

Providing Oral Health Care for Infants Frequently Asked Questions

The State of Connecticut now offers reimbursement to primary care practitioners for oral health services through the ABC Program (Access for Baby Care to Dental Examinations and Fluoride Varnish). This program is designed specifically for children between 6 and 40 months who may have an increased risk for developing dental decay (caries) who are covered by Medicaid or the HUSKY Program.

In conjunction with UCONN School of Dental Medicine, the Connecticut Chapter of the American Academy of Pediatrics has offered a series of educational teleconferences on this new service. Below are some of the frequently asked questions we are receiving from practices:

1. Who can provide this service?

Any medical provider who bills for Medicaid services under their own name, can bill for this service. Only a physician, physician's assistant or APRN may perform the exam and evaluation. Other properly trained medical staff such RNs or LPNs may provide the fluoride varnish under the supervision of a physician.

Registered dental hygienists do not need this training. However, they have to be a registered Medicaid provider under the ***DENTAL*** Medicaid provider program. They are then able to bill for preventive services in public health settings without supervision of a dentist.

2. How much will I be reimbursed for this service?

The service consists of two codes, the oral evaluation and counseling code and the fluoride varnish treatment code:

- D0145 (\$25) - Oral evaluation for a patient under three (3) years of age and counseling with the primary caregiver.
- D1206 (\$20) - Topical therapeutic fluoride varnish application for moderate to high risk caries patients.

Reimbursement for Federally Qualified Health Clinics (FQHC)

Because of the way that FQHCs bill, clinics cannot bill extra for the fluoride varnish. FQHCs are paid a set amount for each patient visit (the “visit rate”), regardless of the number of billable procedures they perform. Therefore, even if oral health evaluation and fluoride varnish are added to the bill, the clinic is still paid the same rate.

However, clinics will eventually be compensated indirectly. The “visit rate” is calculated based on the cost of the services that you deliver during the year which takes into account all the visit codes entered. So, when your clinic’s visit rate is recalculated, if your clinic has been doing oral health evaluations and fluoride varnish, the cost of your services will have increased and this will be accounted for the next time your “visit rate” is adjusted.

In addition, because you are already performing many of the components of oral health evaluation as part of well child care visit (e.g. examining the mouth, talking about diet), the actual incremental time and cost to your clinic is fairly low.

3. Can the evaluation be conducted separately from the treatment?

Yes. The two components of this service can be conducted on two different dates. If you evaluate a need for the fluoride treatment but schedule the treatment for a later date you should indicate on the billing document that the two components were performed but on different dates. When billing, simply indicate that the exam and evaluation was conducted on one date and the treatment on another.

Some practices plan to offer clinic hours for fluoride varnish. Once they have identified a sufficient number of patients needing the varnish, they plan to offer clinic hours for the fluoride application.

4. Can the evaluation be conducted without the fluoride varnish?

Yes. The evaluation can be billed by itself if it is determined that the child is not at significant caries risk to warrant fluoride varnish application. However, fluoride varnish is indicated for most children on Medicaid as they are at high caries risk due to their low socio-economic status.

5. Can I provide just the fluoride varnish without the oral evaluation?

No. You must always perform the oral evaluation and associated oral health counseling and education activities before applying fluoride varnish.

6. *Is the varnish to be done at every well child visit?*

For children at caries risk, fluoride varnish can be applied at every well child care visit. Children at caries risk have one or more of the following risk factors:

- Lower SES (such as Medicaid eligibility)
- Poor access to health care
- Family members have cavities
- Two or more sugar drinks/snacks between meals and/or juice etc in bottle or sippy cups as a pacifying drink
- Special health care needs
- Developmental tooth defects
- Plaque on teeth
- Presence of white spots or cavities
- Suboptimal fluoride exposure

7. *Does the oral evaluation and fluoride varnish have to be done with a physical exam to get paid?*

The oral exam and varnish application can only be conducted as part of a well child visit.

8. *How important (or not) is drying the teeth before applying varnish?*

It is very important that the teeth be dried as best possible. As soon as the varnish is applied you can allow the teeth to get wet as the varnish sets in contact with saliva.

9. *What if the patient is seeing a dentist already, should we still apply the varnish?*

If the child is at caries risk you can still apply the varnish. This must be done in combination with the oral evaluation.

10. *Every time you perform an oral evaluation must you complete all the “required components?”*

Yes. Every time you perform the oral evaluation you must include:

1. The oral evaluation with documentation of noteworthy findings;
2. Preventive counseling including dietary recommendations and oral hygiene;
3. Instructions;
4. Prescribing fluoride supplements if required;

5. Assessment of the need for fluoride varnish and application if required (either at this or subsequent visit);
6. Referral to a dental provider (if necessary).

11. Can I provide this service to school age children and receive reimbursement?

Reimbursement is ONLY available for the 6 – 40 month window for children on Medicaid. Therefore applying fluoride varnish to school children on Medicaid CANNOT be reimbursed even if the nurse practitioners are trained and certified according to DSS guidelines.

12. Why does the coverage only go to 40 months? Why not 48 months?

The intent was to cover all well child care visits including the three-year visit. The extension to 40 months was to cover children who attended late for the three-year well child check.

13. Are any private carriers providing coverage of this service?

At this time, no private carriers are providing coverage for this service.

14. Specifically which public health insurance carriers are considered Medicaid?

All Title 19 patients are covered for this service. In addition anyone on HUSKY A or B is eligible. Those who are part of CHN and the 2 new plans, Americhoice and Aetna Better Health are also covered.

15. Will dental referrals be made at the WIC office for those who need a provider?

In participating WIC offices, they are working to refer children who need a provider. However, WIC nutritionists do not examine the children's teeth so they cannot make risk-based referrals. At present the WIC program is limited and should not be relied on as providing referrals on an absolutely consistent basis.