

Care Coordination in a Community Health Center with Integrated Scheduling and Electronic Health Records

Dr. Vasquez is the primary care provider for Elena Thompson, a 42-year-old woman with a history of hypertension and opioid use disorder (OUD). She lives with her two young daughters and her husband. She is prescribed amlodipine 5mg for her hypertension and buprenorphine/naloxone 8mg/2mg which she takes three times daily for her OUD. At their quarterly visit, Elena's BMI is 24, HR 67, BP 128/84 and temperature 97.8. Her urine toxicology screen is positive for buprenorphine but no other substances. Elena tells Dr. Vasquez that she would like to return to work as a paralegal but feels very anxious about interviewing for jobs because of her "bad teeth."

Clinical Data Elements	Recommended Coding
Medical History: 42-year-old woman with a history of hypertension and opioid use disorder (OUD)	<ul style="list-style-type: none"> I10 - Essential (Primary) Hypertension F11.20 - Opioid dependence, uncomplicated
Vital Signs: BMI is 24, HR 67, BP 128/84 and temperature 97.8	Because the patient already has a diagnosis of hypertension coding for the elevated BP is not indicated. Coding for the normal BMI is also not indicated.
Medications: amlodipine 5mg for her hypertension and buprenorphine/naloxone 8mg/2mg which she takes three times daily for her OUD.	Though documentation of the medications is important, there is no specific ICD or CPT coding required.

Elena reports that her last dental visit was about twelve years ago, when she had a terrible toothache and was seen at a dental school clinic for a tooth extraction. She states that her teeth used to be very painful, but that they do not currently hurt her. Dr. Vasquez performs an oral exam and notes that Elena's maxillary incisors are decayed to the roots and the gingiva looks erythematous, swollen and bleeds easily. Several mandibular and maxillary molars are fractured and softened by decay. There is no exudate or focal swelling. There is no submandibular or cervical lymphadenopathy.

Clinical Data Elements	Recommended Coding
Exam Findings: maxillary incisors are decayed to the roots and the gingiva looks erythematous, swollen and bleeds easily. Several mandibular and maxillary molars are fractured and softened by decay. There is no exudate or focal swelling. There is no submandibular or cervical lymphadenopathy.	<ul style="list-style-type: none"> K02.63 - Dental caries on smooth surface, penetrating into pulp K02.5 - Dental caries on pit and fissure surface (There is not enough detail in the case, though the teeth are cracked, to know if the decay on the molars goes beyond enamel into dentin or pulp.) K05.10 - Chronic gingivitis-plaque induced (Assumption this is chronic due to the fact she has not seen dentist in 12 years and the extent of decay.) K03.81 - Cracked tooth
Laboratory: urine toxicology screen is positive for buprenorphine but no other substances.	Did not code for the urine tox as it was likely done at an external lab and billed for there.
Referral: Referral for dental care	Though documentation of the referral is important, there is no specific ICD or CPT coding for referrals.

At the end of the visit, Dr. Vasquez arranges for his medical assistant to make a follow-up appointment with him as well as a dental appointment at the clinic within the community health center. Because the health center uses an integrated scheduling system, both visits can be scheduled by health center staff.

One week later, Elena has her first visit with Dr. Ullman. Her vital signs are collected at the start of the visit and entered into the combined electronic health record. Dr. Ullman takes a comprehensive medical history and asks additional questions about Elena’s prior substance use disorder. Elena reports that she primarily used prescription opioids she purchased from friends or others in the community but did inject heroin several times during the five years she had severe opioid use disorder. She has never experienced an overdose. She desired to stop using opioids eight years ago when she first met her now-husband. She has been on a stable dose of Suboxone since then, when she first became a patient of Dr. Vasquez. She now keeps intranasal naloxone in her purse in case she witnesses an overdose.

Dr. Ullman conducts a comprehensive oral exam including radiographs and confirms for Elena that several of her teeth are nonrestorable. She charts occlusal caries on #2, 4, 13, 14, 18, and 30, as well as MODBL decay and loss of coronal tooth structure of #3, and #19. She notes that #8 has a periapical radiolucency and that both #8 and #9 test negative for pulpal vitality. Given the extensive loss of tooth structure, she thinks that neither anterior tooth is restorable.

Clinical Data Elements	Recommended Coding
<ul style="list-style-type: none"> Comprehensive oral exam Complete set of radiographs Pulp vitality testing 	<ul style="list-style-type: none"> D0150 - Comprehensive oral exam D0210 - Intraoral complete series D0460 - Pulp vitality tests

They discuss several options for restoration of Elena’s anterior dentition, as Elena is most concerned this will affect her job seeking. Elena is concerned about the cost of dental implants and, in discussion with Dr. Ullman, elects to have a removal partial denture fabricated that she can wear until implants are more financially feasible for her.

Clinical Data Elements	Recommended Coding
<ul style="list-style-type: none"> Occlusal composite restorations for #4, 13 Occlusal amalgam restorations for #2, 14, 18, 30 Planned simple extraction of #3, 8, 9, and 19 Maxillary removable partial denture 	<ul style="list-style-type: none"> D2391 - Resin-based composite - one surface, posterior D2140 - Amalgam - one surface, primary or permanent D7140 - Extraction, erupted tooth or exposed root (elevation and/or forceps removal) D5221 - Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth

These billing codes represent a proposed treatment plan, which could be altered to different procedures based on clinical needs at the time of intervention.

Elena expresses concern about pain management after having several teeth extracted. “I was told Suboxone blocks my body from being affected by opioids. Will I have to stop taking it before my dental extractions?” She asks. She is also worried about being prescribed opioids for pain because of her opioid use disorder.

Dr. Ullman sends a HIPAA-compliant message to Dr. Vasquez through the electronic health record sharing her treatment plan for Elena and asking for advice about an effective pain management plan. Dr. Vasquez responds, confirming for Dr. Ullman that practice guidelines recommend that Elena continue to take Suboxone and that judicious opioids could be used in addition if further analgesia is needed. Dr. Ullman tells Dr. Vasquez that she does not routinely prescribe opioids after dental extraction for most of her patients.

Before her operative visit, Dr. Ullman and Elena speak over the phone to confirm a multimodal analgesia plan including heat therapy, ibuprofen 800mg TID, and acetaminophen 500mg TID. Elena is very relieved that she will continue taking her Suboxone.

On the day of the procedure, Dr. Ullman's dental assistant measures Elena's blood pressure, which is 136/88. Her pulse is 95, which she states is because she feels nervous. Dr. Ullman extracts #3, 8, and 9 as simple extractions, while #19 is extracted surgically by raising a flap and removing some alveolar bone with a handpiece. An immediate removable partial prosthesis is placed over the extraction sockets at the visit. The next day, the dental clinic receptionist calls Elena to check on her. She reports that there is some soreness and swelling, but she feels her pain is well-controlled on the regimen Dr. Ullman prescribed.

Clinical Data Elements	Recommended Coding
<ul style="list-style-type: none"> Simple extraction of #3, 8, and 9 Surgical extraction of #14 Immediate maxillary removable partial denture 	<ul style="list-style-type: none"> D7140 - Extraction, erupted tooth or exposed root (elevation and/or forceps removal) D7210 - Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated D5221 - Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)

Dr. Vasquez is able to see the procedure note in Elena's health record, as well as subsequent progress notes by Dr. Ullman describing composite restorations on #4DO, 13MO and amalgam restorations of #2O, 14O, 18O and 30O. At their next quarterly visit, Elena greets him with a confident smile. She has already had three job interviews and has been referred by Dr. Ullman to a dental school for more affordable dental implant consultation.

Clinical Data Elements	Recommended Coding
<ul style="list-style-type: none"> Distocclusal composite restoration of #4, mesiocclusal composite restorations for 13 Occlusal amalgam restorations for #2, 14, 18, 30 	<ul style="list-style-type: none"> D2392 - Resin-based composite - two surfaces, posterior D2140 - Amalgam - one surface, primary or permanent