



More State Medicaid Programs Pay for Children's Oral Health Prevention Services in Doctors' Offices

In 2008, the Pew Children's Dental Campaign set out to improve access to preventive oral health care for publically insured children. Now, nearly all states pay primary care physicians to screen for oral health disease and apply fluoride varnish during well-child visits.

Overview

Dental caries stubbornly remains the most common chronic childhood disease in the United States, and the lower a family's income, the more likely a child is to suffer from untreated tooth decay. Young children – for whom prevention is highly effective – are least likely to see a dentist. Just over 45% of 2 to 6 year olds visit the dentist at least once in a given year, a figure that has remained relatively static for a decade.¹ Most have almost certainly *not* attained a dental home by the age of 1, a standard of care recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

By contrast, early and frequent preventive care visits, one of the hallmarks of pediatric and family medical practice, are readily accessible and commonly utilized. Nearly 82% of children insured by Medicaid/Children's Health Insurance Program (CHIP) received a well-child check-up in 2009.² Providing oral health prevention services in the medical setting offers the distinct advantage of treating children where they are regularly seen *and* by professionals who are accustomed to managing their care.

The Pew Children's Dental Campaign has partnered with the American Academy of Pediatrics and advocates around the country to expand a common sense policy on behalf of Medicaid-eligible children – Medicaid payment to primary care, nondental professionals for caries prevention services performed during well-child visits. These services – an oral health exam, risk assessment, anticipatory guidance, application of fluoride varnish, and referral to a dental home by the age of 1 – are critical to preventing early childhood caries. Preventing disease means reducing the costs of future treatment and the time lost to school and work, as well as mitigating pain and suffering while increasing oral health literacy among children and caregivers alike.



**The Legendary
Amos Deinard, MD,
MPH, FAAP**

For someone who isn't a dentist, Amos Deinard cares a lot about teeth, specifically children's teeth. The University of Minnesota-based pediatrician has been championing caries prevention services in the medical community for years. Since 2007, Dr Deinard (aka The Fluoride Guy) has been training physicians and nurse practitioners to perform oral health risk assessments and apply topical fluoride varnish to the teeth of children aged 6 months to 18 years. In 2009, on behalf of the American Academy of Pediatrics, Dr Deinard agreed to lead an advocacy effort that resulted in a significant increase in the number of Medicaid programs paying medical professionals to perform these services in their offices. Because of his tireless efforts, more at-risk kids have a fighting chance of avoiding unnecessary tooth decay.

Dr Deinard continues to work on training more pediatricians and other health professionals to translate policy change into hands-on care for kids.

Thank you, Fluoride Guy.

The Pennsylvania Story

Eve Kimball, MD, FAAP has always included an oral exam in her well-child visits. Her children's pediatric dentist of more than 20 years made her promise she would.

So in 2008, aware that pediatricians in other states could offer caries prevention services to children insured by Medicaid, Dr Kimball set out to change Pennsylvania's policy. She enlisted her chapter executive director who began to engage key stakeholders in the state. She trained to be an [AAP Chapter Oral Health Advocate](#) (COHA), attended meetings, and cultivated relationships in public health and dentistry, talking to *everyone* about children's oral health. By 2009, with invaluable support from the state dental and medical officers, the Pennsylvania AAP Chapter had the attention of the state Medicaid administrator. That's when Dr Kimball shared a personal story with them.

At the end of 2008, Dr Kimball met 22 month-old Mark. He was hospitalized with myriad infections caused by a newly diagnosed immune deficiency disorder. Dr Kimball noticed brown spots on several of Mark's teeth which, weeks later, would triple in size. The rapidly growing decay would have to be treated under general anesthesia, and the only adequate treatment facility was booked solid, for months. Having exhausted all her resources, Dr Kimball called the instructor of the COHA training. He advised her to paint Mark's teeth with fluoride varnish every two weeks until his procedure. She did, and it worked. Not only did fluoride varnish arrest the decay, it helped to reverse it. Today Mark is a 6 year old child who, despite his illness, has all his teeth.

Caries prevention services were not covered by Medicaid in Pennsylvania until April 2010, fully 2 years after advocates' tenacious efforts began. During that time, Dr Kimball not only provided fluoride varnish and other services, but she traveled the state training other pediatric practices in oral health prevention and encouraging them to do the same.

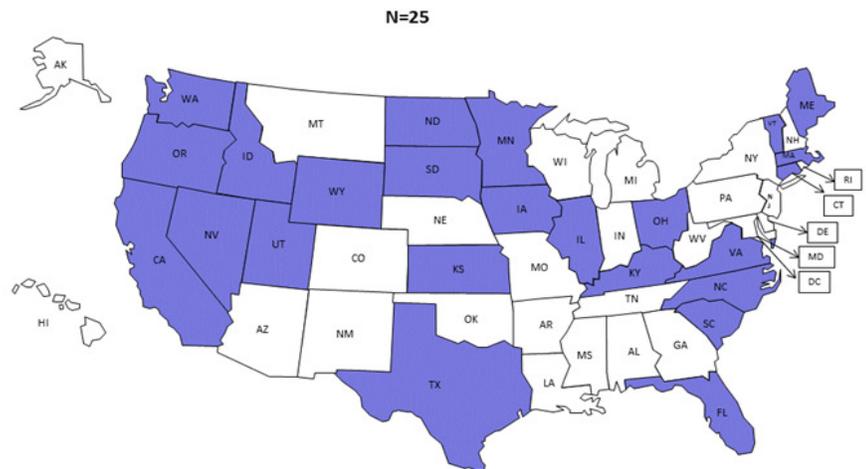
Dr Kimball feels that, by engaging chapter leaders and raising awareness among colleagues, the early work by COHAs was essential to achieving a new Medicaid policy and even positioned the chapter competitively for grants. PA AAP has been awarded 2 [DentaQuest Foundation](#) grants and is a partner on a third grant from the same funder.

It just goes to show that change – sometimes great change – begins one person at time.

Tremendous Progress

This campaign has made tremendous progress. In 2008, 25 state Medicaid programs paid primary care physicians and other medical professionals to perform caries risk assessments and apply fluoride varnish to publicly insured children. (Figure 1)

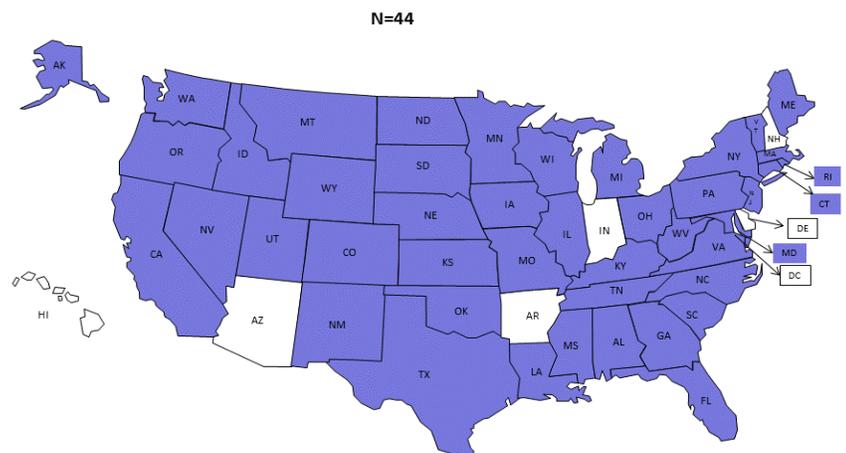
Figure 1: State Medicaid Programs Paying Primary Care Providers for Preventive Oral Health Services, 2008



Chris Cantrell, *Engaging Primary Care Medical Providers in Children's Oral Health* (Portland, ME: National Academy for State Health Policy, September 2009).

By the beginning of 2012, an additional 19 states had adopted a caries prevention policy. Most states now pay pediatricians and other nondental, primary care professionals to perform an oral examination and apply fluoride varnish to the teeth of children aged 6 months to 3 years. (Figure 2)

Figure 2: State Medicaid Programs Paying Primary Care Providers for Preventive Oral Health Services, 2012



This information was collected through a survey of the 50 states and DC by the American Academy of Pediatrics in Spring, 2012 based on a survey originated by Amos Deinard, MD, MPH.

How We Work for Policy Change

In July of 2009, the American Academy of Pediatrics joined the Pew Children's Dental Campaign. The Academy engaged resources to:

- Train and enlist Chapter Oral Health Advocates (COHA). The American Dental Association Foundation supported the Chapter Advocate Training on Oral Health (CATOOH) to teach pediatricians to perform oral exams, apply fluoride varnish, and to enlist peers to do the same in their respective states.
- Conduct advocacy training to provide COHAs with the tools to affect policy change for caries prevention services for pediatricians and other health professionals.
- Develop resource materials including talking points for advocates, guidelines on obtaining local oral health data, and examples of Medicaid payment policy design and implementation.
- Collaborate with state affiliates of Voices for America's Children to engage the family/consumer voice on this issue.
- Encourage AAP chapters and their COHA to join statewide oral health coalitions.
- Work with AAP chapters to meet with Medicaid administrators and other state officials.
- Promote state caries prevention programs among pediatricians and family physicians and development of interprofessional curricula and training programs.



Physician applying fluoride varnish to a 2 year-olds teeth at an AAP Chapter Advocate Training on Oral Health

Procedures States Cover

Pediatricians and family physicians bill Medicaid programs using standard Current Dental Terminology (CDT) codes. Most states pay providers to apply fluoride varnish, while others also include a separate payment for an oral exam and caregiver counseling. Payments range from a low of \$9 for fluoride varnish only to a high of \$57 for an exam that includes evaluation and counseling. For detailed information on each state program, please see www2.aap.org/oralhealth/docs/OHReimbursementChart.pdf.

Procedure Code	Description	Number of States	Average Payment	Payment Range
D-0120	Periodic oral evaluation	2	\$25.67	\$21-29
D-0145	Oral evaluation for a patient under the age of three years of age and counseling with the primary caregiver	10	\$33.06	\$18-57
D-1203	Topical application of fluoride varnish - child	8	\$15.54	\$9-27
D-1206	Topical fluoride varnish therapeutic application for moderate to high caries risk patients	37	\$20.20	\$9-53
D-0999	Unspecified diagnostic procedure, by report	3	\$18.14	\$12-27

Remaining States

In addition to the 44 states that currently cover essential preventive oral health care services, several are expected to add the service in 2013-14. Advocates in **Delaware** have worked with the state's Medicaid program to find resources for this policy in the **2013** budget. **New Hampshire** has bundled these services into the well-child visit as of July 1, **2013**. The **District of Columbia** is actively pursuing paying both dental and non-dental professionals in its **2014** budget. **Arizona, Arkansas, Hawaii, and Indiana** continue to work through fiscal and political challenges.

Next Steps – Medicaid & the Affordable Care Act

Medicaid is the largest source of health insurance for the nation's children. Under the Affordable Care Act, the new measures are being implemented that seek to increase enrollment, including:

- a nationwide minimum income eligibility level which will remain in effect for children until 2017
- a single application process (Medicaid, CHIP, and exchanges)
- a simplified enrollment process
- improved administrative coordination

Of the nearly 48 million uninsured nonelderly in the US who are targeted for these innovations, 16% – nearly 8 million – are children. Although the delivery system that makes it difficult for Medicaid recipients to achieve dental visits is still in place, physicians continue to participate in public health insurance programs at very high rates. So while state participation in the ACA Medicaid expansion will vary, one outcome is certain: pediatricians, family doctors and other primary care professionals will have an increasingly important role to play in children's overall health – and specifically their oral health – under US health care reform.

What You Can Do

Provide caries prevention services in your practice. Visit Children's Oral Health at the American Academy of Pediatrics, www2.aap.org/oralhealth/ for easy-to-use tools and resources or email oralhealth@aap.org.

Arrange a training for your office with your state's Chapter Oral Health Advocate. Find your COHA at www2.aap.org/oralhealth/COHA.html.

Contact your chapter to learn about current oral health initiatives or to begin one. www2.aap.org/member/chapters/chaplist.cfm. Work with other pediatricians and medical colleagues to raise awareness of these services.

If you practice in a state that does not pay for oral health services, contact your Medicaid administrator (www.medicaidirectors.org/about/state-directors). Encourage stakeholder meetings in the oral health and public policy communities.

Become active in in your state's essential health benefits (EHB) selection process to advocate for a robust set of dental benefits. Visit www2.aap.org/member/chapters/chaplist.cfm to locate your state's AAP chapter and get involved. Learn more about the status of your state's EHB selection here: www.statereforum.org/analyses/state-progress-on-essential-health-benefits.

1. Federal Interagency Forum on Child and Family Statistics. America's Children in Brief: Key National Indicators of Well-Being, 2012. Washington, DC: U.S. Government Printing Office.
2. Kenney, G.M. (2012). National Findings on Access to Health Care and Service Use for Children Enrolled in Medicaid or CHIP.