Fidelis is offering fluoride varnish (D1206) to be applied by certified physicians or nurse practitioners.

Providers must complete web-based or in-person training on administering fluoride varnish in order to receive payment for claims.

Providers that are not certified should visit the New York State Dept. of Health website for a list of qualifying training programs or refer to Attachment A – Approved Training Programs.

If the provider is certified, the following additional requirements will apply:

- The fluoride varnish can be applied up to 4 times per year and will be covered for children from birth until age 7.

- **Education Requirements**: Medical providers must include a copy of fluoride varnish course certification or a letter indicating the details of the training received with the first claim submitted. Providers that submit a letter in lieu of a training certificate will be considered and approved on a case-by-case basis. Proof of training only needs to be submitted with the first claim.

- **Prior Authorization**: Providers may submit prior authorization requests to ensure member eligibility and avoid denied claims due to frequency limitations. The authorization determination will be communicated to the provider and member via telephone and mail.

- **Retrospective Reviews**: Providers may submit claims (on a 2006 or newer ADA claim form) for retrospective review. Retrospective reviews may be denied based on member eligibility and frequency limitations. Claims should be mailed to:

  DentaQuest IPA of New York, LLC-Claims  
  12121 North Corporate Parkway  
  Mequon, WI  53092  

  Or fax to: 262-834-3589

- **Keyword Tag**: Initial claims that are submitted along with the proof of training (certificate or letter) must include the words “MEDICAL FLUORIDE VARNISH” in the description and/or remarks section of the claim form (see attached sample claim). **This should only be done when submitting the initial claim with proof of training.**

- **Denials**: If a prior authorization is denied due to lack of provider training requirements, please instruct the Fidelis member to contact DentaQuest Member Services at 800-516-9615 so that we may assist the member in locating a dental provider in their area.

- **Fees**: NY Fidelis Fluoride Varnish (D1206):
  - NY Fidelis Fluoride Varnish Upstate - $30  
  - NY Fidelis Fluoride Varnish Boroughs - $24  
  - NY Fidelis Fluoride Varnish Nassau, Suffolk, Westchester - $25.50

**Attachments:**

- Attachment A – Approved Training Programs
- Sample Fluoride Varnish claim form
New York University: In-Person Training. Several in person sessions were provided at New York University that provides instruction on the application of Fluoride Varnish. Please submit a letter indicating the date of the session and the name of each provider in attendance.

Oral Health Risk Assessment: Training for Pediatricians and Other Child Health Professionals - American Academy of Pediatrics: This training program provides an overview of dental caries and early childhood caries, the pathogenesis of caries, how to perform an oral examination, signs of early childhood dental caries in children aged 0 to 3 years, how to conduct an oral health risk assessment, fluoride varnish application, caries prevention strategies, and oral health education for families. Continuing education credits are provided.
http://www2.aap.org/oralhealth/EducationAndTraining.html

Smiles for Life: Smiles for Life is a National Oral Health Curriculum, now in its third edition, is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups through the development and dissemination of high-quality educational resources. Developed by the Society of Teachers of Family Medicine Group on Oral Health.
http://www2.aap.org/oralhealth/SmilesForLife.html

New York City Department of Health and Mental Hygiene: What You Need to Know About Fluoride Varnish and How You Can Promote Early Childhood Oral Health. This is a publication for primary care providers to promote early childhood oral health in primary care. This publication further describes the oral examination, assessing caries risk, applying fluoride varnish, reimbursement, ordering fluoride varnish, and additional resources and parent fact sheets.

New York State Department of Health: Oral Health Care during Pregnancy and Early Childhood Practice Guidelines. Separate oral health care recommendations are presented for prenatal, oral health, and child health professionals, with emphasis placed on incorporating oral health risk assessments into routine prenatal and well-baby care. Information for oral health care professionals includes guidelines for providing appropriate treatment for pregnant women and young children.
http://www.health.state.ny.us/prevention/dental/oral_health_care_pregnancy_early_childhood.htm

University of Minnesota: Dental Health Screening and Fluoride Varnish Application web-based training program. This comprehensive web-based training program covers etiology and prevention of dental caries to billing process.
http://www.oralhealthzone.umn.edu/

Massachusetts Department of Public Health Office of Oral Health: Connect Oral Health to Every Child's Medical Care. This training program covers the etiology of oral diseases, the relationship between systemic and oral health, procedures for performing oral health assessments, oral disease prevention strategies, and instructions on the application of fluoride varnish.

American Academy of Pediatrics, Illinois Chapter: Bright Smiles from Birth. This training video shows real life examples of physician applying varnish on young children. Filmed at Advocate Hope Children's Hospital in Oak Lawn Illinois the video shows how quick and easy the procedure can be in an office setting. This video will be used to supplement the Bright Smiles from Birth Curriculum and will be used at all trainings.
California Dental Association and Dental Health Foundation: First Smiles Oral Health Assessment. This video shows a medical team making an oral health assessment as part of assessing the child's overall health. It illustrates that while examining the head, ears, nose and throat, stopping in the mouth to assess the teeth, before proceeding to the throat. One segment shows the application of fluoride varnish.
http://www.first5oralhealth.org/page.asp?page_id=286

Missouri Dept. of Health: Fluoride Varnish Application Training. Web-based training objectives to describe the four basic components of the Preventive Services Program; understand why fluoride varnish is used as a decay-preventive agent, and explains the materials necessary to apply fluoride varnish.

Massachusetts Department of Public Health - Office of Oral Health: BLOCK Oral Disease Toolkit is a comprehensive resource for child health providers that offers an overview of oral health, including but not limited to, oral disease etiology, a pictorial digest of oral diseases as they relate to systemic diseases, multi-lingual anticipatory guidance for parents and caregivers, as well as other useful tools to assist child health providers incorporate oral health into their medical practice. To learn more about the BLOCK Oral Disease Toolkit, please contact Lynn Bethel, Director of the Office of Oral Health at 617-624-6074 or Lynn.Bethel@state.ma.us.

National Maternal and Child Oral Health Resource Center: Open Wide Oral Health Training for Health Professionals. Series of four modules designed to help health and early childhood professionals promote oral health, with information about tooth decay, risk factors, prevention, and anticipatory guidance to share with parents.
http://www.mchoralhealth.org/OpenWide/index.htm

Seattle Children's Hospital and Regional Medical Center: Pediatric Office Guide to Oral Health Care. This guide helps primary care physicians check for early childhood caries. Topics include tooth brushing, toothpaste, healthy food choices, and fluoride and assist physicians in talking with parents about oral health. Pictures illustrate what to look for during visual inspection, and descriptions of the appearance of mild, moderate, and severe tooth decay are included.

National Maternal and Child Oral Health Resource Center: A Health Professional's Guide to Pediatric Oral Health Management. This is a series of seven modules designed to assist health professionals in managing the oral health of infants and young children. The modules provide health professionals with information to help them prevent oral diseases, which still afflict many US children, especially children from families with low incomes, children in certain minority groups, and children with special health care needs. The modules assist health professionals in performing an oral screening to identify infants and children at increased risk for oral health problems, offering referrals to oral health professionals, and providing parents with anticipatory guidance.
http://www.mchoralhealth.org/PediatricOH/index.htm

Association of State and Territorial Dental Directors: Early Childhood Caries and Infant Oral Health. This website is designed to serve as a comprehensive source of information for members, associate members, policymakers, oral health and public health professionals, other health care professionals, academicians, students and the public. The Early Childhood Caries and Infant Oral Health webpage provides links to resources, training materials and programs, and journal articles on the etiology and prevention of early childhood caries, caries risk assessments, and the role of child health care professionals in the early identification and prevention of dental caries disease in young children.
## Dental Claim Form

### HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
   - Statement of Actual Services
   - Request for Predetermination / Preauthorization
   - EPSDT/Title XIX

2. Predetermination / Preauthorization Number

### INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

### OTHER COVERAGE

4. Other Dental or Medical Coverage?  
   - No (Skip 5-11)  
   - Yes (Complete 5-11)

5. Name of Policyholder/Subscriber (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)

7. Gender

8. Policyholder/Subscriber D (SSN or ID#)

9. Plan/Group Number

10. Patient’s Relationship to Person Named in #5
   - Self
   - Spouse
   - Dependent
   - Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

### RECORD OF SERVICES PROVIDED

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MISSING TEETH INFORMATION

<table>
<thead>
<tr>
<th>34. (Place an ‘X’ on each missing tooth)</th>
</tr>
</thead>
</table>

### AUTHORIZATIONS

- I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges.

- To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

### PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
   - Self
   - Spouse
   - Dependent Child
   - Other

19. Student Status
   - FTS
   - X
   - PTS

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)

22. Gender

23. Patient D /Account # (Assigned by Dentist)

### BILLING DENTIST OR DENTAL ENTITY

(Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

28. Name, Address, City, State, Zip Code

### POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)

14. Gender

15. Policyholder/Subscriber D (SSN or ID#)

16. Plan/Group Number

17. Employer Name

### ANCILLARY CLAIM/TREATMENT INFORMATION

- Place of Treatment
  - Provider’s Office
  - Hospital
  - Other

- Number of Enclosures (00 to 99)
  - Radiograph(s)
  - Oral Image(s)
  - Model(s)

- Date Appliance Placed (MM/DD/CCYY)

- Date Prior Placement (MM/DD/CCYY)

- Treatment Resulting from
  - Occupational illness/injury
  - Auto accident
  - Other accident

- Date of Accident (MM/DD/CCYY)

- Auto Accident State

### TREATING DENTIST AND TREATMENT LOCATION INFORMATION

- I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

- Signed (Treating Dentist)

- NPI

- License Number

- Address, City, State, Zip Code

- Phone Number

### © 2006 American Dental Association

To Reorder call 1-800-947-4746 or go online at www.adacatalog.org