

All Kids School-Based Dental Program Requirements

The HFS Dental Program allows out-of-office delivery of preventive dental services in a school setting to children ages 0–18. This program is called the All Kids School-Based Dental Program. Recognizing the unique qualities of the All Kids School-Based Dental Program, specific protocols have been developed to assist All Kids School-Based Dental Program Providers. Providers who do not adhere to the requirements for participation are not eligible for reimbursement.

Participation Guidelines

Providers who wish to participate as an All Kids School-Based Dental Program must meet the following requirements:

1. Be enrolled as a participating dental provider and associated to the correct entity through the IMPACT provider enrollment system.
2. Complete the All Kids School-Based Dental Program Provider Registration Application. Each entity (corporation, partnership, etc.) must register all Providers rendering services for the entity. If a Provider renders services for more than one entity, he/she must be registered under each entity separately.
3. Be able to render the full scope of preventive school-based services for an out-of-office setting.
 - D0120 – Periodic Oral Examination
 - D1120 – Prophylaxis – Child
 - D1206 – Topical Application of Fluoride Varnish
 - D1208 – Topical Application of Fluoride (excluding prophylaxis)
 - D1351 – Sealant – Per Tooth

A Caries Risk Assessment Code (D0601 – D0603) is required on all claims with a place-of-service “School.”

The CRA codes are as follows:

- D0601 – Caries Risk Assessment and documentation, with a finding of low risk (Equates to Oral Health Score 1)
- D0602 – Caries Risk Assessment and documentation, with a finding of medium risk (Equates to Oral Health Score 2)
- D0603 – Caries Risk Assessment and documentation, with a finding of high risk (Equates to Oral Health Score 3)

Providers can only receive payment for a dental services provider in the school if the claim has a Caries Risk Assessment Code (CRA) (D0601, D0602 or D0603). **No CRA the entire claim will deny.**

4. Utilize the calendar platform called Teamup. Your scheduled dental events will be safely and securely stored in the Teamup cloud while allowing the IDPH/DOH consultants to retrieve your entries quickly and efficiently without the use of your passwords. Each entity will need to submit one email address to dph.oralhealth@illinois.gov. In the subject line of the email, use "email for Teamup registration." A Teamup calendar invitation will be sent to you to set and manage the visits for your All Kids School-Based Dental Program.

All Teamup calendar fields must be current, with an accurate listing of dental professionals who will be on-site providing services (dentist/hygienist/dental assistant) and the number of children expected. Events should be placed on the calendar at least 3 weeks in advance of each event and updated to reflect changes or additions to scheduled events. Changes made inside of a three-week window before a scheduled appointment are highly discouraged. When changes are necessary, ALL changes that occur with less than a 3-week notice must also be submitted to DPH.OralHealth@Illinois.gov. See attached regarding the Teamup calendar and at <https://www.teamup.com/>.

5. Provide a completed copy of the Illinois Department of Public Health (IDPH) Proof of School Exam Form, found under Oral Health, for every child seen to the school staff member (secretary, principal, school nurse, counselor, etc.) who was responsible for maintaining the completed forms at the school. The State Board of Education requires that all Illinois children in kindergarten, second, sixth and ninth grades have an oral health examination performed by a licensed dentist. Requiring the completion of an IDPH school exam form for every child treated in the School-Based Dental Program ensures consistency in completion, eliminates confusion on the part of the parent and relieves the parent from scheduling another dental exam solely for completion of the form.
6. School Exam Follow-Up Form shall be completed by the Provider and given to school personnel to communicate with the member's parent/guardian regarding the student's oral health and the need for follow-up care. The form must provide the Members Caries Risk Assessment and the appropriate Referral Plan to provide restorative follow-up care to the member (if follow-up care is required).
7. Completed Referral Plan for each location where school-based dental services are provided. Each entity is responsible for selecting, implementing and providing a referral plan for each location, and each child with urgent treatment needs. Each entity/provider must select at least one of the three approved choices on the Referral Plan to ensure that each All Kids member receives necessary follow-up care. It is no longer acceptable to simply provide the parent/guardian with the DentaQuest

customer service number or a referral list to community dentists for parents/guardians to locate a provider on his/her own.

Each All Kids member that requires follow-up care (D0602 or D0603) must be provided the opportunity for treatment through one of the three options:

1. **Option 1:** Follow up care will be provided at the provider's/entity's office. Please call to schedule an appointment with my office for follow-up care.
Name
Address
Phone Number
2. **Option 2:** Provider/Entity will be returning to this school location on [insert date] to provide follow-up treatment. Please call [insert phone number] to schedule an appointment.
3. **Option 3:** The case manager for provider/entity will be contacting you for follow-up care information. If you don't receive a call, please contact us at [insert phone number here].

If you cannot provide follow up care through Option 1 or Option 2, children needing follow up care must be case managed by your entity through Option 3. When using Option 3 for the follow up care plan, the list of dentists and clinics that you provide to parents/caregivers must have a **prior agreement with your entity** that they will provide this care and are accepting patients. You can find the most updated list of Illinois Medicaid providers at the Insure Kids Now website (<https://www.insurekidsnow.gov/find-a-dentist/index.html>). At this site you are able to search by benefit plan(s) of the children and locations (of schools) in which your company operates school-based services.

8. Complete and maintain a dental record for each member receiving School-Based services. This record must include relevant components of the Patient Record. The All Kids School-Based Dental Provider is responsible for ensuring HIPAA compliant record retention and the location of record retention storage must be provided at the request of HFS.
9. Obtain a signed Consent Form from each member prior to providing services. The Consent Form must provide information regarding each of the school-based preventive services and must be signed and dated by the member's parent/guardian. An additional consent form must be utilized for those Providers who perform mobile restorative care to children in the All Kids School-Based Dental Program. In accordance with HFS policy,

signed Consent Forms are valid for 365 days from the date of parent/guardian signature and must also grant permission for IDPH oral health consultants to perform sealant rechecks up to a year after the sealant is placed.

Site Visits

On behalf of HFS, the Illinois Department of Public Health (IDPH) performs periodic site visits to providers enrolled as an All Kids School-Based Dental Program Provider. IDPH will use the Quality Assurance Tool. Feel free to contact the IDPH consultant in your region for any questions that you may have. You can reach them by email at DPH.OralHealth@illinois.gov.

Place of Service (POS) Definition

School-Based services coded as a POS of school are limited to the eight (8) preventive codes:

- D0120 - Periodic Oral Examination
- D1120 - Prophylaxis – Child
- D1206 - Topical Application of Fluoride Varnish
- D1208 - Topical Application of Fluoride (excluding prophylaxis)
- D1351 - Sealant – Per Tooth
- D0601 – Caries risk assessment and documentation, with a finding of low risk (Equates to Oral Health Score 1)
- D0602 – Caries risk assessment and documentation, with a finding of moderate risk (Equates to Oral Health Score 2)
- D0603 – Caries risk assessment and documentation, with a finding of high risk (Equates to Oral Health Score 3)

Please note that a Toothbrush Propy should only be used as a last resort.

School Claims

When filing a claim for **preventive services** performed in a school setting, designate the place of service as follows:

- For paper claims, mark the 'other' box in the place of service field, #38 and, write "school" in the remarks field, #35.
- For electronic claims, in the place of service field, type 03 for school.

When filing a claim for **restorative services** performed in a school setting, designate the place of service as follows:

- For paper claims, mark the Extended Care Facility (ECF) or Other (If other Note Mobile in remark Box #35) box in the place of service field, #38 and, if applicable, put the name of the location where services were performed in the remarks field of #35.
- For electronic claims, in the places of service field, type 03 if taking place at the school.

If claims for services, other than the eight (8) preventive services, are submitted with a POS of school all services on the claim are denied.

