	Title: Early Childhood Caries Prevention (ECCP) Protocol	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To establish Advantage Dental's policy on its protocol for its Early Childhood Caries Prevention (ECCP) program.

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions: n/a

Forms: n/a

References: 42 CFR 438.236; OAR 410-141-3015

Policy:

This protocol is to lower or prevent the dental infection in children.

1. This protocol is to be followed in addition to the requirements of the Provider Agreement, the Dental Care Organization (DCO) will require that the Primary Care Dentist (PCD) follow all ECCP Protocols as follows:

   A. For Pregnant Enrollees, the provider shall:

      1) See a pregnant enrollee within two (2) weeks of requesting a comprehensive exam and should continue to see the enrollee for any needed treatment.

      2) During the time period stated above in paragraph 1), each pregnant enrollee should receive a Caries and Periodontal risk assessment and appropriate treatment based on risk status, such as full mouth debridement, root planning and curettage, and a prophylaxis and topical fluoride treatment.

      3) Provide instructions to follow the Fluoride Toothpaste Spit, Don't Rinse protocol.

      4) Create a treatment plan in coordination with the pregnant enrollee that emphasizes the elimination of the sources of infection and based on risk. For example, (1) abscessed teeth, (2) open carious lesions, 3) infected third molars (wisdom teeth), or 4) infected gingiva (gums). Infected teeth can be extracted where necessary, treated with pulpal, $Ca(OH)_2$ therapy where appropriate, filled where appropriate, and open decay on posterior teeth arrested with silver diamine fluoride (SDF) or scoop and fill with glass ionomer containing fluoride covered by fluoride varnish. The front teeth should be restored with aesthetic fillings where possible. The only teeth to be replaced until the disease is under control are the teeth that can be replaced by a "flipper" type partial denture for front teeth only.

      5) Instruction to chew Xylitol Gum or Mints for all pregnant enrollees (two Chiclets three times a day or four mints three times a day, from delivery of child to 3-6 month postpartum).

B. **NOTE: All radiographs (x-rays) taken on pregnant enrollee should be with a lead vest with a thyroid collar in place.**

C. All children should be seen by their first birthday or within six months of eruption of their first tooth, whichever comes sooner. The following interventions are indicated for children based on risk status:

1) Low Risk
   i. Provide fluoride toothpaste and toothbrush with targeted messaging.
   ii. Annual exam with dentist unless otherwise indicated by the dentist.

2) Moderate Risk
   i. Apply Silver Diamine Fluoride (SDF) twice annually to the occlusal surfaces of posterior teeth for prevention of future lesions.
   ii. Provide fluoride toothpaste and toothbrush with targeted messaging.
   iii. Annual exam with dentist unless otherwise indicated by the dentist.

3) High Risk
   i. Stabilize cavitated lesions with SDF and silver modified atraumatic restorative treatment (SMART) until definitive case can be provided.
   ii. Apply sealants to permanent molars.
   iii. Apply chemotherapeutic approach for disease management and prevention.
      a. Apply SDF twice annually to the occlusal surfaces of posterior teeth for prevention of future lesions.
      b. Apply povidone iodine and fluoride varnish to all teeth.
   iv. Provide fluoride toothpaste and toothbrush with targeted messaging.
   v. Annual exam with dentist unless otherwise indicated by the dentist.

4) Depending on the child's age, a smear or pea-sized amount should be used on the brush immediately before the child goes to bed at night and be left on the teeth. Parents and children should be shown what a smear or pea-sized amount looks like. The child should spit but not rinse, and the child should be given nothing to eat or drink afterward. This should be done every day. The parent or caregiver should be reminded that brushing with fluoride toothpaste should not be left up to the child. If a child is taking fluoride supplements such as fluoride rinses, tablets, drops, or optimal fluoridated water, fluoride toothpaste should not be used in the manner above without first making sure the other sources of fluoride listed in this paragraph are discontinued.

5) The billing should be code D1354 (interim caries arresting medicament application) when silver diamine fluoride is used to arrest an active cavitated lesion. Code D2940 (protective restoration) is used when a temporary restoration is placed following caries arrest using the SMART technique. When the SMART technique is used on the primary dentition, D2941 (interim therapeutic restoration) is the appropriate code. D1206 (topical application of fluoride varnish) should be used for fluoride varnish application. D1208 (topical application of fluoride – excluding varnish) should be used for SDF application for prevention.

D. **NOTE: It is imperative that the child does not miss these check-ups and should be encouraged to not miss appointments. Missed appointments for children with dental infection could be considered child neglect and could fall under the Mandatory Reporting Guidelines.**

Approvals:
Date: 03/22/2018

Approved by:
Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

06/14/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Dr. Gary Allen	
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Dr. Gary Allen	Sharity Ludwig
03/17/2017	QI/UR Committee				
03/12/2018	Jeanne Dysert	Tamara Kessler	Rose Novak	Dr. Gary Allen	Sharity Ludwig