Oral Health Services
Service Standard

Health Resources & Services Administration (HRSA) Description: Oral Health Care (OH) activities include outpatient diagnostics, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Limitations: Cosmetic dentistry for cosmetic purposes only is prohibited. At the current time, teledentistry is not approved by the Texas Dental Board.

Services: Services will include routine dental examinations, prophylaxes, radiographs, restorative therapies, basic oral surgery (e.g., extractions and biopsy), endodontics, and prosthodontics. Referral for specialized care should be completed if clinically indicated.

Emergency procedures will be treated on a walk-in basis as availability and funding allows. Funded Oral Health Care providers are permitted to provide necessary emergency care regardless of a client’s annual benefit balance.

Oral health services are an allowable core service with an expenditure cap of $3,000/client per calendar year. Local service regions may set additional limitations on the type or number of procedures covered and/or may set a lower expenditure cap, so long as such criteria are applied equitably across the region and the limitations do not restrict eligible individuals from receiving needed oral health services outlined in their individualized dental treatment plan.

In the cases of emergency need and/or where extensive care is needed, the maximum amount may exceed the above cap. Dental providers are required to document the reason for exceeding the yearly maximum amount and must have documented approval from the local Administrative Agency (AA) for the purposes of funds only, but not the appropriateness of the clinical procedure.
Service Standard and Measure

The following Standards and Measures are guides to improving health outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

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<th>Standard</th>
<th>Measure</th>
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<td><strong>Services:</strong> In order to provide equitable, allowable Oral Health services to all eligible clients for successful completion of their individualized dental treatment plans, expenditure caps may be sent with additional limitations so long as the criteria are applied equitably and limitations do not restrict eligible individuals from receiving needed oral health services.</td>
<td>Percentage of oral health patients with documented evidence that oral health care services provided met the specific limitations or caps as set forth for dollar amount and any additional limitations as set regionally for type of procedure, limits on number of procedures or combination of these.</td>
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<td>In the cases of emergency need and/or where extensive care is needed, the maximum amount may exceed the above ($3,000/client/calendar year) cap. Dental providers are required to document the reason for exceeding the yearly maximum amount and must have documented approval from the local Administrative Agency (AA) for the purposes of funds only, but not the appropriateness of the clinical procedure.</td>
<td>Percentage of oral health patients with documented evidence if the cost of dental care exceeded the annual maximum amount for Ryan White/State Services funding, reason is documented in the patient's oral health care record.</td>
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**Dental and Medical History:** To develop an appropriate treatment plan, the oral health care provider shall obtain complete information about the patient’s health and medication status. As per the Texas Board of Dental Examiners, at minimum, a medical history and limited physical evaluation should be obtained and reviewed at the initial appointment and updated annually.

This information may include but not be limited to, the following:
- The client’s HIV-prescribing primary medical care provider name and phone number;
- Pregnancy status as applicable;
- Coagulants;
- Patient’s chief complaint;
- Current Medications, including any osteoporotic medications;
- Allergies and drug sensitivities;
- Recreational drug and alcohol use;
- Tobacco use;
- Neurological diseases;
- Usual oral hygiene; and
- Date of last dental examination.

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<th>Measure</th>
<th>Percentage of oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. <em>(HRSA HAB Measure)</em></th>
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**Limited Physical Examination:** The oral health provider is responsible for completing an initial limited physical examination in accordance with the [Texas Board of Dental Examiners](https://www.txdentalpracticeBoard.com) that shall include, but not be limited to:

- Blood Pressure;
- Pulse/Heart Rate; and
- Basic vital signs.

Dental practitioner shall also record blood pressure and pulse heart rate as indicated for invasive procedures involving sedation and anesthesia.

If the dental practitioner is unable to obtain a patient's vital signs, the dental practitioner must document in the patient's oral health care record why the attempt to obtain vital signs was unsuccessful.

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<th>Oral Examination: Clinical oral evaluations include evaluation, diagnosis, and treatment planning. Patient must have either an initial comprehensive oral exam or a periodic recall oral evaluation once per year such as:</th>
<th>Percentage of oral health patients with a documented limited physical examination completed in the primary client oral health record.</th>
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<tr>
<td>• Comprehensive oral evaluation, to include bitewing x-rays, new or established patient;</td>
<td>Percentage of oral health patients with a documented oral examination completed within the measurement year in the client’s primary oral health record.</td>
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<td>• Periodic Oral Evaluation to include bitewing x-rays, established patient;</td>
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<td>• Detailed and Extensive Oral Evaluation, problem focused by report;</td>
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<td>• Re-evaluation, limited, problem focused (established patient; not post-operative visit); or</td>
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<td>• Comprehensive Periodontal Evaluation, new or established patient.</td>
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[https://www.ada.org/en/member-center/oral-health-topics/hiv#:~:text=All%dental%20practices%20should%20be,and%20procedures%2C%20including%20oral%20surgery.](https://www.ada.org/en/member-center/oral-health-topics/hiv#:~:text=All%dental%20practices%20should%20be,and%20procedures%2C%20including%20oral%20surgery.)
**Periodontal Screening or Examination:** A periodontal screen shall include the assessment of medical and dental histories, the quantity and quality of attached gingival, bleeding, tooth mobility, and radiological review of the status of the periodontium and dental implants.

A comprehensive periodontal examination includes:
- Evaluation of periodontal conditions;
- Evaluation and recording of dental caries;
- Evaluation and recording of missing or unerupted teeth;
- Evaluation and recording of restorations;
- Evaluation and recording of occlusal relationships;
- Evaluation of oral cancer;
- Probing and charting;
- Evaluation and recording of the patient’s dental and medical history; and
- General health assessment.

Some forms of periodontal disease may be more severe in individuals affected with immune system disorders. Patients with HIV may have especially severe forms of periodontal disease.

The incidence of necrotizing periodontal diseases may increase with patients with acquired immune deficiency syndrome.

| Percentage of oral health patients who had a periodontal screen or examination as least once in the measurement year. *(HRSA HAB Measure)* | }
Dental Treatment Plan: A dental treatment plan that includes preventive care, maintenance, and elimination of oral pathology shall be developed and discussed with the patient.

Various treatment options shall be discussed and developed in collaboration with the patient.

A treatment plan appropriate for the patient’s health status, financial status, and individual preference must include as clinically indicated:

- Provision for the relief of pain;
- Elimination of infection;
- Preventive plan component;
- Periodontal treatment plan if necessary;
- Elimination of caries;
- Replacement or maintenance of tooth space or function;
- Consultation or referral for conditions where treatment is beyond the scope of services offered;
- Determination of adequate recall interval;
- Invasive Procedure Risk Assessment (prior to oral surgery, extraction, or other invasive procedure)\(^1\).

Dental treatment plan will be signed by the oral care health professional providing the services. (Electronic signatures are acceptable)

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### Phase 1 Treatment Plan:
Phase 1 treatment includes prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes:

- Restorative treatment;
- Basic periodontal therapy (nonsurgical);
- Basic oral surgery that includes extractions and biopsy;
- Non-surgical endodontic therapy; and
- Space maintenance and tooth eruption guidance for transitional dentition.

A Phase 1 treatment plan will be established and updated annually to include diagnostic, preventative, and therapeutic services that will be provided.

The Phase 1 treatment plan, if the care was completed on schedule, is completed within 12 months of initiating treatment.

### Oral Health Education:
Oral health education must be provided and can be documented by either a licensed dentist, dental hygienist, dental assistant, or dental case manager and shall include:

- Oral hygiene instruction;
- Daily brushing and flossing (or other interproximal cleaning) and/or prosthetic care to remove plaque;
- Daily use of over-the-counter fluorides to prevent or reduce cavities when appropriate and applicable to the patient. If deemed appropriate, the reason is stated in the patient’s oral health record; and
- Smoking/tobacco cessation counseling as indicated. Additional areas for instruction may include Nutrition.

For pediatric patients, oral health education shall be provided to parents and caregivers and be age-appropriate for pediatric patients.  
**Source:** [http://ada.org](http://ada.org) or the ADA’s website for patient education information: [MouthHealthy.org/en](http://MouthHealthy.org/en)

### Referrals:
Referrals for other services must be documented in the patient’s oral health care chart. Any referrals provided by the oral health provider must have documented evidence of outcomes of the referral and/or follow-up documentation regarding the referral.
References


New York State Department of Health AIDS Institute, Management of Periodontal Disease located at: https://www.hivguidelines.org/hiv-care/hiv-related-periodontal-disease/. Accessed October 14, 2020