

Number: 901

Title: Maternal and Child & Adolescent Oral Health Services

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code §135.15; Iowa Administrative Code 641 IAC 50, 641 IAC 76; Social Security Act Title V Sec 506 [42 USC 706]

Policy

Maternal Health and Child & Adolescent Health Contractors are responsible for improving the availability and quality of services to improve oral health for infants, children, adolescents, and pregnant women.

Procedure

Through the core public health functions of assessment, policy development, and assurance, Contractors work to develop comprehensive oral health service systems by:

1. Building public health services and systems,
2. Providing enabling services to assure access to dental care, and
3. Providing gap-filling direct dental services.

Contractors provide these services based on community needs assessment and as specified in the approved application plan on file with the Iowa Department of Health and Human Services (HHS or Department).

Contractors must provide services in accordance with the MCH Pyramid levels. See Policy 102 Purpose and Framework of the CAH Program.

Examples of **Public Health Services and Systems** activities regarding oral health include:

1. Surveying dental offices to identify oral health care accessibility in the service area
2. Establishing regular, personal contact with dentists to advocate for children, pregnant people and families
3. Developing referral tracking systems with local dental offices
4. Educating and training physicians on oral health
5. Conducting MCAH staff trainings to develop oral health education, care coordination and referral protocols
6. Establishing relationships with school health staff to assure oral health education and prevention services
7. Developing and presenting oral health information for the board of health
8. Participating in the local Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP) process
9. Conducting strategic planning with local oral health coalitions and other forums to assess community oral health needs
10. Planning and implementing activities with community partners, such as "Give Kids a Smile Day"
11. Organizing open mouth surveys
12. Providing oral health education for Head Start parents or prenatal classes

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13. Providing oral screenings at a community event (e.g. health fair)
14. Providing oral screenings for open mouth surveys
15. Providing gap-filling screenings for children unable to meet the school dental screening requirement
16. Promoting the importance of oral health
17. Sharing oral health information with local organizations that have interest in the health of women and children
18. Meeting with childcare providers to evaluate and implement oral health programs
19. Coordinating the school dental screening requirement with local boards of health, schools and providers
20. Promoting early oral health care through hospital delivery centers, pediatricians and/or obstetrician/gynecologists

Examples of **Enabling** activities regarding oral health include:

1. Dental care coordination
2. Outreach to dentists to accept referrals
3. Referrals to dentists, medical providers, and community resources
4. Translation/interpretation services
5. Arranging transportation services for clients
6. Outreach and enrollment assistance for public or private dental insurance
7. Assuring health literacy of materials created

Examples of **Gap-Filling Direct Services** are found in Policy 905.

Oral Health Section (OH) staff within the Department are available upon request to provide consultation and technical assistance for Contractors.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Social Security Act Title V Section 506 \[42 USC 706\]](#)

Number: 902

Title: The I-Smile Program

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 50, 641 IAC 76

Overview

In 2005, the Iowa legislature mandated that Medicaid-enrolled children aged 12 and younger have a designated dental home and be provided with dental screenings and preventive services as identified in the oral health standards under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The I-Smile program was developed in response to this mandate and serves as the comprehensive program to improve the oral health of Iowa children and pregnant women.

Good oral health allows children the ability to eat well, grow and thrive, concentrate on learning, feel positive about their appearance, and improve social interactions, thus contributing to overall well-being and reducing future dental and medical costs. To assure the oral health of Iowa's at-risk children, I-Smile is the oral health component of the Child and Adolescent Health (CAH) program and is a collaborative partner program for the Maternal Health (MH) program to assure oral health during pregnancy.

I-Smile connects children and families with dental, medical, and community resources to ensure a lifetime of health and wellness. The Department provides funding for I-Smile to CAH Contractors through an application process.

Policy

Each CAH Contractor must have an Iowa-licensed dental hygienist serving as the ***I-Smile Coordinator*** for its Collaborative Service Area (CSA). The I-Smile Coordinator must work at least 32 hours a week on activities to build local public health system capacity and to ensure provision of enabling and population-based oral health services. The I-Smile Coordinator is the single point of contact for oral health activities in each CSA and is included on the Key Personnel Form for CAH Contractors. The I-Smile Coordinator is also required to collaborate with the MH Contractor for the CSA. I-Smile Coordinators must participate in educational meetings as determined by the Department.

Each CAH Contractor must have an Iowa-licensed registered dental hygienist (RDH) or registered dental assistant (RDA) to serve as the ***Direct Dental Service Planner*** (DDSP). The DDSP assists the I-Smile Coordinator by planning and coordinating direct dental services provided by the Contractor. The DDSP may also provide direct dental services. Additional staffing for oral health services must be sufficient to adequately reflect the CSA needs, including the number of at-risk children and size of the CSA.

Each MH Contractor must ensure collaboration between the I-Smile Coordinator and the local MH Program Coordinator/program staff. This will include meeting with the I-Smile Coordinator four times a year; ensuring MH staff are trained prior to providing direct dental services; and developing oral health protocols.

Number: 902

Title: The I-Smile Program

Effective Date: 10-1-2016

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Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 50, 641 IAC 76

Procedure

The I-Smile Coordinator, with assistance from the CAH Project Director and other applicable staff, is responsible for developing and implementing program activities within the CSA. Activities will be developed annually and submitted as part of the CAH program application process. I-Smile activities must be based on the needs of the CSA; all counties must be regularly assessed to determine available resources and gaps in oral health services.

The I-Smile Coordinator is responsible for implementing the following **I-Smile strategies**. Each strategy listed includes examples of activities. More detail is found in the most current I-Smile Coordinator Handbook.

1. Develop and build local partnerships in the community to increase awareness about oral health. Consider entities such as:
 - a) Local public health organizations
 - b) Dental and medical providers
 - c) School nurses and administrators
 - d) WIC program
 - e) Head Start
 - f) Businesses
 - g) Civic and other community organizations
 - h) Food banks
 - i) Faith-based organizations
2. Address oral health issues of county residents through linkage with local boards of health.
 - a) Provide I-Smile program updates to each local board of health
 - b) Participate in local Community Health Needs Assessment and Health Improvement Plan (CHNA-HIP) process
 - c) Assist with the school screening audit process and report to the local board(s) of health
 - d) Assist in assessment, policy development, and assurance of local oral health initiatives
3. Establish dental referral networks using outreach visits to dental offices.
 - a) Promote age 1 dental visits
 - b) Encourage participation in Medicaid and Hawki and/or taking dental vouchers
 - c) Offer training on seeing very young children to help ensure that young children have access to a dentist
 - d) Develop relationships with dentists and dental office staff
4. Ensure dental care coordination and referral services for families to facilitate dental visits for regular preventive and restorative care.

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- a) Establish a dental referral list (e.g. dentists who accept Medicaid, dentists who see young children, dentists who see new patients)
- b) Assist clients with locating dentists and scheduling appointments
- c) Remind clients that periodic oral screenings or exams are due
- d) Counsel clients about the importance of keeping appointments
- e) Provide follow-up to assure that oral health care was received
- f) Arrange support services such as transportation, childcare or translation/interpreter services
- g) Assist families with finding payment sources for dental care
- h) Reinforce anticipatory guidance and oral health education
- i) Link families to other medical and community services (e.g., immunizations, WIC)

5. Conduct program planning and regular needs assessments.

- a) Participate in community health planning and needs assessments
- b) Review, monitor, and use qualitative and quantitative data to share the I-Smile story with local partners and policymakers
- c) Use local data to develop annual work plans

6. Develop and maintain protocols and provide training to ensure competency of direct care, informing, and care coordination CAH staff regarding oral health.

- a) Develop protocols – step-by-step descriptions – about how Contractor staff and subcontractors will provide dental care coordination and direct dental services
- b) Review protocols at least annually and update as needed based on program or policy changes or for quality improvement
- c) Provide annual education and training for care coordination and informing staff to ensure an understanding about the importance of oral health and early and regular dental care and the need to link families to preventive and restorative care
- d) Provide training about dental insurance options, including the Hawki dental-only plan
- e) Train all direct service staff each year on use of the I-Smile risk assessment, proper techniques, infection control, and appropriate oral health education topics

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7. Collaborate with the Maternal Health Contractor within the CSA to improve oral health and birth outcomes for low-income women, as well as ensure optimal oral health for their infants.
 - a) Offer training or assistance to assure appropriate and quality dental care coordination
 - b) Train direct care staff about providing gap-filling direct dental services
8. Provide outreach visits to medical providers to ensure they are aware of oral health as part of overall health.
 - a) Train non-dental medical providers, such as physicians, nurse practitioners, registered nurses and physician's assistants, to provide oral screenings, fluoride varnish applications and education as appropriate within the provider's scope of practice
 - b) Provide I-Smile referral information and patient education materials to hospitals, free clinics, and medical offices
9. Promote oral health, creating awareness and sharing oral health messages.
 - a) Use social media, newspaper ads, and other communication avenues
 - b) Develop and distribute oral health promotion and educational materials within communities
 - c) Participate in community events and meetings to incorporate oral health within health and social initiatives
10. Ensure provision of gap-filling preventive dental services for underserved children by direct service staff, including implementation of the I-Smile @ School program.
 - a) Oral screenings
 - b) Fluoride varnish applications
 - c) Silver diamine fluoride applications
 - d) Dental sealants
 - e) Oral hygiene instruction

The Direct Dental Service Planner (DDSP) assists the I-Smile Coordinator by planning and coordinating direct dental services (including I-Smile @ School) by:

1. Organizing direct service provider schedules;
2. Setting up locations/direct service sites;
3. Ordering supplies;
4. Distributing and collecting forms (e.g., consent forms); and
5. Ensuring accurate data entry.

Other responsibilities should include providing preventive services, providing care coordination and completing documentation and data entry.

Refer to the most recent I-Smile Coordinator Handbook for additional information.

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- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 441 IAC 84](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)

Number: 903

Title: The I-Smile @ School Program

Effective Date: 10-1-2016

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Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84; 641 IAC 50, 641 IAC 76; 42 CFR 441, Subpart B

Overview

A dental sealant is a tooth-colored material applied to the pit-and-fissure surfaces of posterior teeth. Sealants can prevent future tooth decay by providing a physical barrier that keeps food debris and decay-causing bacteria from collecting in the pits and grooves of vulnerable teeth.

A school-based sealant program is an evidence-based approach that uses teams of dental providers (which may include dentists, dental hygienists, and/or dental assistants) to apply dental sealants for at-risk children in schools. Iowa's program is called I-Smile @ School.

Policy

CAH Contractors must administer I-Smile @ School in all eligible schools within the collaborative service area (CSA). To avoid duplication of services, the I-Smile @ School program will not be implemented in schools served by other non-HHS school-based sealant programs. I-Smile @ School provides preventive dental services for second and third grade children in schools with 40% or greater free/reduced lunch rate participation and/or those eligible for Community Eligibility Provision (CEP).

Procedure

I-Smile @ School is a component of the I-Smile program, incorporating components of all three levels of the MCH pyramid.

The I-Smile Coordinator will assure the implementation of the I-Smile @ School program through oversight of the Direct Dental Service Planner (DDSP).

To ensure that all I-Smile @ School guidelines are followed, and requirements are met, the DDSP will:

1. **Assess School Eligibility:** Annually assess eligibility of all elementary and junior high/middle schools in the service area. This annual assessment includes a review of free/reduced lunch rates and determination of schools served by other programs.
2. **Complete the Program Workbook:** As part of the annual CAH application process, complete the I-Smile @ School Program Workbook.
3. **Implement the Program:**
 - a. Partner with local schools (e.g., schedule dates, distribute forms).
 - b. Use appropriate staff (Iowa-licensed dental hygienists, dental assistants, dentists when indicated).

Number: 903

Title: The I-Smile @ School Program

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Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84; 641 IAC 50, 641 IAC 76; 42 CFR 441, Subpart B

- c. Assure provision of direct services (screening, risk assessment, sealants, and fluoride varnish) to students with consent in participating schools (regardless of payer source).
- d. Ensure that the minimum number of students have been screened each year (as determined by the Department).
- e. Offer students in second and third grades the program services. Grades 1, 4, 5, 6, 7 and 8 may also be served. Contractors may request an exception to policy if additional grades are anticipated (e.g., kindergarten or 9th grade).
- f. Provide classroom education, as able.

4. Follow Program Guidelines:

- a. Use appropriate equipment, supplies, techniques and procedures.
- b. Use I-Smile @ School outreach and promotion materials as directed throughout the project period.
- c. Use standardized forms and materials.
- d. Assure billing of services provided to Medicaid-enrolled students.
- e. Assure provision of care coordination for children/adolescents identified with dental treatment needs by referring students to dental offices for care, assisting families in making appointments, assisting families in finding payment sources for care, and educating families about the need for good oral health and regular care.
- f. Assure use of Medicaid Administrative Funds (MAF) for dental care coordination services provided for Medicaid-enrolled children, when applicable.
- g. Assure data entry of all services and consent tracking into the Department's MCAH data system.
- h. Attend meetings as required by the Department.

For more information, see the most current I-Smile @ School School-Based Oral Health Programs handbook.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 441 IAC 84](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [42 CFR 441, subpartB](#)

Number: 904

Title: Oral Health Funding

Effective Date: 10-1-2016

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Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Policy

MH and CAH Contractors shall use available funding for appropriate activities to improve the availability and quality of services to improve oral health for infants, children, adolescents, and pregnant women according to Department guidelines.

Procedures

CH Dental Funding (CAH)

CAH contractors shall use CH Dental grant funds for:

1. Costs of activities to build public health system capacity that provide support for developing and maintaining comprehensive oral health service systems in communities;
2. Costs associated with provision of preventive direct dental services provided by Contractor staff (dental hygienists, nurses, nurse practitioners, physician assistants) for children and adolescents eligible for Title V; and/or
3. Reimbursement, at Medicaid approved rates, to local dentists providing a limited level of preventive and/or restorative dental services for children and adolescents eligible for Title V (dental vouchers). See Policy 919 Child & Adolescent Health Dental Vouchers for Treatment Provided by Dentists.

CH Dental funding cannot be used to support direct dental services provided within federally qualified health center (FQHC) dental clinics.

See Policy 106 Child & Adolescent Health Program Eligibility & Voluntary Participation regarding Title V eligibility requirements.

I-Smile Funding (CAH)

CAH contractors shall use I-Smile grant funds for the following:

1. Costs associated with building public health systems capacity, including assurance of population-based oral health services and non-billable enabling services, to develop local systems to assure dental access for Medicaid-enrolled children; and
2. Costs associated with maintaining a dental hygienist as the I-Smile Coordinator, responsible for implementing the Contractor's I-Smile project activities and ensuring integration and completion of I-Smile strategies as part of the oral health program plan.

Number: 904

Title: Oral Health Funding

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Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

I-Smile funds cannot be used for any costs associated with the provision of direct dental services, including salaries of direct service staff for the time spent providing direct services or purchase of supplies for direct dental services.

I-Smile @ School Funding (CAH)

Based on Department guidelines, CAH Contractors shall use I-Smile @ School grant funds for:

1. Costs associated with implementing a school-based sealant program (including planning, personnel, supplies, travel) within schools at 40% or greater free/reduced lunch participation and/or eligibility for the Community Eligibility Provision (CE) designation based on Iowa Department of Education data.

No more than 20% of I-Smile @ School grant funds may be used for time spent by staff to provide direct dental care. For the purposes of the I-Smile @ School Program, direct service costs only include personnel time spent providing oral screenings and application of sealant and/or fluoride varnish (e.g., time “in the mouth”).

Funds may be used for costs associated with providing oral health classroom education to second and third grade students.

Other funds may be used (e.g., from local organizations, private foundations) to serve schools with lower than 40% free/reduced lunch rates. See Policy 903 I-Smile @ School Program.

Maternal Oral Health Funding (MH)

There is no oral health-specific grant funding for MH contractors. However, Title V MH grant funds shall be used for activities to build public health services and systems related to oral health and enabling services. Funding may also be used to provide direct dental services for Title V eligible clients.

Hawki and Medicaid Billing/Reimbursement for Direct Dental Services (CAH and MH)

When direct dental services are provided for Hawki or Medicaid-enrolled infants, children, adolescents, and/or pregnant women, MH and CAH Contractors shall bill the client's assigned dental Prepaid Ambulatory Health (PAHP) plan. See Policy 601 Managed Care Organizations and Prepaid Ambulatory Health Plans.

Contractors must bill their established costs, determined via HHS provided cost analysis report.

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Title: Oral Health Funding

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Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Reimbursement for Dental Care Coordination Services (CAH and MH)

MH and CAH Contractors must bill their use of Medicaid Administrative Funds (MAF) to the Department for time spent providing dental care coordination services to Medicaid-enrolled clients. See Policy 408 Medicaid Administrative Funds Billing.

Other Funding Sources (CAH and MH)

Contractors are encouraged to seek other funds (e.g., foundations, Early Childhood Iowa, community grants) to enhance oral health service systems. Possible use of these supplemental funds may include: reimbursing dentists for treatment of eligible clients; contracting with a dental hygienist or nurse to provide oral screenings and fluoride varnish for clients not enrolled on Medicaid; oral health promotion; and purchasing oral health supplies for clients.

2. Sources

- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Social Security Act Title V Section 506 \[42 USC 706\]](#)

Number: 905

Title: Maternal Health Client Enrollment as Oral Health Only

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review: 9-30-24

Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 76, 641 IAC 50, Social Security Act Title V Section 506 [42 USC 706]

Policy

Maternal Health (MH) Contractors may enroll a client as “oral health only” if the client declines other MH program services, but oral health services and assistance are needed.

“Oral health only” clients must be enrolled (MH Program/Episode) and discharged/closed on the same day, unless follow up services are needed.

Procedure

Full enrollment in the MH program should always be encouraged, but in these situations described, it is not required.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Social Security Act Title V Section 506 \[42 USC 706\]](#)

Number: 906

Title: Dental Care Coordination

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Policy

Maternal Health (MH) and Child & Adolescent Health (CAH) Contractors must ensure dental care coordination and referral services are provided for Title V-eligible and/or Medicaid-enrolled clients to facilitate dental visits for regular preventive and restorative care. See Policy 703 Care Coordination.

CAH Contractors will:

1. Promote the benefits of preventive oral health care,
2. Provide the names and locations of participating dentists,
3. Encourage families to establish regular dental visits beginning at age 1,
4. Inform families about available payment sources for oral health care, and

Ensure dental care coordination services for children are provided based on Iowa's EPSDT dental periodicity schedule found here. [Iowa dental periodicity.9.2023.pdf](#)

5. MH and CAH Contractors will ensure that all staff who provide dental care coordination are trained using the Department's Dental Care Coordination Protocol which outlines procedures based on the MH and CAH oral health risk assessments.

MH Contractors will assess pregnant women regarding their access to oral health care and methods to pay for dental care. Medicaid presumptive eligibility determinations are provided for pregnant women who have no health insurance. See Policy 704 Presumptive Eligibility for Medicaid and Hawki.

Medicaid Administrative Funds (MAF) must be used to pay for time spent providing dental care coordination for Medicaid-enrolled children and pregnant women. See Policy 408 Medicaid Administrative Funds Billing. Title V funds may be used to pay for dental care coordination provided for Title V-eligible children and pregnant women. See Policy 106 Child & Adolescent Health Program Eligibility & Voluntary Participation. Other funds (e.g., ECI, I-Smile @ School) may be used, as appropriate, to pay for time spent providing dental care coordination for clients.

Procedure

Contractors will develop and annually review policies and procedures (protocols) for providing dental care coordination.

Dental care coordination is provided in person or by phone. If provided by text or email, a response must be documented for the interaction to be considered care coordination.

Dental care coordination must be provided to maternal health clients or the parents/guardians of children needing assistance.

Number: 906

Title: Dental Care Coordination

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Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Contractors shall review data for quality and appropriateness of care coordination provided and use findings to identify gaps or issues in care coordination protocols and adjust as needed.

Examples of dental care coordination activities include:

1. Assisting clients with locating dentists
2. Assisting with scheduling dentist appointments
3. Reminding clients that periodic oral screenings or exams are due
4. Counseling clients about the importance of keeping appointments
5. Providing follow-up to assure that oral health care was received
6. Arranging support services such as transportation, childcare or translation/interpreter services
7. Assisting families with finding payment sources for dental care
8. Reinforcing anticipatory guidance and oral health education
9. Linking families to other medical and community services (e.g., immunizations, WIC)

Dental care coordination may be provided on the same day as a direct dental service (e.g., oral screening) and documented in the MCAH data system as care coordination. However, the reimbursement/payment source for the direct service is considered to include care coordination when done on the same day.

Documentation

Contractors must enter all documentation for care coordination within the MCAH Data System.

If care coordination is provided on the same day as a direct service, indicate “other” as the payment source for the care coordination time.

See Policy 703 Care Coordination.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Social Security Act Title V Section 506 \[42 USC 706\]](#)

Number: 907

Title: Direct Dental Services Provided by Contractor

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Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Overview

Data shows that Maternal Health (MH) and Child & Adolescent Health (CAH) clients are more likely to face challenges accessing care from dentists than from medical providers. As a result, gap-filling direct dental services are an important way for MH and CAH Contractors to help clients prevent dental disease.

Policy

CAH Contractors must provide direct dental services for children ages 0-2 years. CAH Contractors must also provide direct dental services as part of I-Smile @ School in eligible schools within the Collaborative Service Area (CSA). See Policy 903 The I-Smile @ School Program.

Direct dental services may be provided for other children and adolescents through age 20, based on local needs and data that indicate children lack access to dental care and prevention.

MH and CAH direct dental services must be provided according to Department protocols and provider scope of practice regulations. Refer to Policy 917 Supervision of Dental Hygienists Working in Public Health and Policy 918 Supervision of Dental Assistants Working in Public Health.

Training for MH and CAH direct service staff must be provided by the CSA I-Smile Coordinator using HHS-approved training materials. Documentation of training for non-dental staff, including a list of personnel trained, must be completed on Department-provided forms and submitted to the Department's Oral Health (OH) staff.

Contractors must assure that consent is obtained prior to performing oral health services for MH and CAH clients.

An oral screening must always be completed on a client prior to the provision of fluoride varnish, dental sealants, silver diamine fluoride, prophylaxes or radiographs.

Referrals for regular dental care and dental care coordination services must be provided for pregnant women and children receiving direct dental services by a Contractor.

Direct dental services and care coordination must be documented in the client's health record, including the MCAH data system.

Number: 907

Title: Direct Dental Services Provided by Contractor

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Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Procedure

It is recommended that direct dental services be provided by a dental hygienist employed or contracted by the Contractor. However, based on needs assessment and workforce availability, registered nurses, nurse practitioners and physician assistants who are employed or contracted may also provide direct dental services, if trained by the I-Smile Coordinator for the CSA.

Direct dental services that MH and CAH Contractors may provide are listed as follows. Allowable providers for each service are also included.

Service	Allowable providers	Contractor	Additional Policy
Oral screening	RDH, RN, ARNP, PA	MH, CAH	908, 909
Risk assessment	RDH, RN, ARNP, PA	MH, CAH	908, 909
Fluoride varnish application	RDH, RN, ARNP, PA	MH, CAH	911
Dental sealant application	RDH	MH, CAH	912
Silver diamine fluoride application	RDH	MH, CAH	913
Prophylaxis	RDH	MH, CAH	914
Radiograph	RDH	MH, CAH	914
Oral hygiene instruction	RDH, RN, ARNP, PA	MH, CAH	922
Nutritional counseling for the control of dental disease	RDH, RN, ARNP, PA	MH, CAH	920
Tobacco counseling for the control of dental disease	RDH, RN, ARNP, PA	MH	921
Interpretation services		MH, CAH	709

Providers Key: RDH - registered dental hygienist; RN - registered nurse; ARNP - advanced registered nurse practitioner; PA - physician assistant; RD – registered dietitian

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Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Consent for Oral Screenings: Active consent is recommended and encouraged for oral screenings; passive consent is allowable for an oral screening. Active consent means that the client or parent/guardian of a minor (child under age 18 and unmarried) indicates consent for the oral screening and signs and dates the program consent form. Passive (or “opt-out”) consent allows a service to be provided unless the parent/guardian has actively declined the service after being notified that the service will be provided. Contractors are responsible for assuring that all required documentation/information is obtained for the purposes of data entry into the Department MCAH Data System.

Consent for All Other Direct Dental Services: Active consent is required for fluoride varnish applications, sealant applications, silver diamine fluoride applications, prophylaxes, and radiographs. Active consent means that the client or parent/guardian of a minor (child under age 18 and unmarried) indicates consent for each service and signs and dates the program consent form. Standardized consent forms are available from the Oral Health (OH) staff. Contractors may develop consent forms based on the HHS OH template, which must be approved by OH staff prior to using. Specific consent for use of silver diamine fluoride must be obtained from parents/guardians; forms are available from HHS OH staff.

Combined CAH/oral health or MH/oral health consent forms may be used. Specific oral health services offered by the contractor must be included on the combined consent forms. Contractors must assure that all information required on the oral health consent template is captured within the client medical record.

Signed consent forms are valid for one year.

Contractors may accept a signed consent form that has been faxed or an electronic signature that has been sent via email. Verbal consent over the phone is not acceptable when providing direct services.

Contractors with questions about the necessity of obtaining consent, the person authorized to provide consent, or the adequacy of a consent form are encouraged to contact their agency or private legal counsel to obtain advice on such issues. Refer to Policy 302 Client Records and Policy 304 Client Consent for Services.

Release of Confidential Information: Confidential information may only be shared with a signed authorization for release, unless otherwise specifically authorized by law. All paper and electronic client records that include information on the identity, assessment, diagnosis, prognosis and services provided to specific individuals or families are considered confidential information. See Policy 305 Confidentiality.

Number: 907

Title: Direct Dental Services Provided by Contractor

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

A separate release of information form and consent form are required for all oral health services provided. However, when direct dental services are provided in a school setting or any time a parent/guardian is not present, a combined consent/release of information form may be used. In this instance, two signatures must be obtained on the form – one for consent and one authorizing release of information.

The Department's OH section provides templates for consent, release of information and screening forms that include minimum requirements. Contractors may develop agency-specific forms based on the HHS OH template. Forms must be approved by the oral health consultant prior to use.

Documentation

Screening Form documentation must include:

1. Name of client
2. Date of birth
3. Medicaid number, if applicable
4. Date of service
5. Place of service
6. Medical and dental history
7. Findings from the oral screening
8. Dental codes/services provided
9. Duration of service
10. Oral health education provided, including with whom you spoke
11. Products recommended or dispensed
12. First and last name of provider and credentials
13. Signature/signature log

Number: 907

Title: Direct Dental Services Provided by Contractor

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 441 IAC 84, 641 IAC 76, 641 IAC 50; Social Security Act Title V Section 506 [42 USC 706]

Sources

- [Iowa Code §135.15](#)
- [Iowa Administrative Code 441 IAC 84](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Social Security Act Title V Section 506 \[42 USC 706\]](#)

Number: 908

Title: Child & Adolescent Health Oral Screening and Risk Assessment

Billing Code: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50, Medicaid Screening Center Provider Manual

Overview

Tooth decay is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning.

Oral screenings of Child & Adolescent Health (CAH) clients can identify oral health anomalies or diseases, such as untreated tooth decay, gum disease, developmental problems, and trauma. Oral screening findings help to identify a client's risk level for future dental disease, using the I-Smile Risk Assessment. The risk assessment provides guidance for Contractors regarding the appropriate education, care coordination, and immediacy regarding referral to a dentist of each client screened.

Policy

CAH Contractors must follow Department guidelines and procedures when providing oral screenings.

An I-Smile Decay Risk Assessment, provided by the Department, must be completed on each CAH client receiving an oral screening. The I-Smile risk assessment establishes a child's level of risk for tooth decay as low, moderate or high.

Screenings may be provided by Iowa-licensed dental hygienists, registered nurses, advanced registered nurse practitioners, or physician assistants.

All Contractor staff who provide oral screenings must be trained by the CSA I-Smile Coordinator prior to providing the service. Documentation of the training of non-dental staff must be on file with the Bureau of Oral and Health Delivery Systems, using forms provided by the Department.

A referral to a dentist must be completed for all clients screened.

Procedure

Oral screenings may be provided at locations where at-risk, low-income infants, children and adolescents may be found, such as WIC clinics, Head Start classrooms, preschools, daycares, and schools.

Dental explorers cannot be used to complete oral screenings. Visual assessment is sufficient. Using a dental explorer may transfer decay-causing bacteria from one tooth to another or cavitate a

Number: 908

Title: Child & Adolescent Health Oral Screening and Risk Assessment

Billing Code: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50, Medicaid Screening Center Provider Manual

demineralized area. The only exception to this requirement is within I-Smile @ School; dental explorers are allowed but not required.

A lighting source must be used to complete an oral screening, such as a penlight, headlamp, or lighted mirror.

An oral screening includes a medical/dental history and an oral evaluation. For CAH clients, medical or dental history information that cannot be obtained through an interview with the parent or guardian should be collected through the (parent not present) consent form.

To complete an oral screening:

1. **Review Client's Medical History:** The medical history consists of:
 - a. Name of child's primary care provider
 - b. Frequency of medical visits for a well-child/adolescent exam
 - c. Immunization status
 - d. Current medications used (e.g. those with sugar or those that cause dry mouth, enlarged gingiva, or bleeding)
 - e. Allergies
2. **Review Client's Dental History:** The dental history consists of:
 - a. Name of child's dentist
 - b. Current or recent oral health problems or injuries
 - c. Parental concerns related to child's oral health
 - d. Frequency of dental visits
 - e. Home care (frequency of brushing, flossing or other oral hygiene practices)
 - f. Feeding/snacking habits (exposure to sugar/carbohydrates)
 - g. Use of fluoride by child (water source, use of fluoridated toothpaste or other fluoride products)
 - h. Parent or sibling decay history
3. **Evaluate Client's Soft Tissue**
 - a. Gum redness or bleeding
 - b. Swelling or lumps
 - c. Trauma or injury

Number: 908

Title: Child & Adolescent Health Oral Screening and Risk Assessment

Billing Code: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

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Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50, Medicaid Screening Center Provider Manual

5. Evaluate Client's Hard Tissue

- a. Suspected decay
- b. White spot lesions (demineralized areas) near the gumline
- c. Visible plaque
- d. Stained fissures of primary molars

- e. Enamel defects
- f. History of decay (presence of fillings or crowns)
- g. Trauma or injury

To complete the I-Smile Decay Risk Assessment, review the oral screening indicators listed in the first column of the risk assessment form. Assign the appropriate risk level according to the "highest" oral screening indicator identified (high, moderate, or low).

Documentation

The client chart must include documentation that the oral screening and risk assessment were provided, including the duration of each service. The services must also be entered in the Department's MCAH data system completing all required fields including the primary payer who is paying for the service. (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP - Delta Dental or MCNA)

Billing

When provided to Hawki or Medicaid-enrolled clients, the oral screening and risk assessment must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use codes D0190 and D0601, D0602, or D0603 to bill.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Medicaid Screening Center Provider Manual](#)



Number: 908

Title: Child & Adolescent Health Oral Screening and Risk Assessment

Billing Code: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50, Medicaid Screening Center Provider Manual

Number: 909

Title: Maternal Health Oral Screening and Risk Assessment

Billing Codes: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 50, 641 IAC 76; Medicaid Maternal Health Center Provider Manual

Overview

A healthy mouth is essential for a healthy pregnancy. Diet and hormonal changes that occur during pregnancy may increase a woman's risk for developing tooth decay and gum disease. Oral infections can affect the health of the mother and her baby. Contractors can have a positive impact on improving the health of Maternal Health (MH) clients and their babies by including risk assessments and oral screening services.

Oral screenings of MH clients can identify oral health anomalies or diseases, such as untreated tooth decay, gum disease, developmental problems, and trauma. Oral screening findings help to identify a client's risk level for future dental disease, using the Oral Health Risk Assessment for Maternal Health. The risk assessment provides guidance for Contractors regarding the appropriate education, care coordination, and immediacy needed regarding referral to a dentist of each client screened.

Policy

MH Contractors must follow Department guidelines and procedures when providing oral screenings.

An Oral Health Risk Assessment for Maternal Health contractors is provided by the Department, and must be completed on each MH client receiving an oral screening. The risk assessment establishes a client's level of risk for tooth decay and/or gum disease as low, moderate or high.

Screenings may be provided by Iowa-licensed dental hygienists, registered nurses, advanced registered nurse practitioners, or physician assistants.

Contractor staff who provide oral screenings must be trained by the CSA I-Smile Coordinator prior to providing the service. Documentation of the training of non-dental staff must be on file with the HHS OH section, using forms provided by the Department.

Contractors must refer all clients screened to a dentist.

MH Contractors that provide full prenatal care services are required to include oral screening for their clients.

1. At least one screening must be completed during the prenatal visit schedule.
2. If a client has not seen a dentist following the initial screening, a second screening is required and can be completed postpartum, if needed.

Number: 909

Title: Maternal Health Oral Screening and Risk Assessment

Billing Codes: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 50, 641 IAC 76; Medicaid Maternal Health Center Provider Manual

Procedure

Oral screenings may be provided at locations where at-risk, pregnant women may be found, such as WIC clinics.

Dental explorers cannot be used to complete oral screenings. Visual assessment is sufficient. Using a dental explorer may transfer decay-causing bacteria from one tooth to another or cavitate a demineralized area.

A lighting source must be used to complete an oral screening, such as a penlight, headlamp, or lighted mirror.

An oral screening includes a medical/dental history and an oral evaluation.

To complete an oral screening:

1. **Review Client's Medical History:** The medical history consists of:
 - a. Name of primary care provider
 - b. Frequency of medical visits
 - c. Pertinent medical conditions (e.g. pregnancy due date, prenatal care, nausea/vomiting, gestational diabetes, heart murmur)
 - d. Current medications used (e.g. those with sugar or those known to cause dry mouth, enlarged gingiva, or bleeding)
 - e. Allergies
 - f. Tobacco, alcohol or drug use
2. **Review Dental History:** The dental history consists of:
 - a. Name of dentist
 - b. Current or recent oral health problems or injuries
 - c. Frequency of dental visits
 - d. Home care (frequency of brushing, flossing or other oral hygiene practices)
 - e. Feeding/snacking habits (exposure to sugar/carbohydrates)
 - f. Fluoride use (water source, use of fluoridated toothpaste or other fluoride products)

Number: 909

Title: Maternal Health Oral Screening and Risk Assessment

Billing Codes: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 50, 641 IAC 76; Medicaid Maternal Health Center Provider Manual

3. **Soft Tissue Evaluation:** The soft tissue evaluation consists of:
 - a. Gum redness, bleeding or exudate
 - b. Swelling or lumps
 - c. Trauma or injury
 - d. Gingival recession
4. **Hard Tissue Evaluation:** The hard tissue evaluation consists of:
 - a. Suspected decay
 - b. White spot lesions (demineralized areas) near the gumline
 - c. Visible plaque, calculus (tartar) or stain
 - d. Enamel defects
 - e. Decay history (presence of fillings or crowns)
 - f. Trauma or injury
 - g. Loose or missing teeth

To complete the Oral Health Risk Assessment for Maternal Health, review the oral screening indicators listed in the first column of the risk assessment form. Assign the appropriate risk level according to the “highest” oral screening indicator identified (high, moderate, or low).

Some MH clients are eligible to be enrolled as “oral health only” clients. See 905 Maternal Health Client Enrollment as “Oral Health Only”.

Documentation

The client chart must include documentation that the oral screening and risk assessment were completed, including the duration of each service. The services must also be entered in the Department’s MCAH data system completing all required fields including the primary payer who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Number: 909

Title: Maternal Health Oral Screening and Risk Assessment

Billing Codes: D0190, D0601, D0602, D0603

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 641 IAC 50, 641 IAC 76; Medicaid Maternal Health Center Provider Manual

Billing

When provided to Hawki or Medicaid-enrolled clients, the oral screening and risk assessment must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use codes D0190 and D0601, D0602, or D0603 to bill.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Medicaid Maternal Health Center Provider Manual](#)

Number: 910

Title: Dental Referrals

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50, Medicaid Provider Manuals (Screening Center & Maternal Health Center)

Policy

Maternal Health (MH) and Child & Adolescent Health (CAH) clients must be referred to a dentist for routine care and/or dental treatment.

Procedure

For clients contacted by mail, email, or phone, emphasize the importance of regular and routine dental care from a dentist and offer assistance with a referral.

For clients receiving an oral screening, use the appropriate (I-Smile or MH) risk assessment to determine the referral need.

1. CAH: Inform parent/guardian of the need for a dental exam within six months of an infant's first erupted tooth or by the age of one. Children of any age that are identified with an oral health problem, such as suspected decay, injury, pain, gum inflammation, or abscess, must be referred to a dentist for treatment.
2. MH: Inform MH clients of the importance of regular and routine dental care from a dentist. MH clients should visit a dentist at least once during pregnancy. A MH client identified with an oral health problem such as suspected decay, injury, pain, gum inflammation, or abscess, must be referred to a dentist for treatment.

Documentation

Document a dental referral in the MCAH data system and in a client's hard copy chart (when applicable).

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Medicaid Screening Center Provider Manual](#)
- [Medicaid Maternal Health Center Provider Manual](#)

Number: 911

Title: Fluoride Varnish Application

Billing Code: D1206

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

Overview

Fluoride varnish is a resin-based product that when painted on teeth by a dental or other health care professional, protects the teeth from tooth decay. During application, the varnish forms a thin sticky layer on the tooth which hardens on contact with saliva. Fluoride is then absorbed into the enamel of the tooth. The varnish holds a high concentration of fluoride in a small amount of material in close contact with the teeth for many hours until it is brushed off. Fluoride varnishes must be reapplied at regular intervals with at least four applications per year for optimal effectiveness.

Fluoride varnish is highly effective in preventing decay and re-mineralizing white spot lesions (early tooth decay). It is recommended for use on at-risk children as soon as teeth begin to erupt. It can also be highly effective for preventing tooth decay in pregnant women. The benefits of fluoride varnish make it extremely useful within public health programs. The absorption time into tooth enamel is much longer than for traditional fluoride gels and foams.

Application of fluoride varnish is recommended three to four times a year for Maternal Health (MH) and Child & Adolescent Health (CAH) clients. Because of the rapid hardening of the varnish and small amount used, the risk of ingestion and toxicity of fluoride varnish is extremely low, making it safe for very young children and pregnant women.

Policy

MH and CAH contractors will ensure application of fluoride varnish when possible for clients who receive an oral screening.

Fluoride varnish application is limited for use in conjunction with an oral screening and must be provided according to the Department's fluoride varnish protocol.

Fluoride varnish application must be documented in the MCAH Data System and the client record including the product used and fluoride concentration.

MH and CAH direct service staff must receive training from the I-Smile Coordinator prior to providing fluoride varnish applications for clients.

Number: 911

Title: Fluoride Varnish Application

Billing Code: D1206

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

Procedure

Within the MH and CAH programs, fluoride varnish may be applied by an Iowa-licensed dentist, licensed dental hygienist, licensed physician, registered nurse, advanced registered nurse practitioners, and/or physician assistant. Health care professionals must function within their scope of practice or licensure.

The criteria for application of fluoride varnish include any of the following:

1. Presence of suspected tooth decay
2. Presence of white spot lesions
3. Presence of visible plaque
4. History of decay (fillings or crowns)
5. Low socio-economic status

To apply fluoride varnish:

1. Adhere to current I-Smile infection control guidelines.
2. Assemble supplies, including disposable 2x2 gauze sponges, fluoride varnish (single use dosage with applicator), a toothbrush (optional), and paper towels or disposable bib.
3. Wipe teeth with gauze to remove excess plaque or debris.
4. Eliminate excess saliva/moisture from the area using gauze. Work a quadrant at a time, for ease of maintaining a dry, isolated area.
5. Apply a thin layer of varnish to all surfaces of teeth, including the chewing and interproximal surfaces. Avoid applying on large, open decay where there may be pulpal involvement.

Following application, recommend that the client eat only soft foods for at least two hours, not drink hot liquids or use alcohol-based mouth rinses for at least six hours, not brush or floss for at least 4-6 hours, and wait until the following day for normal brushing and flossing.

Once varnish is applied, it will set quickly upon contact with saliva. Teeth may appear discolored temporarily until the varnish is brushed off.

Repeat fluoride varnish applications at 3-4 month intervals for moderate or high-risk clients and at 6-month intervals for low-risk clients.

Storage: Store varnish in a safe location at room temperature. Store out of the reach of children.

Documentation

The client chart must include documentation that the fluoride varnish was provided, including the product used, concentration, and duration of the service. The service must also be entered in the

Number: 911

Title: Fluoride Varnish Application

Billing Code: D1206

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

Department's MCAH data system completing all required fields including the primary payer who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Billing

When provided to Hawki or Medicaid-enrolled clients, the fluoride varnish service must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code D1206 to bill.

- **Sources**
- [IDPH Fluoride Varnish Protocol](#)
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)

Number: 912

Title: Dental Sealants

Billing Code: D1351

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 650 IAC 10, 641 IAC 50

Overview

A dental sealant is a resin that prevents tooth decay when applied and “cured” to the chewing surface of posterior teeth. Using dental sealants is an important public health preventive service for low-income, uninsured and/or underinsured children and adolescents, particularly when placed on permanent molar teeth.

The teeth most at risk of decay, and therefore most in need of sealants, are the first and second permanent molars. For optimal prevention, the molars should be sealed as soon as possible after the teeth have sufficiently erupted, around ages 6-8 and 12-14 years. Permanent premolars may also benefit from sealants; application on those teeth can be determined on an individual basis. Although sealing primary molars is a Medicaid-billable service, this should be limited to children whose age and behavior will allow an optimal application procedure to ensure sealant retention.

Policy

Child & Adolescent Health (CAH) Contractors are required to participate in the I-Smile @ School program, per eligibility guidelines, to apply dental sealants to posterior teeth of second and third graders in eligible schools. See Policy 903 I-Smile @ School Program. CAH Contractors are also encouraged to apply dental sealants to posterior teeth of age-appropriate clients in other settings if possible.

Iowa-licensed dentists and dental hygienists are allowed to apply dental sealants. Use of dental assistants is recommended. Dental assistants must be registered with the Iowa Dental Board. Registered nurses may also assist with application of sealants. Hygienists and assistants must use public health supervision. See Policy 917 Supervision of Dental Hygienists Working in Public Health and 918 Supervision of Dental Assistants Working in Public Health.

Laypeople may help with documentation and/or transfer of students.

Procedure

CAH clients must first have an exam from a dentist or an oral screening from a dentist or a dental hygienist to determine which teeth will benefit from the application of dental sealants. The hygienist's public health supervision agreement must include oral screenings to determine sealant application.

Number: 912

Title: Dental Sealants

Billing Code: D1351

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; Iowa Administrative Code 650 IAC 10, 641 IAC 50

Based on the findings from the exam or screening, a dentist or dental hygienist may apply dental sealants. A dental hygienist must practice under public health supervision of a dentist, with a collaborative agreement that includes sealant application.

See the most current I-Smile @ School School-Based Oral Health Programs handbook for additional guidance.

Periodic retention checks are recommended for quality assurance, according to Department protocols.

Documentation

The client chart must include documentation that the dental sealant(s) was provided, including the product used, tooth number(s), and duration of the service. The service must also be entered in the Department's MCAH data system completing all required fields including the primary payer who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Billing

When provided to Hawki or Medicaid-enrolled clients, the dental sealant service must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code D1351 to bill (or D1353 to bill for a replacement sealant).

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 650 IAC 10](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)

Number: 913

Title: Silver Diamine Fluoride

Billing Code: D1354

Effective Date: 10-1-2018

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; 641 IAC 50, 650 IAC 10

Overview

Silver diamine fluoride (SDF) is a topical treatment that can arrest some tooth decay and prevent future decay. It is particularly beneficial for at-risk children and adults seen in public health settings. SDF can stop the disease process, reducing the immediate need for restorative treatment that is sometimes difficult for families served by the CAH program to obtain.

SDF cannot be used on pregnant or nursing women.

Policy

Child & Adolescent (CAH) Contractors are required to offer silver diamine fluoride (SDF) applications when appropriate for children with untreated tooth decay.

Within CAH programs, only employed or contracted Iowa-licensed dental hygienists are allowed to apply SDF. Use of SDF must be included on a hygienist's public health supervision agreement, which requires both the hygienist and dentist to complete an Iowa Dental Board-approved training.

An oral screening must be provided prior to SDF application. If an area of tooth decay is identified that is appropriate for use of SDF, the hygienist must receive specific written (active) consent from the parent/guardian to apply the SDF.

If written consent for SDF is not possible on the day of a screening, SDF must be provided within 30 days of the documented screening. If the application cannot be done within 30 days, another fully documented screening must be completed prior to SDF application.

Application of SDF must be provided according to the Department's silver diamine fluoride protocol.

Procedure

The primary indications for use of SDF for a CAH client are to stabilize uncontrolled tooth decay for clients at moderate or high risk of experiencing new lesions and to treat decayed lesions for clients with limited or no access to restorative dental care.

Number: 913

Title: Silver Diamine Fluoride

Billing Code: D1354

Effective Date: 10-1-2018

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; 641 IAC 50, 650 IAC 10

To apply silver diamine fluoride:

1. Adhere to OH section consent requirements and infection control guidelines.
2. Assemble supplies, including a tray, plastic-lined tray cover, plastic-lined patient bib, petroleum jelly, cotton-tipped applicator, 2x2 gauze sponges, silver diamine fluoride, disposable dappen dish, and microbrush applicator.
3. Wear gloves to open the bottle of SDF and place one drop in the dappen dish (one drop will treat up to five surfaces).
4. Clean the area where SDF will be applied, if needed. (toothbrushing is sufficient)
5. Use the cotton-tipped applicator to apply petroleum jelly to client's lips and soft tissue near the application site and dry teeth with 2x2 gauze.
6. Dip microbrush into the SDF, remove excess against the dappen dish.
7. Apply to a lesion for 2-3 minutes.
8. If it is not possible to maintain a dry field or keep the SDF in contact for 2-3 minutes, apply for at least one minute and then apply fluoride varnish over the area.
9. Rinse with water, if desired.
10. Gather all materials used and hold inside the palm of one gloved hand. Remove the glove, inside out, wrapping it around the materials and other glove. Dispose of in a garbage bag.

Avoid contacting SDF with gingiva, mucosa, skin, countertops, and clothing.

Use caution in areas of demineralization because it will darken if applied with SDF.

If using fluoride varnish for the client, apply SDF prior to fluoride varnish application.

Following application, recommend that the client not eat or drink for at least 30 minutes and not brush their teeth for at least one hour.

Remind client and/or parent/guardian that the treated area will increase in darkness over the next week and an examination from a dentist is needed. Complete the Department-provided information flyer to the parent/guardian to share with a dentist.

Repeat SDF applications at 3-4 month intervals, as needed.

Number: 913

Title: Silver Diamine Fluoride

Billing Code: D1354

Effective Date: 10-1-2018

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15; 641 IAC 50, 650 IAC 10

Documentation

The client chart must include documentation that SDF was provided, including the product used, tooth number(s) and duration of the service. The service must also be entered in the Department's MCAH data system completing all required fields including the primary payer, who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PHP – Delta Dental or MCNA).

Documentation must also include verification that the specific consent was obtained.

Billing

When provided to Hawki or Medicaid-enrolled clients, the SDF service must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code D1354 to bill.

- **Sources**
- [IDPH Silver Diamine Fluoride Protocol](#)
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)
- [Iowa Administrative Code 650 IAC 10](#)

Number: 914

Title: Prior Approval to Provide Prophylaxes and Radiographs

Billing Codes: D1120, D1110, D0274, D0272, D0270

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 650 IAC 10, 641 IAC 50

Policy

Prior approval from the Department's Oral Health section is required in order for Maternal Health (MH) and Child & Adolescent Health (CAH) programs to offer and provide prophylaxes and/or radiographs. The basis for providing either service must be linked to a community needs assessment.

Periodontal assessment must be part of a prophylaxis service.

Due to the threat of bleeding associated with prophylaxis, a detailed medical history must be completed to evaluate a client's risk for bacterial endocarditis or other blood-related conditions. This would include, but not be limited to, a client who has a heart murmur, takes anticoagulant medications, or is immune suppressed.

Prophylaxes and radiographs may only be provided by a dentist or a dental hygienist. Dental hygienists must work under public health supervision and the collaborative agreement must include the guidelines for prophylaxis and/or radiograph services.

Contractors must have standing orders in place with a dentist(s) who will receive and review radiographs.

See Policy 917 Supervision of Dental Hygienists Working in Public Health.

Procedure

Contact your oral health consultant within the Department to request prior approval to provide prophylaxis and/or radiograph services.

Documentation

The client chart must include documentation that the prophylaxis and/or radiograph(s) were provided, including the duration of the service(s). The service must also be entered in the Department's MCAH data system completing all required fields including the primary payer, who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Number: 914

Title: Prior Approval to Provide Prophylaxes and Radiographs

Billing Codes: D1120, D1110, D0274, D0272, D0270

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 650 IAC 10, 641 IAC 50

Billing

When provided to Hawki or Medicaid-enrolled clients, the prophylaxis and/or radiograph service must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code(s) D1120, D1110, 0274, 0272, or 0270.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 650 IAC 10](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)

Number: 915

Title: Hawki and Medicaid Billable Direct Dental Services

Billing Code(s): See below

Effective Date: 7-1-2021

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 441 IAC 84; 42 CFR 441, subpart B

Policy

Maternal Health (MH) and Child & Adolescent Health (CAH) Contractors must bill Hawki, Medicaid or the Prepaid Ambulatory Health Plans (PAHPs) for direct dental services provided to enrolled clients.

MH and CAH Contractors must bill their actual cost for providing direct dental services. See Policy 503 Cost Analysis.

The following table lists the Hawki and Medicaid-billable dental services. Those that are only allowable to be provided by dental hygienists are noted as such.

Code and Service Description	Frequency
D0120 Periodic oral evaluation by a dentist.	Every 6 months
D0150 Initial oral evaluation by a dentist	1 time per patient; also allowed when provider has not seen patient within a 3-year period
D0190 Oral screening by a <u>non</u> -dentist	Every 6 months
D0601 Caries risk assessment and documentation, with a finding of low risk by a dentist, dental hygienist or nurse	Every 6 months with screening/evaluation
D0602 Caries risk assessment and documentation, with a finding of moderate risk by a dentist, dental hygienist or nurse	Every 6 months with screening/evaluation
D0603 Caries risk assessment and documentation, with a finding of high risk by a dentist, dental hygienist or nurse	Every 6 months with screening/evaluation
D0270 Bitewing radiograph – single film (hygienist only)	1 time in 12-month period
D0272 Bitewing radiograph – two films (hygienist only)	1 time in 12-month period

Number: 915

Title: Hawki and Medicaid Billable Direct Dental Services

Billing Code(s): See below

Effective Date: 7-1-2021

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 441 IAC 84; 42 CFR 441, subpart B

Code and Service Description	Frequency
D0274 Bitewing radiograph – four films (hygienist only)	1 time in a 12-month period
D1110 Prophylaxis, adult – age 13 and over (hygienist only)	Every 6 months
D1120 Prophylaxis, child – age 12 and under (hygienist only)	Every 6 months
D1206 Topical application of fluoride varnish	4 times a year
D1310 Nutritional counseling for the control and prevention of oral disease (may be provided by a dietitian)	Every 6 months
D1320 Tobacco counseling for the control and prevention of oral disease	Every 6 months
D1330 Oral hygiene instruction	Every 6 months
D1351 Sealant - per tooth (hygienist only) <ul style="list-style-type: none"> • Permanent premolars, molars, and primary molars • Children through 18 years of age or those with a physical or mental disability 	Every 6 months
D1353 Replacement sealant – per tooth (hygienist only)	One year after placement by CAH Contractor; 1 time every 3 years
D1354 Interim caries arresting medicament application – per tooth (hygienist only) <ul style="list-style-type: none"> • Conservative treatment of an active, non-symptomatic carious lesion by topical application of silver diamine fluoride without mechanical removal of sound tooth structure 	Twice a year
D9990 Certified translation or sign-language services <ul style="list-style-type: none"> • In-person interpretation • Staff employed or contracted for interpretation 	Once per day per client

Number: 915

Title: Hawki and Medicaid Billable Direct Dental Services

Billing Code(s): See below

Effective Date: 7-1-2021

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 441 IAC 84; 42 CFR 441, subpart B

Procedure

Enroll as a provider with each PAHP. See Policy 601 Managed Care Organizations and Prepaid Ambulatory Health Plans.

Use the Medicaid Eligibility Verification System (ELVS) to verify client eligibility for services. Reference the MCAH data system to determine if a service may be provided based on Medicaid/Hawki frequency requirements and the client's designated PAHP. Verification must be completed in the month of the service.

See Policy 907 Direct Dental Services Provided by Contractor.

Follow the Contractor's established billing protocol.

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 441 IAC 84](#)
- [Iowa Administrative Code 441](#)
- [42CFR 441.B](#)

Number: 916

Title: School Dental Screening Requirement

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.17, Iowa Administrative Code 641 IAC 51

Overview

All children entering kindergarten and ninth grade in an Iowa public or accredited non-public elementary or high school must provide the school with proof of a dental screening using Department-approved forms.

The purpose of the dental screening requirement is to improve the oral health of Iowa's children. The dental screenings:

1. Facilitate early detection and referral for treatment of dental disease;
2. Reduce the incidence, impact and cost of dental disease;
3. Inform parents and guardians of their children's dental problems;
4. Encourage the establishment of effective oral health practices early in life;
5. Promote the importance of oral health as an integral component of preparation for school and learning; and
6. Contribute to statewide surveillance of oral health.

Policy

I-Smile Coordinators (within Child & Adolescent Health programs) must assist schools, families, and local boards of health to assure compliance with the dental screening requirement, including annual audits.

Procedure

Local assistance by I-Smile Coordinators may include:

1. Distributing dental screening certificates and information to schools and dental offices and at community outreach events;
2. Ensuring provision of gap-filling dental screenings in schools and/or other public health settings for children who are unable to receive a screening from a dentist;
3. Ensuring care coordination to help children receive a screening and/or restorative care from a dentist;
4. Training non-dental health care professionals to provide screenings in compliance with program requirements;
5. Working with schools and local board(s) of health to audit screening certificates; and
6. Compiling local school screening data to share with local board(s) of health and other partners.

Number: 916

Title: School Dental Screening Requirement

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.17, Iowa Administrative Code 641 IAC 51

- **Resource**
- [IDPH School Dental Screenings](#)

- **Sources**
- [Iowa Code § 135.17](#)
- [Iowa Administrative Code 641 IAC 51\(135\)](#)

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Number: 917

Title: Supervision of Dental Hygienists Working in Public Health

Effective Date: 10-1-2016

Revision Date: 10-1-2022

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 650 IAC 10

Policy

All Iowa-licensed dental hygienists employed or contracted by Maternal Health (MH) and Child & Adolescent Health (CAH) Contractors to provide direct dental services must have public health supervision from a dentist. This allows hygienists to provide services in public health settings without patients first being examined by a dentist.

Hygienists may provide educational and program administrative services without supervision.

Procedure

To work under public health supervision, a dental hygienist must have an active Iowa license and a minimum of one year of clinical experience. A collaborative agreement between a dentist and hygienist is required, outlining the services that can be provided, locations where services will be provided, and standing orders for the services. A current template for public health supervision agreements may be found on the [Department website](#).

If a hygienist's public health supervision agreement includes use of silver diamine fluoride (SDF), both the hygienist and dentist must complete an Iowa Dental board-approved training prior to entering into the agreement.

The hygienist must submit a copy of the final, signed collaborative public health supervision agreement to the Department's Bureau of Oral and Health Delivery Systems (OHDS). Dental hygienists and their supervising dentist are responsible for reviewing the agreement biennially to assure that information is current. If updates are needed, a revised agreement must be sent to OHDS. An addendum may be requested from OHDS to add sites and/or services to the agreement on file.

Each dental hygienist who has rendered services under public health supervision must annually complete and file a report of those services provided during a calendar year with OHDS. Each year, OHDS staff will provide instructions and a report form to be used to hygienists with active agreements on file.

Public health supervision agreements are required to include information about maintaining dental records of services provided by the hygienist and where the records are to be located. Because services will be provided as part of the MH and CAH programs, records must be maintained by Contractors and not at different locations. See Policy 302 Client Records.

Dentists providing public health supervision for hygienists are not required to provide future dental treatment for patients served by a hygienist.

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Number: 917

Title: Supervision of Dental Hygienists Working in Public Health

Effective Date: 10-1-2016

Revision Date: 10-1-2022

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 650 IAC 10

- **Sources**
- [Iowa Code §135.15](#)
- [Iowa Administrative Code 650 IAC 10](#)

Number: 918

Title: Supervision of Dental Assistants Working in Public Health

Effective Date: 10-1-2016

Revision Date: 10-1-2022

Date of Last Review:

Authority: Iowa Administrative Code 650 IAC 20

Policy

All Iowa-registered dental assistants employed or contracted by Maternal Health (MH) and Child & Adolescent Health (CAH) Contractors to provide intraoral and/or extraoral direct services must have public health supervision from a dentist. This allows assistants to provide services in designated public health settings. Assistants may provide care coordination and/or administrative services without supervision.

Procedure

A dental assistant must be registered in Iowa and have a minimum of one year of clinical practice experience to work under public health supervision of a dentist. A collaborative agreement between a dentist and assistant is required that includes the services that can be provided, where services will be provided, and standing orders for the services. A current template for public health supervision agreements may be found on the [Department website](#).

The dental assistant must submit a copy of the final, signed collaborative agreement to the Department's Bureau of Oral and Health Delivery Systems (OHDS) and the Iowa Dental Board. Each dental assistant and dentist are responsible for reviewing the agreement biennially to assure that information is current. If updates are needed, a revised agreement must be sent to OHDS and the Iowa Dental Board. An addendum may be requested from OHDS to add sites and/or services to the agreement on file.

Each dental assistant who has rendered services under public health supervision must annually complete and file a report of services provided under public health supervision for a calendar year with OHDS. Each year, OHDS staff will provide instructions and a report form to be used.

- **Sources**
- [Iowa Administrative Code 650 IAC 20](#)

Number: 919

Title: Dental Vouchers for Treatment Provided by Dentists

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 641 IAC 76, 641 IAC 50, Social Security Act Title V Sec 506 [42 USC 706]

Policy

Child & Adolescent (CAH) Contractors may use CH Dental funds to reimburse dentists (via “dental vouchers”) for a limited number of basic preventive and restorative dental services, at Medicaid approved rates, for CAH clients enrolled in Title V. CH Dental funds **cannot** be used to support direct care services provided within Federally Qualified Health Center (FQHC) dental clinics.

Contractors that use CH Dental funds to reimburse dentists for services must have a written agreement with those dentists.

Procedure

Client eligibility for Title V must be assessed. See Policy 106 CAH Eligibility and Voluntary Participation.

Agreements with dentists should include:

1. A list of the reimbursable dental procedures and the reimbursement amounts for those procedures;
2. If the Contractor has determined a maximum amount that will be allowed per child per voucher, include the amount allowed without prior authorization;
3. Information on how a dental office may request an “exception” for procedures not currently on the list;
4. Clarification that voucher reimbursement is accepted as payment in full and the patient/family is not responsible for additional costs; and
5. I-Smile Coordinator contact information.

Contractors may create a “dental voucher” system to use for reimbursement of dental services for eligible clients. The voucher may be given to a family to provide a participating dental office, indicating that the Contractor will reimburse the dental office for allowable treatment costs (using CH Dental funds).

Each year, Contractors receive an updated list of pre-authorized codes and reimbursement levels from the Oral Health (OH) Section. Reimbursement rates are based on the most current Medicaid and/or Prepaid Ambulatory Health Plan (PAHP) fee schedule.

Payment protocols must be based on Medicaid guidelines for dentists. Refer to the [Medicaid Dental Services Provider Manual](#).

Number: 919

Title: Dental Vouchers for Treatment Provided by Dentists

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, Iowa Administrative Code 641 IAC 76, 641 IAC 50, Social Security Act Title V Sec 506 [42 USC 706]

CH Dental funds/dental vouchers cannot be used to pay for direct services provided within FQHC dental clinics.

Oral Health staff may grant exceptions to use CH Dental funds for services that are not on the pre-authorized list of codes. To request an exception, Contractors must complete the Department's *Title V Voucher Exception to Policy Request* form and submit to assigned OH consultant.

The I-Smile Coordinator will be notified by OH staff of the final decision.

Documentation

For any client receiving care from a dentist that is reimbursed with CH Dental funds, "dental voucher" must be indicated as a service for that client in the Department MCAH Data System.

CAH Contractors must enter all voucher data into the MCAH data system by the 30th of the month following the end of each fiscal quarter (January 30, April 30, July 30 and October 30). The data includes: the number of children who saw a dentist using CH Dental funds, the number of dental procedures provided by dentists and the total amount of treatment dollars reimbursed to dentists per quarter.

- **Sources**
- [Iowa Administrative Code 641 IAC 76 \(135\)](#)
- [Social Security Act Title V Sec 506 \[42 USC 706\]](#)
- [Medicaid Dental Services Provider Manual](#)

Number: 920

Title: Nutritional Counseling

Billing Code: D1310

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

Overview

Oral health education, including nutritional counseling, is an integral service provided by MH and CAH contract agencies. It is important that MH and CAH clients understand how carbohydrates contribute to dental disease and thus can affect overall health.

Policy

MH and CAH contractors will provide nutritional counseling for the control and prevention of oral disease for clients when appropriate.

Provision of nutritional counseling must be documented in the MCAH data system and the client record.

MH and CAH direct service staff must receive training from the I-Smile Coordinator prior to providing nutritional counseling for clients.

Procedure

Within the MH and CAH programs, nutritional counseling for the control and prevention of oral disease may be provided by an Iowa-licensed dentist, licensed dental hygienist, licensed physician, registered nurse, advanced registered nurse practitioners, physician assistant, and/or dietitian. Health care professionals must function within their scope of practice or licensure.

For CAH contractors providing nutritional counseling the following age-appropriate oral health topics may also be included for parents/caregivers and older children:

- Decay process
- Dental disease risks associated with certain foods and beverages, including bottle and sippy cup habits
- Dental disease risks associated with certain medications (e.g. seizure medications, those that cause dry mouth, or sugary cough syrups used for an extended time)

For MH contractors providing nutritional counseling the following oral health topics may also be included:

- Decay process
- Dietary habits, including inappropriate snacking and soda pop consumption

Documentation

The client chart must include documentation that the nutritional counseling was provided, the duration of the service, and who received the counseling. Client-specific notes must be included in the documentation that clearly demonstrate why the counseling was provided and support the duration of the service.

Number: 920

Title: Nutritional Counseling

Billing Code: D1310

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

The service must also be entered in the Department's MCAH data system, completing all required fields including the primary payer who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Billing

When provided to Hawki or Medicaid-enrolled clients, the counseling service must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code D1310 to bill.

Sources

- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)

Number: 921

Title: Tobacco Counseling

Billing Code: D1320

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

Overview

Tobacco counseling for the control and prevention of oral disease is an important component of services provided to both maternal health clients and adolescents. It is important for clients to understand that tobacco use can lead to oral disease and healthy teeth and gums contribute to overall health.

Policy

MH and CAH contractors will provide tobacco counseling for the control and prevention of oral disease for clients when appropriate.

Provision of tobacco counseling must be documented in the MCAH data system and the client record.

MH direct service staff must receive training prior to providing tobacco counseling for clients. The online training, *Treating Tobacco Use During Pregnancy*, must be taken and course completion must be documented with the I-Smile™ Coordinator. The training can be found at the following link:

- <https://quitlogixeducation.org/iowa/>

CAH direct service staff may find additional courses for adolescents at the same link. Training is not required prior to providing tobacco counseling for the control and prevention of oral disease for adolescents, as it is not a billable service.

Procedure

Tobacco counseling for the control and prevention of oral disease may be provided by an Iowa-licensed or registered: dentist, dental hygienist, physician, nurse, advanced registered nurse practitioners, and/or physician assistant. Health care professionals must function within their scope of practice or licensure.

For MH contractors providing tobacco counseling may include the following oral health topics in addition to the information provided in the tobacco cessation training:

- Pregnancy gingivitis related to tobacco use
- Tobacco associated risks of periodontal disease and link to pre-term labor
- Systemic implications of oral diseases linked to tobacco use
- Oral cancer linked to tobacco use

For CAH contractors providing tobacco counseling may include the following oral health topics:

- Systemic implications of oral diseases linked to tobacco use
- Oral cancer linked to tobacco use
- **Tobacco counseling is not a billable service for CAH contractors.**

Number: 921

Title: Tobacco Counseling

Billing Code: D1320

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

Documentation

The client chart must include documentation that the counseling was provided, the duration of the service, and who received the counseling. Client-specific notes must be included in the documentation that clearly demonstrate why the counseling was provided and support the duration of the service.

The service must also be entered in the Department's MCAH data system, completing all required fields including the primary payer who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Billing

Billing is **only** available for MH contractors. When provided to Hawki or Medicaid-enrolled MH clients, the counseling service must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code D1320 to bill.

Tobacco counseling is not a billable service for CAH contractors.

Sources

- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)

Number: 922

Title: Oral Hygiene Instruction

Billing Code: D1330

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 64I IAC 50

Overview

Oral hygiene instruction is an integral component of the services provided by MCAH contract agencies. Helping clients understand how to keep teeth and gums healthy is important component of overall health.

Policy

MH and CAH contractors will provide oral hygiene instruction for clients when appropriate. Oral hygiene instruction must include hands-on demonstration of oral hygiene techniques, along with the importance of brushing with fluoridated toothpaste at least twice a day for 2 minutes each time.

Provision of oral hygiene instruction must be documented in the MCAH data system and the client record.

MH and CAH direct service staff must receive training from the I-Smile Coordinator prior to providing oral hygiene instruction for clients.

Procedure

Within the MH and CAH programs, oral hygiene instruction may be provided by an Iowa-licensed or registered: dentist, dental hygienist, physician, nurse, advanced registered nurse practitioners, and/or physician assistant. Health care professionals must function within their scope of practice or licensure.

For CAH contractors the required hands-on demonstration of brushing, and possibly flossing, may also include the following educational topics for parents/caregivers and older children:

- Importance of baby teeth
- First dental visit by age 1 and periodic visits based on client's risk assessment
- Proper daily cleaning and monthly "Lift the Lip" techniques
- Risks associated with certain foods and beverages, including bottle and sippy cup habits
- Importance of topical fluoride exposure
- Non-nutritive sucking (fingers or pacifier)
- Teething/eruption patterns
- Dental disease risks associated with certain medications (e.g. seizure medications, those that cause dry mouth, or sugary cough syrups used for an extended time)
- Oral piercing
- Tobacco use

Number: 922

Title: Oral Hygiene Instruction

Billing Code: D1330

Effective Date: 10-1-2016

Revision Date: 10-1-2024

Date of Last Review:

Authority: Iowa Code § 135.15, 641 IAC 50

For MH contractors the required hands-on demonstration of brushing, and possibly flossing, may also include the following educational topics for their pregnant clients:

- Home care (e.g. brushing twice a day for 2 minutes)
- Dietary habits, including inappropriate snacking and soda pop consumption
- Pregnancy gingivitis
- Morning sickness
- Risks of periodontal disease and link to pre-term labor
- Systemic implications of oral diseases
- Fluoride
- Transfer of decay-causing bacteria from mother to child
- Infant oral health care

Documentation

The client chart must include documentation that the oral hygiene instruction was provided, the duration of the service, and who received the counseling. Client-specific notes must be included in the documentation that clearly demonstrate why the counseling was provided and support the duration of the service.

The service must also be entered in the Department's MCAH data system, completing all required fields including the primary payer who is paying for the service (e.g., Hawki – Delta Dental, Title V, Title XIX - FFS, Title XIX PAHP – Delta Dental or MCNA).

Billing

When provided to Hawki or Medicaid-enrolled clients, oral hygiene instruction must be billed to the appropriate Prepaid Ambulatory Health Plan (PAHP) or Iowa Medicaid (for those not enrolled with a dental plan). Use code D1330 to bill.

Sources

- [Iowa Code §135.15](#)
- [Iowa Administrative Code 641 IAC 50 \(135\)](#)