate to the Right chart panel/ICW “Templates” tab and find the “Preventive Oral Health Services 0-40 mos” template in the My Favorite templates list.
 - a. Click on the arrow to merge the “Preventive Oral Health Services 0-40 mos” template to the current Progress note.

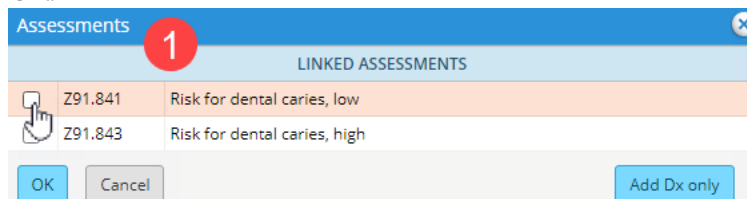


- b. Click on **+** to expand and click on the **OS** to access the order set associated with the template.



The order set provides a quick way to order what is needed for the patient.

- i. Select an appropriate Linked Assessment for the orders and click OK.



- ii. Check the boxes as needed to order the appropriate items.
- iii. Click the button “Order Selected” to order the items that are selected.
- iv. Close the order set window and navigate back to the Progress Note.

ORDER SET

Order Set: Preventive Oral Health Service

Assigned To: Doshi, Supriya

Description	Freq	Dur	Date	Status	Other Actions
APP TOPICAL FLUORIDE VARNISH			-		

Referrals

☒ Outgoing Referral for: Dental General Practice

Notes

2 **3** **4**

Order Selected

Close

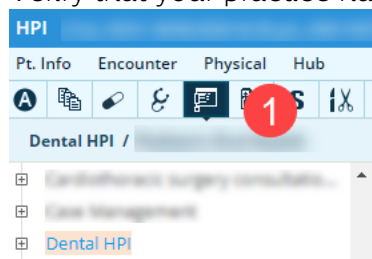
3. Complete the preventive oral health services documentation in the Progress Note.

How to Configure Required Data Elements

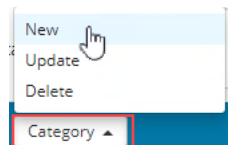
Risk Assessment & Preventive Oral Health Services

Note: The same steps apply for the Pediatric Oral Health Risk Assessment and the Preventive Oral Health Services. Once the Pediatric Oral Health Risk Assessment is configured, repeat the steps for the Preventive Oral Health services list.

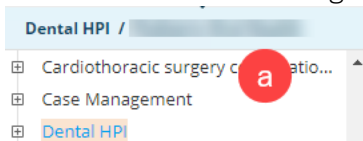
1. Verify that your practice has a "Dental" category in HPI.



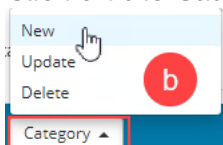
To add a New "Dental" category, select HPI, click on the category button and click on New.



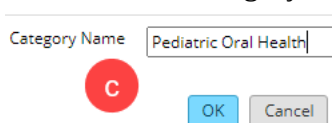
2. Create a "Pediatric Oral Health" subcategory.
 - a. Select "Dental HPI" category



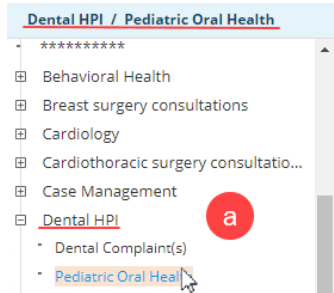
- b. Click on the Category button and click on New.



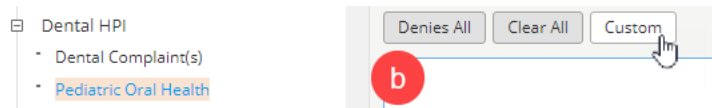
- c. Enter the subcategory name "Pediatric Oral Health"



3. Create a “Pediatric Oral Health Risk Assessment” custom structured “Symptom”.
 - a. Click on “Pediatric Oral Health” subcategory.



- b. Click on the Custom button.



- c. Click on Add and enter the property name “Pediatric Oral Health Risk Assessment”

HPI > Items: Pediatric Oral Health

Struct	Name	Options
✓	<u>PEDIATRIC ORAL HEALTH RISK ASSESSMENT</u>	
✓	PREVENTIVE ORAL HEALTH SERVICES	



- d. Click to change the type to Structured.

HPI > Items: Pediatric Oral Health

Struct	Name
	<u>PEDIATRIC ORAL HEALTH RISK ASSESSMENT</u>
	PREVENTIVE ORAL HEALTH SERVICES

click here to change type

4. Add the Custom Structured Value fields.
 - a. Navigate back to HPI>Dental>Pediatric Oral Health.

Dental HPI / Pediatric Oral Health

Pediatric Oral Health

Find in Pediatric Oral Health

c/o	Denies	Symptom	D
S		PEDIATRIC ORAL...	
S		PREVENTIVE OR...	

- b. Click on the Notes column in "Pediatric Oral Health Risk Assessment".

Dental HPI / Pediatric Oral Health

✓ Show pop-up for c/o Order

Pediatric Oral Health

Find in Pediatric Oral Health

c/o	Denies	Symptom	Duration	Notes
S		PEDIATRIC ORAL...		x
S		PREVENTIVE OR...		

- c. Click on the Custom button.

HPI : Notes : Pediatric Oral Health Assessment (Test, NOHI -08/06/2020 02:30 pm, ANN VISIT)

Default Default For All Clear Clear All

Name	Value	Notes
------	-------	-------

Custom

OK Cancel

- d. Click on Add to add each structured data item.

Configure Structured Data for HPI : Notes:Pediatric Oral Health Assessment

Customize Structured Text

Grid Wizard Add Reorder

Name	Type	Mandatory	Trigger	Default	Action
------	------	-----------	---------	---------	--------

- e. For each structured item, enter the name and type, click OK.

- f. If an item response type is Structured Text, follow these steps:
i. Select the line item and click on the “Customize Structured Text” button to add the text.







- g. To add a child structured data item follow these steps:

- i. Select the line item and click on the **+** to add child.

Name	Type	Mandatory	Trigger	Default	Action
<input type="checkbox"/> Existing dental home	Boolean				+ [edit] [delete]
<input type="checkbox"/> Drinks fluoridated water or takes fluo	Boolean				+ [edit] [delete]
<input type="checkbox"/> Fluoride varnish in the last 6 months	Boolean				+ [edit] [delete]
<input type="checkbox"/> Has teeth brushed twice daily	Boolean				+ [edit] [delete]
<input type="checkbox"/> Continual bottle or sippy cup use with	Boolean				+ [edit] [delete]
<input type="checkbox"/> Frequent snacking	Boolean				+ [edit] [delete]
<input checked="" type="checkbox"/> Mother or primary caregiver had active	Boolean				+ [edit] [delete]
<input type="checkbox"/> Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+ [edit] [delete]
<input type="checkbox"/> Mother or primary caregiver does not h	Boolean				+ [edit] [delete]

- ii. Enter the Name, Type and Trigger for the Child, click OK.


iii. Click on the Pencil to Edit.

<input checked="" type="checkbox"/> Mother or primary caregiver had active	Boolean					+  
<input type="checkbox"/> Child is at an absolute high risk for	Structured Text		Yes			+  
<input type="checkbox"/> Mother or primary caregiver does not h	Boolean					+  

iv. Select a Default response.

Trigger: Yes











































☐ Mandatory

Default: 



















High Risk Assessment Z91.843

OK Cancel

5. This is the complete Structured data for Pediatric Oral Health Risk Assessment.

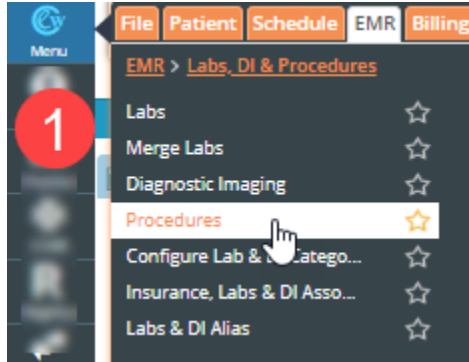
Name	Type	Mandatory	Trigger	Default	Action
<input checked="" type="checkbox"/> RISK FACTOR. Mother or primary caregiv	Boolean				+  
<input type="checkbox"/> Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+  
<input type="checkbox"/> RISK FACTOR. Mother or primary caregiv	Boolean				+  
<input type="checkbox"/> RISK FACTOR. Continual bottle or sippy	Boolean				+  
<input type="checkbox"/> RISK FACTOR. Frequent snacking	Boolean				+  
<input type="checkbox"/> RISK FACTOR. Special health care needs	Boolean				+  
<input type="checkbox"/> RISK FACTOR. Medicaid eligible	Boolean				+  
<input type="checkbox"/> PROTECTIVE FACTOR. Existing dental hom	Boolean				+  
<input type="checkbox"/> PROTECTIVE FACTOR. Drinks fluoridated	Boolean				+  
<input type="checkbox"/> PROTECTIVE FACTOR. Fluoride varnish in	Boolean				+  
<input type="checkbox"/> PROTECTIVE FACTOR. Has teeth brushed t	Boolean				+  
<input checked="" type="checkbox"/> CLINICAL FINDING. White spots or visib	Boolean				+  
<input type="checkbox"/> Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+  
<input checked="" type="checkbox"/> CLINICAL FINDING. Obvious decay	Boolean				+  
<input type="checkbox"/> Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+  
<input checked="" type="checkbox"/> CLINICAL FINDING. Restorations, fillin	Boolean				+  
<input type="checkbox"/> Child is at an absolute high risk for	Structured Text		Yes	High Risk Assessment Z91.843	+  
<input type="checkbox"/> CLINICAL FINDING. Visible plaque accum	Boolean				+  
<input type="checkbox"/> CLINICAL FINDING. Gingivitis, swollen	Boolean				+  
<input type="checkbox"/> CLINICAL FINDING. Teeth present	Boolean				+  
<input type="checkbox"/> CLINICAL FINDING. Healthy teeth	Boolean				+  

6. This is the complete Structured Data for Preventive Oral Health Services list.

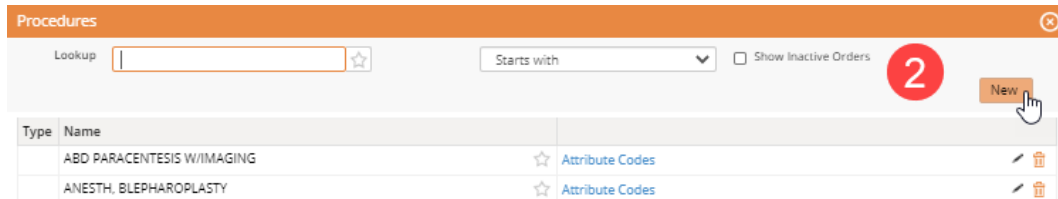
Name	Type	Mandatory	Trigger	Default	Action
<input type="checkbox"/> Risk Assessment Completed	Boolean				+  
<input checked="" type="checkbox"/> Caries Risk	Structured Text				+  
<input type="checkbox"/> Child is at low risk for caries	Structured Text		Low	Low Risk Assessment Z91.841	+  
<input type="checkbox"/> Child is at high risk for caries	Structured Text		High	High Risk Assessment Z91.843	+  
<input type="checkbox"/> Fluoride varnish treatment	Boolean				+  
<input type="checkbox"/> Anticipatory guidance provided	Boolean				+  
<input type="checkbox"/> Health Education sent to the portal or	Boolean				+  
<input type="checkbox"/> Dental referral provided	Boolean				+  
<input type="checkbox"/> Other see notes	Boolean				+  

Fluoride Varnish

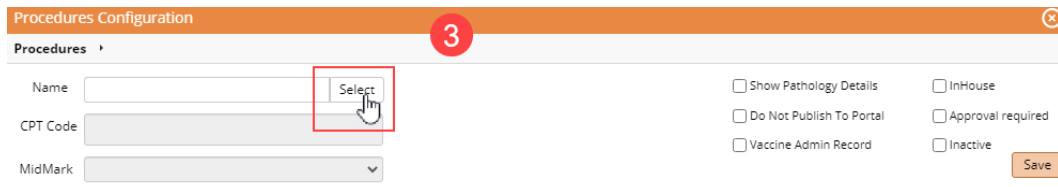
1. Navigate to Menu>EMR>Lab/DI/Procedures>Procedures.



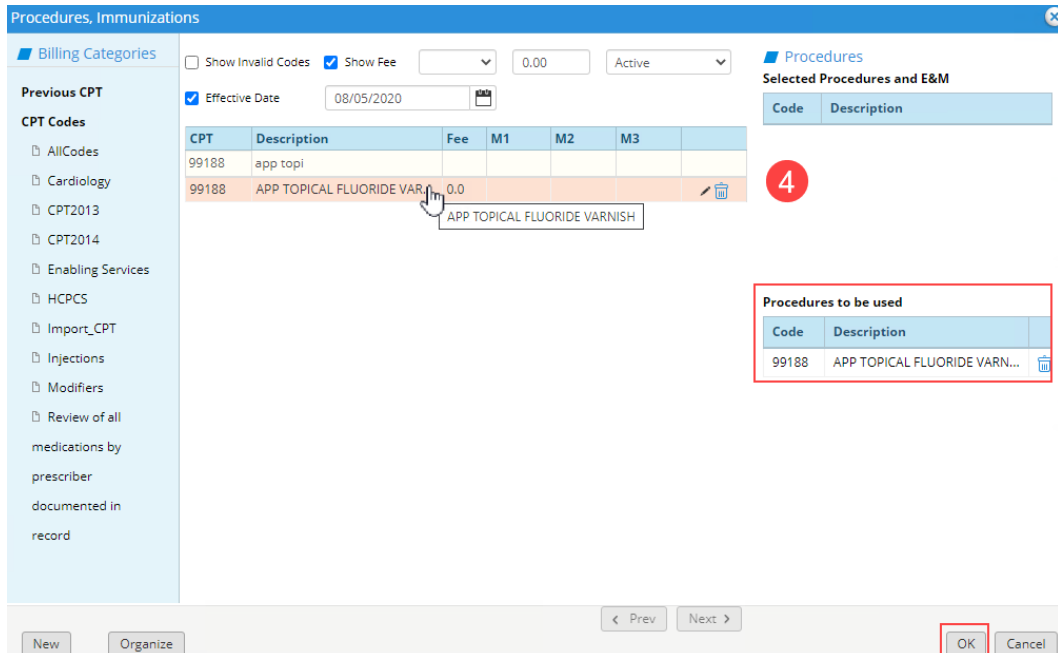
2. Click on New.



3. Click on Select to search for the Fluoride varnish treatment CPT.



4. Click on the correct CPT and click OK.



- Check the box to specify it is InHouse and click Save.

Procedures Configuration

Procedures

Name: APP TOPICAL FLUORIDE VARNISH Select

CPT Code: 99188

MidMark: ▼

☐ Show Pathology Details ☒ InHouse

☐ Do Not Publish To Portal ☐ Approval required

☐ Vaccine Admin Record ☐ Inactive

Save

- Lookup the Fluoride Procedure and click on the pencil to edit.

Procedures

Lookup: fluori ☆ Contains: ▼ ☐ Show Inactive Orders New

Type	Name	Attribute Codes	
IH	APP TOPICAL FLUORIDE VARNISH	☆	✎

- Click Add to associate the CPT code.

Procedures Configuration

Procedures APP TOPICAL FLUORIDE VARNISH

Name: APP TOPICAL FLUORIDE VARNISH Select

CPT Code: 99188

MidMark: ▼

☐ Show Pathology Details ☒ InHouse

☐ Do Not Publish To Portal ☐ Approval required

☐ Vaccine Admin Record ☐ Inactive

Configuration

CPT setup 7 Add

Code	Name

Instructions ... ↕ Clr 🖨

Scheduling Notes ... ↕ Clr 🖨

- Search for the CPT code, select it and click OK.

Fee Schedule

Show Fee: ▼ 0.00 Master Fee Schedule-Master Fee Schedule (01/ ▼ ☒ Effective Date: 08/21/2020 📅

All Codes: ▼ Active: ▼ ☐ Show Invalid CPT/HCPCS Codes

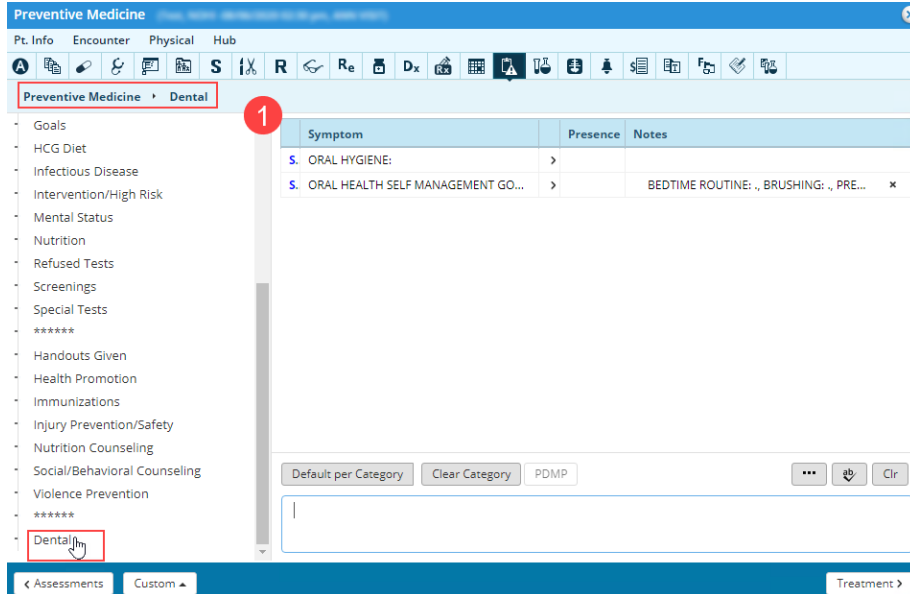
Id	Chg. Code	CPT	Name	Fee	Allowed	Cost	POS	TOS	M1	M2	M3
366036	0	99188	APP TOPICAL FLUORIDE VARNISH	\$0.00	\$0.00	\$0.00					

◀ ▶ Customize OK Cancel

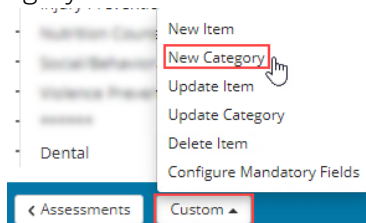
- Click OK. The new procedure is now added to your local compendium.

Oral Health Self-Management Goals

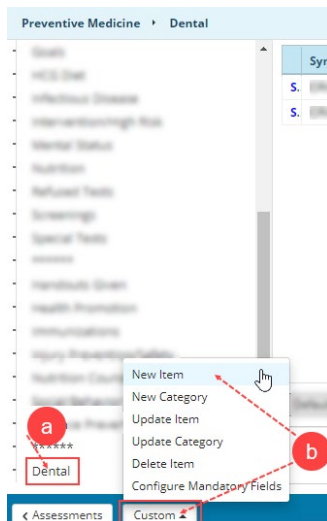
1. Verify that your practice has a “Dental” category in Preventive Medicine.



To add a New "Dental" category, click on the Custom button and click on New Category.



2. Add a new structured Item “Oral Health Self-Management Goals”.
 - a. Select the “Dental” category.
 - b. Click on the Custom button and select New Item.



- c. Enter the Name “Oral Health Self Management Goals” and check the box “Structured”. Click OK.

Preventive Medicine > New Item Close Cancel

Parent: Dental C

Name	ORAL HEALTH SELF MANAGEMENT GOALS
Options	
Notes	

☒ Structured

OK Cancel

3. Add the custom structured value fields.
a. Click on the Notes column.

Preventive Medicine Close Cancel

Pt. Info Encounter Physical Hub

Preventive Medicine > Dental

Symptom	Presence	Notes
S. [REDACTED]	>	
S. ORAL HEALTH SELF MANAGEMENT GO...	>	

Click to Insert Note

Goals
HCG Diet
Infectious Disease
Intervention/High Risk
Mental Status
Nutrition
Refused Tests
Screenings
Special Tests

Handouts Given
Health Promotion
Immunizations
Injury Prevention/Safety
Nutrition Counseling
Social/Behavioral Counseling
Violence Prevention

Dental

Default per Category Clear Category PDMP ... ab Clr

< Assessments Custom > Treatment >

- b. Click on the Custom button to add the structured data.

Preventive Medicine · Notes:ORAL HEALTH SELF MANAGEMENT GOALS: ×

Default ▾ Default For All ▾ Clear All

Name	Value	Notes
<input type="checkbox"/> BEDTIME ROUTINE:		×
<input type="checkbox"/> BRUSHING:		×
<input type="checkbox"/> PREVENTING CAVITIES:		×
<input type="checkbox"/> NUTRITION:		×
<input type="checkbox"/> THUMB-SUCKING:		×
<input type="checkbox"/> TEETH AND GUMS:		×
<input type="checkbox"/> ENAMEL FLUOROSIS:		×
<input type="checkbox"/> FLOSSING:		×
<input type="checkbox"/> PREVENTING CAVITIES:..		×

b

Prev OK Cancel

Custom

- c. Click on Add to add each structured item.

Configure Structured Data > Notes:ORAL HEALTH SELF MANAGEMENT GOALS: ×

Customize Structured Text **c** Grid Wizard **Add** Reorder

Name	Type	Mandatory	Trigger	Default	Action
<input type="checkbox"/> BEDTIME ROUTINE:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> BRUSHING:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> PREVENTING CAVITIES:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> NUTRITION:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> THUMB-SUCKING:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> TEETH AND GUMS:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> ENAMEL FLUOROSIS:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> FLOSSING:	Structured Text (Mult...				+ ✓ ✕
<input type="checkbox"/> PREVENTING CAVITIES:..	Structured Text (Mult...				+ ✓ ✕

- d. Enter the name, select the type “structured text” and check the box multi select.

Add Structured Data

d

Name

Type

☒ **Multi Select**

Trigger

☐ **Mandatory**

Default

OK Cancel

- e. To add the structured text for each item, select the item and click the Customize Structured Text button.

Configure Structured Data > Notes: ORAL HEALTH SELF MANAGEMENT GOALS:

Customize Structured Text e Grid Wizard Add Reorder

Name	Type	Mandatory	Trigger	Default	Action
BEDTIME ROUTINE:	Structured Text (Mult...				+ [x] [trash]
BRUSHING:	Structured Text (Mult...				+ [x] [trash]
PREVENTING CAVITIES:	Structured Text (Mult...				+ [x] [trash]
NUTRITION:	Structured Text (Mult...				+ [x] [trash]
THUMB-SUCKING:	Structured Text (Mult...				+ [x] [trash]
TEETH AND GUMS:	Structured Text (Mult...				+ [x] [trash]
ENAMEL FLUOROSIS:	Structured Text (Mult...				+ [x] [trash]
FLOSSING:	Structured Text (Mult...				+ [x] [trash]

- f. Add the customized structured text options.

Customize Structured Text

3	fruit juice should be fed in cup only	<input type="checkbox"/>	[trash]
4	use fluoride drinking water	<input type="checkbox"/>	[trash]
5	at-will breast feeding should be stop	<input type="checkbox"/>	[trash]
6	apply sealants to prevent tooth dec.	<input type="checkbox"/>	[trash]
7	schedule regular dental-check ups t	<input type="checkbox"/>	[trash]
8	---	<input type="checkbox"/>	[trash]
Add the text here		<input type="checkbox"/>	+

OK Cancel

Referral

1. Skip this step if your practice is not utilizing structured data tab to document & track the referral process and close the loop.
2. In the structured data tab, click on the custom button.

Referral (Outgoing)

Test, NOHI, 1 Yrs FEMALE 03/05/2019 No Acc#: 9172 111-111-1111

From: Provider Willis, Sam, Multi Facility Health Center Network

To: Provider Specialty* Dental General Practice Facility

Insurance: Pt Ins Auth Type Auth Code Authorization Code Open Cases Unit Type V (VISIT Assigned To* Priority Routine Status Open Consult Pending Addressed

POS 11 Start Date 08/06/2020 End Date 08/06/2021 Received Date Referral Date 08/06/2020 Appt Date Sub Status

Diagnosis / Reason Visit Details Notes **Structured Data**

2

Default For All Clear All

Name	Value	Notes
Appointment scheduled		x
Seen by consulting provider		x
Clinical consultation report received	mm/dd/yyyy	x
Report of clinical encounter received	mm/dd/yyyy	x
Confirmatory consultation report receive ...	mm/dd/yyyy	x

Scan Attachment (3) Logs OK Cancel Custom Send Referral

3. Add the custom structured fields.

Configure Structured Data

Customize Structured Text 3 Grid Wizard Add Reorder

Name	Type	Mandatory	Trigger	Default	Action
Appointment scheduled	Boolean				+ [x] [trash]
Seen by consulting provider	Boolean				+ [x] [trash]
Clinical consultation report received	Date				
Report of clinical encounter received	Date				
Confirmatory consultation report received	Date				

Order Set

1. To create the “Preventive Oral Health Service 0-40 mo” order set, ensure the fluoride varnish procedure was created.

Procedures

Lookup: 1 Contains Show Inactive Orders New

Type	Name	Attribute Codes
IH	APP TOPICAL FLUORIDE VARNISH	

2. Navigate to Menu>EMR>Order Set Administration, the order set window will open.

Menu

File Patient Schedule EMR Billing Reports CCD Fax Tools Community Help

EMR

- Alerts
- Immunizations/Therapeutic...
- Vitals
- Labs, DI & Procedures
- Miscellaneous Configurati...
- Flowsheet Manager
- Rx Groups
- eCW Visit Codes
- Specialty Forms
- Questionnaire Designer
- Physical Examination CPT ...
- Chief Complaints and HPI ...
- Order Set Administration**
- CDSS
- PQRS/MIPS Quality
- Vision

3. Click on the “New” button to create a new order set.

Order Sets 3 New Copy Update Delete Info Star

Order Set: Preventive Oral Health Service

Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
<p>Medications</p> <p>Labs</p> <p>Diagnostic Imaging</p>								

4. Enter the Order Set Description and mark “No” for the Quick Order Set option. Click OK.

New Order set 4

Order Set Description*

Order Set Measure

Quick Order Set ☒ No ☐ Yes

OK Cancel

5. Click on the “Update” button.

Order Sets

Order Set: Preventive Oral Health Service New Copy Update Delete Info Star

Medications

Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
Add								

Labs Add **Diagnostic Imaging** Add

F	Description	Lab Company	F	Description	DI Company
Add					

6. Check the box “same as trigger”

Update Order set

Order Set Description*

Order Set Measure

Diagnoses (Trigger) Add

Diagnoses (Linked) Add ☒ Same as trigger

Age (Trigger) ☐ Apply to all age

From: Y M

To: Y M

Gender (Trigger) ☐ Male ☐ Female ☒ Unknown

Quick Order Set ☒ No ☐ Yes

OK Cancel

7. Click Add to add a Diagnoses to Trigger the Order Set.

Update Order set

Order Set Description*

Order Set Measure

Diagnoses (Trigger) Add

Diagnoses (Linked) Add ☒ Same as trigger

Age (Trigger) ☐ Apply to all age

From: Y M

To: Y M

Gender (Trigger) ☐ Male ☐ Female ☒ Unknown

Quick Order Set ☒ No ☐ Yes

OK Cancel

- a. Search for the Risk for dental caries ICD-10 Codes, click on the assessments to Select and click OK.

Select Assessments T, TEMPLATES

Smart Search

ICD-9 ICD-10 Diagnosis

Q risk for dental caries

V15.89	Z91.843	Risk for dental caries, high
V15.89	Z91.841	Risk for dental caries, low
V15.89	Z91.842	Risk for dental caries, moderate
V15.89	Z91.849	At risk for dental caries
V15.89	Z91.849	Unspecified risk for dental caries
V15.89	Z91.841	At low risk for dental caries

Selected Assessment(s)

	Code	Diagnosis
10	Z91.843	Risk for dental caries, high
10	Z91.841	Risk for dental caries, low

OK Cancel

8. Update the Age to trigger the order set, 0-40 months.

Update Order set

Order Set Description* Preventive Oral Health 0-40 mo

Order Set Measure

Diagnoses (Trigger) Add

Diagnoses (Linked) Add ☒ Same as trigger

Age (Trigger) ☐ Apply to all age

From: 0 Y 0 M

To: 3 Y 4 M

Gender (Trigger) ☐ Male ☐ Female ☒ Unknown

Quick Order Set ☒ No ☐ Yes

OK Cancel

9. Select No for the Quick Order Set and Click OK.

From: 0 Y 0 M

To: 3 Y 4 M

Gender (Trigger) ☐ Male ☐ Female ☒ Unknown

Quick Order Set ☒ No ☐ Yes

OK Cancel

10. Navigate to Procedure and Click Add to add a procedure to the order set.

The screenshot shows the 'Order Sets' interface for 'Preventive Oral Health Service'. The 'Procedure' section is highlighted with a red box, and a red circle '10' is placed next to the 'Add' button. The interface includes sections for Medications, Labs, Diagnostic Imaging, Appointments, Immunization, Smart Forms, and Physician Education.

- Ensure the Diagnoses is on the left of the window.
- Search for the fluoride varnish procedure.
- Click on the order to add it to Today's Orders.
- Close the window.

The screenshot shows the 'Manage Orders' dialog box. A search for 'fluoride' is performed, and the results show 'APP TOPICAL FLUORIDE VARNISH'. A red circle '10' is next to the 'Procedure' tab, a red circle 'a' is next to the 'Add Dx' button, a red circle 'b' is next to the search bar, a red circle 'c' is next to the 'APP TOPICAL FLUORIDE VARNISH' entry, and a red circle 'd' is next to the 'Close' button.

11. Navigate to Referral and click Add to add a referral to the order set.

The screenshot shows the 'Order Sets' interface for 'Preventive Oral Health Service'. The 'Referrals' section is highlighted with a red box, and a red circle '11' is placed next to the 'Add' button. The interface includes sections for Medications, Labs, Diagnostic Imaging, Appointments, Immunization, Smart Forms, and Physician Education.

- Search and select a Dental specialty
- Click OK

Configure Specialty

Search: dental

Specialty Name

- Dental Care
- Dental General Practice
- Dental surgeon

OK Close

- Add any other items as needed to the order set.

Template

- To create the “Preventive Oral Health Services 0-40 mos” template, ensure the above items are configured (oral health risk assessment & preventive oral health services in HPI, oral health self-management goals in preventive medicine and the preventive oral health 0-40 mos. order set)
- Create an appointment for a “Test” patient and follow the workflow above to document the preventive oral health services in the Progress Note.

Note: If the practice is using a SMART Code to report a service such as counseling or referrals, add the SMART code to the template.

To add the SMART code, navigate to the Billing window and add the CPT code.

Billing (Test, NOHI -05/06/2020 02:30 pm, ANN VISIT)

Pt. Info Encounter Physical Hub

Search ICD Description Add ICD Auto Map to ICD10

P	Code	Diagnosis	Specify	Notes
1	Z91.843	Risk for dental caries, high		

SM001 x Description Add E&M Add CPT EMDer Medicare Edits Pop Up

SM001	Self Management Goal Set	U1113	U1114	U1115	M4	ICD1	ICD2	ICD3	ICD4	Notes
99188	APP TOPICAL FLUORIDE VAR... 1.00					1	Z91.8...			

Billing Notes Follow Up Reason

3. Save the note as a template.

Patient: Test, NOHI DOB: 03/05/2019 Age: 17M 1D Sex: Female

Subjective:

Chief Complaint(s):

HPI:

Pediatric Oral Health

PEDIATRIC ORAL HEALTH RISK ASSESSMENT

RISK FACTOR. Mother or primary caregiver had active decay in the past 12 months .
RISK FACTOR. Mother or primary caregiver does not have a dentist .
RISK FACTOR. Continual bottle or sippy cup use with fluid other than water .
RISK FACTOR. Frequent snacking .
RISK FACTOR. Special health care needs .
RISK FACTOR. Medicaid eligible .
PROTECTIVE FACTOR. Existing dental home .
PROTECTIVE FACTOR. Drinks fluoridated water or takes fluoride supplements .
PROTECTIVE FACTOR. Fluoride varnish in the last 6 months .
PROTECTIVE FACTOR. Has teeth brushed twice daily .
CLINICAL FINDING. White spots or visible decalcifications in the past 12 months .
CLINICAL FINDING. Obvious decay .
CLINICAL FINDING. Restorations, fillings present .
CLINICAL FINDING. Visible plaque accumulation .
CLINICAL FINDING. Gingivitis, swollen or bleeding gums .
CLINICAL FINDING. Teeth present .
CLINICAL FINDING. Healthy teeth .

PREVENTIVE ORAL HEALTH SERVICES

Risk Assessment Completed .
Caries Risk .
Fluoride varnish treatment .
Anticipatory guidance provided .
Health Education sent to the portal or printed .
Dental referral provided .
Other see notes .

Current Medication:

Medical History:

Allergies/Intolerance:

Gyn History:

OB History:

Surgical History:

Hospitalization:

Family History:

Social History:

ROS:

3

Copy and Merge from Templates
Save Notes as Template
Templates List
Set Default Options

Details

Templates

Claim

Letters

4. Name the template "Preventive Oral Health Services 0-40 mos" and mark the template Public.

Template List

Template List Create/Update Template

4

Name HE_Preventive Oral Health Services 0-40 mos

Description TOHF Oral Health Services

Facility All

Visit Type

Category General

Access ☐ Private ☒ Public

Add as Favorite

Associated Order Sets

- ☐ *Alcohol Smartform Quick OS
- ☐ *PHQ2 Smartform Quick OS
- ☐ *HE_Medicare AWW
- ☐ *PRAPARE Quick OS
- ☐ *Cervical Cancer(Pap) Quick OS
- ☐ *Cholesterol Screen Quick OS
- ☒ Preventive Oral Health Service
- ☐ *Fluoride Varnish Med Quick OS
- ☐ *HIV Screening Quick OS
- ☐ *A1C Test Quick OS

OK Cancel

5. Associate the “Preventive Oral Health 0-40 mo” Order Set by checking the box to select it. Click Okay to save the template.

Template List

Template List Create/Update Template

Name: HE_Preventive Oral Health Services 0-40 mos

Description: TOHF Oral Health Services

Facility: All

Visit Type:

Category: General

Access: ☐ Private ☒ Public

Associated Order Sets

- ☐ *Alcohol Smartform Quick OS
- ☐ *PHQ2 Smartform Quick OS
- ☐ *HE_Medicare AWW
- ☐ *PRAPARE Quick OS
- ☐ *Cervical Cancer(Pap) Quick OS
- ☐ *Cholesterol Screen Quick OS
- ☒ Preventive Oral Health Service
- ☐ *Fluoride Varnish Med Quick OS
- ☐ *HIV Screening Quick OS
- ☐ *A1C Test Quick OS

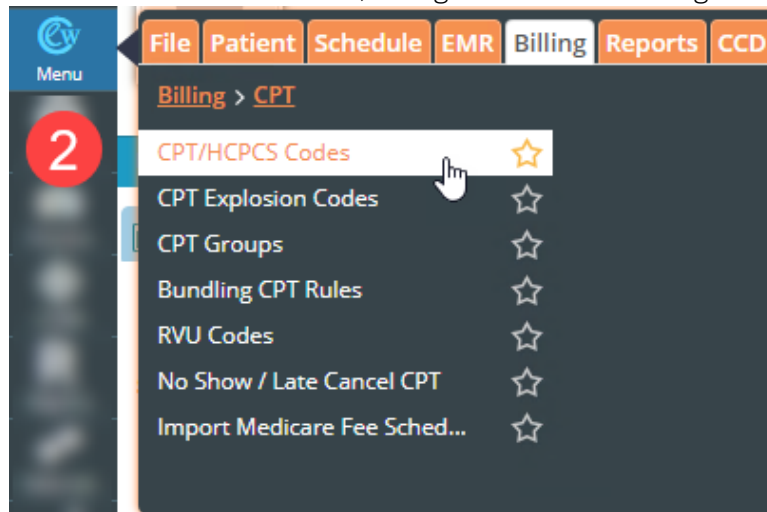
☒ Add as Favorite

OK Cancel

6. Review the template to ensure all the workflow items are in the template.

Smart Code

1. Skip this step if your practice is not utilizing SMART codes to report on services.
2. To add a new Smart Code, Navigate to Menu>Billing>CPT>CPT Codes.



3. Click on the Customize button and Select New CPT.

Fee Schedule

Show Fee: 0.00 Master Fee Schedule-Master Fee Schedule (01/ Active Effective Date: Show Invalid CPT/HCPCS Codes

Id	Chg. Code	CPT	Name	Fee	Allowed	Cost	POS	TOS	M1	M2	M3	
13464	80000	80000	Electrocardiogram, complete	110.00	110.00	110.00						
371245	0	99100	History and physical, new patient	80.00	80.00	80.00						
366000	0	99600	Initial comprehensive medical history and	80.00	80.00	80.00						
366004	0	99607	Initial comprehensive medical history and	80.00	80.00	80.00						
371246	0	99107	History and physical, new patient	80.00	80.00	80.00						
366070	0	99609	History and physical, new patient	80.00	80.00	80.00						
366074	0	99607	History and physical, new patient	80.00	80.00	80.00						
276000	0	40000	1. 80000-99100-99600-99607-99609	80.00	80.00	80.00						
371131	0	99670	1. 99600-99607-99609-99610-99611-99612-99613-99614-99615-99616-99617-99618-99619-99620-99621-99622-99623-99624-99625-99626-99627-99628-99629-99630-99631-99632-99633-99634-99635-99636-99637-99638-99639-99640-99641-99642-99643-99644-99645-99646-99647-99648-99649-99650-99651-99652-99653-99654-99655-99656-99657-99658-99659-99660-99661-99662-99663-99664-99665-99666-99667-99668-99669-99670-99671-99672-99673-99674-99675-99676-99677-99678-99679-99680-99681-99682-99683-99684-99685-99686-99687-99688-99689-99690-99691-99692-99693-99694-99695-99696-99697-99698-99699	80.00	80.00	80.00						
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Customize OK Cancel

4. Enter the appropriate information to add the New Smart CPT Code.

- CPT: SM001
- Name: Self Management Goal Set
- Enter Place of Service and Type of Service
- Check the option to Suppress claim edit that warns if Billed fee is < = \$0
- Add the Descriptions

CPT/HCPCS Code

CPT / HCPCS: SM001 X

Name: Self Management Goal Set X

Place of Service: 50 - FEDERALLY QUALIFIED HEALTH CENTER

Type of Service:

Mod1: Mod3: Mod2: Global Billing: Days:

☐ Required CLIA ID ☐ Requires Mammography Certification Number

☐ Inactive ☐ Qualifies for HPSA Incentive

☒ Suppress Claim Edit that warns if Billed fee is < = \$0

Min. Units: Anesthesia Base Units: 0

Max. Units: Service Id Qualifier: Leave as Blank for 'HC'

CPSP

Max. Units Allowed: Minutes per Unit:

Associated CPT Groups:

Fee Schedule Descriptions Associated Codes Dental CPT Info

Fee Schedule

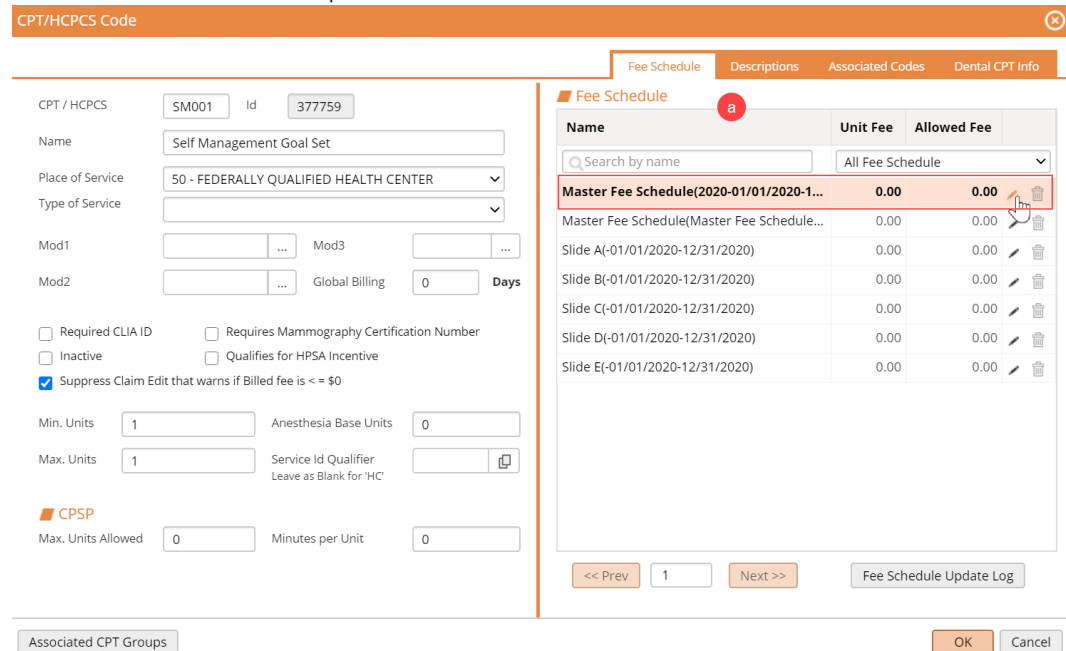
Name	Unit Fee	Allowed Fee
Master Fee Schedule(2020-01/01/2020-1...		
Master Fee Schedule(Master Fee Schedule...		
Slide A(-01/01/2020-12/31/2020)		
Slide B(-01/01/2020-12/31/2020)		
Slide C(-01/01/2020-12/31/2020)		
Slide D(-01/01/2020-12/31/2020)		
Slide E(-01/01/2020-12/31/2020)		

<< Prev 1 Next >> Fee Schedule Update Log

OK Cancel

5. Suppress the SMART codes from Insurance billing.

a. Click on the  to update the Master Fee Schedule.



CPT/HCPCS Code

Fee Schedule

CPT / HCPCS: SM001 Id: 377759

Name: Self Management Goal Set

Place of Service: 50 - FEDERALLY QUALIFIED HEALTH CENTER

Type of Service:

Mod1: Mod3: Mod2: Global Billing: 0 Days

☐ Required CLIA ID ☐ Requires Mammography Certification Number
☐ Inactive ☐ Qualifies for HPSA Incentive
☒ Suppress Claim Edit that warns if Billed fee is <= \$0

Min. Units: 1 Anesthesia Base Units: 0
Max. Units: 1 Service Id Qualifier: Leave as Blank for 'HC'

CPSP
Max. Units Allowed: 0 Minutes per Unit: 0

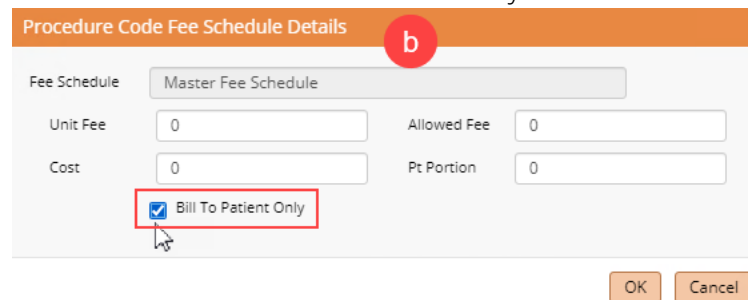
Associated CPT Groups

OK Cancel

Name	Unit Fee	Allowed Fee
Master Fee Schedule(2020-01/01/2020-1...	0.00	0.00
Master Fee Schedule(Master Fee Schedule...	0.00	0.00
Slide A(-01/01/2020-12/31/2020)	0.00	0.00
Slide B(-01/01/2020-12/31/2020)	0.00	0.00
Slide C(-01/01/2020-12/31/2020)	0.00	0.00
Slide D(-01/01/2020-12/31/2020)	0.00	0.00
Slide E(-01/01/2020-12/31/2020)	0.00	0.00

<< Prev 1 Next >> Fee Schedule Update Log

b. Check the box "Bill to Patient Only"



Procedure Code Fee Schedule Details

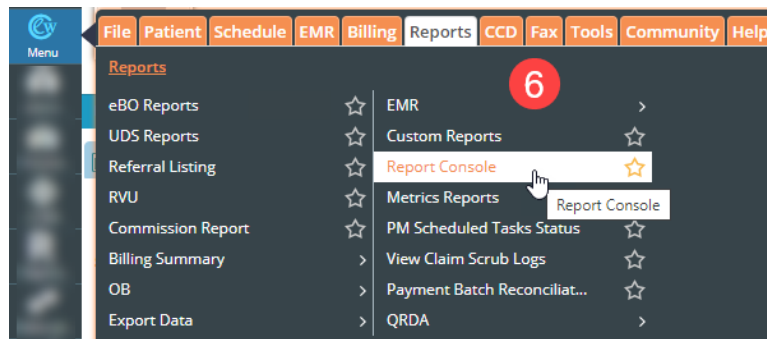
Fee Schedule: Master Fee Schedule

Unit Fee: 0 Allowed Fee: 0
Cost: 0 Pt Portion: 0

☒ Bill To Patient Only

OK Cancel

6. Navigate to Menu>Reports>Report Console to validate and activate the new code.



Menu

File Patient Schedule EMR Billing Reports CCD Fax Tools Community Help

Reports

- eBO Reports
- UDS Reports
- Referral Listing
- RVU
- Commission Report
- Billing Summary
- OB
- Export Data
- EMR
- Custom Reports
- Report Console
- Metrics Reports
- PM Scheduled Tasks Status
- View Claim Scrub Logs
- Payment Batch Reconciliat...
- QRDA

7. Scroll to the Utilities section and Click on CPT/HCPCS Validation and Logs

Report Console

System Time

Utilities

- Biometric Authentication of user\patients\providers
- CCM - Add missing synonym ICD code to ICD groups
- CCM Missed Claims
- CHADIS Community Mapping Script
- CPT/HCPCS Validation and Logs**
- Deleted PL ICD-9 Codes
- Export FeeSchedule
- ICD Validation and Logs
- Import ADA CDT Codes
- Import Medicare Fee Sch Data (Manual)
- Import Medicare Fee Schedule (Cloud)
- Mark CPT/HCPCS Codes As Inactive
- Migrate Enterprise Practice ID Into Claims
- Move Overdue claims to Collection
- Patient Payment Posting Utility
- Post Patient Payments to CPT Level
- Recalculate Unposted Payment Amount Utility
- Restore Deleted Fee Schedules
- Update Claim Responsible Party Utility
- ValidateModifier

8. Search for the CPT/SMART code, select the correct new code, enter the valid From and To dates and click submit.

Report Console

Please type the CPT that needs to be validated

CPT : SM001 **Search** [View CPT validation logs](#)

Found the following CPT(s) in the database

CPT	Description
<input checked="" type="checkbox"/> SM001	Self Management Goal Set

Valid From: 01/01/2020 Valid To: 01/01/2023 **Submit**

[RETURN TO REPORTS CONSOLE](#)

Close

Billing Guidelines and Resources

NOTE: Billing guidance data was prepared based on information available as of 10/02/2020. Billing configuration and claim submission will vary by practice.

New York Medicaid Billing Guidelines

NY Medicaid will reimburse physicians, nurse practitioners, registered nurses, and physician assistants for the application of fluoride varnish for children 0-7 years of age via CPT 99188. This code cannot be billed more than 4 times annually with a minimum interval of 3 months between each treatment.

NY Medicaid considers oral assessments, exams, education, and referrals to be components of the CHTP (EPSDT) examination.

New York Medicaid Resources

- [NY Medicaid Dental Provider Manual](#)
- [NY Medicaid Physician Provider Manual](#)
- [NY Medicaid Provider Program Update August 2020](#)
- [AAP Bright Futures Periodicity Schedule](#)

District of Columbia Medicaid Billing Guidelines

D.C. Medicaid will reimburse pediatric primary care providers for oral health assessments in accordance with the [DC HealthCheck Dental Periodicity Schedule](#) via CDT D0191. Education, anticipatory guidance, and a referral to a dentist (when necessary) are required components of the assessment.

Fluoride varnish treatments are reimbursable when furnished to beneficiaries of 0-3 years of age via CPT 99188. The treatment must be provided by primary care providers who have completed the [DC HealthCheck Fluoride Varnish Training](#). This code will not be reimbursed more than 4 times annually with a minimum interval of 3 months between each treatment.

Recommended periodicity: Patients who are considered low to moderate risk of caries should receive their treatment every 6 months. Patients who are considered high risk of caries should receive treatment every 3 months.

Additional D.C. Resources

- [D.C. Medicaid Dental Billing Manual](#)
- [D.C. Medicaid FQHC Billing Manual](#)
- [D.C. Medicaid EPSDT Billing Manual](#)
- [D.C. Medicaid EPSDT HealthCheck Periodicity Schedule](#)

Maryland Medicaid Billing Guidelines

Oral health assessments, examinations, parental counseling, and a referral to a dentist (when necessary) by the primary care provider are considered required components of the EPSDT physical examination.

CPT 99188 is not covered by Maryland Medicaid's 2020 Professional Services Fee Schedule. CDT D1206 is reimbursable to EPSDT certified medical providers, nurse practitioners and physician assistants who are enrolled in Maryland Medicaid and have completed the [state approved fluoride varnish training program](#). Claims containing this CDT should be remitted to Scion Dental on an ADA Dental claim form regardless of whether the patient is enrolled in Medicaid Fee-for-Service (FFS) or MCO.

Patients must be between the ages of 9 months and 5 years of age. This CDT cannot be billed more than 4 time annually per provider and must be accompanied by a well-child exam code (CPTs 99381, 99382, 99391, 99392).

Additional MD Resources

- [MD Medicaid Professional Services Fee Schedule - 2020](#)
- [MD Medicaid Dental Fee Schedule - 2020](#)
- [MD Medicaid Healthy Kids EPSDT Screening Components](#)
- [MD Medicaid EPSDT Preventive Care Guide – Fluoride Varnish Application](#)
- [MD Medicaid Billing and Reimbursement of Fluoride Varnish](#)

Virginia Medicaid Billing Guidelines

Virginia Medicaid will reimburse physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, and medical assistants for the application of fluoride varnish to patients 6 months-3 years of age with a lifetime maximum of 6 applications. ICD-10 Z29.3 must be the primary diagnosis associated to CPT 99188.

Oral health screenings, education, problem-focused guidance, and counseling are all components of the EPSDT physical examination.

Virginia Resources

- [VA Health Catalyst Pediatric Fluoride Varnish Flyer](#)
- [VA Smiles for Life Fluoride Varnish Information](#)
- [VA Medicaid EPSDT Manual](#)

Additional Support

If you have any questions or need assistance send an email to support@healthefficient.org.