



Oral Health Coding Fact Sheet for Primary Care Physicians

CPT Codes: Current Procedural Terminology (CPT) codes are developed and maintained by the American Medical Association. The codes consist of 5 numbers (00100 - 99999). These codes are developed for physicians and other health care professionals to report medical procedures to insurance carriers for payment.

CDT Codes: Code on Dental Procedures and Nomenclature (CDT) codes are developed and maintained by the American Dental Association. These codes provide a way to accurately record and report dental treatment. The codes have a consistent format (Letter D followed by 4 numbers) and are at the appropriate level of specificity to adequately encompass commonly accepted dental procedures. These needs are supported by the *CDT codes*.

Prophylaxis and Fluoride Varnish

99188 Application of topical fluoride varnish by a physician or other qualified health care professional

- This code was approved to begin January 1, 2015. It only includes varnish application, not risk assessment, education, or referral to a dentist.
- The USPSTF recommended this for children up to 6 years of age. Therefore Code **99188** must be covered by commercial insurance by May 2015 for children up to age 6. Check with your insurers for specifics.
- No RVU have been set by CMS because Medicare does not cover dental related services.
- The Section on Oral Health tracks [payment](#) for services.

D1206 Topical application of fluoride varnish

D1208 Topical application of fluoride

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

Other Preventive Oral Health Services

D1310 Nutritional counseling for the control of dental disease

D1330 Oral hygiene instruction

Clinical Oral Evaluation

D0140 Limited oral evaluation, problem focused

D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver

Oral Procedures

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Alternate coding: CPT code **41899** Unlisted Procedure, dentoalveolar structures

While use of a more specific code (ie, **D7140**) is preferable to a nonspecific code (ie, **41899**), reporting the CPT code may increase a pediatrician's likelihood of getting paid. As an unlisted service, chart notes may need to accompany the claim.

Modifiers

For those carriers (particularly Medicaid plans under EPSDT), that cover oral health care, some will require a modifier (See "Private Payers and Medicaid" below)

SC – Medically necessary service or supply

EP – Services provided as part of Medicaid early periodic screening diagnosis and treatment program (EPSDT)

U5 – Medicaid Level of Care 5, as defined by each state

Other (Referral Codes)

YD – Dental Referral

- This referral code is used in the state of Pennsylvania for EPSDT services and may be used by other payers

ICD-10-CM Codes

- For use on or after October 1, 2015

E08.630 Diabetes Due to Underlying Condition with Periodontal Disease

E09.630 Drug/chem Diabetes Mellitus w/Periodontal Disease

E10.630 Type 1 Diabetes Mellitus with Periodontal Disease

E11.630 Type 2 Diabetes Mellitus with Periodontal Disease

K00.3 Mottled teeth

K00.81 Newborn Affected by Periodontal Disease in Mother

K02.3 Arrested dental caries

K02.51 Dental caries on pit and fissure surface limited to enamel

K02.52 Dental caries on pit and fissure surface penetrating into dentin

K02.53 Dental caries on pit and fissure surface penetrating into pulp

K02.61 Dental caries on smooth surface limited to enamel

K02.62 Dental caries on smooth surface penetrating into dentin

K02.63 Dental caries on smooth surface penetrating into pulp

K02.9 Dental caries, unspecified

K05.00 Acute gingivitis, plaque induced (Acute gingivitis NOS)

K05.01 Acute gingivitis, non-plaque induced

K05.10 Chronic gingivitis, plaque induced (Gingivitis NOS)

K05.11 Chronic gingivitis, non-plaque induced

K05.5 Other Periodontal Diseases

K05.6 Periodontal Disease, Unspecified

K06.0 Gingival Recession

K06.1 Gingival Enlargement

K06.2 Gingival & Edentulous Alveolar Ridge Lesions Associated with Trauma

K08.121 Complete Loss of Teeth Due to Periodontal Diseases, Class 1

K08.122 Complete Loss of Teeth Due to Periodontal Diseases, Class II

K08.123 Complete Loss of Teeth Due to Periodontal Disease, Class III

K08.124 Complete Loss of Teeth Due to Periodontal Diseases, Class IV

K08.129 Complete Loss of Teeth Due to Periodontal Disease, Unspecified Class

K08.421 Partial Loss of Teeth Due to Periodontal Diseases, Class I

K08.422 Partial Loss of Teeth Due to Periodontal Diseases, Class II

K08.423 Partial Loss of Teeth Due to Periodontal Diseases, Class III

K08.424 Partial Loss of Teeth Due to Periodontal Diseases, Class IV

K08.8 Other specified disorders of teeth and supporting structures

R19.6 Halitosis

S02.5XX- Fracture of tooth (traumatic)

S03.2XX- Dislocation of tooth

- - A 7th character is required for both **S02** and **S03** to show the encounter. 7th character "A" would show that the encounter is for initial or active treatment
- Also include other codes that relate to the payer how the injury happened, including location and activity. Some states require the reporting of this information.

Z00.121 Encounter for routine child health examination with abnormal findings (Use additional code to identify abnormal findings, such as dental caries)

Z00.129 Encounter for routine child health examination without abnormal findings

Z13.84 Encounter for screening for dental disorders

Z41.8 Encounter for other procedures for purposes other than remedying health state (topical fluoride application)

Z71.89 Other Specified Counseling

Z72.4 Inappropriate diet and eating habits

Z92.89 Personal history of other medical treatment

Private Payers and Medicaid

Most private/commercial payers must pay for **99188** under the health or medical plans for children up to age 6 by May, 2015 because the US Preventive Services Task Force recommended it as a Level B recommendation. They are not mandated to cover older children. The primary reasons why medical health plans do not cover the fluoride varnish, risk assessment, education, and referral to a dentist are that the health plan does not include dental services, or if there is limited coverage for certain dental services, the provider network is limited to dentists or oral surgeons. Since most carriers' claims systems do not recognize the dental service codes (D codes) on their medical claims platforms, CPT code 99188 was developed in 2015. Starting in 2014, the Affordable Care Act requires that individual and small-group health plans sold both on the state-based health insurance exchanges and outside them on the private market cover pediatric dental services performed by dental professionals. However, health plans that have grandfathered status under the law, or employers whose plans are covered under ERISA by Third Party Administrators, are not required to offer this coverage.

At the following link you can find a chart about Medicaid reimbursement and which codes to use by state <http://www2.aap.org/oralhealth/docs/OHReimbursementChart.pdf> . However, please check with your individual state as their procedures change frequently without uniformity!

FAQ

Q. When was the new CPT code (**99188**) effective?

A. The *CPT* Editorial Panel approved the new CPT code 99188 for implementation on January 1, 2015.

Q. May I still bill the CDT code for topical fluoride application to my Medicaid plan or must I use the new *CPT* code?

A. If your Medicaid plan still requires and will pay on the CDT codes, you should continue to report the CDT codes as defined by your Medicaid plan. This will vary from state to state.

Q. Our practice was happy to see the new *CPT* code; however, what does it mean "by a physician or other qualified health care professional"?

A. In order to obtain approval by the *CPT* Editorial Panel, we had to include this language as part of the code descriptor. Inclusion of this language does limit who may perform and report the service. The *CPT* definition "other qualified health care professionals" excludes clinical staff such as RNs and LPNs. Basically, an "other qualified health care professional" is one who can independently practice and bill under her own name. In practice, this means that *CPT* requires a physician or other qualified health care professional perform the topical fluoride application. While state scope of practice and Medicaid qualifications may allow clinical staff (eg, RN) to perform this service, *CPT* guidelines do not allow the reporting of code 99188 in those instances. However, if you are able to work with your payers and get it in writing that they will allow clinical staff to perform the service based on state scope of practice, and report incident to the supervising provider, then you would be able to use the code. Note that the CDT codes do not have this restriction. Also there is a caveat in the "CPT Changes" manual that alludes to the application of topical fluoride varnish to those patients with "high risk" for dental caries.

Q. What is the value for this new code?

A. When the AAP brought the code to the valuation committee, our recommended relative value units (RVUs) were accepted by the committee and submitted to CMS for consideration on the Medicare physician fee schedule. However, CMS decided not to publish the recommended RVUs. Instead, the code was published with zero RVUs. While this is the Medicare fee schedule, many private payers follow this. The AAP is currently advocating for CMS to publish the recommended RVUs for code **99188**.

Q. Should we advocate for coverage by payers and if so, for how much?

A. Yes. The AAP encourages working with your AAP State Chapter. Because there are no RVUs published, if your Medicaid sets a payment rate for this service, you should advocate for that rate at minimum. However, it will be important to determine with your payers if they will require physicians or other qualified health care professionals to perform the service, or if they will base the requirements on state scope of practice or Medicaid qualifications.

Q. If this new CPT code (**99188**) is to be used for “high risk caries” – how do you identify that? Is a formal screen required?

A. At this moment in time there is not a validated risk assessment tool for dental caries and the application for the CPT code was submitted prior to the publication of the new USPSTF guidelines so it contains information regarding risk. Even so, the state of "high risk" is at the discretion of the examining physician. The AAP does have a risk assessment tool (<http://www2.aap.org/oralhealth/riskassessmenttool.html>) that can be used as a guide, but ultimately it is deferred to the clinician's judgment and may be provided to all children under the age of six as a preventive service if that is the approach the clinician wishes to take. The USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>) and more recent AAP policy (<http://pediatrics.aappublications.org/content/134/3/626.abstract>) certainly back this approach should someone need information to present to a payer.

So to answer your questions, yes, we would agree that a child who is without a dental home is high risk and should have varnish applied in the medical home, and no, I don't think there is something more discernible that can only be used by dental professionals to assess risk and therefore would leave a pediatrician without the opportunity for payment. There are no validated tools being used in dentistry currently either.

While this may seem a little confusing, this is an evolving area and we are doing our best to keep up!



Permanent Teeth PCOAT With Billing Codes

(Primary Care Oral Assessment Tool – for patients age ≥ 6 years)

Date: _____ Patient Name: _____ Date of Birth: _____

Patient Questions:

Do you have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes— seen within the last six months	<input type="checkbox"/> No <input type="checkbox"/> Yes—seen more than six months ago	
Have you had any cavities or fillings in the last 12 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever been told you have gum disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you had any teeth removed in past 36 months?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
How often do you eat sugary or starchy foods outside of meal time? (candy, pretzels, chips, bread, tortillas)	<input type="checkbox"/> Mostly at meal-times	<input type="checkbox"/> Outside of meal-times	
How often do you drink sugary beverages outside of meal time? (sweet coffee/tea, juice, soda pop, energy/sport drinks, cocktails, wine, beer)	<input type="checkbox"/> Mostly at meal-times	<input type="checkbox"/> Outside of meal-times	
How often do you brush your teeth?	<input type="checkbox"/> Twice or more a day	<input type="checkbox"/> Once daily or less	

Management Guidelines:

Applied Fluoride Varnish

Referral to Dental Care:
 Not Indicated Routine Expedited

Low Risk

- Reinforce routine dental care
- Set diet and oral hygiene management goals
- Use OTC fluoride toothpaste twice daily
- Recommend gum with xylitol as first ingredient

High Risk

- Set diet and oral hygiene management goals
- Instruct on OTC or prescription fluoride toothpaste
 - Prescribe high fluoride toothpaste for decay
- Gum with xylitol as the first ingredient
- Prescribe antibacterial mouth rinse to decrease oral bacteria

Extreme Risk

- Set diet and oral hygiene self-management goals
- Recommend (see guidelines)**
 - Oral moisturizer for dry mouth
 - pH neutralizing rinse for vomiting
 - Fluoridated mouth rinse for decay
- Prescribe (see guidelines)**
 - Anti-bacterial rinse to decrease oral bacteria
 - High fluoride toothpaste for decay
- Gum with xylitol as first ingredient
- Topical fluoride every 3 months
- Evaluate medications to modify xerostomia

Self Management Goals

<input type="checkbox"/> Regular dental visits	<input type="checkbox"/> Water between meals
<input type="checkbox"/> Brush twice daily	<input type="checkbox"/> Quit plan for tobacco
<input type="checkbox"/> Use Rx FL- toothpaste	<input type="checkbox"/> Less junk food/candy
<input type="checkbox"/> Fluoride mouth rinse	<input type="checkbox"/> No soda
<input type="checkbox"/> Less/no sweet drinks/alcohol	<input type="checkbox"/> Healthy snacks
<input type="checkbox"/> Drink water with fluoride	<input type="checkbox"/> Floss daily

Health Care Provider History and Oral Exam:

Exposure to fluoride (toothpaste, rinse, Rx)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical, behavioral or cognitive factors interfering with oral care (special needs, drug/alcohol overuse, tobacco use)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Frequent vomiting/acid reflux (daily)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
EXAM: Dry mouth/Xerostomia (reported or observed OR risk from Rx/radiation treatments) R68.2	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Visible, heavy plaque on teeth K03.6	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Visible cavities (including white spot lesions) K02.9	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Gingivitis K05.10	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Fillings, crowns, retainers, braces, removable appliances Z98.811	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Suspicious lesion on buccal mucosa, gingiva, tongue K13.70	<input type="checkbox"/> No		<input type="checkbox"/> Yes
	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Extreme



Primary (Baby) Teeth PCOAT With Billing Codes

(Primary Care Oral Assessment Tool – for patients age ≤ 6 years)

Date: _____ Patient Name: _____ Date of Birth: _____

Mother or Caregiver Questions:

Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
When was the last time your child went to the dentist? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> Within the last six months	<input type="checkbox"/> More than six months ago	
Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have brothers or sisters had cavities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
When was your child's last cavity? <input type="checkbox"/> N/A due to age	<input type="checkbox"/> No cavities in last year	<input type="checkbox"/> Cavities in last year	
Does your child drink anything other than water in between meals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink anything other than water while in bed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your child drink water with flouride? <input type="checkbox"/> Don't know <input type="checkbox"/> No water at all	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How often are your child's teeth brushed with fluoride toothpaste?	<input type="checkbox"/> At least daily	<input type="checkbox"/> Less than daily	

Health Care Provider History and Oral Exam:

History of topical fluoride varnish application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physical, behavioral or cognitive factors interfering with oral care (special needs)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
EXAM: Gingivitis (reported or observed OR risk from Rx/disease) K05.10	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease) R68.2	<input type="checkbox"/> No		<input type="checkbox"/> Yes
White spots lesions or tooth decay K02.9	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Fillings or crowns present Z98.811	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Visible plaque on teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Oral candidiasis B37.0	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Low	<input type="checkbox"/> High	<input type="checkbox"/> Extreme

Self Management Goals

- | | | |
|---|---|--|
| <input type="checkbox"/> Regular dental visits | <input type="checkbox"/> Water between meals | <input type="checkbox"/> Drink water with flouride |
| <input type="checkbox"/> Brush twice daily | <input type="checkbox"/> Xylitol gum/mints | <input type="checkbox"/> Less junk food/candy |
| <input type="checkbox"/> Use FI- toothpaste | <input type="checkbox"/> Less junk food/candy | <input type="checkbox"/> Wean off bottle |
| <input type="checkbox"/> Dental treatment for parents | <input type="checkbox"/> No soda | <input type="checkbox"/> Only water in nighttime bottle or cup |
| | <input type="checkbox"/> Healthy snacks | |

Management Guidelines:

Applied Fluoride Varnish

Referral to Dental Care: Not Indicated Routine Expedited

0 - 2 Years	
Clinical Management	Oral Health Instructions
Low <input type="checkbox"/> Oral health assessment every 6 months by primary care provider <input type="checkbox"/> Dental care by 1 year	<input type="checkbox"/> Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice <input type="checkbox"/> Avoid saliva sharing and pacifier cleaning <input type="checkbox"/> Healthy teeth for speech development and nutrition <input type="checkbox"/> Set diet and oral hygiene self-management goals
High <input type="checkbox"/> Oral health assessment every 6 months by primary care provider <input type="checkbox"/> Dental care by 1 year <input type="checkbox"/> Topical fluoride varnish every 6mos. <input type="checkbox"/> Family dental care referral	
Extreme <input type="checkbox"/> Oral health assessment every 3 months by primary care provider <input type="checkbox"/> Expedited dental referral <input type="checkbox"/> Family dental care referral <input type="checkbox"/> PCP/Dental co-management with care coordination	

3 - 6 Years	
Clinical Management	Oral Health Instructions
Low <input type="checkbox"/> Oral health assessment every 12 months by primary care provider <input type="checkbox"/> Assure dental home	<input type="checkbox"/> Twice daily supervised brushing with OTC fluoridated toothpaste the size of a pea <input type="checkbox"/> Limit carbohydrates to mealtimes <input type="checkbox"/> Healthy teeth for speech development and nutrition <input type="checkbox"/> Set diet and oral hygiene self-management goals
High <input type="checkbox"/> Oral health assessment every 6 mos. w/ dental and every 12 mos. w/ PCP <input type="checkbox"/> Topical fluoride varnish every 6 months <input type="checkbox"/> Fluoride rinse 2x/day for decay <input type="checkbox"/> Prescribe antibacterial rinse to decrease oral bacteria	
Extreme <input type="checkbox"/> Oral health assessment every 3 mos. w/ dental and every 12 mos. w/ PCP <input type="checkbox"/> Expedited dental referral <input type="checkbox"/> Topical fluoride varnish every 3 mos. (PCP or Dental) <input type="checkbox"/> Fluoride rinse 2x/day for decay <input type="checkbox"/> Prescribe antibacterial rinse to decrease oral bacteria <input type="checkbox"/> PCP/Dental co-management with care coordination.	