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Samples of Documenting Medical Necessity
11/14/16

- 1) 4 year-old-Black male, PMH includes asthma and eczema. Last attack x 6 months. Hospitalized x 24 hours and received nebulizer treatments x 3 with Albuterol and Ipratropium prior to discharge. Prescribed Albuterol for wheezing only as needed and to be administered using a Meter Dose Inhaler with a spacer. Eczema is currently being treated with OTC steroid cream. Mom reports chronic dental pain mainly at night x ~48 hours. Mother also states the patient routinely slept with a bottle of milk until age 2 and currently uses a sip cup between meals filled with juice.

Clinical lap examination demonstrates generalized gross decay. Toddler combative and tearful. No radiographs obtainable. Presents with chronic, severe early childhood caries secondary to the baby bottle tooth decay and multiple abscessed teeth. He requires comprehensive dental rehabilitation under general anesthesia due to the amount and extent of carious destruction, the multiple abscessed teeth, the age of the patient, PMH and the acute situational anxiety displayed in the office.

Next visit: comprehensive dental rehabilitation under general anesthesia
(See attached, *Maryland Healthy Smiles – Facility Referral Form – Confirmation of Medical Necessity*). [MD_ProviderManual_2016_Version , ~page 73.pdf](https://mmcp.dhmh.maryland.gov/Documents/MD_ProviderManual_2016)
https://mmcp.dhmh.maryland.gov/Documents/MD_ProviderManual_2016

- 2) 10 old white male, PMH Ø, presents with Ellis Class II fracture involving teeth numbers 8 and 9 ~ 1 hour ago after falling. No LOC reported and the boy was not taken to the ER. Mother states, “He fell to the floor while in gym class.” The boy further said, “I tripped on my untied shoe string.” Both fractured tooth segments were recovered and presented in a cup of water. Ø facial bleeding or asymmetry, Ø bruising and Ø lacerations. Slight cervical bleeding and normal tooth mobility. Percussion and pulp test both negative. Will however monitor pulpal diagnosis. Upper lip slightly swollen. Radiographs taken including a panorex to rule out condylar involvement, u/l occlusal film to rule out possible tooth fragment in soft tissue and periapical film of 8 and 9 to rule out enamel fracture, and to confirm integrity of the bony socket.

Tx. Completed: 8 & 9 restored using both recovered tooth fragments bonded to the teeth. The teeth and the segments were washed with water, acid etched, repositioned and bonded to the teeth using TPH composite resin with polycarboxylate crown forms. The resins were light cured, crown forms removed, occlusion adjusted, finished and polished.

Verbal and written post-operative care and diet instructions were given to the patient and parent. A four week follow up appointment was scheduled and after hours emergency contact information provided to mother. Mother advised to confirm Tetanus records and was further advised that while the teeth have been restored the need for root canal therapy may be required in the future.

AAPD MedicallyNecessaryCareBrochure -
<http://www.aapd.org/assets/1/7/MedicallyNecessaryCareBrochure.pdf>