



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Dental Providers
Date: November 9, 2023
Subject: Caries Risk Assessment Form and Instructions

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) will reimburse dental providers for submitting a CDT Code for Caries Risk Assessment (CRA). CDT Codes D0601 for Low Risk, D0602 for Moderate Risk, and D0603 for High Risk will be used for reimbursement and to assess the oral health disease prevalence in the District of Columbia for AmeriHealth Caritas DC enrollees.

The attached form should be used for all ages as a Universal CRA Form and will need to be available for review in the patient treatment record. It is important to review the form for an accurate assessment and for future evaluation at each subsequent office visit to see if there is a reduction in risks for your patients. If you so desire, the form can be completed by office staff with our assistance.

AmeriHealth Caritas DC strives to address the oral health concerns of the community we serve through our advocacy and your assistance. The CRA will allow us to establish a baseline assessment for what we hope will be an improvement in the oral health status of the community via the reduction of caries risk. As we know, this will also influence the overall health of our enrollees for the better.

Instructions

Please enter the score for each line and add to get a total in each column. The scoring parameters are listed at the bottom of the form with the associated CDT Code for claims submission.

This submission should only apply in association with D0150 the Comprehensive Oral Evaluation and D0120 the Periodic Oral Evaluation. DO NOT SUBMIT WITH ANY OTHER EVALUATION CDT CODES.

Thank you for your cooperation and we look forward to improving the oral health of our community through your assistance with the CRA Form.

If you have questions about this communication, please contact Dental Provider Services at 1-855-609-5170.

Sincerely,



Nathan Fletcher, DDS
Dental Director

Universal Caries Risk Assessment Form *(ALL AGES)*

Patient's First Name:		Patient's Last Name:		Date of Birth:	
Provider Name:				Date of Assessment:	
		Low Risk (0 Points)	Moderate Risk (1 Point)	High Risk (2 Points)	
Contributing Conditions		Check all conditions that apply			
1.	Fluoride Exposure (drinking water, supplements, professional applications, toothpaste)	<input type="radio"/> Yes	<input type="radio"/> No		
2.	Sugary Foods or Drinks (juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<input type="radio"/> At mealtimes		<input type="radio"/> Frequent or prolonged exposure	
3.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 0 -14 only)	<input type="radio"/> No carious lesions in last 24 months	<input type="radio"/> Carious lesions in last 7-23 months	<input type="radio"/> Carious lesions in last 6 months	
4.	Dental Home (established patient of record, receiving regular dental care in a dental office)	<input type="radio"/> Yes	<input type="radio"/> No		
General Health Conditions		Check all conditions that apply			
1.	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="radio"/> No	<input type="radio"/> Yes (> 14 years)	<input type="radio"/> Yes (ages 0-14)	
2.	Chemo/Radiation Therapy (patients >6 years old only)	<input type="radio"/> No		<input type="radio"/> Yes	
3.	Eating Disorders (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
4.	Medications that Reduce Salivary Flow (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
5.	Drug/Alcohol (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
Clinical Conditions		Check all conditions that apply			
1.	Visual or Radiographically Evident Restorations/ Cavitated or Non-cavitated (incipient) Carious Lesions	<input type="radio"/> No (No carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (1-2 carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (≥3 carious lesions or restorations in last 24 months) (4 POINTS)	
2.	Teeth Missing Due to Caries	<input type="radio"/> No		<input type="radio"/> Yes	
3.	Visible Plaque	<input type="radio"/> No	<input type="radio"/> Yes		
4.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="radio"/> No	<input type="radio"/> Yes		
5.	Salivary Flow	<input type="radio"/> Visually Adequate	<input type="radio"/> Visually Inadequate (< 6 y/o)	<input type="radio"/> Yes (Severe dry mouth >6 y/o)	
6.	Exposed Root Surfaces Present (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
7.	Restorations with Overhangs and/or Open Margins; Open contacts with Food Impaction (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
8.	Unusual Tooth Morphology that compromises oral hygiene (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes		
Overall Caries Risk		<input type="checkbox"/> LOW (0-1 Points)	<input type="checkbox"/> MODERATE (2-4 Points)	<input type="checkbox"/> HIGH (5+ Points)	
CDT Codes		D0601	D0602	D0603	