



A



HEALTH *through*
ORAL WELLNESS®



PREVISER®
Intercepting Disease

User Guide

DELTA DENTAL OF IDAHO



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What is the HOW® Program?



A NEW approach to patient benefits

A healthy mouth is a vital part of overall health. That's why we introduced Health *through* Oral Wellness® (or, HOW® for short). HOW is a unique, patient-centered program that adds additional benefits to a patient's dental plan, based on their individual oral health needs. By performing a simple risk assessment, patients may have access to additional preventive and health-sustaining benefits.

PreViser® Online Oral Health Risk Assessment



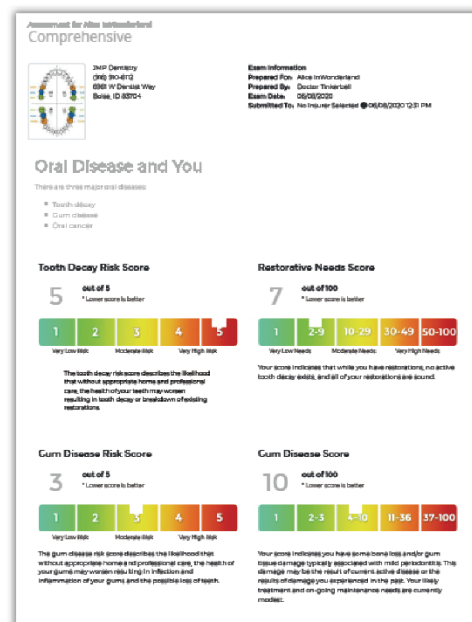
Through PreViser, we're offering dental professionals access to a free online oral health risk assessment. This tool measures the risk and severity of periodontal disease, the risk of caries and restorative needs, and oral cancer risk. It's part of our ongoing commitment to improve oral health and help patients take a more active role in their own preventive care.

✓ Accurate and informative.

Assessments include a series of questions about brushing and flossing, clinical information (probe depths, previous restorative work, etc.), the frequency of dental visits, and other oral behaviors and medical conditions. PreViser then calculates a numeric score that reflects their current oral disease status and the risk for future diseases.

✓ Easy to read.

Assessment results are displayed in colorful patient reports, describing the risk of oral disease on a scale from 1 to 5 (with moderate to high risk being 3 or greater). A severity score indicated with a numeric value from 1 to 100 is also included, making it easy to track progression over time.



Benefits beyond assessment.

The PreViser oral health risk assessment is part of a broader program, Health *through* Oral Wellness® (HOW®), which offers high-risk Delta Dental of Idaho patients a variety of expanded benefits including:

- ✓ Additional cleanings
- ✓ Fluoride (*child and adult*)
- ✓ Oral hygiene instruction, nutritional counseling, or tobacco cessation counseling
- ✓ Sealants (*child and adult*)
- ✓ Periodontal maintenance
- ✓ Drugs or medicaments dispensed in the office for home use

HOW TO GET STARTED:



First, simply create your PreViser account at go.deltadentalid.com/PreViser and follow the registration steps.



Second, begin your PreViser oral health risk assessment for your patient. If your patient is high-risk for a certain condition, Delta Dental of Idaho will “unlock” additional preventive benefits immediately.

If you have questions or would like to contact us for more information regarding the PreViser risk assessment or the Health *through* Oral Wellness (HOW) program, please contact us by phone at (208) 489-3563 or by email at ProfessionalRelations@deltadentalid.com

All enhanced benefits are subject to the patient meeting their plan’s annual maximum and other limitations. **Patients must receive a risk assessment at least once a year to maintain HOW enhanced benefits.** Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.

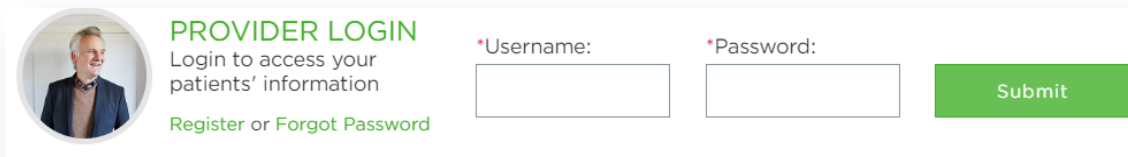


Delta Dental of Idaho

How to check if my Delta Dental of Idaho patient has the HOW[®] Program?

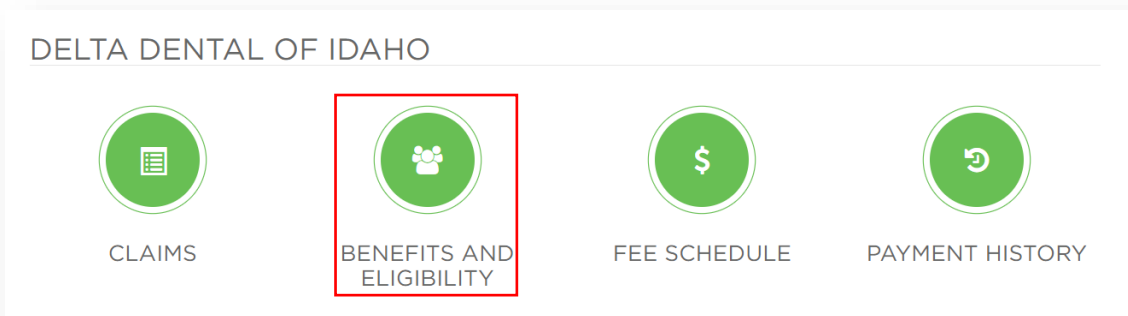
Step 1: Visit www.deltadentalid.com/Provider or request a faxback from 208-489-3545 and skip to Step 4

Step 2: Sign in as a Delta Dental of Idaho dental provider.



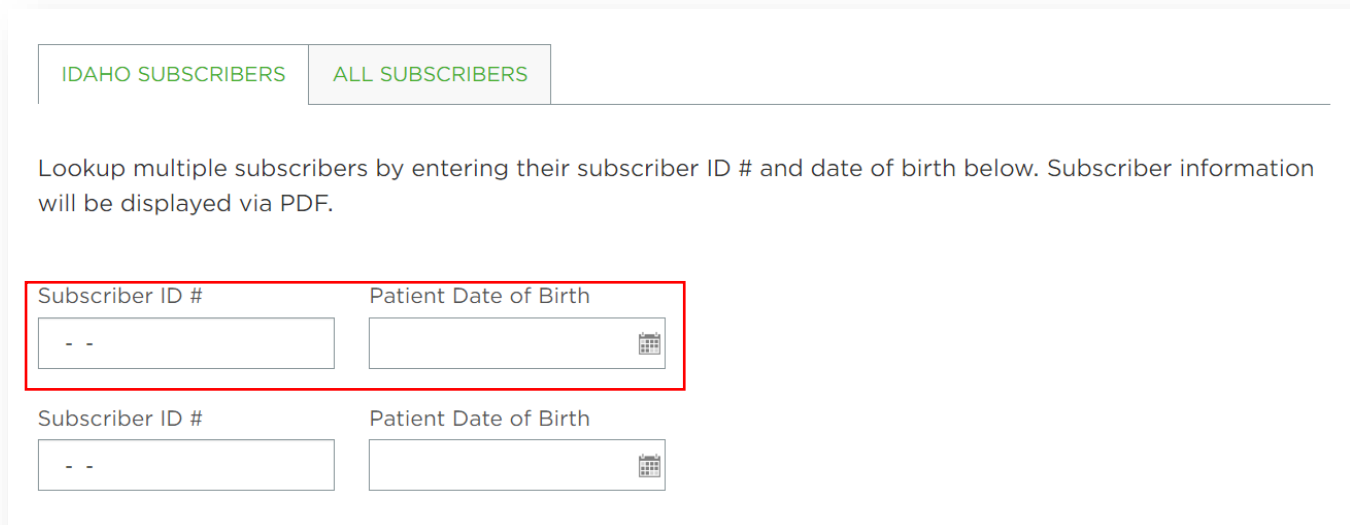
The image shows a 'PROVIDER LOGIN' form. On the left is a circular profile picture of a man. To its right, the text reads 'PROVIDER LOGIN' in green, followed by 'Login to access your patients' information' and a link 'Register or Forgot Password'. To the right of this text are two input fields: '*Username:' and '*Password:'. A green 'Submit' button is located to the right of the password field.

Step 3: Click on Benefits and Eligibility




The image shows a navigation menu for 'DELTA DENTAL OF IDAHO'. It features four circular icons with corresponding labels: 'CLAIMS' (document icon), 'BENEFITS AND ELIGIBILITY' (group of people icon, highlighted with a red box), 'FEE SCHEDULE' (dollar sign icon), and 'PAYMENT HISTORY' (refresh icon).

Step 3: Input the subscriber ID # and the Patient's date of birth and click submit at the bottom of the page



The image shows a 'Subscriber Lookup' form. At the top, there are two tabs: 'IDAHO SUBSCRIBERS' and 'ALL SUBSCRIBERS'. Below the tabs is a text instruction: 'Lookup multiple subscribers by entering their subscriber ID # and date of birth below. Subscriber information will be displayed via PDF.' There are two rows of input fields. Each row has a 'Subscriber ID #' field with a placeholder '--' and a 'Patient Date of Birth' field with a calendar icon. The top row's input fields are highlighted with a red box.

Step 4: On the first page of the Benefits and Eligibility Report, refer to the call-out, “HOW® Benefits.” If it says “Yes,” then this patient’s employer group has HOW and is eligible to receive additional benefits *if* the patient has a qualifying risk score utilizing PreViser®. If it says “No,” this patient’s group is not yet participating. *You may still perform a risk assessment on these patients, however, there will be no additional benefits regardless of their risk score. All benefits are paid out of the patient’s annual maximum.*


deltadentalid.com

Delta Dental of Idaho

Benefits & Eligibility

Today's Date: Monday, June 8, 2020

<u>Patient Information</u>	<u>Benefit Information</u>	PPO	Premier	Non-Par
Group Number: 0100-0000	Individual Annual Deductible:	\$0.00	\$0.00	N/A
Group Name: Delta Dental of Idaho	Remaining Annual Deductible:	\$0.00	\$0.00	N/A
Subscriber Name: [REDACTED]	Family Annual Deductible:	\$0.00	\$0.00	N/A
Subscriber ID: [REDACTED]	Remaining Annual Deductible:	\$0.00	\$0.00	N/A
Patient Name: [REDACTED]	Individual Annual Max:	\$2,000.00	\$2,000.00	N/A
Relationship: Self	Remaining Annual Max:	\$1,733.00	\$1,733.00	N/A
Birth Date: [REDACTED]	Ortho Lifetime Max:	\$2,000.00	\$2,000.00	N/A
Effective Date: September 01, 2018	Ortho Remaining Lifetime Max:	\$1,270.00	\$1,270.00	N/A
Termination Date:				
Wait Period Ends: None				
Benefit Year: January 01, 2020 to December 31, 2020				
HOW® Benefits: Yes (See page below)				

Step 5: Sign in to PreViser and complete a risk assessment for the patient. See the next section to get started.

Using the PreViser® Risk Assessment Tool for HOW® Patients

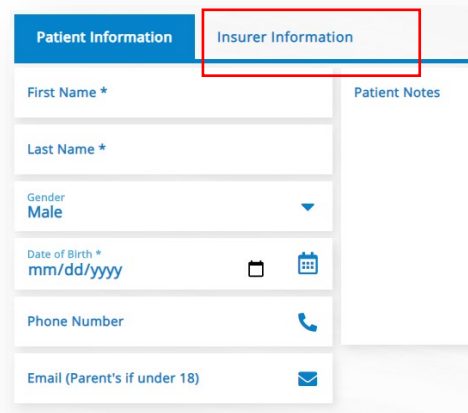
Step 1: Sign in to PreViser® Clinical Suite- <https://secure.previser.com/clinical/login>. You will need the username and password that was used when your practice's account was created with PreViser. Also needed is the individual PIN of the current user.

Step 2: Depending on the version of PreViser you are using, you may be asked to enter an encryption key. The encryption key was created when the account was first made and is required the first time PreViser is used on a new computer. If this prompt does not appear, proceed to the next step.

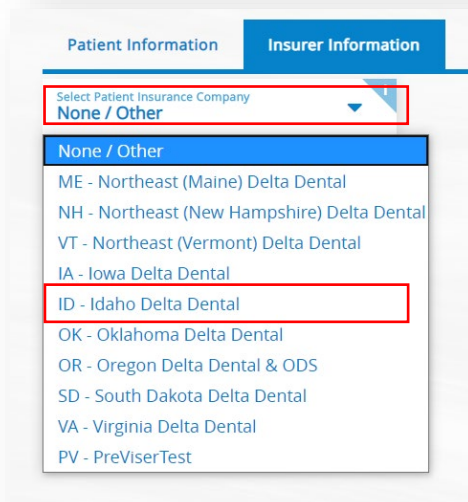
Step 3: Once signed in, either search for an existing patient or click on “New Patient” to start the assessment.



Step 4: For a new patient, enter the patient's name, date of birth, and gender. The phone number, email, and patient notes are optional features. If the patient has Delta Dental insurance, select the tab that says “Insurer Information.”



Step 5: Once the “Insurance Information” tab is clicked, use the drop down menu to select the patient's insurance company, in this case “ID- Idaho Delta Dental.” If the patient is insured by any carrier not listed, or has no insurance, choose **None/Other** for the Insurer. You can use your PreViser account to complete a risk assessment on all your patients but only patients with HOW can unlock enhanced benefits if they have a qualifying risk score.



Step 6: Once an insurance is selected, enter the subscriber ID and select the relationship code. The email and patient engagement are optional features. *Do not select the engagement box unless you have confirmed that the patient wishes to receive additional information from their insurer about their oral health.* The email address is required if you wish to email the oral health report to them. Once information is inputted for the patient, select “Save Patient” to create the new patient file. There will be a box that states you were successful. *If there is a discrepancy in the patient’s information, an error message will appear. Please contact Professional Relations at (1) 208-489-3563 for assistance.*

Creating Patient
Doe, Jon

Save Patient

Patient Information Insurer Information

Select Patient Insurance Company
ID - Idaho Delta Dental

Subscriber ID*
55555555

Relationship code*
Self

Email (Parent's if under 18)

Patient Engagement
Entering the patient's email address and checking the authorization box will allow your patient to receive oral wellness messaging that will increase their compliance with your recommended treatment plan.

I have confirmed that this patient wishes to receive additional information from their insurer about their oral health.

Step 7: After a patient has been added to PreViser® you can complete a risk assessment for your patient. Select which type of assessment you would like to do: **Caries, Perio, Oral Cancer,** or a **Comprehensive exam (includes all three assessments).** *We recommend completing a Comprehensive Risk Assessment for all adult patients to ensure all categories of risk are assessed. A caries risk assessment is usually adequate for children.*

Edit Patient

Insurer Info
None

New Assessment

Comprehensive
Perio, Caries, and Oral Cancer

Perio

Caries

Oral Cancer

Step 8: Complete the risk assessment. Once you have answered all of the questions, select **“Submit.”** The Oral Health Score Card will appear and you can print the Oral Health Score Card (upper right hand corner) for the patient to take with them, or you may email the score card to the patient. If you need to finish the report later, plan on stepping away from your computer for more than 10 minutes, or you are prefilling for a future patient, click **“Save for Later”** and the report will be saved in a queue of unfinished assessments for you to complete later. **“Model this Patient”** is for training and educational purposes, selecting this option *will not* save or submit the risk assessment.

Step 9: After 10-20 minutes, return to deltadentalid.com/provider/ and check the patient’s benefits to verify if the patient has new HOW® benefits that were enabled based on the patient’s oral health risk score (scroll to the last page of Benefits and Eligibility). If the patient hasn’t received a qualifying score, it will say “no qualifying risk assessment.”

Enabled HOW® Benefits
Benefits Sorted by Procedure Code

Procedure Code	Procedure Code Description	Last Assessment Date	Exam Type	Frequency
D1110, D4346, D4910	Prophy or periodontal maintenance	02/25/2020	Caries, Perio	4 per 12 months
D1206, D1208	Fluoride varnish or topical fluoride	02/25/2020	Caries, Perio	4 per 12 months
D1351, D1353	Sealants	02/25/2020	Caries, Perio	Once per 24 months
D1330, D1310	Oral hygiene instruction or nutritional counseling	02/25/2020	Caries, Perio	Once per 12 months
D9630	Drugs or medicaments dispensed in the office for home use	02/25/2020	Caries, Perio	4 per 12 months

• Patients must receive a risk assessment at least once a year to maintain their HOW® enhanced benefits.

Step 10: *Patients who receive enhanced benefits due to a qualifying risk score will require an updated risk assessment once every 12 months to maintain their enhanced HOW benefits.* Completing an updated risk assessment is easy, just select the patient in the PreViser Clinical Suite, click on “Comprehensive Assessment” and choose “Load Last Values.” Update anything that has changed for the patient since their last assessment then click “Submit.” A new score card will appear and can be printed for your patient or emailed.

For questions about using PreViser® or HOW, Contact Delta Dental of Idaho’s Professional Relations Department at (1) 208-489-3563.

What does the patient get?



Health *through* Oral Wellness® (HOW®) Summary of Benefits

When it comes to dental care, one size does not fit all. That's why Delta Dental of Idaho introduced Health *through* Oral Wellness® (HOW® for short). HOW is a unique, patient-centered oral health program that may add additional benefits to a patient's dental plan based on their individual oral health needs. If a patient is determined to be at risk for caries, periodontal disease, or oral cancer based on the results of a PreViser™ risk assessment performed in a dental office, he or she may qualify for enhanced benefits. HOW is based on the concept of evidence-based dentistry.

PROCEDURE SUMMARY

Oral Health Condition	Benefits	CDT Codes	Frequency
Caries Tooth Decay Risk Score 3-5	*Prophy, periodontal maintenance	D1110, D1120, D4346, D4910	Combination up to 4 per 12 months
	Fluoride varnish or topical fluoride	D1206, D1208	Combination up to 4 per 12 months
Periodontal Disease Risk Score 3-5 OR Gum Disease Score 4-100	**Sealants	D1351, D1353	Once per 2 years
	***Oral hygiene instruction or nutritional counseling	D1330, D1310	Once per 12 months
	*Drugs or medicaments dispensed in the office for home use	D9630	Combination up to 4 per 12 months
Oral Cancer Risk Score 3-5	Tobacco cessation counseling	D1320	Once per 12 months

Patients must receive a risk assessment at least once every 18 months to maintain HOW enhanced benefits.

* Combination of prophylaxis, periodontal maintenance, scaling in the presence of gingival inflammation, or drugs and medicaments, not to exceed one in a three month period. (D4910 process under Class II Basic services.)

** Sealants are a covered benefit based on risk assessment for unrestored primary molars and for unrestored permanent bicuspid and molars. One sealant per tooth every two years.

*** Either one nutritional counseling or one hygiene instruction in a 12 month period.

Enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. Confirm benefit eligibility at deltadentalid.com or from customer service at 1-800-356-7586.

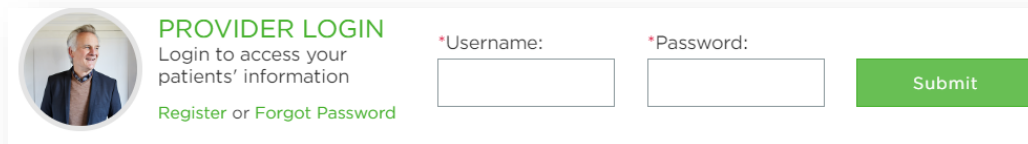
If you have questions or would like to contact us for more information about the Health *through* Oral Wellness program, please contact us by phone at: (208) 489-3563 or by email at: ProfessionalRelations@deltadentalid.com.

Delta Dental of Idaho

Still need a PreViser® Account?

Step 1: Visit www.deltadentalid.com/Provider

Step 2: Sign in as a Delta Dental of Idaho dentist.

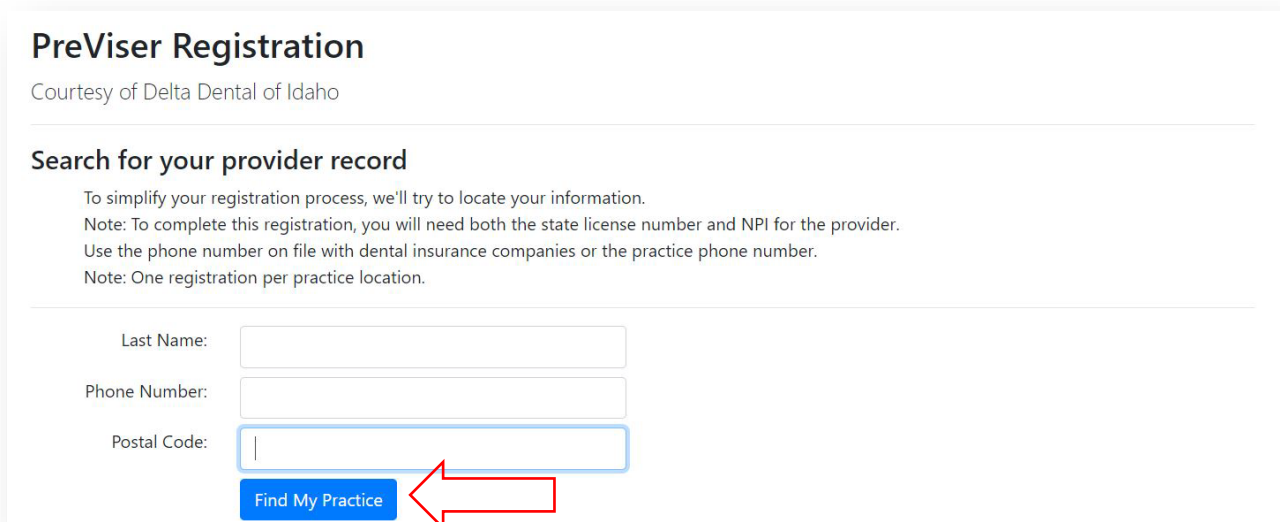


The screenshot shows a 'PROVIDER LOGIN' section with a circular profile picture of a man. Below the title, it says 'Login to access your patients' information' and 'Register or Forgot Password'. To the right, there are two input fields labeled '*Username:' and '*Password:', followed by a green 'Submit' button.

Step 3: Scroll down to the section labeled “Provider Resources” and click on the link “PreViser registration” to begin the registration process:



Step 4: Using the name of the primary doctor at your location, fill in the appropriate fields. Click the button “Find my practice.” Have your NPI and state dental license handy to complete the registration process. Note: If you have multiple practice locations, you will need to register for each location separately.



The screenshot shows the 'PreViser Registration' form. It includes a sub-header 'Search for your provider record' and instructions: 'To simplify your registration process, we'll try to locate your information. Note: To complete this registration, you will need both the state license number and NPI for the provider. Use the phone number on file with dental insurance companies or the practice phone number. Note: One registration per practice location.' Below the instructions are three input fields: 'Last Name:', 'Phone Number:', and 'Postal Code:'. A blue 'Find My Practice' button is located below the 'Postal Code' field, with a red arrow pointing to it.

Step 5: Confirm that your practice information is correct. Click the radio button next to the doctor's name and then click 'Continue' *If your practice is not found, you will need to manually enter your practice information on the next page.

✓	First	Last	Practice	Address	Phone
<input checked="" type="radio"/>	Doc	Dentist	Your Dental Practice R' Us	123 Abc Way	208-555-5555

If you could not find your practice information, please refine your search and try again, or click continue to set up your account manually.

Step 6: Begin registration by creating a username and password (required fields are noted by an asterisk*). Create a unique 5 digit pin for the doctor. Add up to four additional users such as front office, hygienist, and assistants (you may also add more users once your account is established). Each user will require a unique 5 digit pin for security purposes. *Please ensure that your current office email is noted. This step is required to validate your account.

PreViser Registration

Courtesy of Delta Dental of Idaho

* Field is Required

Username must be at least 8 characters. May contain letters or numbers.

Password must be at least 10 characters. May contain letters or numbers and is case sensitive.

* Practice Name: Your Practice 'R' Us

* Phone: 208-555-5555 Fax:

* Account Email:

Website:

* Address: 123 ABC Way

Address 2:

* City: Your Town

* State: Idaho Zip: 83704

Country: United States

Primary Clinician

Prefix: Email:

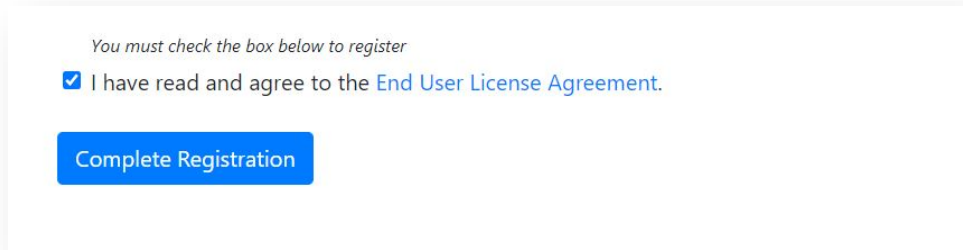
* First Name: Doc * Position: Select Position

Middle Name: * PIN: PIN must be a 5 digit number

* Last Name: Dentist

Suffix:

Step 7: Read and accept the End User License Agreement and click “Complete Registration”.

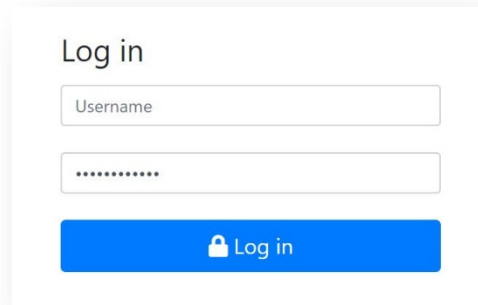


You must check the box below to register

I have read and agree to the [End User License Agreement](#).

[Complete Registration](#)

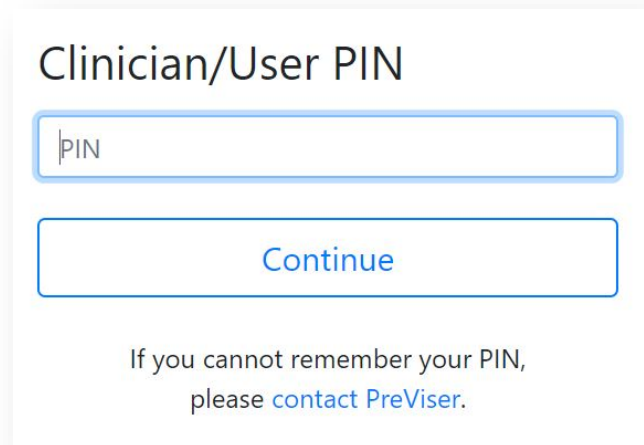
Step 8: An activation email will be sent to the email account you provided. When it arrives, click on the [blue](#) “activate” button to activate your account. You will be redirected back to the login page. Sign in with your username and password that you previously created.



Log in

[Log in](#)

Step 9 – Enter your five digit pin created during the registration process.



Clinician/User PIN

[Continue](#)

If you cannot remember your PIN,
please [contact PreViser](#).

Step 10 – Once signed into your account, you can edit practice information and/or add additional users. Utilize the Clinical Suite Login to complete oral health risk assessments.

Doc Dentistry

Status: Active

Username: DocDentist

Email: DocDentist@yourdentist.com

Phone: 208-555-5555

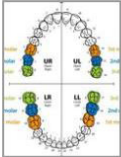
Address: 123 Abc Way
Boise, ID 83704
United States

Affiliation: Delta Dental of Idaho

[Clinical Suite Login](#)

[Edit Practice](#)

[Reset Password](#)





[Choose image](#) [Browse](#)

[Save Image](#)

[Remove Image](#)

Active Clinicians/Users

First	Last	Position	
Doctor	Tinkerbell	General Dentist	
Tinker	Bell	Hygienist	

[Add Clinician/User](#)

[Show Inactive \(2\)](#)

Step 11 – Sign in to PreViser Clinical Suite using your office username and password. Input your PIN. Select “remember me.” Selecting this will only store the username and password, not the PIN. Each person will need to enter their own PIN to access the Clinical Suite.

PREVISER Clinical Suite

My Account Products

PREVISER
Intercepting Disease

Username
DocDentist

Password
.....

PIN
12345

LOGIN

[Forgot Password?](#) [Forgot Username?](#)

Step 12 – Once in the Clinical Suite, we recommend creating a short-cut on all desktops. This will help your staff utilize PreViser with ease. Please refer to page 17 for step-by-step instructions.

Step 13 – Setting an encryption. The first time you sign in to Clinical Suite you may be required to create an encryption key. This key will be the same for all computers and requires a minimum of eight characters. Select save. ***We highly recommend writing down your encryption key and keeping it in a safe place.**

Options / Settings > Encryption

Setup Privacy Encryption for this device

Important: The **Encryption Key** you enter below:

- Will encrypt your patient's private information.
- Must not be lost. We cannot retrieve it for you.
- Must be the same key used by all computers in the office.
- If you lose your encryption key, patient records encrypted with this key will also be lost and cannot be retrieved.

If your office has not made up an Encryption Key:

- Make up your own and enter it below.
- Choose at least 8 letters or numbers.

If your office has an Encryption Key:

- Enter the same **Encryption Key** in the text box below.

Enter your encryption key.

Re-Enter your encryption key.

Save

Step 14 – You are now ready to enter patients and begin risk assessments.

Browse Patients

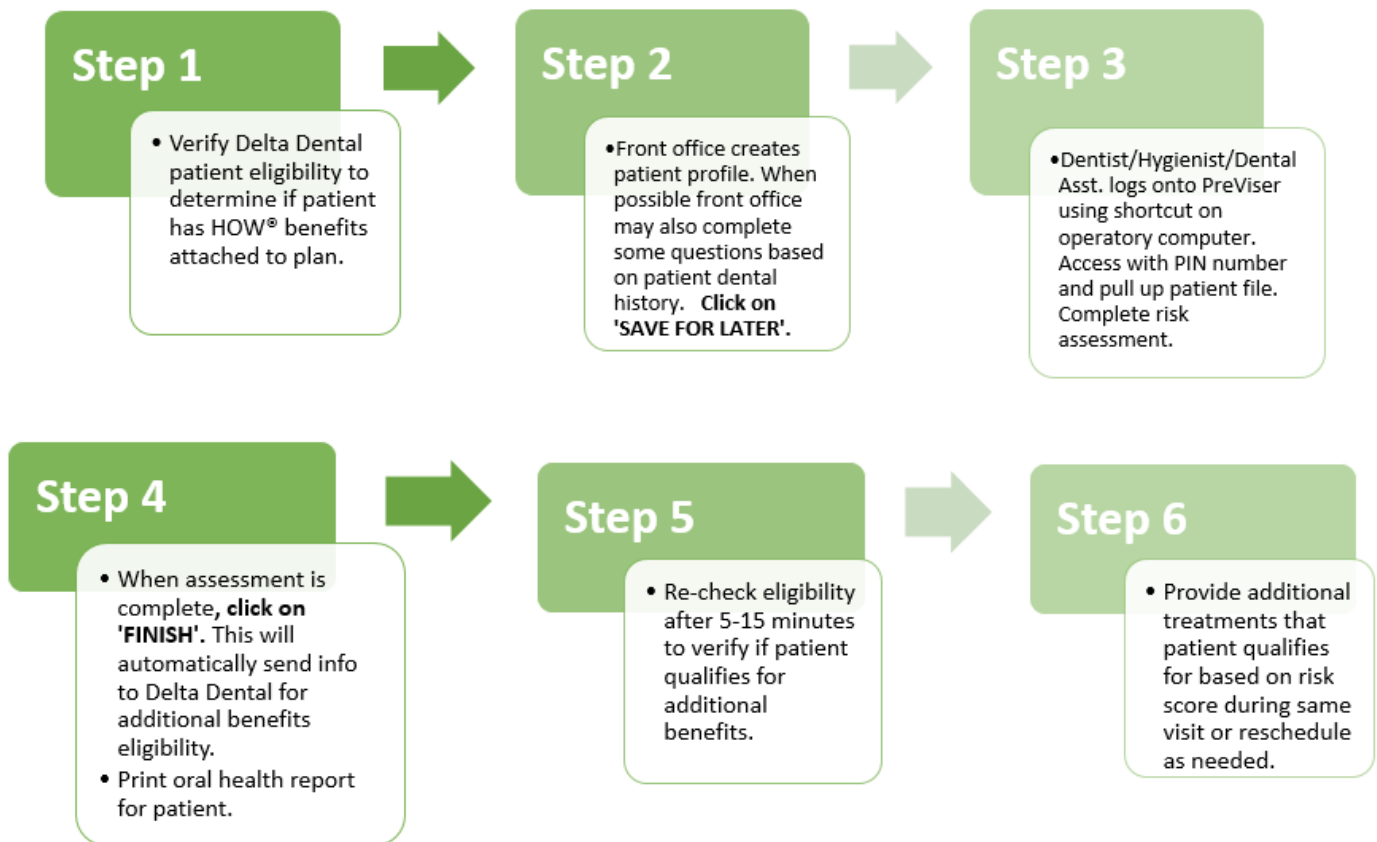
[New Patient](#)

Search

Status **Active** ▼

Patient Name	Most Recent Exam	Notes
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Recommended Office Flow



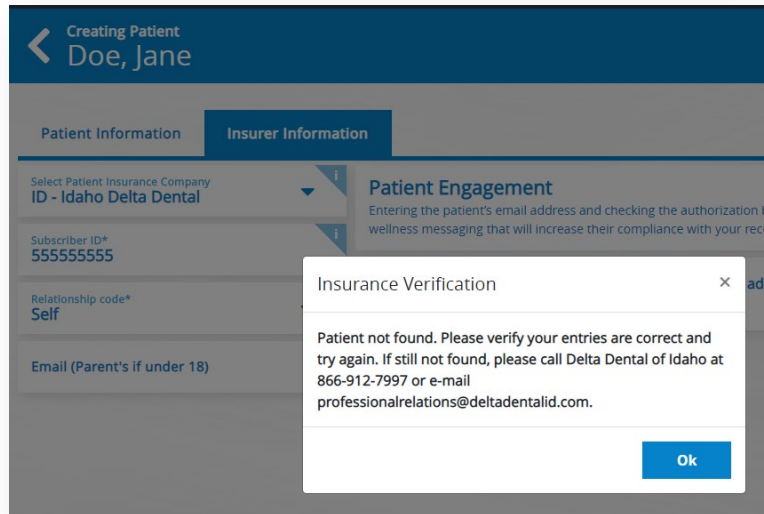
It is recommended PreViser be used on all patients regardless of insurance company/coverage to increase rate of treatment plan acceptance/compliance and enhance patient education. Please note only patients with HOW[®] benefits will qualify for additional benefits based on their risk score. **Patients must receive a risk assessment at least once a year to maintain their HOW[®] enhanced benefits.**

HOW® Trouble Shooting

1. If the patient profile cannot be created:

Try the Following:

- Check that the correct insurance is selected.
- *Manually* type in subscriber number (copying and pasting can transfer unseen background coding that may affect creation of profile).
- Do not include dashes or spaces between numbers.
- Ensure the first and last names of the patient are exactly the same as what the insurance company has on record.
- Ensure birthdate is entered in the following format: mo/day/year
- Patient email, address and phone are optional. If you input this information, try deleting the email and phone number.



2. New HOW benefits are not showing up on the Benefits and Eligibility report (last page):

Enabled HOW® Benefits				
Benefits Sorted by Procedure Code				
Procedure Code	Procedure Code Description	Last Assessment Date	Exam Type	Frequency
	No qualifying assessments			

- Ensure the patient assessment was submitted through PreViser® and the patient received a qualifying risk assessment score of 3 or higher for caries, periodontal disease or oral cancer.
- Allow between 5 and 15 minutes for benefits to appear on the eligibility report.
- If the patient qualifies for HOW benefits, it will be listed under the title, “Enabled HOW Benefits,” typically located on the last page of the Benefits and Eligibility report.

3. Submitted Claim was Denied

- Ensure charges have not exceeded patient’s annual maximum.
- If perio maintenance was denied, patient must have history of SRP.
- If patient is covered by two dental carriers, denial may be due to a coordination of benefits issue. Please call Professional Relations directly at: 208-489-3563.

How to create a shortcut on your desktop for PreViser®

HOW® PATIENT RISK ASSESSMENTS UTILIZING PREVISER™

How to create a PreViser shortcut on your computer desktop:

Please note, Google Chrome works best with the PreViser and the HOW programs. Please make sure that the default internet browser is Chrome if possible.

1. Go to the 'desktop' of your computer.
2. Right click anywhere on your computer desktop.
3. Select 'New' and then 'Shortcut.'
4. In the text field, type in: <https://secure.previser.com/clinical/login>
5. Click 'Next.'
6. Replace 'New Internet Shortcut' with 'HOW' or 'PreViser.' You can name the shortcut whatever you wish.
7. Click 'Finish.'
8. You should now have the shortcut on your desktop.
9. After the shortcut is created, click the shortcut to make sure it takes you to the website. Type in your username and password, along with a PIN. Click on the box, 'Remember me.'
10. Be sure to click 'Yes' if/when the program asks if you want the password remembered.
11. PreViser may then ask you to enter the encryption code if this is the first login on that computer. You will need to enter the same encryption code on all the computers. This encryption code should be noted on the card that was left with you when the account was first opened.
12. *If the program asks if you would like to save this password (the encryption key just entered), select NO, otherwise the other password will be replaced with this one.*

Extras:

13. If you wish to change the look of your shortcut icon, you may right click on the icon and select 'properties'
14. Select 'Change Icon' and choose the icon you want.
15. For some systems, you will need to select 'Change Icon' once more to access a larger variety of icons to choose from.
 - a. Click the icon you just created and follow steps 9-10 again and then select 'apply'.

Operatory computers:

When you create a short cut on other computers, you need to encrypt them as well if you haven't done so already. Once a shortcut is created successfully, please use a PIN number to sign in. Use the SAME encryption key that was created. Do NOT save the encryption key as a password as it will replace the actual account password.

Call us at any point during the process for assistance – 208-489-3563.

Print outs to use in office

Health History for Patient to Fill Out:

Please circle all that apply

yes	no	Patient drinks fluoridated water
yes	no	Dry mouth or inadequate saliva flow
yes	no	special health care needs
yes	no	Xylitol products have been used 4 times daily for last 6 months
yes	no	Oral Cancer History
yes	no	Diabetic Status <ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Good Diabetic Control <input type="radio"/> Fair Diabetic Control <input type="radio"/> Poor Diabetic Control

yes	no	Snacks or beverages containing sugar are consumed between meals 4 or more times per day
yes	no	Nonprescription or prescription fluoride products other than water are used
yes	no	Has orthodontic appliance, space maintainer
yes	no	Chlorhexidine (perio-guard) used for at least 1 week per month for last 6 months
yes	no	Recreational drug use
yes	no	Drink Alcohol <ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Less than 1 drink per day <input type="radio"/> 1 drink per day <input type="radio"/> 2 drinks per day <input type="radio"/> 3 or more drinks per day

yes	no	Has had a major change in health (heart attack, stroke, etc.) during the past 12 months
-----	----	---

Cigarette Smoking	<input type="checkbox"/> Never Smoked	<input type="checkbox"/> If the patient smokes or did smoke, indicate quantity here	<input type="checkbox"/> If the patient smokes or did smoke, indicate how long here	<input type="checkbox"/> If the patient quit, indicate how long ago here
	Smoke(d)	Smoke(d)	Quit	
	<input type="radio"/> less than 10 cigs/day <input type="radio"/> 10 or more cigs/day	<input type="radio"/> less than 10 years <input type="radio"/> 10 or more years	<input type="radio"/> less than 10 years ago <input type="radio"/> 10 or more years ago	
Pipes/Cigars				
<input type="checkbox"/> Never Smoked	Smoke(d)	Smoke(d)	Quit	
	<input type="radio"/> less than 1 cigar or pipes/day <input type="radio"/> 1 or more cigar or pipes/day	<input type="radio"/> less than 10 years <input type="radio"/> 10 or more years	<input type="radio"/> less than 10 years ago <input type="radio"/> 10 or more years ago	
Smokeless (Chewing) Tobacco				
<input type="checkbox"/> Never Used	Use	Use	Quit	
	<input type="radio"/> Occasionally Use <input type="radio"/> Daily Use	<input type="radio"/> less than 10 years <input type="radio"/> 10 or more years	<input type="radio"/> less than 10 years ago <input type="radio"/> 10 or more years ago	

Caries Assessment Ages 1 to 18

Patient: _____

DOB: _____

Which teeth have most recently been in the mouth for at least 12 months? (Check one)

- Primary Incisors Primary Molars Permanent First Molars

Status of the Permanent First Molars (Check one)

- Sound or sealed, or only occlusal restorations Have Pits, fissures, or other defects
- Have interproximal restorations Show Early decalcification or are carious

How many months has the patient been without primary caries or an incipient carious lesion? (Check one)

- 36 or more 24-35 12-23 1 or more teeth has had caries in the last 12 months

Bacteria culture includes elevated MS and/or LB level? (Check one)

- Yes No No culture or test available

Please answer the following questions (exclude third molars)

1. How many erupted teeth are present in the oral cavity? _____ # of teeth
2. How many natural teeth have any type of restoration, including crowns & veneers? _____ # of teeth
3. How many natural teeth currently require treatment because of caries or a defective restoration? _____ # of teeth
4. How many natural teeth have primary caries or an incipient caries lesion?
 0 (None) 1 or 2 3 or more

Check all that apply

Clinical Conditions

- Oral hygiene improvement is needed
- Dry mouth or inadequate saliva flow

Treatment History and Considerations

- Dental care frequency is NOT as regular as advised
- Development problems or special health care needs
- Teeth have been extracted due to caries in last 36 months
- Fluoride varnish applied in last 6 months
- Has orthodontic appliance, space maintainer, or obturator

Questions the patient can answer

- Snacks or beverages containing sugar are consumed between meals 4 or more times per day
- Patient drinks fluoridated water

- Nonprescription or prescription fluoride products other than water are used
- Chlorhexidine used for at least 1 week per month for last 6 months
- Xylitol products have been used 4 times daily for last 6 months
- Calcium & phosphate toothpaste have been used during last 6 months
- Recreational drug/alcohol use
- Has had major health changes during the last 12 months

If you selected Primary Incisors or Primary Molars the following appears:

- Liquids containing sugar are given in crib or bed by bottle or consumed during the day in a sippy cup
- Parent or caregiver is low socioeconomic status or health literacy

Comprehensive Assessment

Patient: _____

DOB: _____

1 or more teeth have an exposed root (Check one)

- Yes No

How many months has the patient been without primary caries or an incipient carious lesion? (Check one)

- 36 or more 24-35 12-23 1 or more teeth has had caries in the last 12 months

Bacteria culture includes elevated MS and/or LB level? (Check one)

- Yes No No culture or test available

Please answer the following questions (exclude third molars)

1. How many erupted teeth are present in the oral cavity? _____ # of teeth
2. How many natural teeth have any type of restoration, including crowns & veneers?
_____ # of teeth
3. How many natural teeth currently require treatment because of caries or a defective restoration? _____ # of teeth
4. How many natural teeth have primary caries or an incipient caries lesion?
 0 (None) 1 or 2 3 or more

Check all that apply

Clinical Conditions

- Oral hygiene improvement is needed
 Dry mouth or inadequate saliva flow

Treatment History and Considerations

- Dental care frequency is NOT as regular as advised
 Development problems or special health care needs
 Teeth have been extracted due to caries in last 36 months
 Fluoride varnish applied in last 6 months
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Questions the patient can answer

- Snacks or beverages containing sugar are consumed between meals 4 or more times per day
 Patient drinks fluoridated water
 Nonprescription or prescription fluoride products other than water are used
 Chlorhexidine used for at least 1 week per month for last 6 months
Xylitol products have been used 4 times daily for last 6 months
 Calcium & phosphate toothpaste have been used during last 6 months
 Recreational drug/alcohol use
 Has had major health changes during the last 12 months

Does the patient have a history of oral cancer? (Select one)

- Yes No

Cigarette Smoking

- Never Smoked
 Have/Has Smoked Amount Smoked: Less than 10cigs/day 10 or more cigs,

Comprehensive assessment continued

Pipes/Cigars

- Never Smoked
 Have/Has Smoked
- Amount Smoked: Less than 1 cigar or pipes/day 1 or more cigar or pipes/day
- Duration Smoked: Less than 10 years 10 or more years
- Status: Current Smoker Quit less than 10 years ago Quit 10 or more years ago

Smokeless (Chewing) Tobacco

- Never Used
 Have/Has Used
- Frequency Used: Occasionally Daily
- Duration Used: Less than 10 years 10 or more years
- Status: Current Smoker Quit less than 10 years ago Quit 10 or more years ago

Alcohol Use

- None
 1 or more
- Average Number of Drinks: Less than 1 drink/day 2 drinks per day
 1 drink per day 3 or more drinks per day

Diabetic Status

- Not Diabetic Or Unknown Good diabetic control Fair diabetic control Poor diabetic control

Check all that apply

- Scaling and root planning for any tooth has been done Periodontal surgery for pockets has been done
- Furcation involvements exist Subgingival restorations are present
- Vertical bone lesions exist Subgingival calculus detected by X-ray or exam

Deepest Pocket Per Sextant from the Gingival Margin to the Base of the Sulcus

- | | | | | | |
|--------------|---|-----------------|---|-------------|---|
| Upper Right: | <input type="checkbox"/> < 5mm
<input type="checkbox"/> Bleeding <input type="checkbox"/> 5-7mm
<input type="checkbox"/> > 7mm
<input type="checkbox"/> No Teeth | Upper Anterior: | <input type="checkbox"/> < 5mm
<input type="checkbox"/> Bleeding <input type="checkbox"/> 5-7mm
<input type="checkbox"/> > 7mm
<input type="checkbox"/> No Teeth | Upper Left: | <input type="checkbox"/> < 5mm
<input type="checkbox"/> Bleeding <input type="checkbox"/> 5-7mm
<input type="checkbox"/> > 7mm
<input type="checkbox"/> No Teeth |
| Lower Right: | <input type="checkbox"/> < 5mm
<input type="checkbox"/> Bleeding <input type="checkbox"/> 5-7mm
<input type="checkbox"/> > 7mm
<input type="checkbox"/> No Teeth | Lower Anterior: | <input type="checkbox"/> < 5mm
<input type="checkbox"/> Bleeding <input type="checkbox"/> 5-7mm
<input type="checkbox"/> > 7mm
<input type="checkbox"/> No Teeth | Lower Left: | <input type="checkbox"/> < 5mm
<input type="checkbox"/> Bleeding <input type="checkbox"/> 5-7mm
<input type="checkbox"/> > 7mm
<input type="checkbox"/> No Teeth |

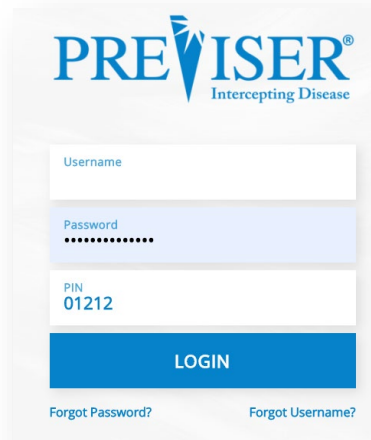
Xray Distance from CEJ to Bone Crest

- | | | | | | |
|--------------|---|-----------------|---|-------------|---|
| Upper Right: | <input type="checkbox"/> < 2mm
<input type="checkbox"/> 2-4mm
<input type="checkbox"/> > 4mm
<input type="checkbox"/> No Teeth | Upper Anterior: | <input type="checkbox"/> < 2mm
<input type="checkbox"/> 2-4mm
<input type="checkbox"/> > 4mm
<input type="checkbox"/> No Teeth | Upper Left: | <input type="checkbox"/> < 2mm
<input type="checkbox"/> 2-4mm
<input type="checkbox"/> > 4mm
<input type="checkbox"/> No Teeth |
|--------------|---|-----------------|---|-------------|---|

How to retrieve your encryption key in PreViser®

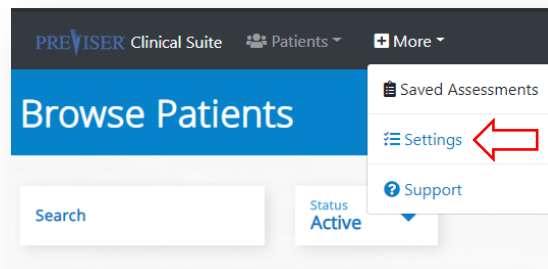
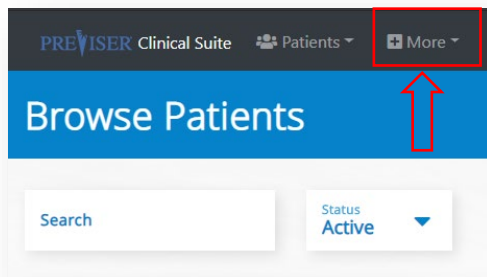
The only way you can retrieve your encryption key is if you still have one computer that you have entered the key into that you can access.

Step 1: Sign in to PreViser Clinical Suite- <https://secure.previser.com/clinical/login>

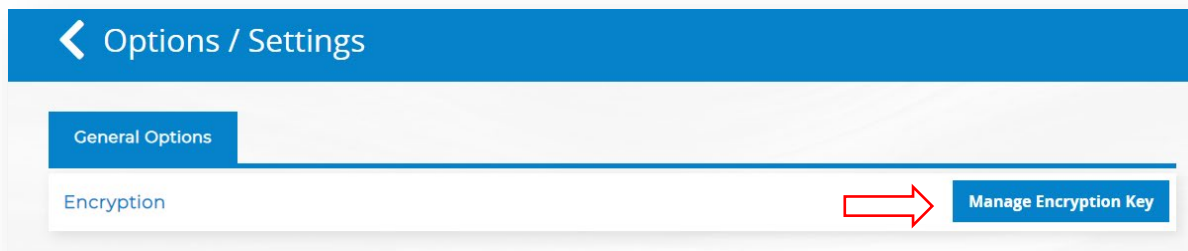


The image shows the PreViser login page. At the top is the PreViser logo with the tagline "Intercepting Disease". Below the logo are three input fields: "Username", "Password" (with masked characters), and "PIN" (with the value "01212"). A blue "LOGIN" button is positioned below the PIN field. At the bottom of the form, there are two links: "Forgot Password?" and "Forgot Username?".

Step 2: At the top of the page, click on "+ More" and then "Settings."



Step 3: Click on "Manage Encryption Key."



Step 4: Under “Reveal Key” click on “Retrieve Encryption Key.”



Step 6: The encryption key associated with your account will be revealed. Please record this information and keep it in a safe place.



For questions about using PreViser or HOW, Contact Delta Dental of Idaho’s Professional Relations Department at (1) 208-489-3563.

Resources

Please contact the Professional Relations Department with any questions you may have regarding HOW® or PreViser®.

- Professional Relations Department: 208-489-3563
- Lola Yoshinaga: 208-685-9642
- Jenna Petrykowski: 208-488-8802
- Teresa Damerell: 208-489-3563

PreViser also has several training videos for. We highly recommend reviewing their additional resources.

- www.previser.com – “University”
- YouTube – “PreViser Corporation”
- Facebook – “PreViser Corporation”