

# Smiles for Life 2

## State-Specific Fluoride Varnish Information

### Connecticut 2009

#### General Program Description

Connecticut has recently implemented a new infant oral health program called the ABC Program (Access for Baby Care to Dental Examinations and Fluoride Varnish). This program is designed specifically for children who may have an increased risk for developing dental decay (caries) who are covered by the HUSKY Program. The ABC Program has been developed and piloted in other states and has demonstrated promising results for decreasing the occurrence of early childhood tooth decay. The program incorporates oral health counseling, oral health examination and fluoride varnish application.

New codes have been added to the Medicaid fee schedule specifically for this program to enable physicians to bill for oral evaluation, counseling and application of fluoride varnish. No other third party reimbursement for this service is currently available. Only physicians, APRNs, and physician's assistants who have received training are eligible for Medicaid reimbursement for the services delivered. Training is also encouraged for other medical staff, such as nurses, who may, under the supervision of a trained physician, perform patient education and fluoride varnish application.

#### Training Requirements

All providers wishing to bill for oral health counseling, oral health examination and fluoride varnish application must receive state approved training. At present training may be arranged through:

##### Connecticut Chapter of American Academy of Pediatrics.

The training is a one hour seminar completed through a teleconference format from the location of your choice. A series of teleconferences are scheduled through 2009.

Contact: Tracey McDougall [tracey.ctaap@gmail.com](mailto:tracey.ctaap@gmail.com)

##### Educating Physicians in their Communities (EPIC) at the Connecticut Health and Development Institute of Connecticut

EPIC arranges for one hour lunch time seminars with lunch in your office for your entire office staff. These are scheduled at your convenience.

Contact: Maggie Morales [mamorales@uchc.edu](mailto:mamorales@uchc.edu)

##### University of Connecticut School of Dental Medicine

Trainings can be arranged through Dr. Douglass at UCONN directly for groups of physicians greater than in 10 in number.

Contact: Dr. Joanna Douglass [Douglass@uchc.edu](mailto:Douglass@uchc.edu)

At completion of the approved training you will be requested to complete a training record sheet which will be submitted to the Department of Social Services on your behalf. After a period of 3 weeks you will be able to begin billing for services.

## **Coding and Reimbursement**

The following codes must be used on all claims submissions:

- 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 caries risk patients.

The oral evaluation may be billed for beginning at six (6) months of age and at every well child care visit through 40 months of age (i.e. at 6, 9, 12, 15, 18 and 36 month visits well child care visits). If the service was not provided at the well child care visit, oral health services may be provided at other types of visit (e.g. follow-up or sick visits).

Fluoride varnish may not be applied and billed for without initial completion of the oral evaluation. However, fluoride varnish may be applied at a subsequent visit but must be submitted on the same billing form as the original D0145 code with the separate dates of service appropriately indicated.

## **Required Documentation**

The following documentation is required:

### D0145

- An oral evaluation, including assessment for early childhood decay, with documentation of noteworthy findings;
- Preventive counseling including dietary recommendations and oral hygiene instructions;
- Prescribing systemic fluoride supplements if required
- Assessment for the need of fluoride varnish
- Referral to a dental provider (if necessary)

### D1206

- Application of fluoride varnish

## **Claim Submission**

Date of service, place of service, type of service (procedure code beginning with the letter "D" followed by a four (4) digit number), procedure, charge and units of service rendered are to be placed on line 24 sections "A", "B", "C", "D", "F" and "G" respectively of CMS form 1500. For instructions on how to complete an entire CMS 1500, please refer to the policy manual, Chapter Eight (8) which discusses the form in general terms in further detail.

Claims may be submitted either electronically or by hard copy through EDS or through the Medical Care Organization (MCO) that the provider is enrolled and credentialed in.