Executive Summary

In 2019, Wyoming was the least populated and least racially diverse state in the Rocky Mountain Network of Oral Health (RoMoNOH) and the least populated state in the nation. Wyoming has some of the most restrictive practice laws related to the practice of dental hygiene within RoMoNOH and the nation; on the other hand, within RoMoNOH, Wyoming has the highest percentage of individuals in need of oral health care who are able to access care. Wyoming has not expanded Medicaid eligibility rules. This report focuses on Medicaid reimbursement only and does not address private payers.

Community Water Fluoridation

- In 2018, 57.1 percent of the population was on community water systems receiving fluoridated water, which is lower than the national average of 73 percent. The 2010 Oral Health in Wyoming Final Report states that 76 percent of community water supplies serving sampled public schools had lower-than-recommended fluoride levels.

Fluoride Varnish Application

- In most cases, nurses and dental hygienists can conduct oral health risk assessments and apply fluoride varnish if a physician or dentist delegates the task and codes directly.
- In federally qualified health centers (FQHCs), Medicaid reimbursement outlines that fluoride varnish can be applied up to three times per year for children ages 6 months through 3 years who are at moderate to high risk for dental caries; fluoride varnish application must be part of the well-child visit.
- Non-dental clinical providers must bill the CPT 99188 code on the CMS-1500 form for fluoride varnish application to be reimbursed by Medicaid.
- Non-dental clinical providers who apply fluoride varnish are not required to complete an oral health training course or to use specific risk assessment or educational tools to be reimbursed by Medicaid.

Fluoride Varnish Billing

The following non-dental clinic providers in Wyoming can bill for fluoride varnish application:
- Nurse practitioners
- Physician assistants
- Physicians

Dental Hygienist and Dental Therapist Scope of Practice

- Dental hygienists cannot bill Medicaid directly.
- Public health dental hygienists with 2 years of clinical experience, liability insurance, and a collaborative agreement with a dentist can provide “public health services” (limited to screening, prophylaxis, fluoride, and education). They can practice in public health settings (e.g., schools, mobile clinics, nursing homes).
- Dental therapists are not licensed providers in Wyoming.
- Dental assistants can be qualified to place pit-and-fissure dental sealants.
Teledentistry

- Teledentistry is not specifically defined by the state of Wyoming. Before the COVID-19 pandemic, no teledentistry was being practiced. However, professional boards in the state have the power to adopt telehealth/telemedicine definitions and standards applicable to their regulated profession.
- During the COVID-19 pandemic, some teledentistry may have occurred during the beginning of the pandemic, but it is not ongoing.

Strengths

- Wyoming has the highest percentage of individuals in need of oral health care who are able to access care (Percentage of need met is defined as the number of dentists available divided by the number of dentists needed to serve the population, according to the Kaiser Family Foundation).
- In 2016, 79 percent of dentists in Wyoming were accepting Medicaid. The national average is 40–50 percent.
- As of 2013, Wyoming offered a high Medicaid reimbursement rate compared to most other states; the Medicaid rate is close to the private insurance rate.
- Medicaid allows two encounters (medical & behavioral) to be billed on one day. Medical and dental visits are considered one encounter if they occur on the same day.

Challenges

- There are no codes for non-dental clinical providers for oral health risk assessment, education, referral, or case management.
- Non-dental clinical providers have no incentive to track fluoride varnish application because, even if they use CPT code 99188, they receive no additional reimbursement beyond the amount reimbursed for a well-child visit. More providers may have been providing the service but not coding it.
- Public Health Dental Hygienists are restricted to certain settings (FQHCs, free clinics, and school-based programs).
- Medicaid does not recognize medical assistants and dental hygienists as billing providers.
- Medicaid provides reimbursement for comprehensive dental services for children and adolescents under age 21 who are enrolled in Medicaid. Although the income threshold for pregnant women to be eligible for Medicaid or have presumptive eligibility is higher than for the general population, there is no specific dental coverage for pregnant women.

Resources

- 2020 Allowable and Prohibited Duties for Dental Assistants: Wyoming
- CMS 1500 ICD-10
- Direct Access States
- Kid Care Children’s Health Insurance Program
- Oral Health in Wyoming 2010 Report
- Scope of Practice
- Smiles for Life: A National Oral Health Curriculum
- Variation in Dental Hygiene Scope of Practice by State
- Administrative Rules Search, Chapter 7: Dental Auxiliaries (see Section 5(c), Expanded Function)

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NOHI Project

To learn more about the NOHI project, please visit www.mchoralhealth.org/pdfs/nohi-overview-profiles.pdf

Disclaimer

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