

Take a 1st Look

A Healthy Smile = A Healthy Child

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1st Look Program

- Developed by Alabama Medicaid in partnership with the state's pediatric dentists and pediatricians.
- Began in January 2009
- We can all agree cavities are bad, especially bad for children.
- Evidenced-based care models for prevention based on anticipatory guidance and application of varnish to children who meet risk criteria

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Program Goals

The 1st Look program is designed to:

- Improve awareness of early childhood caries.
- Increase early prevention education.
- Enlarge the dental provider referral base.
- Provide anticipatory guidance.
- Apply fluoride varnishes.
- Refer children to a dental home.

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Qualified Physicians

- Limited to Patient 1st PMPs and their professional staff
- Must complete and successfully pass the Medicaid-approved training program to be reimbursed for these services
- A score of 75% on the post-test is required for successful completion.
- Physician has to be trained before other professional office staff members are eligible to be trained.

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Who Qualifies?

- Children between the ages of 6 months and 36 months
- Children must have at least two high-risk indicators using the AAPD Caries Risk Assessment Tool
- If a child has been seen by a dentist, the child does not qualify for the 1st Look program and the medical provider should not render services.





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Visit: 6 month, 9 month, 12 month, 15 month, 18 month, 24 month, 30 month, 3 years, 4 years, 5 years, 6 years, other _____








RISK FACTORS

-  Mother or primary caregiver had active decay in the past 12 months
Yes No
-  Mother or primary caregiver does not have a dentist
Yes No
-  Continual bottle/sippy cup use with fluid other than water
Yes No
-  Frequent snacking
Yes No
-  Special health care needs
Yes No
-  Medicaid eligible
Yes No

PROTECTIVE FACTORS

-  Existing dental home
Yes No
-  Drinks fluoridated water or takes fluoride supplements
Yes No
-  Fluoride varnish in the last 6 months
Yes No
-  Has teeth brushed daily
Yes No

CLINICAL FINDINGS

-  White spots or visible decalcifications in the past 12 months
Yes No
-  Obvious decay
Yes No
-  Restorations (fillings) present
Yes No
-  Visible plaque accumulation
Yes No
-  Gingivitis (swollen/bleeding gums)
Yes No
-  Teeth present
Yes No
-  Healthy teeth
Yes No

Caries Risk: Low High

Completed: Anticipatory Guidance Fluoride Varnish Dental Referral

Eligible Services/Billing

- 1st Look providers will be able to bill for initial oral assessment, once, under D0145 (oral exam < 3 years old, counseling)
- D0145 may be billed once by a medical provider and once by a dental provider for children age 6 months to 36 months.

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Eligible Services

- Provider may also bill for the application of fluoride varnish for high caries risk children under D1206 (topical application).
- Varnish procedure is for children 6 months to 36 months, although some states extend program through age 5 years.

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PEDIATRICS[®]

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Pediatrics Vol. 127 No. 3 March 1, 2011, pp. e682 -e689 (doi: 10.1542/peds.2010-1457)

RESULTS: Children enrolled in North Carolina Medicaid with ≥ 4 IMB visits experienced, on average, a 17% reduction in dental-caries–related treatments up to 6 years of age compared with children with no IMB visits. When we simulated data for initial IMB visits at 12 and 15 months of age, there was a cumulative 49% reduction in caries-related treatments at 17 months of age. The cumulative effectiveness declined because of an increase in treatments from 24 to 36 months, an increase in referrals for dental caries occurred with increasing time since fluoride application, and emergence of teeth not initially treated with fluoride.

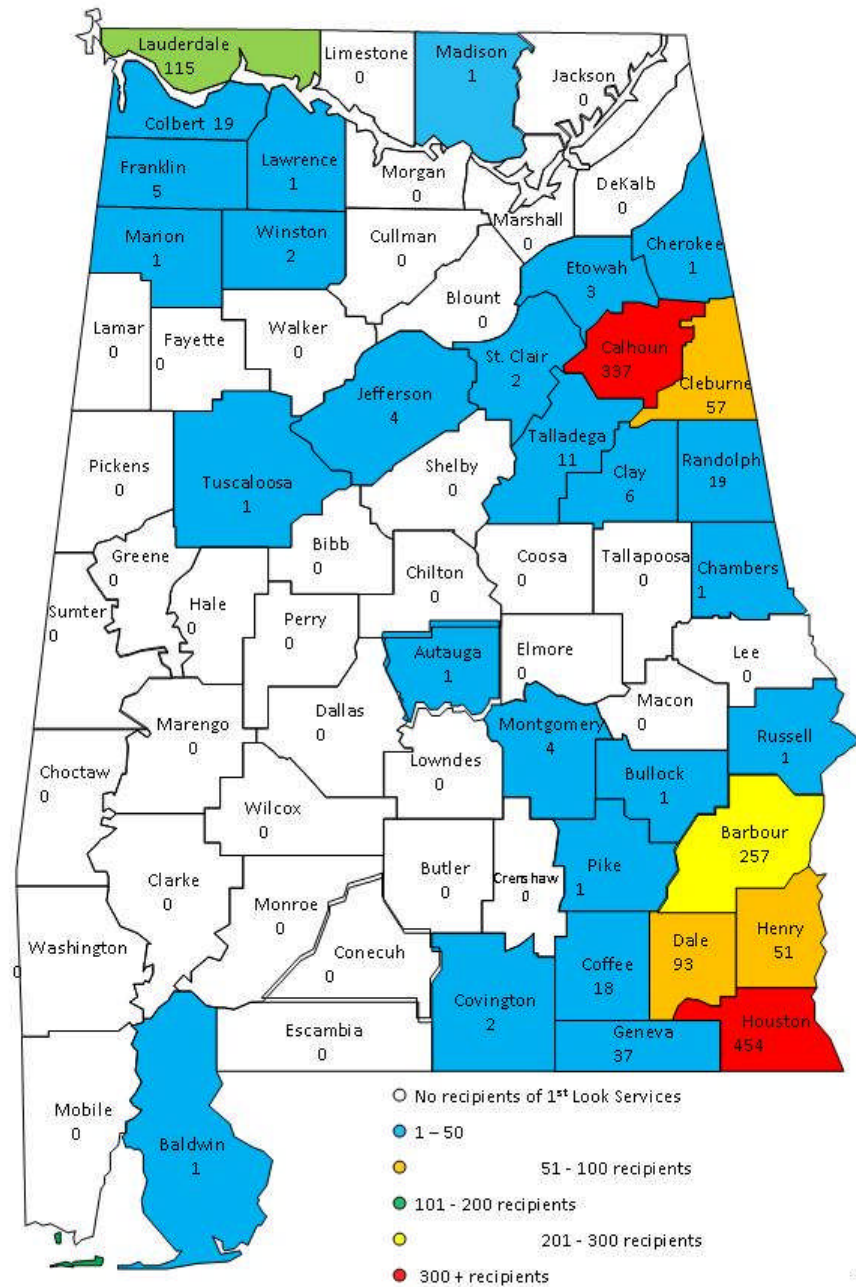
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Where we are in 2011

- Since program began, over 150 providers trained
- Over 2,000 applications of fluoride in centers around state
- Shoals region already seeing decreases in operative dentistry - anesthesia costs are down, improved oral health of patients

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1st Look Recipients by county FY2010 (N=1507)



2011

- ALL Kids begins services October 1, 2011
- Increasing the payors covering this service in the medical home will increase providers and access for at-risk children.
- There are at-risk children covered by private payors who do not have these services available.

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