Appendix 5: Understanding and Procedure Coding for Patients with Special Health Care Needs *(online only)*

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Introduction

This is a high-level discussion of Special Health Care Needs (SHCN) patients who receive oral health care from a variety of dentists in diverse settings. It is a primer for those members of the dental community who may not have provided care to SHCN patients, as well as those who already do and seek additional insight on how necessary dental care is delivered and documented.

Comprehensive, preventive, and therapeutic oral care for all individuals is the goal of the dental profession. Individuals with SHCN seek the same preventive and therapeutic oral care, often within unique circumstances. Appropriate treatment outcomes are attainable for these individuals through education and communication between dental and other health care providers, parents/guardians, and ancillary caregivers. Managing all these interactions might require mediation, communication, and a little creativity to ensure optimal care.

SHCN Definition

The American Academy of Pediatric Dentistry defines special health care needs as "any physical, developmental, mental, sensory, behavioral, cognitive, or emotional difference or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity. Health care for individuals with disabilities or complex medical needs requires specialized knowledge, as well as increased awareness and attention, adaptation, and accommodative measures beyond what are considered routine."

According to the U.S. Census Bureau, special health care conditions affect approximately 19.4% of the population under 18 years old and an additional 37.9 million Americans.

Context for Dental Care Delivery

Patients with special health care needs are often accompanied by family members when seen for treatment in general dental practices. With better understanding of the challenges facing SHCN patients, more successful and complex treatments are now practiced.

People with SHCN receiving oral health treatment require special and unique considerations when compared with other patients. When treatment does not recognize the need for these special considerations, there can be a void in care for the individuals.

An example of an unrecognized need is when, after caring for a patient, a hygienist recommends that the patient use a mechanical toothbrush, fluoride toothpaste, and floss twice a day. Such recommendations can, for a patient with SHCN, become daunting and overwhelming. The patient may be wondering: Who will get the mechanical toothbrush? The vibration of the toothbrush may be too intense to tolerate. How long do I have to brush? What is fluoride? Is the toothpaste okay to swallow because sometimes spitting is hard to remember? I don't like the feeling of floss. I don't like different tastes of any kind. How will I remember to do this?

Understanding and addressing a SHCN patient happens when the individual first becomes the dentist's patient of record. First contact at an "introductory appointment" is most helpful. This appointment might best take place at the beginning or the end of the normal business day, allowing the individual to experience the sensations, such as the smells and noise, of the office, as well as to meet the dental team. This introductory session, which usually takes about 15 to 30 minutes, desensitizes the individual to the office, significantly reducing the anxiety of a new environment before the "real visit." Although there is no specific CDT code for such an "introductory appointment," the encounter could be documented with the case management code **D9997 dental case management – patients with special health care needs** procedure, as this encounter is ancillary to the first "real visit" for the patient's first examination – that will most likely be documented with code **D0150 comprehensive oral evaluation – new or established patient**. Should a dentist determine that there is no appropriate code to document the procedure performed, selection of a "999 unspecified procedure, by report" code may be appropriate. All "by report" procedure codes are to include documentation that explains the service provided.

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Review and completion of a "Get to Know Me" form to gather information from SHCN patients and their accompanying family members can help the dentist acquire necessary background and establish methods of communication, treatment, and follow through of treatment instructions. Knowing where the individual lives allows insight into how their oral health is managed and addressed. Daily reminders of brushing and using oral health aids, may fall to the responsibility of multiple people from different shifts or to different family members.

A sample "Get to Know Me" form is included in this appendix and can be modified as necessary by the dentist.

Understanding the life challenges of every patient is important for treatment success and their well-being. Extra time and effort is necessary for SHCN patients. There are existing CDT codes that enable accurate recording of SHCN patient care, as illustrated in the forthcoming scenarios.

Living Arrangements and the Daily Dental Care for People with SHCN

People with SHCN have a variety of living arrangements. Sometimes people with SHCN live outside the family home because quality educational training and employment opportunities are a distance from their families. Other times, parents who cared for people with SHCN from birth may no longer be able to assist with their daily care due to their own advancing age and health circumstances.

Government-funded Community Integrated Living Arrangements, or CILAs, or other independent living conditions offer independence, community, and continuity of care for these individuals. Direct care assistance for their activities of daily life become an alternative option for these individuals, as well as their families. Supportive Living Arrangements (SLAs) are similar to CILAs, but are for individuals who need less direct support.

Whether a person with SHCN is living at home with family or in a group home, a "care person" is needed to oversee the daily hygiene habits. The care person also can give verbal reminders or post visual cues for the individual to follow, for daily oral hygiene and personal care is often considered poor.

Individuals who assist with activities of daily living are either certified nursing assistants (CNAs) or have taken training classes in the facility to earn a Direct Care Worker Certificate. Their training for oral hygiene care and instruction is equivalent to a CNA's training.

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Knowing the Players Within a SHCN Patient's Daily Life

Individuals with SHCN often have legal guardians who make all medical and financial decisions for the individual. Treatment of any kind must be approved through the legal guardian. The legal guardian may not live with or close to the SHCN individual, yet they remain the legal guardian.

If the individual participates in a school, day program, work training, or any program outside the house, he or she will have a caseworker who is a social worker. The case worker is employed by a government agency, nonprofit organization, or another group to take on the cases of individuals and provide them with advocacy, information, and solutions. This is the person to contact to assist in developing brushing habits and using oral aid products.

When an individual enters a group home, there is a nurse who will oversee the medical portion of their care. Any prescription item for the SHCN individuals needs to be addressed with the registered nurse (RN) and introduced to the individual. Instructions on prescription items will be given by the RN to the direct care worker.

In federally funded group homes, the person assisting SHCN individuals with oral hygiene care is the direct care worker. These are the individuals who assist with holding the toothbrush and with applying the toothpaste if the individual cannot adequately brush by themselves. Additional training for the direct care provider (DCP) is provided to allow them to dispense prescription medication on a daily basis earning them a "med passer" status.

Oral Health Intervention

Support and educational organizations provide services to assist individuals with developmental and intellectual disabilities, along with their families. Many of these organizations provide education, training, skills, and encouragement. Quality organizations recognize the importance of oral health and its impact on physical health and well-being of special needs individuals. Dental personnel are in a position to be a liaison between the other oral health providers, nurses, case workers, families, and most importantly, the individuals. The role is to assist in supporting and enhancing the oral health education, assistance, and support to the individuals and the direct care staff.

Often a lack of communication between dental providers, medical providers, parents, and the direct care staff leads to mistakes or lack of treatment for the individual. Without intervention, oral care and the implementation of brushing, using oral health products, and following up with preventive care does not become interfaced into their daily routines.

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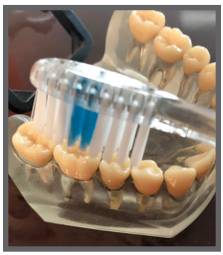
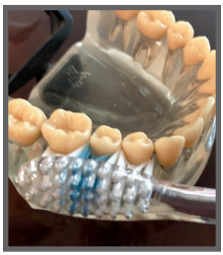
Oral health interventions can occur in group homes (SLAs and CILAs) or where they attend life skills and job training classes and therapies. The meeting can be a one-on-one session of brushing, flossing, and nutritional counseling. It may also consist of small group sessions on oral health education or nutritional counseling to supplement support between the traditional six-month preventive appointment done with their dental providers.

Bumpy, Outside, Inside, Tongue (BOIT) Brushing Method

One of the challenges for people with disabilities is the need for "muscle memory" to repeat an activity on a daily basis, as we ask in our patients with brushing their teeth. Research indicated that in group home situations, the direct care staff had a 33% turnover rate. This means that the person who assisted in brushing in the morning may not be there in the evening. A standard method of brushing was necessary to bring consistency and muscle memory to the individuals. BOIT became the official method of brushing teeth for individuals: B=bumpy; O=outside; I=inside; T=tongue. This consistent acronym was adopted to bring uniformity in brushing to the care staff, individuals, and families. This consistent method allows the individuals to develop muscle memory, allowing it to become a long-term memory skill.



Bumpy



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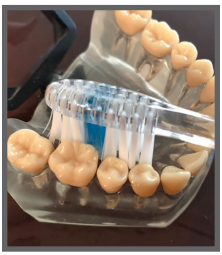

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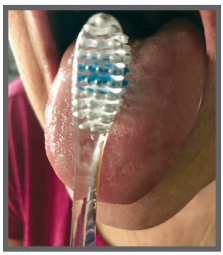

Tongue

The BOIT method of brushing was developed by Tina Lowry, M.P.P.A., from Little City Foundation with a grant from Washington Square Health Fund and Autism Speaks.

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Clinical Coding Scenario #1

A 25-year-old male patient with Down syndrome lives with his elderly mother, his legal guardian. He attends classes five days a week in a job and life skills training center. The patient was happy to join the oral care educator who addressed his dental condition during one of the patient's daily sessions at the life skill center. During this session, the oral care educator captured intraoral photographic images that documented extensive decay in every tooth, with several teeth showing decay at the gum line. Significant food debris and plaque were present. Oral hygiene guidance was given along with a toothbrush and toothpaste to take home.

Photos were shared with the patient and a discussion on his teeth and their condition occurred. Photos were forwarded to the local provider and to his case worker to share with his mother. The mother was not aware of the severity of her son's oral condition. Monitoring his oral hygiene habits is not something she is capable of doing on a daily basis. She is also unable to physically take him for dental treatment.

As her son has not seen a dentist routinely, the photos were sent to the local dental provider on campus via asynchronous teledentistry connection, and appropriate preliminary services were arranged. The patient's case worker was able to arrange appropriate consent for treatment with his mother. The dental provider's office is on the same campus as his training center. The patient was escorted to the dental clinic and treatment commenced within 48 hours.

How would you code this encounter?

D0190 screening of a patient
A screening, including state and federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.

D1330 oral hygiene instructions

D0350 2D oral/facial photographic image obtained intra-orally or extra-orally

Note: The number of photographic images captured would be documented and reported on a claim.

D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

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D9992 dental case management – care coordination
Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

D9997 dental case management – patients with special health care needs
Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services.

Clinical Coding Scenario #2

During a visit to a CILA (Community Integrated Living Arrangements) home, a dental hygienist met the patient, a 29-year-old man with autism spectrum disorder with limited verbal skills. The patient was asked if he would like to brush his teeth with the dental hygienist. While talking to the patient, the dental hygienist noticed his gingiva was bright red, with generalized food debris. The direct care staff person said, "the patient doesn't have a brush. He just rinses with this blue mouthwash," and handed the hygienist a bottle of chlorohexidine. After further questions, it was noted that the bottle was brought back from a provider and the direct care staff was instructed to "have him rinse." Gentle brushing, with a soft-bristle hand brush, and chlorohexidine was done for the patient. Gingival bleeding occurred and the patient's oral health was discussed with the direct care staff. While brushing his teeth, patches of decalcification on tooth surfaces were noted. Photos were taken for documentation and reference.

This void of oral care occurred for more than six months. The patient's dental care consisted of once-a-day rinsing, and tooth brushing had ceased. Miscommunication and an absence of information was preventing him from improving his oral health and risking further disease and inflammation. His case worker and RN were notified to follow up with the dental provider.

How would the hygienist code for this encounter?

D0191 assessment of a patient
A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only

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D1330 oral hygiene instructions

D9997 dental case management – patients with special health care needs
Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services.

Note: Knowing the patient's living situation, verbal skill levels, methods of communication, and the players ahead of his appointment might have eliminated some of the information voids in this scenario. The dental provider might have contacted the RN and case worker directly to find out the patient's daily oral hygiene and sent a request for him to use the oral rinse in addition to his regular brushing routine. Once a case worker is clearly notified of treatment requests or changes to a routine, adjustments can be made in their system to track the continuity of care.

Clinical Coding Scenario #3

An 18-year-old male with ASD (autism spectrum disorder), came in for a preventive care visit. It was recommended that he start using a prescription strength toothpaste due to a number of decalcified areas on his teeth. The prescription was handed to the caregiver to implement the changes in his group home.

At the restorative visit, decay was progressing, oral hygiene was poor, and a call was made to the staff hygienist at his care home to ask to investigate the oral hygiene "trail of care."

The staff hygienist found that the prescription strength toothpaste was left in the patient's "hygiene box" for him to apply to his toothbrush freely, without any supervision. Clinical photos and notations were taken to document the inability to successfully carry out the requested application of prescribed toothpaste effectively and safely.

A protocol for dispensing prescription toothpaste was initiated after product information was given to nursing, direct care staff, and the patient. The prescribed toothpaste tubes are now dispensed from the pharmacy with a manual toothbrush designated as the applicating brush. Toothbrush and tube are stored together with other locked medications at the group home. The patient is to brush his teeth with any toothpaste he prefers throughout the day to the best of his ability. The designated toothbrush is now used to apply the prescribed high fluoride paste to the patient's teeth as he goes to bed. He is permitted to spit excessive toothpaste out and then say "goodnight."

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How would the hygienist code for these encounters?

D1330 oral hygiene instructions

D0703 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only

Note: The number of photographic images captured would be documented and reported on a claim..

D9992 dental case management – care coordination
Assisting in a patient's decisions regarding the coordination of oral health care services across multiple providers, provider types, specialty areas of treatment, health care settings, health care organizations and payment systems. This is the additional time and resources expended to provide experience or expertise beyond that possessed by the patient.

D9994 dental case management-patient education to improve oral health literacy
Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.

D9997 dental case management – patients with special health care needs
Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services.

Summary

Knowing your patient's living situations and understanding their chain of communication can be the difference between treatment success and failure. This information can also open the door to inquiring about additional services that may be available for your SHCN patients. Certain states with more advanced practice acts may allow for caries risk assessments, saliva testing, application of fluoride varnish between their prophylactic appointments and radiographic images. It's possible that there are other supportive procedures that may be performed at alternative locations.

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Sample Get to Know Me Form

Name: _____ Birthdate: _____

Preferred Name: _____

Address: _____

Parents or Guardian:_____

Phone Number: _____

Email: _____

About Me

How I spend my days: ☐ School ☐ Day Program ☐ Home

My preferred method of communication: ☐ Verbal ☐ Pictures ☐ Sign Language

I need the following assistance with oral care:_____

My strengths: _____

My interests: _____

Physical limitations: _____

Behavioral information: _____

Words or things that make me happy:_____

Words or things that make me upset: _____

Words or things that calm me down:_____

I need the following assistance toileting:_____

My favorite snacks and drinks: _____

Any eating challenges or allergies to foods: _____

Any other information that would be helpful for us to know: _____

_____

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