

Frequently Asked Questions

Billing

Do I need to worry about my practice and a dental office billing for the oral health risk assessment and fluoride varnish and a claim being denied?

- For children with MaineCare coverage you do not need to worry about a claim being denied. If a child under age three is receiving the oral health risk assessment/evaluation by their primary care provider, it's because they haven't seen a dentist in the last year. For children over age three the oral health risk assessment is billed using D0191 which is only open to medical providers.
- Children with private medical insurance usually have private dental insurance and claims submitted by a dentist will not impact private medical insurance. **However**, private medical insurance companies will typically only reimburse for fluoride varnish application up to age 6. The US Preventive Task Force grades fluoride varnish as a level B recommendation. Under the ACA all insurances must cover level A & B USPTF recommendations. Additionally, under the ACA all non-grandfathered medical insurance plans must cover the AAP Bright Futures preventive recommendations. The oral health risk assessment is a Bright Futures recommendation up to age 6. Therefore, children over age 6 with private medical insurance may receive a bill for fluoride varnish and/or the oral health risk assessment.

What billing codes do I need to use for oral health services?

- [Please refer to the billing and coding section](#)

Implementation

Who can provide these oral health services in primary care practices?

- Only a medical provider can perform and bill for the clinical oral health evaluation. Medical providers may also choose to conduct the applicable screenings and fluoride varnish applications. In this case, a medical provider is defined as a physician, physician's assistant, or nurse practitioner. Other properly trained clinical support staff such as RNs, LPNs, or medical assistants may perform the dental home and oral health risk assessments and apply the fluoride varnish under the supervision of a physician.

	Risk Assessment	Oral Evaluation	Fluoride Varnish
Physician	Yes	Yes	Yes
Nurse Practitioner	Yes	Yes	Yes
Physician Assistant	Yes	Yes	Yes
Registered Nurse	Yes	No	Yes
Certified Medical Assistant	Yes	No	Yes

Can I apply fluoride varnish outside of the well-child visit?

- Yes, fluoride varnish can be applied outside of the well-child visit

I am worried that applying fluoride varnish will take too long during a well-child visit. How long does it take to apply fluoride varnish?

- Conducting the dental home and oral health screenings, performing the oral health evaluation, and applying fluoride varnish add very little time to a visit. Providers are already discussing diet and tooth brushing and are looking in children's mouths. Fluoride varnish can be applied as part of the mouth examination and adds less than a minute to the visit process. Some practices have chosen to have clinical support staff apply the varnish during the time when vaccines are administered.

Where can I order From the First Tooth educational materials, and do you have materials available in multiple languages?

- Educational materials can be ordered off the From the First Tooth website and are available in multiple languages. Additionally, we recommend that practices have their patients view the Dental Steps video library which provides a wealth of oral health information to parents and caregivers on how to care of their child's teeth. The videos are also available in multiple languages
 - **Order Materials off the FTFT website:** [Order Materials | From the First Tooth](#)
 - **View the Dental Steps video library:** [Dental Steps for ME](#)

Do you have toothbrushes available?

- From the First Tooth has a dental kit program called Spruce the Dental Health Moose which supplies dental kits to participating practices. Dental kits contain a toothbrush for each family member, toothpaste, floss, and educational material. Due to funding, we can only accept a limited number of practices into the program. If you are interested in participating please contact mhfirsttooth@mainehealth.org.

What is a dental home?

- A dental home is characterized by an ongoing relationship between a dentist and patient, inclusive of all aspects of oral health care, including referrals to dental specialists. Care is delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home should begin no later than 12 months of age.²⁶ As with any other specialists children may see, it is important to coordinate care between dental and medical homes.

Fluoride

My patients have referenced a report on fluoride from the National Toxicology Program, how should I respond?

- A 2024 report by the [National Toxicology Program](#) examined potential impacts of fluoride on children's IQ but specifically did not evaluate fluoridation at the recommended levels we use in the United States. Instead, the findings in this report are limited to fluoride exposure that is twice the amount (≥ 1.5 mg/L) that is recommended by the CDC for community water (0.7 mg/L). The report specifically states:

"This Monograph and Addendum do not address whether the sole exposure to fluoride added to drinking water in some countries (i.e., fluoridation, at 0.7 mg/L in the United States and Canada) is associated with a measurable effect on IQ."

- Additionally, multiple drafts of the report, including the most recent, have been criticized by the National Academies of Sciences, Engineering and Medicine for inadequate research methodology.^{1 2}

¹ National Academies of Sciences, Engineering, and Medicine. 2021. Review of the Revised NTP Monograph on the Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects: A Letter Report. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26030>.

² American Dental Association reaffirms support for Community Water Fluoridation. American Dental Association. <https://www.ada.org/about/press-releases/american-dental-association-reaffirms-support-for-community-water-fluoridation>

I have heard that we do not have to prescribe fluoride tablets/drops if we are applying fluoride varnish. Is that true?

- No, it is not true. Fluoride varnish is NOT a replacement for fluoride tablets or drops. The American Dental Association recently confirmed that children at high risk for caries still need their water assessed to determine whether they need dietary fluoride supplements. Dietary fluoride gets absorbed into developing teeth and is also re-excreted into saliva, thereby providing some topical benefit. The high concentration of fluoride in the varnish gives a boost to the fluoride content of the outer layer of the enamel, helping increase resistance to caries until the next application. Ingested fluoride in tablets provides a systemic effect to developing teeth.

Does fluoride varnish have any use once cavities have started?

- Yes, fluoride varnish can help stop early dental decay from progressing. If a tooth has a white spot, which is an indication of an early cavity, the fluoride varnish will help harden the softened enamel and dentin and make that area of the tooth stronger so that a cavity does not progress. Fluoride varnish is more effective when applied every 3-6 months.

How important is it to clean and dry the teeth before applying fluoride varnish?

- It is not necessary to clean the teeth prior to applying fluoride varnish, but it is very important that the teeth be as dry as possible. Teeth can be dried by wiping them with gauze. As soon as the varnish is applied, you can allow teeth to get wet, as the varnish sets immediately upon contact with saliva.

I find it challenging to go back and forth from the patient's mouth to the varnish container – any tips?

- Some people dispense the varnish onto the back of their non-dominant gloved hand. Others prefer to hold the varnish container between the thumb and forefinger of their non-dominant hand. The non-dominant hand is often just helping to hold open the patient's mouth, so it can play dual roles. If you feel comfortable, you can ask a family member to hold the varnish container for you.

Does fluoride varnish cause fluorosis?

- No. Fluorosis is caused when children consume too much fluoride on an ongoing basis, which can happen when children use excessive amounts of toothpaste or take fluoride tablets when their water supply is fluoridated. Per the CDC, no published evidence indicates that professionally applied fluoride varnish is a risk factor for dental fluorosis, even among children younger than 6 years.³ Properly applying fluoride varnish reduces the possibility that a patient will swallow it during application.

Why is fluoride varnish offered only every three to six months?

- Fluoride varnish gets into the matrix of the tooth over the 18–24 hours it is “stuck” to the teeth. This boosts the fluoride content of the outer layer of the tooth enamel, creating a reservoir of fluoride that lasts for approximately three to six months. This reservoir then helps resist future decay and repair damaged enamel (remineralization).

³ Centers for Disease Control and Prevention. (2019). Other Fluoride Products. Retrieved from <https://www.cdc.gov/fluoridation/basics/fluoride-products.html>.