Documentation of Pediatric Oral Health in Widescreen View

Use the Oral Health navigator section to document pediatric Oral Health for patients under 48 months

The **Oral Health** section appears in the **Peds QM** activity when the patient is younger than 48 months old. Use this section to document responses to both screening and assessment questions. Documentation in this section is collected by the CIR.

Access the Oral Health Section

Click on the **Oral Health** section name in the **Peds QM** activity.
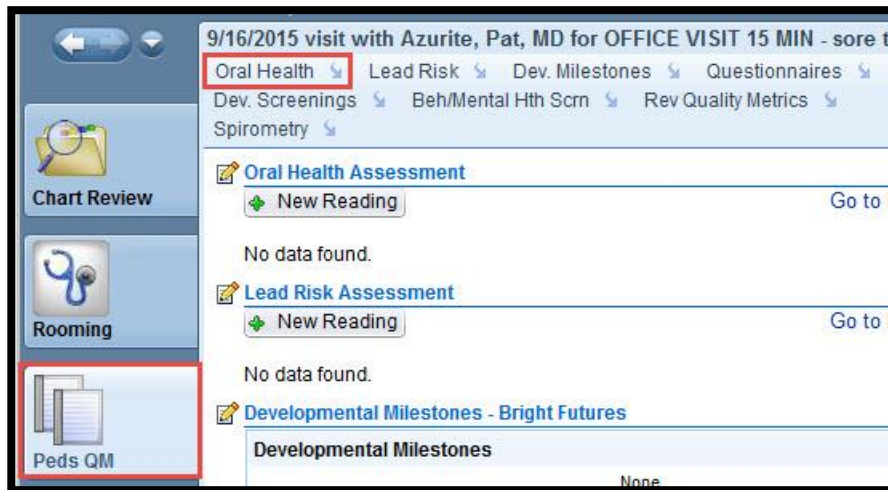
Initially, only a single question will appear in the section: *"Does the child have teeth?"* If the **Yes** button is clicked, additional screening questions will appear within the **Oral Health** section.

Oral Health Screening Questions

There are 8 questions related to oral health. **Rooming staff may record the responses for the first five questions only.** This includes the initial question and the first four screening questions. When rooming staff has completed documentation of these questions and secures the patient's chart, the responses are saved. **The remaining three 'assessment' questions must by completed by the provider.** **Workflows follow:**

9/16/2015 visit with Azurite, Pat, MD for OFFICE VISIT 15 MIN - sore throat

Oral Health 📝 | Lead Risk ⤵ Dev. Milestones ⤵ Questionnaires ⤵
Dev. Screenings ⤵ Beh/Mental Hth Scrn ⤵ Rev Quality Metrics ⤵
Spirometry ⤵

📝 Oral Health Assessment - Oral Health Assessment

Time taken: 1209 🕐 9/16/2015 📅 Show: Row Info | Last Filed | Detai
All Choices

Add Row | Add Group | Add LDA | Values By | Create Note

▽ **Dental Home Assessment and Caries Risk Screening**

📑 Does the child have teeth?	📄 [Yes] [No]	
📑 Has the child seen a Dentist in the last year?	📄 [0=Yes] [1=No]	
Does the child have his/her teeth brushed daily with toothpaste?	📄 [0=Yes] [1=No]	**Rooming or support staff may record responses to the first five questions.**
Has the child ever had cavities or fillings?	📄 [1=Yes] [0=No]	
Has the mother/primary caregiver had active/untreated cavities in the past year?	📄 [1=Yes] [0=No]	

Sidebar icons: Chart Review, Rooming, Peds QM, Notes, Plan, Procedure Doc

Assessment Questions – Provider ONLY

CAUTION!

*If when documenting responses to the screening questions above, staff indicates the child **has not seen a dentist** in the past year, additional provider questions appear. To continue documenting oral health measures for THIS visit, **the provider must select the Peds QM activity then the date/time stamp in the right of the Oral Health Assessment section in order** to resume the visit assessment.*

WARNING: *Clicking directly on the **Oral Health** section name itself begins a new assessment instead of continuing the assessment begun by staff. The next two screen shots demonstrate this workflow.*

1) Select the **Peds QM** activity tab
2) If you are not brought to the **Oral Health** section, click the blue arrow beside the section name to scroll to it.
3) Click the date/time stamp at the far right of the **Oral Health Assessment** section. This will allow you to reopen and continue the assessment previously begun by support staff.

IMPORTANT: <u>Only the provider</u> can complete the last three Oral Health ASSESSMENT questions **(labeled PROVIDER ASSESSMENT)**.

Record the Risk Assessment Result – based on total score

Once all screening and assessment questions are addressed, the system calculates a **Risk Assessment score** based on the responses.

Two additional rows then appear to record the final **Risk Assessment Result** and the **Risk Assessment Action**.

- Click the appropriate button to indicated if the child is low risk (score=0) or High/Moderate Risk (1 or greater).
- Click the appropriate button to indicate whether or not fluoride varnish was applied.

Related Charges and Reporting

The selected **Risk Assessment Result** flows to the CIR and charges for the assessment (CPT D0145 Oral Risk Assessment). MaineCare will eventually compensate providers for this.

If applying varnish, be sure to select "**Applied fluoride varnish**" as **Risk Assessment Action**. This will charge CPT D1206 automatically and the diagnosis, "Need for prophylactic fluoride administration," will be associated to the charges.

Oral Varnish Procedure Done in Office in Widescreen View

Order, Document and Charge for Oral Varnish for children when the Oral Health section is not present in the navigator

This document outlines the workflow required to order, document and charge for the oral varnish procedure during visit types that do not have the Oral Health section (example, visits with children over 48 months of age).

📝 Try It Out

Order the Procedure

1. In the **Meds & Orders section,** type 'varnish' in the **Search for new order** field and press ENTER.

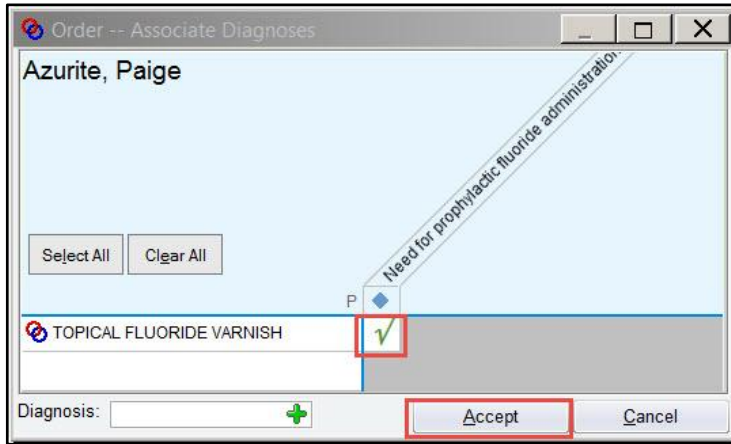2. Select the 'Topical Fluoride Varnish Procedure – PROD 1206' in the lookup window.

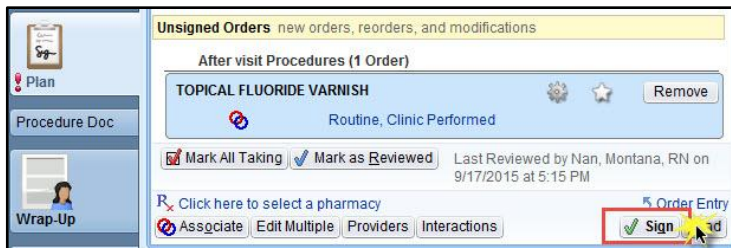*Make sure that the Type column says Procedures, NOT PR Charge or anything else*

3. Click the Associate button and search for an appropriate diagnosis such as 'Need for prophylactic fluoride administration' ICD-10 Z41.8.
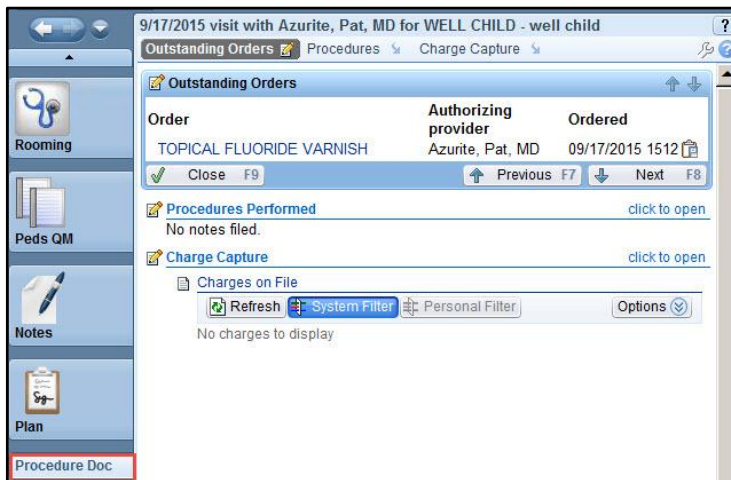
4. Associate the procedure order and diagnosis then click **ACCEPT**.

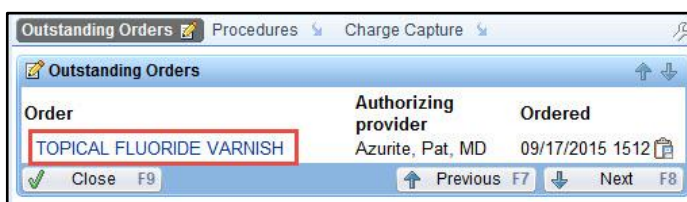5. Click the **Sign** button in the Meds & Orders section.

6. Select **Procedure Doc activity** to begin documenting the procedure.

Document and Charge for the Procedure

The last steps in the procedure workflow are to document the procedure and ensure that the procedure charges are dropped.

1. Click the blue hyperlink for the procedure in the **Outstanding Orders** section.

2. In the **Procedures** section:

A. If appropriate check the **Add to History** checkbox to the right of the procedure name.

B. Document the procedure note in the SmartTool enabled text box.

C. **VERY IMPORTANT**: When the procedure note is complete, click the **Sign** button at the bottom of this section. This is a critical step for charging.

If the procedure note was already documented in the Progress Notes section, enter a note to "see progress notes". If the procedure note is documented in this section, enter the SmartPhrase .procedurenotes in the Progress Notes section of the Visit Navigator to pull in the procedure note.

3. If finished with all visit documentation, close the encounter to drop the charges and finalize the visit.