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 I
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 offer 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/OHRReimbursementChart.pdf](http://www2.aap.org/oralhealth/docs/OHRReimbursementChart.pdf). However, please check with your individual state as their procedures change frequently without uniformity!

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**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 not 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)*

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**Patient Questions:**

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

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**Health Care Provider History and Oral Exam:**

| Exposure to fluoride (toothpaste, rinse, Rx) | Yes | No |
| Physical, behavioral or cognitive factors interfering with oral care (special needs, drug/alcohol overuse, tobacco use) | No | Yes |
| Frequent vomiting/acid reflux (daily) | No | Yes |

EXAM:

| Visible, heavy plaque on teeth | K03.6 |
| Visible cavities (including white spot lesions) | K02.9 |
| Gingivitis | K05.10 |
| Fillings, crowns, retainers, braces, removable appliances | Z98.811 |
| Suspicious lesion on buccal mucosa, gingiva, tongue | K13.70 |

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**Management Guidelines:**

**Referral to Dental Care:**

- **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 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
  - Anti-bacterial rinse to decrease oral bacteria
  - Gum with xylitol as first ingredient
  - Topical fluoride every 3 months
  - Evaluate medications to modify xerostomia

**Self Management Goals**

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

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### Mother or Caregiver Questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your family have a dentist where you go to get your teeth cleaned and taken care of? If yes, who/where:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>When was the last time your child went to the dentist?</td>
<td>N/A due to age</td>
<td>Within the last six months</td>
</tr>
<tr>
<td>Do you (parent or caregiver) have a cavity now or have you had a filling in the past three years?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Have brothers or sisters had cavities?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>When was your child's last cavity?</td>
<td>N/A due to age</td>
<td>No cavities in last year</td>
</tr>
<tr>
<td>Does your child drink anything other than water in between meals?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child drink anything other than water while in bed?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child drink water with fluoride?</td>
<td>Don't know</td>
<td>No water at all</td>
</tr>
<tr>
<td>How often are your child's teeth brushed with fluoride toothpaste?</td>
<td>At least daily</td>
<td>Less than daily</td>
</tr>
</tbody>
</table>

### Health Care Provider History and Oral Exam:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Low</th>
<th>High</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of topical fluoride varnish application (special needs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, behavioral or cognitive factors interfering with oral care</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXAM: Gingivitis (reported or observed OR risk from Rx/disease)</td>
<td>K05.10</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease)</td>
<td>R68.2</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White spots lesions or tooth decay</td>
<td>K02.9</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings or crowns present</td>
<td>298.811</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visible plaque on teeth</td>
<td></td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral candidiasis</td>
<td>B37.0</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Self Management Goals

- Regular dental visits
- Brush twice daily
- Use F- toothpaste
- Dental treatment for parents
- Healthy snacks
- Water between meals
- Xylitol gum/mints
- Less junk food/candy
- Wean off bottle
- Only water in nighttime bottle or cup
- Drink water with fluoride toothpaste
- Less junk food/candy
- Wean off bottle
- Only water in nighttime bottle or cup

### Management Guidelines:

#### Oral Health Instructions

- Twice daily brushing with OTC fluoridated toothpaste the size of a grain of rice
- Avoid saliva sharing and pacifier cleaning
- Healthy teeth for speech development and nutrition
- Set diet and oral hygiene self-management goals

#### Clinical Management

- Oral health assessment every 6 months by primary care provider
- Dental care by 1 year
- Oral health assessment every 6 months by primary care provider
- Dental care by 1 year
- Oral health assessment every 6 months by primary care provider
- Dental care by 1 year
- Oral health assessment every 3 months by primary care provider
- Expedited dental referral
- Family dental care referral
- PCP/Dental co-management with care coordination
- Oral health assessment every 6 months
- Topical fluoride varnish every 6 months
- Family dental care referral
- PCP/Dental co-management with care coordination
- Oral health assessment every 6 months
- Topical fluoride varnish every 6 months
- Family dental care referral
- PCP/Dental co-management with care coordination
- Oral health assessment every 12 months by primary care provider
- Assure dental home
- Oral health assessment every 6 mos. w/ dental and every 12 mos. w/ PCP
- Topical fluoride varnish every 6 months
- Fluoride rinse 2x/day for decay
- Prescribe antibacterial rinse to decrease oral bacteria
- Oral health assessment every 3 mos. w/ dental and every 12 mos. w/ PCP
- Expedited dental referral
- Topical fluoride varnish every 3 mos. (PCP or Dental)
- Fluoride rinse 2x/day for decay
- Prescribe antibacterial rinse to decrease oral bacteria
- PCP/Dental co-management with care coordination.

### Referral to Dental Care:

- Not Indicated
- Routine
- Expedited

### Applied Fluoride Varnish

- Yes
- No

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**History of topical fluoride varnish application**

- Yes
- No

**Physical, behavioral or cognitive factors interfering with oral care**

- Yes
- No

**EXAM:**

- Gingivitis (reported or observed OR risk from Rx/disease)
  - K05.10
- Dry mouth/ Xerostomia (reported or observed OR risk from Rx/disease)
  - R68.2
- White spots lesions or tooth decay
  - K02.9
- Fillings or crowns present
  - 298.811
- Visible plaque on teeth
  - No
- Oral candidiasis
  - B37.0

**Self Management Goals**

- Regular dental visits
- Brush twice daily
- Use F- toothpaste
- Dental treatment for parents
- Healthy snacks
- Water between meals
- Xylitol gum/mints
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- Wean off bottle
- Only water in nighttime bottle or cup
- Drink water with fluoride toothpaste
- Less junk food/candy
- Wean off bottle
- Only water in nighttime bottle or cup

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