

**The following frequently asked questions (FAQs) are a result of the  
Fluoride Varnish and Oral Health Screening Trainings  
for EPSDT Medical Providers in Maryland.**

Any questions? Contact the Office of Oral Health at: [fvprogram@dhmh.state.md.us](mailto:fvprogram@dhmh.state.md.us)

**FAQ categories:**

**Billing**

**Fluoride Varnish Application**

**Maryland Fluoride Varnish Registry**

**Fluoride Varnish Supplies**

**Fluoride Varnish Training**

**Fluoride**

**Oral Health Education**

**Dental Caries and Oral Health Risk Assessment**

**BILLING:**

**1. Can the child be over 36 months of age to receive the 36 month fluoride varnish application?**

Medical providers in this program will not be reimbursed for the fluoride varnish application if a child on the date of application is over 36 months old. However, dentists may apply the fluoride varnish after 36 months of age.

**2. Are FQHC's eligible for the Medicaid reimbursement?**

FQHC's will receive their per visit rate. The application of fluoride varnish is included in the per visit rate.

**3. Can medical or nursing residents bill for fluoride varnish?**

When a trained medical or nursing resident applies fluoride varnish as an EPSDT medical extender (refer to question #17 in the Fluoride Varnish Application section of this document for who can apply fluoride varnish), billing for this service can only be completed by their certified EPSDT medical provider (practitioner, training program or health clinic) that has been approved by DHMH to be eligible for Medicaid reimbursement for fluoride varnish. Refer to question #18 in the Fluoride Varnish Application section of this document for the fluoride varnish application requirements of a resident.

**4. Will MA pay for toothbrushes?**

No, Medical Assistance does not pay for items such as toothbrushes.

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**5. A child had a dental abscess. The claim was submitted to Medicaid. Medicaid would not pay because it needs a different code? What do we do?**

Any child found to have a dental abscess as a result of an oral health assessment should be referred immediately to a local Maryland Healthy Smiles Dental Program participating dentist or public health dental clinic. If you need assistance in locating a dentist for a member, call Doral Dental at 1-888-696-9598.

**6. Can you explain the difference between provider MA and location MA? Because we have lots of providers at one location.**

In the Medical Assistance Program, there are individual MA provider numbers and group MA provider numbers. There may be numerous individual MA provider numbers associated with one group provider number. If a group practice exists, the group MA number is the “billing” provider and the individual MA provider number is the “treating” provider.

**7. Some materials mention a 21 month well child visit? Is that correct?**

No, this is an error and has been corrected. A new version of the brochure has been placed on the Office of Oral Health’s website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm) under Fluoride Varnish brochures for EPSDT medical providers.

**8. Will the MDs and DDSs get paid if both are billing for varnish of the same child?**

Yes, to avoid confusion and to make this process as seamless as possible, both medical and dental providers will be paid for applying fluoride varnish on the same child. If applied appropriately, there is no risk of a child receiving too much fluoride as a result of both providers providing this service.

**9. Will there be any type of credentialing? I have heard that MD's can not use "dental" codes.**

No, you do not need to be credentialed separately for this so long as you are a certified EPSDT medical provider and participate in the Maryland Medicaid Program. You will bill Doral Dental either on paper, using the ADA 2006 form or you may enter your claim online for the fluoride varnish. The CDT (Current Dental Terminology) Code for the application of fluoride varnish is D1206. Visit the Office of Oral Health’s website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm) for additional billing information.

**10. I see that we BILL Doral \$24.92, but how much is actually PAID. Is this electronic or paper? Is there a setup charge or software to buy for this to happen?**

You will get paid \$24.92 in conjunction with each of your well child visits (and the one fluoride varnish application allowed at 30 months when there is no regularly scheduled well child visit) - there is no other setup charge or software to purchase. Doral prefers that you file claims electronically online but paper claims will be accepted as well. For questions regarding billing, contact Doral Dental at 1-888-696-9598.

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**11. Can you address the topic of out-of-state providers and how it relates to reimbursement?**

This program is applicable to out-of-state providers but first both the patient and provider must be enrolled in the Maryland Medicaid Program. In addition, Maryland Medicaid Program providers must meet all Maryland Mouth’s Matter; Fluoride Varnish Program requirements to be eligible for claims reimbursement. Refer to page 4 of the Fluoride Varnish and Oral Health Screening Program Manual on the Office of Oral Health’s website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm) for additional information.

**12. Will there be any way to apply fluoride varnish on non-Medicaid patients who have no dental insurance- if parents are willing to pay for it?**

We appreciate your consideration for non-Medicaid patients since this is such an important activity for high-risk patients. You are free to apply varnish on non-Medicaid patients if families are willing to pay for it. Of course, there is no Medicaid reimbursement in this situation. However, we recommend you consult with your respective state practice act or state practitioners board prior to applying the fluoride varnish to non-Medicaid recipients.

**13. Who do I call with billing issues?**

General provider inquiries should be referred to the Provider Services team at Doral Dental at 1-888-696-9598. If the issue is of a more sensitive nature, you can contact your Doral representative. The chart below will provide you with the contact information for your local representative.

Jeanne Burke	Montgomery County, Prince George’s County	240.790.3046
Andrea Cameron-Belvin	Baltimore City, Baltimore County, Cecil County, Carroll County, Harford County, Howard County	240.790.3065
Brittany Siehr	Anne Arundel County, Calvert County, Caroline County, Charles County Dorchester County, Queen Anne’s County, Kent County, Somerset County, St. Mary’s County, Talbot County, Wicomico County, Worcester County, Washington DC (NW & SW)	240.790.3087
Nicole Williams	Allegany County, Frederick County, Garrett County Washington County, Washington DC ( NE & SE)	410.271.0380

For additional provider information, please visit Doral Dental’s website at <http://www.doralusa.com/Providers/ProviderDocuments.aspx?state=MD>.

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**14. I am an EPSDT certified medical provider and completed the fluoride varnish training. I have not received my Doral Welcome Letter. When should I expect it?**

Upon successful completion of the Fluoride Varnish training, your information is sent to Maryland Department of Health and Mental Hygiene (DHMH) where it goes through a comprehensive verification process before being sent to Doral for final setup. You should receive your Doral Welcome Letter once all the verifications have been completed. This may take up to four weeks if you are an EPSDT certified provider and all of your Medicaid information is accurate. However, if pertinent information is missing, you should receive a letter that specifies what is needed to complete your Fluoride Varnish Certification. Please contact the Division of Healthy Kids, DHMH @ 410.767.1683 if you have any questions.

**FLUORIDE VARNISH (FV) APPLICATION:**

**15. Do all kids in this program get the varnish or is this just for “at risk” kids?**

The state views all Medicaid children to be at risk for tooth decay since low socioeconomic status is a risk factor for this disease. Therefore, all eligible children in this program can receive fluoride varnish.

**16. How long does the FV application take? How do you apply the FV? How does it taste? Do you put the varnish on all surfaces of the teeth?**

Please refer to pages 11-12 in the Maryland Mouth’s Matter Fluoride Varnish and Oral Health Screening Program Manual. This also can be found on the Maryland Office of Oral Health website at: [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm).

**17. Can other medical staff do the FV application? Who can perform the application of varnish?**

Fluoride Varnish can be applied by certified Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical providers who participate in the Medicaid program and who have been trained through an approved Department of Health and Mental Hygiene (DHMH) Fluoride Varnish and Oral Health Screening course.

In addition, designated EPSDT medical extenders who are legally allowed to provide immunizations are able to apply the fluoride varnish. This would include registered or licensed nurses with standing physician orders in public health clinics.

However, these EPSDT medical extenders must be employed by practitioners or public health clinics who have been certified by DHMH to be eligible for Medicaid reimbursement for fluoride varnish. EPSDT medical extenders also must receive training in fluoride varnish application either directly through an approved DHMH course or by their trained provider or public health clinic.

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**18. Can medical or nursing residents apply fluoride varnish?**

Medical or nursing residents can serve as EPSDT medical extenders under this Program and apply fluoride varnish but they *must* be under the supervision of medical practitioners, training programs, or health clinics that are certified Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical providers who participate in the Medicaid program and who have been certified by DHMH to be eligible for Medicaid reimbursement for fluoride varnish. Residents also must receive training in fluoride varnish application either directly through an approved DHMH Fluoride Varnish and Oral Health Screening course or by their trained practitioner, training program, or health clinic.

**19. Do you need written consent to apply fluoride varnish at the well-baby exams?**

Similar to all other procedures rendered in a medical practice, fluoride varnish would be covered under the general consent protocol signed by a patient when initiating care with that practice. Therefore, no special written consent to apply fluoride varnish is required. However, given that it is a new service provided to patients that involves the oral cavity, it may be advisable to ask for oral consent.

**20. If the child's teeth are already decayed, can you still apply Fluoride Varnish? Can you put the varnish on cavities? Does the varnish treatment help kids who already have caries?**

Fluoride varnish will only be effective in preventing tooth decay on those tooth surfaces without frank decay, that is, surfaces where the enamel has not eroded away to form a cavity. However, even if one or more surfaces of a tooth does have frank tooth decay, fluoride varnish can still be placed on any remaining teeth *surfaces without* such decay. Fluoride varnish is especially indicated for children who have dental caries or pre-cavitated white spot lesions since they are at high risk for further decay of any remaining healthy tooth surfaces. Please refer any children found to have frank, open decayed lesions to a dentist or public health dental clinic that participates in the Maryland Medicaid program.

**21. When and how often do you apply the fluoride varnish?**

Fluoride Varnish coincides with the well-child visits at 9 months, 12 months, 15 months, 18 months, 24 months and 36 months. Additionally, at 30 months a child can receive a fluoride varnish only appointment. In general, fluoride varnish can be given as much as 4 times per year depending upon the child's level of risk for tooth decay. However, please see question #1 regarding the 36 month visit.

**22. Is there any risk of getting the varnish in the eyes?**

There is always some level of risk for even the most benign of dental procedures, including fluoride varnish. However, if applied appropriately and under careful conditions, the risk of getting fluoride varnish in a child's eye is minimized.

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**23. Why apply every 3 months? Does the interval HAVE to be every 3 months? Can it be more often?**

The American Dental Association (ADA) Council on Scientific Affairs recommends that children who are younger than 6 years and who are at high risk for developing dental caries should receive fluoride varnish applications at 3 to 6 month intervals. Because enrollment in Medicaid is based on income, all children enrolled in Medicaid are considered at high risk for developing dental caries. As a result, Maryland's Medicaid Program adheres to ADA's recommendation and reimburses EPSDT medical providers for 4 fluoride varnish applications per year. Visit the Journal of the American Dental Association at <http://jada.ada.org/cgi/reprint/137/8/1151> and <http://jada.ada.org/cgi/reprint/131/5/589> for more information.

**24. Can you apply varnish during a well baby visit if the child is sick?**

Yes. There is no medical or dental contraindication for applying the varnish when the child is sick. However, if because the infant's/child's temperament and behavior due to the illness makes it difficult to apply fluoride varnish at the well child visit, fluoride varnish can be applied at a separate visit approximate to the well-child visit. However, please see question #1 regarding the 36 month visit.

**25. Are there any side effects? Is it okay for a child if they swallow the varnish?**

There are no demonstrated side effects from the use of fluoride varnish. There should be little concern about the ingestion of fluoride varnish and the possible occurrence of fluorosis, an esthetic discoloration of affected teeth, in the permanent dentition. The risk exists that young children may swallow some fluoride varnish during the application process. However, because fluoride varnish sets up in the presence of saliva and the dose used is small, little fluoride varnish is ingested. In addition, exposure to fluoride varnish is limited to four applications per year, which minimizes the risk of dental fluorosis as compared to other fluoride agents (e.g., toothpaste, mouth rinses) used on a daily basis. Caution is advised if there is known sensitivity to colophony or colophonium or other products which include: ethyl alcohol anhydrous USP 38.58%, shellac powder 16.92%, rosin USP 29.61%, copal, sodium fluoride 4.23%, sodium saccharin USP 0.04% and flavorings, cetostearyl alcohol. Fluoride varnish should also not be applied if a child has gingival stomatitis, ulcerative gingivitis or intra oral inflammation. Please visit the Journal of the American Dental Association at <http://jada.ada.org/cgi/reprint/131/5/589> for more information.

**26. Do we need to wear a mask and glasses while applying the fluoride varnish?**

Wearing a mask and glasses is not required because there is no expected splash or splatter related to the application of fluoride varnish. The only personal protective equipment required for this procedure is gloves.

**MARYLAND FLUORIDE VARNISH REGISTRY:**

**27. Will all children (not just Medicaid kids) be included in the fluoride registry?**

Since this is a program for Medicaid recipients, fluoride varnish application data for only those children enrolled in the Medicaid Program will be entered into the Fluoride Varnish Registry by the Medicaid Program.

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**28. The instructor mentioned that there was a change to the registry process that differs from the manual- can you please review this?**

The revised protocol in using the registry is that medical providers will *not* be entering any data themselves into the registry. All data regarding the fluoride varnish application will be entered directly by the Maryland Medicaid Program. For the revised information on the Maryland Fluoride Varnish Registry, please refer to the manual on the Office of Oral Health's website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm).

## **FLUORIDE VARNISH SUPPLIES:**

**29. How do we get additional fluoride varnish supplies? How much does fluoride cost?**

Fluoride varnish is relatively inexpensive to purchase compared to the \$24.92 received from Medicaid per approved application. A list of vendors who sell Fluoride Varnish can be found on the Office of Oral Health's website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm). Additionally, as stated in your welcome letter from Doral Dental, as a Doral Dental Provider you are eligible to receive a discount on your dental supplies through the Doral Dental Savings Plan. You can contact Dental Health Products at 866-210-4635 to learn more about this savings plan.

## **FLUORIDE VARNISH TRAINING:**

**30. We want other providers within our office to be trained as well. Will this training be offered online?**

Yes. The training will be offered online in November, 2009. Please visit the Office of Oral Health's website at <http://fha.maryland.gov/oralhealth/> for updates on the fluoride varnish program.

**31. Will I be Fluoride Varnish certified if I take the online training?**

Yes, however all Maryland Mouth's Matter Fluoride Varnish Program requirements apply and must be met to be eligible for claims reimbursement. Refer to page 4 of the Fluoride Varnish and Oral Health Screening Program Manual on the Office of Oral Health's website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm).

**32. Currently, I am not an EPSDT medical provider but planning to become one soon. Once I become an EPSDT provider, do I have to retake this training?**

You do not need to be retrained if your training occurred within 1 year of becoming EPSDT certified and you signed the appropriate registration/sign-in sheet on the day of training.

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**33. Is this program for my staff also, since they will probably be the ones actually performing the procedure?**

Yes, your staff is welcome to participate in the training program. Another option would be for you and/or another EPSDT medical provider who attended a training session to act as a "train-the-trainer" in your office. Maryland Medicaid Program EPSDT medical providers must meet all Maryland Mouth's Matter Fluoride Varnish Program requirements to be eligible for claims reimbursement. Refer to page 4 of the Fluoride Varnish and Oral Health Screening Program Manual on the Office of Oral Health's website at [http://fha.maryland.gov/oralhealth/mouth\\_matters.cfm](http://fha.maryland.gov/oralhealth/mouth_matters.cfm).

**34. How do I get my continuing education credit now that I finished the in-person training?**

2 CMEs are available to members of the American Academy of Family Physicians (AAFP). Call the AAFP at 800-274-2237 to report CMEs or to report the CMEs online visit <http://www.aafp.org/cme>.

Participants that are not members of AAFP are eligible for 1 CME. To receive this CME please complete the post test at <http://www.aap.org/oralhealth/cme/cme-complete.htm>. You must correctly answer at least 75% of the questions (9 out of the 12 questions) to receive CME credit. Within 4 weeks of completing the post-test, you will receive an e-mail with your results and instructions for claiming CME credit. If you do not receive this e-mail, please notify [oralhealthinfo@aap.org](mailto:oralhealthinfo@aap.org).

If you are an *EPSDT medical extender*, please consult with your respective professional organization to determine whether this or some other mode to receive CE credit is applicable.

Please note: This information may change once the online course is available in November. Refer to question #30 in the Fluoride Varnish Training section of this document for more information on the planned online training course.

## **FLUORIDE:**

**35. What do we do about fluoride supplements?**

Visit the National Maternal and Oral Health Oral Health Resource Center at [http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ\\_8.html](http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ_8.html) for information on fluoride supplements.

**36. Can you talk a bit about fluoride and formula?**

Visit the Centers for Disease Control and Prevention at [http://www.cdc.gov/FLUORIDATION/safety/infant\\_formula.htm](http://www.cdc.gov/FLUORIDATION/safety/infant_formula.htm) for information on fluoride and formula.

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**37. Does Brita filter out fluoride?** Point of use water filters installed on the faucet generally do not filter out fluoride. Specifically, activated carbon filters and charcoal filters do not remove fluoride. Water softeners also do not remove fluoride. Only activated carbon filters with activated alumina remove over 80% of fluoride. For more information please refer to the home water treatment systems section of the American Dental Association's website at [www.ada.org/public/topics/documents/art\\_water\\_home.pdf](http://www.ada.org/public/topics/documents/art_water_home.pdf).

**38. (Well water question) Trend is to move away from systemic fluoride and go to topical fluoride? Can you give your opinion on this?**

While there are many opinions on this topic, the American Dental Association states that whether you get your fluoride through systemic means such as drinking water or supplements or through topical means such as toothpaste, varnish, mouth rinse and/or professionally applied fluoride you can be confident that fluoride is doing its work at fighting decay. Safe, convenient, effective—however you describe it, fluoride fits naturally into any dental care program.

## **ORAL HEALTH EDUCATION:**

**39. What are good snacks for kids' teeth?**

Visit the National Maternal and Oral Health Oral Health Resource Center at [http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ\\_29.html](http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ_29.html) for information on good snacks.

**40. How do you respond to parents who say, "They are just baby teeth?"**

Visit the National Maternal and Oral Health Oral Health Resource Center at [http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ\\_1.html](http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ_1.html) for more information on the importance of baby teeth.

**41. Will a list of local dentists be available to provide to our patients?**

Yes. You may contact Doral Dental at 1-888-696-9598 for a list of dentists that participate in the Maryland Healthy Smiles Program or you may have the recipient contact Doral Dental at 1-888-696-9596. A list of providers may also be found on Doral's website: [www.doralusa.com](http://www.doralusa.com).

## **DENTAL CARIES AND ORAL HEALTH RISK ASSESSMENT:**

**42. Can you speak a bit more about fluorosis and the white spot lesions? How rapidly does decay progress?**

Visit the National Maternal and Oral Health Oral Health Resource Center at [http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ\\_5.html](http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ_5.html) for more information on fluorosis.

**43. What is the correlation between juice and diet soda and caries? As well as drinking these items after the varnish application?**

Visit the National Maternal and Oral Health Oral Health Resource Center at [http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ\\_29.html](http://www.mchoralhealth.org/HeadStart/FAQs/HSFAQ_29.html) for more information on foods high in sugar and tooth decay.

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#### **44. How often is the risk assessment done and at what age is it done?**

An oral health risk assessment offers a point in time picture of the risk and protective factors that may impact a child's oral health. Over time, a child's risk for developing dental caries may change as a result of topical fluoride use, personal oral hygiene practices, feeding and eating practices, and other factors. It is, therefore, important for medical providers to conduct an oral health risk assessment at each well-child visit to identify risk and protective factors, praise parents for positive behaviors, and provide anticipatory guidance.

Oral health risk assessment should be conducted as early as possible. An assessment can begin as early as the first scheduled well-child visit. Mothers' or primary caregivers' oral health status, practices, attitudes, and beliefs can be identified and addressed to reduce their infants' risk of developing dental caries. Please visit the *Bright Futures in Practice: Oral Health–Pocket Guide* by the National Maternal and Child Oral Health Resource Center at <http://www.mchoralhealth.org/pocket.html>.

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