

DANA-FARBER/BRIGHAM AND WOMEN'S



PATIENT INFORMATION REGARDING PRE-TRANSPLANT DENTAL EVALUATION

Why you need to see a dentist

You have been identified as a potential candidate for bone marrow or hematopoietic cell transplantation. This treatment will cause your blood counts to fall putting you at risk for infections until your counts return. Studies have shown that bacteria present in your mouth, gums and teeth may cause fever and sepsis (“blood poisoning”) when counts are low. Such sepsis needs treatment with powerful antibiotics, may cause you discomfort, and will increase the length of your hospital stay. The Division of Oral Medicine & Dentistry at Dana-Farber/Brigham and Women’s Cancer Center has developed a dental evaluation and screening program to reduce infections in your mouth and therefore reduce the chance of sepsis.

What you need to do

You should see a dentist as soon as possible to get this process started. You need to have all oral health needs taken care of before your stem cell transplant. If you do not have a dentist, please ask someone you trust (such as a friend, or neighbor) to recommend one for you in your community. Or, you can search for a dentist in your area by checking www.massdental.org and clicking on “Find a Dentist”. You must have a dental evaluation, even if you wear dentures. **Even if you have low platelets or low white blood count, it is still safe to proceed with the initial dental evaluation, so please do not delay making this appointment.**

What to expect from your dentist in your community

Bring the evaluation packet provided in the front pocket of this guide to your dentist. Your dentist will perform a thorough examination of your mouth and take a “full mouth series” of 14-20 dental x-rays, if most of your teeth are present. This visit will include having your teeth cleaned and any fillings (or in some cases roots canals or extractions) taken care of by your dentist. If you have no teeth or if you have wisdom teeth, a panoramic film will be taken. All areas of potential infection, whether in the teeth (such as cavities), in the bone (from dead teeth or teeth that have received root canal therapy), or surrounding the teeth (from gum disease) will be treated.

Your local dentist will need to complete the forms included in the pocket of this guide and return them to us along with your x-rays in the envelope provided or submit electronically as directed in the guide. Since some dentists may have limited experience working with transplant patients, we will guide him/her in arriving at a dental treatment plan that is right for you after we receive the evaluation. Your dentist may call the BWH Division of Oral Medicine and Dentistry at 617-732-6974 with any questions. A BWH oral medicine specialist will review your dental evaluation and the X-rays that are sent by your local dentist and communicate with your dentist to make sure your treatment plan is appropriate for you. The dental recommendations that we make to your dentist will also be forwarded to your transplant oncologist.

Insurance coverage

As with any dental treatment, please check with your dental insurance company to find out what will be covered and what payments you are responsible for. If you do not have dental insurance, please discuss this with your oncology nurse and financial coordinator.

The evaluation and treatment planning that is completed by the BWH oral medicine specialists with your dentist's help, will be billed separately as a single visit called "Consultation on radiographic examination" to your **medical** insurance carrier. Please be aware that if you belong to an HMO, you **must** obtain a referral number from your primary care physician (PCP) for the Oral Medicine evaluation and treatment planning which is regarded as a single consultation visit. This evaluation comprises a review of your records and x-rays, and communication with the dentist, and does not require you to be physically present. The referral number is NOT for billing of dental treatment and is not to be used for services provided by your community dentist. Please obtain the referral or authorization number from your PCP and fill in the form below.

The following is information your PCP may ask of you in order to obtain the referral:

Consultation to be performed by: Brigham and Women's Hospital
NPI number: 1790717650
Procedure (CPT) Code: 76140
Number of visits: one only

PLEASE COMPLETE THE FOLLOWING AND RETURN TO THE ADDRESS BELOW
THIS CONSULTATIVE SERVICE WILL BE DELAYED WITHOUT THIS INFORMATION

Patient's Name: _____

Date of Birth: _____

Medical Insurance Carrier: _____

Policy Number: _____

Primary Care Physician: _____

Primary Care Physician's phone number: _____

Insurance company Case Manager's name and phone no. (as appropriate): _____

WE MUST RECEIVE A REFERRAL/AUTHORIZATION NUMBER IF YOU ARE IN AN HMO

Referral/Authorization Number for a single visit: _____

Please scan and email this page to BWHOralMedicine@partners.org or send by mail to:

Division of Oral Medicine and Dentistry
Attn: Dental Bone Marrow Transplant Coordinator
Brigham and Women's Hospital
75 Francis Street
Boston, MA 02115

Rev. 10/2016

Division of Oral Medicine and Dentistry, 75 Francis Street, Boston, MA 02115 Tel: 617-732-6974 Fax: 617-264-6312