



Dental Check is a dental program that integrates the goals and values of providing high-quality and cost-effective preventive dental care for Keystone First members ages 0 to 20, while incenting our dental providers with supplemental payments for partnering with us to improve clinical outcomes.



Keystone First



Keystone First is pleased to introduce Dental Check, a dental program that integrates the goals and values of providing high-quality and cost-effective preventive dental care for Keystone First members ages 0 to 20, while providing our dental providers with supplemental payments for partnering with us to improve clinical outcomes.

Goals

- ✓ To provide our dental providers with a unique opportunity to improve clinical outcomes and compensate them for their efforts.
- ✓ To address health care disparities to ensure our members with cultural and linguistic needs have access to the best possible dental care and services.

Dental Check program details:

To reduce risks related to poor dental hygiene and associated risks for dental caries for Keystone First members ages 0 to 20:

- ✓ Provide members ages 0 to 20 with a caries risk assessment (CAT) and corresponding documentation on the date of prophylaxis.
- ✓ Submit claims with CAT results using the appropriate risk stratification CDT procedure codes.
- ✓ Provide an additional prophylaxis and/fluoride treatment visit for members identified as high-risk in the CAT.



A key component of the Dental Check program is to provide quality dental care to a culturally diverse membership. To be successful in meeting this goal, the full engagement of our provider network is crucial. We encourage you to take advantage of the free Cultural Competency Oral Health Provider continuing education (CE) training opportunity offered at the following site: <https://thinkculturalhealth.hhs.gov/education/oral-health-providers>. Training participants may earn up to 6 CE credits.

Join us in reducing risks related to poor dental hygiene and associated risks for dental caries for Keystone First members ages 0 to 20 by providing these services:

- ✓ Complete the American Dental Association (ADA) CAT form (0 – 6 years of age or > 6 years of age)* on the date of prophylaxis.
- ✓ Submit CAT results using the appropriate risk stratification CDT procedure codes.
- ✓ Provide an additional prophylaxis and fluoride treatment for members identified as high risk in the CAT. These additional services can be provided at a 90-day interval, after the date of the initial prophylaxis, without additional authorization from Keystone First. Reimbursement for this treatment will be in accordance with the terms of your participation agreement with Keystone First.

Effective for dates of service on or after June 1, 2023, Keystone First will make supplemental payments in accordance with the below fee schedule for caries risk assessments completed for eligible Keystone First members:

Code	Description	Supplemental Payment	Service Limitations
D0601	Caries risk assessment with a finding of low risk	\$10.00	One per member per 180 days
D0602	Caries risk assessment with a finding of moderate risk	\$10.00	
D0603	Caries risk assessment with a finding of high risk	\$10.00	

*Please refer to the ADA CAT form for complete details and instructions. Do not submit the form. Please keep the completed form in the member's dental file. For additional forms, please visit <http://www.ada.org>.

Caries Risk Assessment Form (Age 0-6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V.	Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply		
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk:

☐ Low

☐ Moderate

☐ High

Instructions for Caregiver:

Caries Risk Assessment Form (Age 0-6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.

Caries Risk Assessment Form (Age >6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk:

☐ Low

☐ Moderate

☐ High

Patient Instructions:

Caries Risk Assessment Form (Age >6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

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Contact Us

Dental Provider Services

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Meet your dental Account Executives

For more information about Keystone First’s dental program, please contact your dental Account Executive.

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