



Project

ECHO®

Oral Health in Primary Care

Center for Rural Health
University of North Dakota



Applying and Billing for Fluoride Varnish in a Health Care Setting

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Center for Rural Health

University of North Dakota
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Housekeeping Items

- All attendees are muted and attendees cannot share video during this session.
- Remember to ask questions using the chat box.
- Slides and resources for today's session can be accessed on our [program website](#).
- Continuing education credits are available for today's session. To receive a certificate for continuing education, you must complete the evaluation.
- We have made every attempt to make today's presentation secure. If we need to end today's presentation unexpectedly we will follow-up with you using your registration information.

Land Acknowledgement Statement

[UND Land Acknowledgement Statement](#): Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

Objectives for Today

- Attendees will recognize the purpose for fluoride varnish.
- Attendees will identify when and how often to apply fluoride varnish.
- Attendees will describe how to bill North Dakota Medicaid for the service.



Purpose of Fluoride Varnish

- Prevent dental caries
 - Plaque and bacteria enter teeth and breakdown enamel
 - Dental caries are the most common chronic disease of childhood
- Slow the breakdown of enamel
- Protect against demineralization
- Standard of Care

Did you know...

- Fluoride varnish application is required at every well child visit for infants through age 5 along with a verbal referral to a dental home starting at the eruption of first tooth.
- An oral health risk assessment should be performed at every well child visit. This will help determine if fluoride supplementation for a child >age 6 may be applied or referred.

Questions to keep in mind



- Does the child get enough fluoride?
- Does child brush teeth?
- What type of toothpaste do they use?
- Do they use mouth rinse?
- Do they have a dental home?
- Is there history of tooth decay in the family?
- Does the child share silverware with caregiver?
- Does the child have poor feeding habits?





Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child; however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 30 months <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> Mother or primary caregiver had active decay in the past 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> NoMother or primary caregiver does not have a dentist. <input type="checkbox"/> Yes <input type="checkbox"/> NoContinual bottle/sippy cup use with fluid other than water. <input type="checkbox"/> Yes <input type="checkbox"/> NoFrequent snacking. <input type="checkbox"/> Yes <input type="checkbox"/> NoSpecial health care needs. <input type="checkbox"/> Yes <input type="checkbox"/> NoMedicaid eligible. <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none">Existing dental home. <input type="checkbox"/> Yes <input type="checkbox"/> NoDrinks fluoridated water or takes fluoride supplements. <input type="checkbox"/> Yes <input type="checkbox"/> NoFluoride varnish in the last 6 months. <input type="checkbox"/> Yes <input type="checkbox"/> NoHas teeth brushed twice daily. <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> White spots or visible decalcifications in the past 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No Obvious decay. <input type="checkbox"/> Yes <input type="checkbox"/> No Restorations (fillings) present. <input type="checkbox"/> Yes <input type="checkbox"/> NoVisible plaque accumulation. <input type="checkbox"/> Yes <input type="checkbox"/> NoGingivitis (swollen/bleeding gums). <input type="checkbox"/> Yes <input type="checkbox"/> NoTooth present. <input type="checkbox"/> Yes <input type="checkbox"/> NoHealthy tooth. <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT/PLAN		
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High	Self Management Goals:	
Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	<input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Ween off bottles <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dental comfortable setting for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from: FDI World Dental Federation. (2015). Oral health risk assessment and management. Retrieved from: www.fdi-world-dental-federation.org/ (last visited 10/15/16). American Academy of Pediatric Dentistry and Oral Health. (2015). Member oral health assessment and risk management. Retrieved from: www.aapd.org/ (last visited 10/15/16).

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Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP "Recommendation for Preventive Pediatric Health Care" (ie, Periodicity Schedule) recommends an optional caries risk assessment at the 6- and 9-month visits. For the 12-, 15-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—<http://www.aap.org/publications/practicing>.

Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other fluids that are not water from a bottle or sippy cup continuously throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an elevated risk for caries due to their diet, xerostomia (dryness of the mouth), sometimes due to asthma or allergy medication use, difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, aspiration and/or hyperactivity disorder, and gingivitis/periodontitis or overcrowding of teeth. Fungal toe infections may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAPD and the AAP recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing. In appropriately coordinated care for the child, if a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and top-catch fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page <http://aapd.org/oralhealth/practicetools.htm>

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the primary care setting for all children through age 5 <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/dental-caries-in-children-from-birth-through-age-5-years-screening>. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum, www.aapd.org/oralhealth/

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Parents should have their mouths cleaned after bedtime, with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (and 3rd birthday) it is appropriate to recommend brushing with a smear (grain of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information <http://pediatrics.aappublications.org.com/cgi/doi/10.15585/2014-0028>

When and how often to apply?

- At eruption of first tooth
- If high risk then apply every 3 months
- Low risk than may apply every 6 months between medical or dental home

Fluoride Varnish

- Cavity protective coating painted on the teeth
- Can be painted on teeth over cavities to help slow down the spread of cavities
- Fluoride varnish (5% sodium fluoride)

Fluoride Varnish Application

- Position the child for easy access to teeth
- Use gentle finger pressure to open the mouth, dry the teeth with 2x2 gauze, paint a thin layer of fluoride varnish on all tooth surfaces
- Eat soft foods until next morning
- Avoid sticky foods
- Don't brush teeth until following morning

Provider Training Fluoride Varnish

- Video provided through MN Oral Health Coalition
- <https://www.youtube.com/watch?v=OzM4UQxP67Q>



Disadvantages

- Yellow discoloration
 - It fades with a little time
- Undesirable taste

How often to apply fluoride varnish?

- Every 6 months
- Every 3 months

Clinical Workflow

- Provide a strong initial message to the providers/staff about the benefits of fluoride varnish and its cost relative to reimbursement. Address concerns about time, division of labor, timing of fluoride application, location of supplies, and space for fluoride application.
- Ancillary staff must have buy-in and be involved in planning and implementing fluoride varnish.

Clinical Workflow cont.

- Use your front office staff to identify potential fluoride varnish recipients Determine how eligible patients will be identified.
For example, mark the chart in an obvious way to designate fluoride varnish eligibility
- Provide training and start fluoride varnish right away
- Reassess with ongoing support

Conclusion

- Use the discussion of fluoride varnish as an opportunity to address the importance of preventive oral health and establishing a dental home.
- Provide a description of fluoride varnish including its safety, benefits, application. Consider placing fluoride varnish information in the after visit summary (around 6 month well child visit).
- Depending on insurance and community needs consider fluoride varnish in non-Medicaid patients
- Explore dental resources in your community to improve access to care for your patients.



Billing for Fluoride Varnish



US Preventive Services Task Force

- The USPSTF recommends that **primary care clinicians** apply **fluoride varnish** to the primary teeth of all infants and children starting at the age of primary tooth eruption.
- Recommendation: Dental Caries in Children from Birth Through Age 5 years: Screening
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/dental-caries-in-children-from-birth-through-age-5-years-screening>

Criteria for Reimbursement

Fluoride Varnish is covered for:

- Members age 6 months through 20 years old.
- A maximum of two applications per calendar year, per member is covered.

Recommend:

- Fluoride varnish be applied at the time of a well child visit/Health Tracks screening.

Eligibility:

- Member must be eligible on the date of service.

Physicians and **physician assistants** may bill ND Medicaid for the application of fluoride varnish in accordance with their scope of practice and in accordance with any rules adopted by their respective licensing boards.

Fluoride Varnish Application for Practitioners

The following **practitioners** may bill ND Medicaid for the application of fluoride varnish after receiving training which has been approved by the North Dakota Board of Dental Examiners:

- Nurse Practitioners
- Registered Nurses and Licensed Practical Nurses **under the supervision*** of a physician, family nurse practitioner, or physician assistant*

**supervision requirements are dictated by state law, administrative rules and the applicable licensing board*

Billing

- **CPT Code 99188** - Application of topical fluoride varnish by a physician or other qualified health care professional when performed in a non-dental clinic or facility setting.
- **Reimbursement** is currently **\$27.00**.

ICD-10-CM COVERED DIAGNOSIS

- **Z00.121** Encounter for routine child health examination with abnormal findings
- **Z00.129** Encounter for routine child health examination without abnormal findings
- **Z41.8** Encounter for other procedures for purposes other than remedying health state
- **Z29.3** Encounter for prophylactic fluoride administration

Medicaid Fluoride Varnish Application by Provider County FFY 2020 (Oct. 1, 2019- Sept 30, 2020)

* data retrieved from Medicaid
claims data for FFY 2020

Provider County	# of Medical Providers per County	99188	# of Dental Providers per County	D1206	D1208	Total
Adams	0	0	1	15	9	24
Barnes	1	21	2	307	32	360
Bottineau	0	0	2	90	154	244
Bowman	0	0	2	88	1	89
Burleigh	2	692	21	2,117	807	3,616
Cass	7	1,549	28	2,179	732	4,460
Cavalier *County Health District	1	3	0	20	0	23
Dickey	0	0	3	88	4	92
Eddy	0	0	1	71	0	71
Emmons	1	9	1	40	0	49
Foster	0	0	2	99	19	118
Grand Forks	1	21	14	640	595	1,256
Grant	0	0	1	0	3	3
Hettinger	0	0	1	0	6	6
Kidder *District Health Unit	1	8	0	1	0	9
LaMoure	0	0	1	3	0	3
McKenzie	0	0	1	107	0	107
Mercer	0	0	2	175	92	267
Morton	1	2	3	553	27	582
Mountrail	0	0	1	0	5	5
Pembina	1	18	1	35	0	53
Pierce	0	0	1	186	1	187
Ramsey	1	83	5	113	489	685
Ransom	1	12	3	79	3	94
Richland	2	54	5	55	98	207
Rolette	1	410	1	253	16	679
Sargent *District Health Unit	1	2	0	2	0	2
Stark	1	40	7	783	33	856
Stutsman	2	71	4	305	241	617
Trail	1	4	1	63	94	161
Walsh	0	0	3	341	88	429
Ward	1	68	12	189	2,253	2,510
Wells	1	13	1	27	0	40
Williams	0	0	8	162	130	292
Instate Total	28	3080	139	9,186	5,932	18,196
Out of State	2	2	4	227	6	235
Total	30	3,082	143	9,413	5,938	18,431

County	FY 2020						FY 2019						FY 2018					
	Procedure				Providers		Procedure				Providers		Procedure				Providers	
	99188	D1206	D1208	Total	Medical	Dental	99188	D1206	D1208	Total	Medical	Dental	99188	D1206	D1208	Total	Medical	Dental
Adams		15	9	24		1		19	7	26		1		17	6	22		1
Barnes	21	306	32	351	1	2	31	340	67	412	2	3		354	86	426		3
Bottineau		90	154	222		2		106	175	244		2		233	126	289		2
Bowman		88	1	88		2		89	1	90		2		107		107		3
Burleigh	685	2,047	748	3,370	2	21	501	2,907	914	4,190	3	21	15	3,337	902	4,188	2	23
Cass	1,542	2,148	732	4,145	7	30	971	2,553	1,202	4,449	9	33	241	2,178	1,302	3,594	8	37
Cavalier	3	20		22	1	1		28		28		1		34		34		1
Dickey		86	4	90		3	10	88	9	98	1	3	2	58	24	77	1	5
Eddy		71		71		1		70		70		1		67		67		1
Emmons	9	40		48	1	1	4	39		43	1	2		45		45		2
Foster		99	19	115		2	6	103	19	125	1	3		110	12	121		3
Grand Forks	21	625	505	1,110	1	15	46	806	646	1,455	1	15		1,074	763	1,784		16
Grant			3	3		1			8	8					5	5		1
Hettinger			6	6		1		9	15	24		1		23	42	64		1
Kidder	8	1		9	1	1	7	1		7	1	1		18		18		1
LaMoure		3		3		1		14		14		1		24		24		1
McIntosh								1		1		1		8		8		1
McKenzie		107		107		1		74		74		1		95		95		1
Mercer		175	92	266		2		212	169	379		2		108	231	303		2
Morton	2	553	27	581	1	3		408	48	452		5		100	51	148		4
Mountrail			5	5		1			11	11		1			12	12		1
Pembina	18	35		53	1	1	18	56		72	1	2		52		52		2
Pierce		186	1	187		1		190		190		1		227	3	229		1
Ramsey	83	114	483	625	1	5	71	160	522	700	1	6		276	492	712		6
Ramsey	12	79	3	90	1	3		99	8	103		5		76	44	105		4
Renville															19	19		1
Richland	54	55	98	194	2	5	42	57	133	224	2	7		98	126	218		7
Rolette	410	244	16	636	1	2	563	330	15	845	1	2		765	5	768		2
Sargent	2	2		2	1	1	5	2		7	1	1		7		7		1
Stark	40	759	33	814	1	7	50	786	34	839	1	8		416	558	876		8
Stutsman	71	305	240	579	2	4	62	380	282	646	2	7		522	249	726		6
Trails	4	63	94	136	1	1	7	5	144	152	1	2		8	166	174		3
Walsh		341	88	424		3		375	107	465		4		325	111	430		5
Ward	68	188	2,247	2,459	1	12	80	275	2,299	2,573	1	13		470	2,091	2,466		11
Wells	13	27		39	1	1		26		26		3		1	16	17		2
Williams		162	130	284		8		167	147	310		10		162	223	372		10
~Missing	1	188	6	195	1	2		169	7	174		2		107		107		2
Out Of State	1	40		41	1	2		50	1	51		2		65	18	83		3
Unknown							2	37		39	1	1	3	2	2	7	2	3
All Instate	3,066	9,034	5,770	17,158	28	146	2,474	10,775	6,982	19,352	30	171	258	11,395	7,665	18,602	11	179
All	3,068	9,262	5,776	17,394	30	150	2,476	11,031	6,990	19,616	31	176	261	11,569	7,685	18,799	13	187
All (minus Missing/Unknown)	3,067	9,074	5,770	17,199	29	148	2,474	10,825	6,983	19,403	30	173	258	11,460	7,683	18,685	11	182

3 years and 6 months old - female

Professional Claim Detail

***Required Field**

Claim Data

Doc #: 002333	TCN: 21095300040023330	Claim Type: P-Pract/Phy
Status: P-Paid	LOB: MED	Doc Type: C-FFS
Pay Type: 0-For Pymt	Trans Type: 0-Orig Claim	Location: 900
Replaced TCN:	Replacement Reason:	Replacement TCN:
Submitted Void/Replace TCN:	External TCN:	X12 Version Number: 005010X222A1
Fiscal Pend ID:	Fiscal Pend Indicator: No	Org Fiscal Pend Date: 01/01/0001
Adjud Date/Time: 04/05/2021 10:47:42 AM	User ID: B-PREPROCESSOR	Reported Adjud Date: 04/05/2021

Main	Line Item	Replacement/History	Basic Claim Info	Other Claim Info	Other Service Info
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Diagnosis Data

Dx 1: [Z00.129](#) Dx 2: [Z29.3](#) Dx 3: [F82](#) Dx 4: Dx 5: Dx 6: Dx 7: Dx 8: Dx 9: Dx 10: Dx 11: Dx 12:

LI	Status	DOS Begin	DOS End	POS	Proc Code	Mods	Dx Rlt	Total Chg	Svc Units	Allow Chg	Allow Unit	Sub Svc Auth
1	P-Paid	03/31/2021	03/31/2021	11	99392	25	123	\$267.00	1.0	\$109.08	1.00	
2	P-Paid	03/31/2021	03/31/2021	11	99188		2	\$51.00	1.0	\$27.00	1.00	

1 - 2 of 2 Line #

1 year old - female

Main	Line Item	Replacement/History	Basic Claim Info	Other Claim Info	Other Service Info							
Diagnosis Data												
Dx 1: Z00.129 Dx 2: Z29.3 Dx 3: Z23 Dx 4: Dx 5: Dx 6: Dx 7: Dx 8: Dx 9: Dx 10: Dx 11: Dx 12:												
LI	Status	DOS Begin	DOS End	POS	Proc Code	Mods	Dx Rlt	Total Chg	Svc Units	Allow Chg	Allow Unit	Sub Svc Auth
1	P-Paid	03/25/2021	03/25/2021	11	S0302		123	\$267.00	1.0	\$130.70	1.00	
2	P-Paid	03/25/2021	03/25/2021	11	90633	SL	13	\$0.00	1.0	\$0.00	1.00	
3	P-Paid	03/25/2021	03/25/2021	11	90707	SL	13	\$0.00	1.0	\$0.00	1.00	
4	P-Paid	03/25/2021	03/25/2021	11	90670	SL	13	\$0.00	1.0	\$0.00	1.00	
5	P-Paid	03/25/2021	03/25/2021	11	90716	SL	13	\$0.00	1.0	\$0.00	1.00	
1 - 5 of 10											Line # <input type="text" value="2"/>	12
LI	Status	DOS Begin	DOS End	POS	Proc Code	Mods	Dx Rlt	Total Chg	Svc Units	Allow Chg	Allow Unit	Sub Svc Auth
6	P-Paid	03/25/2021	03/25/2021	11	99188		12	\$51.00	1.0	\$27.00	1.00	
7	P-Paid	03/25/2021	03/25/2021	11	90471		13	\$19.68	1.0	\$16.20	1.00	
8	P-Paid	03/25/2021	03/25/2021	11	90472		13	\$19.68	1.0	\$16.20	1.00	
9	P-Paid	03/25/2021	03/25/2021	11	90472		13	\$19.68	1.0	\$16.20	1.00	
10	P-Paid	03/25/2021	03/25/2021	11	90472		13	\$19.68	1.0	\$16.20	1.00	
6 - 10 of 10											Line # <input type="text" value="2"/>	12

5 years – 9 months old

Main	Line Item	Replacement/History	Basic Claim Info	Other Claim Info	Other Service Info							
Diagnosis Data												
Dx 1: Z00.121 Dx 2: R05 Dx 3: R09.89 Dx 4: Z23 Dx 5: Z29.3 Dx 6: K59.00 Dx 7: N76.0 Dx 8: Dx 9: Dx 10: Dx 11: Dx 12:												
LI	Status	DOS Begin	DOS End	POS	Proc Code	Mods	Dx Rlt	Total Chg	Svc Units	Allow Chg	Allow Unit	Sub Svc Auth
1	P-Paid	01/28/2021	01/28/2021	11	99393	25	1236	\$267.00	1.0	\$108.71	1.00	
2	P-Paid	01/28/2021	01/28/2021	11	99213	25	2367	\$170.00	1.0	\$76.54	1.00	
3	P-Paid	01/28/2021	01/28/2021	11	90686	SL	14	\$0.00	1.0	\$0.00	1.00	
4	P-Paid	01/28/2021	01/28/2021	11	90471		14	\$19.68	1.0	\$16.20	1.00	
5	P-Paid	01/28/2021	01/28/2021	11	99188		15	\$51.00	1.0	\$27.00	1.00	
1 - 5 of 5											Line # <input type="text" value="v"/>	



Oral Health in Primary Care

Center for Rural Health
University of North Dakota



Thank you!

Time for Questions & Answers

Poll

EVALUATION

At the end of today's session, please take a moment to complete a **brief** survey about today's training. If you would like continuing education credit, you must complete the evaluation.



<https://tinyurl.com/OralHealthECHO3>



Oral Health in Primary Care

Center for Rural Health
University of North Dakota



Upcoming Clinic

Talking with Patients about Safe Drinking Water, Community Water Fluoridation, and Oral Health in the Pediatric and Young Adult Patient

May 13, 2021

7:00 – 8:00 am Central

REGISTER HERE: <https://ruralhealth.und.edu/projects/project-echo/topics/oral-health>

CONTACT INFORMATION



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