

Chairside Guide

Northeast Delta Dental

 DELTA DENTAL®



HEALTH *through*
ORAL WELLNESS®



“Smile Coach”

Contact Information

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PreViser®:	1-888-854-0007
Northeast Delta Dental Customer Service:	1-800-832-5700
To access benefit lookup:	www.nedelta.com/Providers
HOW® website:	www.HealthThroughOralWellness.com
General PreViser® information and PreViser® University:	www.previser.com
To complete a risk assessment:	https://secure.previser.com/clinical

Summary of Enhanced HOW® Benefits

Extra Benefits—at No Extra Charge—for Those Who Need Them

1

Provider performs a PreViser® clinical oral health risk assessment* and submits it to Northeast Delta Dental electronically.

2

Patients with a qualifying score will receive enhanced preventive benefits automatically.

3

HOW® engages members to achieve their personal best oral and overall health.



Oral Health Condition	Benefits	CDT Codes	Frequency
Caries <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Risk Score 3-5 </div>	Caries Susceptibility Test Child Prophy or Adult Prophy or Scaling in the Presence of Gingival Inflammation Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants	D0425 D1120/D1110 D4346 D1206/D1208 D1310 D1330 D1351	Once per 12 months Combination up to 4 per 12 months ³ Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ¹ Once per 3 years ²
Periodontal Disease <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Risk Score 3-5 OR Gum Disease Score 4-100 </div>	Child Prophy or Adult Prophy or Scaling in the Presence of Gingival Inflammation Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	D1120/D1110 D4346 D1310 D1320 D1330 D4355 D4910	Up to 4 per 12 months ³ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴ Once in a lifetime ³ Up to 4 per 12 months ³

*To get your free PreViser® Oral Health Information Suite account, go to nedelta.com/Providers, log into Benefit Lookup, click on the HOW® registration link, and follow the on-screen instructions.

¹ Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.

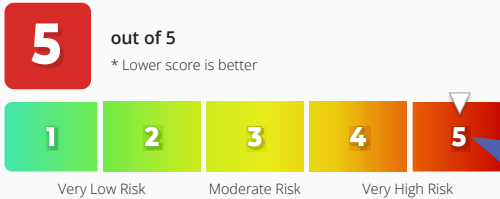
² Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.

³ Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.

⁴ Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Examples of Comprehensive Risk Assessment Scores

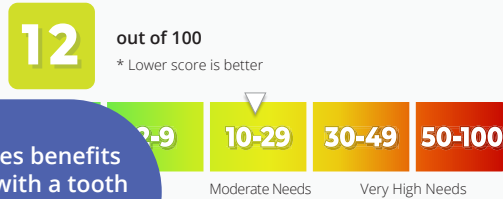
Tooth Decay Risk Score



The tooth decay risk score describes the likelihood that without appropriate home and professional care, the health of your teeth may worsen, resulting in tooth decay or breakdown of existing restorations.

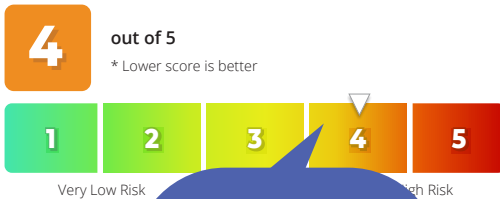
HOW Caries benefits activated with a tooth decay risk score of 3, 4, or 5

Restorative Needs Score



This score indicates that you have some active tooth decay or some restorations that may be failing. Your dental professional will recommend the best strategy to correct this situation.

Gum Disease Risk Score

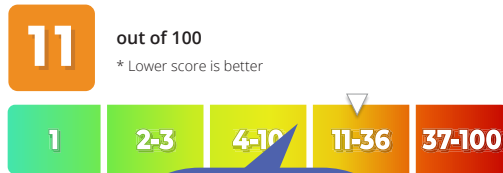


The gum disease risk score describes the likelihood that without appropriate home and professional care, the health of your gums may worsen, resulting in gum disease and the possible loss of teeth.

HOW Perio benefits activated with a gum disease risk score of 3, 4, or 5

OR

Gum Disease Score



Your score indicates that you have some active gum disease or some restorations that may be failing. Your dental professional will recommend the best strategy to correct this situation.

HOW Perio benefits activated with a gum disease score of 4-100

Caries Susceptibility Test D0425

CDT Code Book Description

- Not to be used for carious dentin staining

Various tests are covered under this code:

- Assess patient's possible caries risk based on saliva condition
- Test levels of Streptococcus Mutans and Lactobacilli
- Test hydration and salivary consistency
- Test saliva's pH

Documentation should include what condition you are testing, the brand of the diagnostic test kit you are using, and the result of the test. Include any specific information about what the results of the test achieved for the dental practice and how this information will be used for patient education.



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CDT Codes for Caries Risk Assessment

D0601 - Low Caries Risk
D0602 - Moderate Caries Risk
D0603 - High Caries Risk

ADA CDT
Code

PreViser[®] Caries
Risk Score

D0601



1 or 2

D0602



3

D0603



4 or 5

Please note: The above codes are **standardly covered** once every 12 months for patients age 3 and older.

Documentation Checklist for Oral Hygiene Instruction and Nutritional Counseling

HOW® evidence-based dental plans provide benefits for one oral hygiene instruction, nutritional counseling or tobacco counseling visit each year for patients assessed at moderate to high risk for dental caries or periodontal disease using the PreViser Oral Health Information Suite (OHIS). Moderate to high risk is indicated by an OHIS risk score of 3 or greater. Clinical notes for the date of service should document the specific topics discussed with the patient. Submission of clinical notes or narratives is not required when claims are submitted, but may be requested for quality assurance purposes.

Oral hygiene instructions (D1330):

- Tooth brushing technique
- Flossing and use of oral hygiene aids
- Prescription and OTC rinses or dentifrices for control of bacterial plaque
- Re-mineralization therapy
- Dispense written education materials

Nutritional counseling for control and prevention of oral disease (D1310):

- Review current dietary habits including consumption of sugared beverages and other cariogenic foods
- Counsel on food selection and dietary habits related to periodontal disease and caries
- Recommendations for diet changes including the use of sugar free alternatives
- Dispense written educational materials

This checklist provides examples of documentation that would qualify for payment of these codes.

Documentation for Tobacco Cessation Counseling and Tobacco Quit Resources

Tobacco counseling for control and prevention of oral disease (D1320):

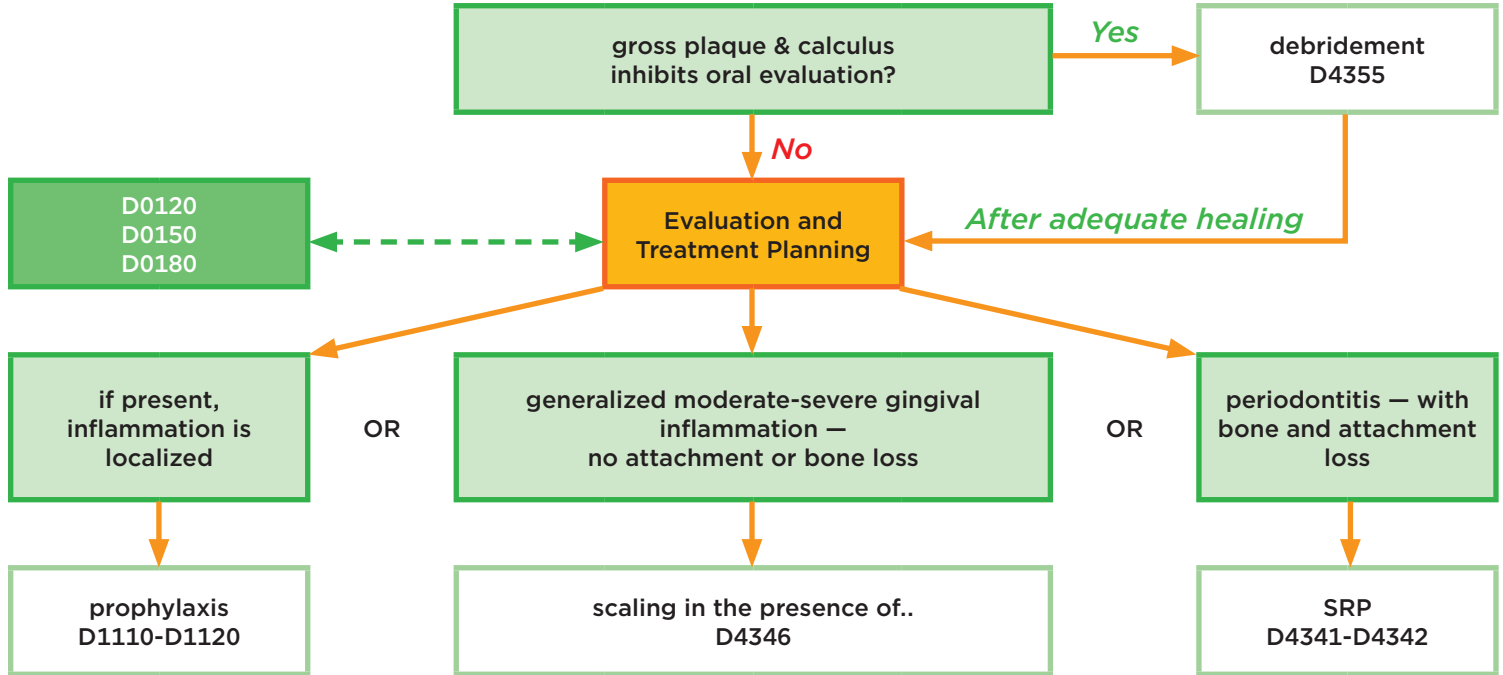
- Type and frequency of tobacco use to assess nicotine dependence
- Discussion of risks including oral cancer, periodontal disease and other condition
- Documentation of the patient's "readiness to quit", as well as confidence level
- Referral to an evidence-based tobacco treatment program such as a tobacco quit line which can offer counseling and other resources
- Documentation of any recommendations made and/or prescriptions written for anti-smoking medications including nicotine replacement therapy
- Provided written education materials and/or online resources



This checklist provides examples of documentation that would qualify for payment of these codes. This information is not required for submission of claims but may be requested for auditing purposes.

Hygiene Decision-Making Process

Decision Tree



ADA CDT Code	Nomenclature	Description
CDT Codes Related to the HOW® Program		
D0425	Caries susceptibility tests	Not to be used for carious dentin staining
D0601	Caries Risk Assessment and documentation, with a finding of low risk	PreViser Tooth Decay Risk Score 1 or 2
D0602	Caries Risk Assessment and documentation, with a finding of moderate risk	PreViser Tooth Decay Risk Score 3
D0603	Caries Risk Assessment and documentation, with a finding of high risk	PreViser Tooth Decay Risk Score 4 or 5
D1110	Prophylaxis - Adult	Removal of plaque, calculus, and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.
D1120	Prophylaxis - Child	Removal of plaque, calculus, and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors.
D1206	Topical application of fluoride varnish	
D1208	Topical application of fluoride-excluding varnish	
D1310	Nutritional counseling for control of dental disease	Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.
D1320	Tobacco Counseling for the control and prevention of oral disease	Tobacco prevention and cessation services reduce patient risks for developing tobacco-related oral diseases and conditions and improves prognosis for certain types of dental therapies.
D1330	Oral hygiene instruction	This may include instructions for home care. Examples include tooth brushing technique, flossing, and use of special oral hygiene aids.
D1351	Sealant - per tooth	Mechanically and/or chemically prepared enamel surface sealed to prevent decay.
D4346	Scaling in presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation	The removal of plaque, calculus and stains from supra-and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

ADA CDT Code	Nomenclature	Description
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Full mouth debridement involves the preliminary removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation. NOT to be completed on the same day as D0150, D0160, D0180.
D4910	Periodontal maintenance	This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring PD appears, additional diagnostic and treatment procedures must be considered.
CDT Code Reference for Radiographic Images		
D0210	Intraoral - complete series of radiographic images	A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.
D0220	Intraoral - periapical first radiographic image	
D0230	Intraoral - periapical each additional radiographic image	
D0240	Intraoral - occlusal radiographic image	
D0270	Bitewing - single radiographic image	
D0272	Bitewings - two radiographic images	
D0273	Bitewings - three radiographic images	
D0274	Bitewings - four radiographic images	
D0277	Vertical bitewings - 7 to 8 radiographic images	This does not constitute a full mouth radiographic series
D0330	Panoramic radiographic image	

How do you explain to patients that you are completing a PreViser® risk assessment for them?

Patient: What is a PreViser® risk assessment?

Clinician: It is a new technology in our office that lets us put a number to oral disease, and that makes it easy to track changes in your oral health over time. This is similar to knowing your cholesterol level or blood pressure. Let's see what your score is... You received a caries risk score of 3. This states that you are at moderate risk for developing caries in the future.

Patient: What can I do to get a better score?

Clinician: The caries risk score of 3 is due to your history of having had decay in the past (your existing restoration that is starting to breakdown, or the need to improve your oral hygiene, and/or the dry mouth you have due to your medications). But great news! It is possible for this risk score to improve! We want to aim for a risk score of 1! To get there, you will need to follow the home care routine that the dentist and I have set up for you.

Caries Risk Assessment: *Tooth Decay Risk Score*

- Describes the likelihood that without appropriate home and professional care, the health of the teeth may become worse, resulting in tooth decay or breakdown of existing restorations
- Risk scores range from 1 (very low) to 5 (very high)
- Scores determined by risk factors and disease indicators
- Factors used to determine tooth decay risk differ based on the age of the patient

Tooth Decay Risk Score

5

out of 5

* Lower score is better



Very Low Risk

Moderate Risk

Very High Risk



The tooth decay risk score describes the likelihood that without appropriate home and professional care, the health of your teeth may worsen, resulting in tooth decay or breakdown of existing restorations.

Caries Risk Assessment: *Restorative Needs Score*

- Describes the status of the teeth in a context of caries and restorations
- Scores range from 1-100
 - 1 means no natural teeth have caries or restorations
 - 2-9 means that there are 1 or more restorations, but all are sound and no caries exist
 - 10-100 means 1 or more teeth need to be restored. Score increases from 10 to 100 as the percentage of teeth that need to be restored and the percentage of restored teeth increases.
- Treatment is needed when the score is 10 or higher



Periodontal Disease Risk Assessment: *Gum Disease Risk Score*

- Describes the likelihood that without appropriate home and professional care, the health of the periodontium may worsen and teeth may be lost as a consequence of infection and inflammation
- Risk scores range from 1 (very low) to 5 (very high)
- Based on patient age, periodontal disease severity, smoking history, diabetic status, periodontal treatment history, furcation involvements, vertical bone lesions, subgingival calculus, and subgingival restorations



Periodontal Disease Risk Assessment: *Gum Disease Score*

- Describes the dentition's severity and extent of perio damage
- Scores range from 1-100
 - 1 indicates no periodontal tissue loss
 - Score of 2-3 indicates 1 or more sextants have gingivitis, but none have periodontitis
 - Score of 4 or greater indicates permanent periodontal tissue loss
 - Score of 100 indicates most severe and extensive loss of periodontal tissue
- Based on pocket depth, BOP, and bone loss

Gum Disease Score

20

out of 100

* Lower score is better

1

2-3

4-10

11-36

37-100



Your score indicates you have moderate bone loss and/or gum tissue damage typically associated with moderate periodontitis. This damage may be the result of current active disease or the results of damage you experienced in the past. Your likely treatment and on-going maintenance needs are significant.

Periodontal Disease Risk Assessment: *Gum Health Stability Score*

- Indication of how long periodontal status has been stable
 - Stability is defined by a previous gum disease score that is not appreciably different from the current score
 - Slight changes in pocket depth could be considered normal variation
- Score is pro-rated by days of stability between assessments with a max of 10 points per year
- In contrast to other scores, you want to see this score increase on subsequent risk assessments

Gum Health Stability Score



out of 100

* Higher score is better

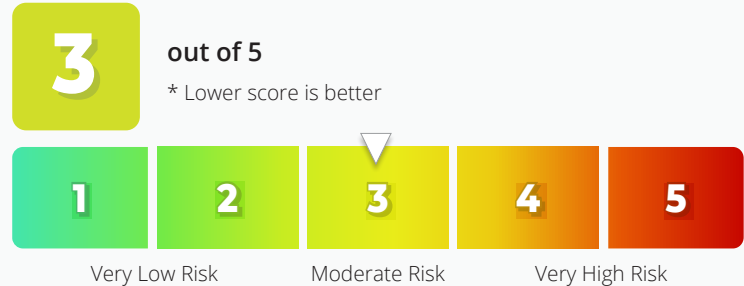


The gum health stability score informs whether or not your gum health is stable (unchanged [stable] or worsened condition). The first gum health assessment always results in a score of zero (0). As your gum health is assessed over time, the score will increase by 10 points for every year of gum health stability, reaching a maximum score of 100 indicating 10 years of stability. If your gum health worsens, the score will return to a score of zero (0).

Oral Cancer Risk Assessment: *Oral Cancer Risk Score*

- Describes the probability of your patient developing oral cancer
- Scores range from 1 (very low) to 5 (very high)
- Based on age, gender, oral cancer history, and the use of tobacco and alcohol
- Primary use of the oral cancer risk score is to alert your patients of their risk and counsel them about how they can reduce their risk based on the risk factors specific to them

Oral Cancer Risk Score



The oral cancer risk score describes the probability of developing mouth cancer as a result of your individual risk factors. These can include inherited factors as well as lifestyle factors.