

NOTE: Safety Net Solutions does not see itself as a subject matter expert for the creation of clinical care guidelines. Shared here are guidelines we have encountered in our work and have shared with our Expert Advisors and with other subject matter experts that we feel programs should be aware of or should consider. In the end, it is a professional's personal decision as to what types and amounts of clinical care they provide.

# CLINICAL GUIDELINES

## Purpose

To ensure that all patients of [insert name of dental program] receive the same level of care.

## Policy

Clinical guidelines are just that, guidelines that help provide a framework for consistency in the approach to patient care at [insert name of dental program]. However, these clinical guidelines should be integrated with your credentialed provider's clinical judgment and your patients' needs and preferences. Whenever a provider's clinical judgment results in a deviation from these guidelines, he/she will thoroughly document the reason(s) in the patient's chart. The ADA Standards of Care and Code of Ethics should be considered in all decisions related to patient care.<sup>1,2</sup>

Clinical guidelines should be reviewed regularly by the Dental Director to ensure the standard of care continues to be met. Any changes made will be communicated to all staff by the Dental Director. Through the Quality Assurance audit process, the Dental Director ensures that patient care in the dental program meets or exceeds the standard of care.

## Radiographic Guidelines

All recommendations for radiographs are in accordance with the ADA<sup>3</sup> and AAPD<sup>4</sup> guidelines, as well as supervision in accordance with state practice laws. Radiograph selection should be subject to clinical judgment and may not apply to every patient. These guidelines should be used by the supervising dentist or dental hygienist (within the scope of their supervision levels), after reviewing the patient's dental and health history. Providers are expected to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

<sup>1</sup> <http://ebd.ada.org/en/evidence/guidelines>

<sup>2</sup> <http://www.ada.org/en/about-the-ada/principles-of-ethics-code-of-professional-conduct>

<sup>3</sup> ADA guidelines: "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" Revised 2012. Retrieved from:

[http://www.ada.org/~media/ADA/Member%20Center/Files/Dental\\_Radiographic\\_Examinations\\_2012.ashx](http://www.ada.org/~media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx)

<sup>4</sup> Guideline on Prescribing Dental Radiographs for Infants, Children, Adolescents and Persons with Special Health Care Needs. American Academy of Pediatric Dentistry. Reaffirmed 2012. Retrieved from:

[http://www.aapd.org/media/Policies\\_Guidelines/E\\_Radiographs.pdf](http://www.aapd.org/media/Policies_Guidelines/E_Radiographs.pdf)

## All New Adult Patients

- All new adult patients with clinical evidence of generalized oral disease and who have not had dental radiographs within the last 12 months will receive intraoral radiographs. If a patient has not had a full mouth series of radiographs within the last 3 years, a full mouth set of radiographs will be taken. Alternative radiographs for adults will be 4 posterior bitewing radiographs with selected periapical images if indicated or a panoramic exam.

## All New Pediatric Patients

All new child patients who have not had dental radiographs within the last 12 months will receive intraoral radiographs.

- **Children with only Primary Dentition:** Anterior occlusal radiographs or selected periapical radiographs and/or bitewings if interproximal surfaces cannot be seen clinically.
- **Children with Transitional Dentition (after eruption of first permanent tooth):** bitewings with panorex radiograph or bitewings with anterior occlusal radiographs.
- **Adolescents with Permanent Dentition (before eruption of 3<sup>rd</sup> molars):** 4 bitewings with panorex radiographs or 4 bitewings with anterior occlusal radiographs. A full mouth series of radiographs should be taken if the patient has clinical evidence of generalized dental disease or history of extensive dental treatment.

## All Patients of Record

- **Recall patients with clinical caries or moderate to high risk for caries:**
  - 2-4 bitewing radiographs at 6-12 month intervals
- **Recall patients with no clinical caries and at low risk for caries:**
  - **Children:** 2 bitewings every 12 - 24 month intervals
    - Panorex at age 6 and every 3-5 years there after
  - **Adolescents:** 4 bitewings at 12-24 month intervals
    - Panorex at age 12 and 18, until 3<sup>rd</sup> molars are fully developed or extracted
  - **Adults:** 4 bitewings at 24-36 month intervals
    - Panorex at age 18 and every 3-5 years after unless presence of periodontal disease or deemed necessary by supervising dentist

## Treatment Guidelines

- Periodic Exams:
  - Providers should make every effort to ensure that periodic exams are done at the same time as the prophylaxis visit, to guard against “unbundling.”
  - All patients must have at least one periodic exam with the dentist per calendar year.

- If a patient is in a perio maintenance program, a periodic exam must be scheduled for them at a frequency of twice per calendar year.
- Treatment Plans:
  - Clinical staff must document, prioritize, and update every patient's treatment plan at each visit.
- Sealants:
  - Providers should place sealants on as many eligible teeth as possible during the visit given time constraints and patient cooperation.
- Restorative:
  - Providers should restore as many treatment planned restorations as possible during the visit, considering the time constraints of the appointment, what is ethical, and what is tolerable to the patient. The goal should be at least 2 restorations within one quadrant (if applicable) per visit.
- Emergency Visits:
  - The dentist should provide definitive care during the emergency visit whenever possible.
  - Some states cover D0140 for emergencies while others cover D9110 – verify which code is covered through your Medicaid rules and regulations. Use one of the above codes or a smart code, to track emergency appointments.

## Sample Visit Guidelines

### All New Adults

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#### First Visit

- Comprehensive exam
- Full mouth perio probing
- Radiographs (according to ADA guidelines)
- Treatment plan
- Prophylactic or gross debridement
- Detailed home care instruction (OHI)

#### Subsequent Visits

- Quadrant scaling (SRP)/ treatment planned restorative services

### Adult Recall Patients

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#### Recare Visits

***If provided by Dentist:***

Periodontal evaluation  
 Radiographs (according to ADA guidelines)  
 Prophy/perio maintenance  
 Treatment plan

***If provided by Hygienist:***

Periodontal evaluation  
 Radiographs (according to ADA guidelines)  
 Prophy/perio maintenance  
 Provisional treatment plan

Home care instructions (OHI)

Home care instructions (OHI)

Periodic exam

Periodic exam (completed by dentist)

### Subsequent Visits

- Confirm treatment plan and treatment plan phases
- Provide services as needed according to the phased treatment plan

## New Pediatric Patients

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### First Visit

#### *If provided by Dentist:*

Comprehensive exam  
Caries risk assessment  
Periodontal evaluation  
Radiographs (according to ADA guidelines)  
Prophy  
Fluoride treatment  
Treatment plan  
Home care instructions (OHI)

#### *If provided by a Hygienist:*

Oral screening  
Caries risk assessment  
Periodontal evaluation  
Radiographs (according to ADA guidelines)  
Prophy  
Fluoride treatment  
Provisional treatment plan  
Home care instruction  
Comprehensive exam (completed by Dentist)

### Subsequent Visits

- Confirm treatment plan and treatment plan phases
- Provide sealants, restorative services and/or follow up treatment as required according to the phased treatment plan

## Pediatric Recare Visits

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### Recare Visits

#### *If provided by Dentist:*

Periodic exam  
Caries risk assessment  
Periodontal evaluation  
Radiographs (according to ADA guidelines)  
Prophy  
Fluoride treatment  
Treatment plan  
Home care instructions (OHI)

#### *If provided by Hygienist:*

Oral screening  
Caries risk assessment  
Periodontal evaluation  
Radiographs (according to ADA guidelines)  
Prophy  
Fluoride treatment  
Provisional treatment plan  
Home care instructions (OHI)  
Periodic exam (completed by Dentist)

### Subsequent Visits

- Confirm treatment plan and treatment plan phases
- Provide sealants, restorative services and/or follow-up treatment as required according to the phased treatment plan