

HOW CAN PROVIDERS AND STAFF BE TRAINED TO PROVIDE THIS BENEFIT?

In order to provide this benefit and receive reimbursement, the medical provider must have participated in on-site training from the “Cavity Free at Three” (CF3) team (four hours in length) or have completed Module 2 (child oral health) and Module 6 (fluoride varnish) at the *Smiles for Life* curriculum (<http://www.smilesforlife2.org/default.aspx?tut=555&pagekey=62948&s1=1343975>).

A one- hour training is available to do a program review and to provide any hands on training members of your staff may need. Cavity Free at Three is free, very available and can occur in your office. The training through CF3 will include all skills needed by medical assistants and providers. It also provides tips on effectively and efficiently incorporating this model into office practice, as well as lessons learned by pediatric and family practices utilizing this oral health model.

BILLING:

For children ages birth-2 (until the day before their third birthday):

Private practices: D1206 (topical fluoride varnish) and D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver) must be billed on a Colorado 1500 paper claim form or electronically as an 837P (Professional) transaction in conjunction with a well child visit.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs): D1206 and D0145 must be itemized on the claim with a well child visit, but reimbursement will be at the current encounter rate.

The diagnosis V72.2 (dental examination) should be used as a secondary diagnosis. Billing is on the UB-04 paper claim form or electronically as an 837I (Institutional) transaction.

For children ages 3 and 4 (from their third birthday until the day before their fifth birthday):

Private practices: D1206 and D0999 (dental screening) must be billed on a Colorado 1500 paper claim form or electronically as an 837P transaction in conjunction with a well child visit.

FQHCs and RHCs: D1206 and D0999 must be itemized on the claim with a well child visit but reimbursement will be at the current encounter rate. The diagnosis V72.2 (dental examination) should be used as a secondary diagnosis. Billing is on the UB-04 paper claim form or electronically as an 837I transaction.

NOTE: Primary care pediatric and family practices can provide these three services for children covered by Medicaid at well child visits, no more than twice per year for children under age 2 and no more than once per year for children ages 2 to 4. All three services must be done at the same time of service.

CHP+ Policies:

Fluoride varnish services covered when are provided by your PCP in their office. Fluoride varnish may also be provided by an in-network dentist. When provided by a dentist, these services are covered by Delta Dental under the routine dental benefit.

Note: This service is not covered for the CHP+ Prenatal Care Program. Covered services must be provided by your assigned in-network PCP and does not require pre-authorization.

The CHP+ State Managed Care Network and Colorado Access HMO covers up to 2 fluoride varnish treatments in a calendar year for children ages 0 - 4.

- Before your PCP provides the varnish, they will also perform a risk assessment.
- In order to be covered, your PCP must have received the appropriate training for the fluoride varnish treatment.

What Fluoride Varnish Services are not Covered (exclusions)?

- Fluoride varnish for children ages 5 and older.
- Fluoride varnish services obtained from a out-of-network provider
- Fluoride varnish services obtained from a provider who is not a PCP.

- Fluoride varnish services provided by a dentist may be covered by the routine dental benefit. Please contact Delta Dental for information.
- Fluoride varnish treatment that does not include a risk assessment performed by your PCP.

Questions?

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