

My CAMBRA Roadmap

Why I am implementing CAMBRA: _____

1. Risk Assessment Forms:

- a. ADA
- b. CDA
- c. AAPD
- d. CariFree

2. **Where will you collect the patient's information?**

- a. At home, bring in filled out
- b. the front self-report
- c. In the operatory interview style self-report

3. Which patients will you assess?

- a. New patients
- b. Hand-select high risk patients
- c. All patients once a year

4. Biometric Test

- a. CRT culture
- b. Saliva-Check Mutans
- c. CariScreen
- d. No metric

5. Biometric Test Fee D0425

- a. Part of the exam fee
- b. Raise your prophylaxis fee
- c. Separate fee
- d. No charge

6. Who will perform the test?

- a. Doctor
- b. Hygienist
- c. Assistant
- d. Other _____

7. Diagnosis: will you use?

- a. ADA Guidelines
- b. Insurance Guidelines
- c. Other/CariFree

8. CAMBRA CDT Codes and Fees:

D0145
D0415
D0147
D0148
D0421
D0425
D1110
D1120
D1203
D1204
D1206
D1310
D1320
D1330
D1351
D1352
D9630
D9920
D9970
D0601 CRA Low Caries Risk
D0602 CRA Moderate Caries Risk
D0603 CRA High Caries Risk

9. Will you use kits or put your own materials/kits together?

- a. Use pre-made kits
- b. Put together own kits
- c. Use individual products

10. When will you present treatment?

- a. Beginning of appointment
- b. During exam
- c. End of appointment

11. How will you present therapy?

- a. Give options from guide
- b. Make one recommendation
- c. Ask the patient what they would do

12. Seven minute coaching:

Envision
Educate
Enroll
Empower
Engage

13. What will the product fee be?

- a. **CariFree's recommended pricing**
- b. Your own pricing/free

14. Where will you dispense the product?

- a. In the operator
- b. At the front desk
- c. Will not dispense

15. Re-assessment appointments:

- a. Follow Carifree guidelines
- b. Create my own, 1 month, 3 month, 6 month

16. How would you implement CAMBRA in your practice? How would you solve this?

17. Your timeline for this goal:

- a. Implement risk assessment forms
- b. Implement biometric
- c. Implement therapeutic recommendations
- d. All at once?

18. Pick a date: _____

19. Who will you Triad with in your practice? Name two:

- a. _____
- b. _____

20. What is your first step?

21. What will your trigger be? How will you remind yourself?
