

**Networks for Oral Health
Integration Within the
Maternal and Child Health
Safety Net**

Wyoming



Environmental Scan Results 2023

Executive Summary

This Environmental Scan seeks to understand the baseline facilitators and barriers to integrating oral health into primary care for pregnant people and children. The information summarized here was compiled from key stakeholders (primary care and health professional associations) and state and federal agencies (HRSA, Medicaid, public health, etc.).

Wyoming holds the distinction of being the nation's least populous state and one of the geographically largest. The state is ~97,650 square miles. Wyoming is home to the Wind River Indian Reservation.

There are [5](#) federally qualified health centers providing care to ~[33,347](#) patients annually at [22 delivery sites](#) around the state. Twenty two percent ([22%](#)) of health center patients are children. As of 2020, [5%](#) of children nationwide were uninsured, while [11.4%](#) of Wyoming children lacked health insurance. Nearly [16%](#) of women of childbearing age were uninsured. Twenty eight percent ([26%](#)) of Wyoming health center patients were uninsured. Wyoming ranks close to last -- [#43 out of 51](#)-- on access to and affordability of health care.

Wyoming has a comprehensive Medicaid dental benefit for qualifying members under age 21 years. Wyoming now has a limited adult Medicaid benefit for qualifying members 21 years of age and older, which includes 2 preventive visits/year, 2 emergency visits/year, extractions, and repair or relining of existing dentures or partial dentures. Pregnancy qualifies an adult for this dental benefit, which extends for 6 months after delivery.

Health disparities correlate with income, race, and the distribution of human and physical resources. Wyoming residents who are underserved face multiple barriers to disease prevention and treatment options. These results specifically describe oral health services available to children and pregnant people in the community health center primary care setting.

Fluoride Varnish Application

- Nurses and dental hygienists can conduct oral health risk assessments and apply fluoride varnish only if a physician or dentist delegates the task and codes directly.
- Medicaid reimburses federally qualified health centers (FQHCs) for fluoride varnish application as part of the medical well-child visit up to 3 times per year for children ages 6 months through 3 years who are at moderate to high risk for dental caries.
- Non-dental providers may bill Medicaid for fluoride varnish application using CPT 99188 code on the CMS-1500.
- Non-dental providers are not required to complete an oral health training course or to use specific risk assessment to be reimbursed by Medicaid for fluoride varnish.

Fluoride Varnish Billing

The following non-dental health professionals can provide and bill for fluoride varnish application:

- Nurse practitioners
- Physician assistants
- Physicians

Dental Hygienist, Therapist & Assistant Scope of Practice

- Dental hygienists cannot bill Medicaid directly for the services they provide.
- 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) in public health settings (e.g., FQHCs, schools, mobile clinics, nursing homes).
- Dental therapists are not licensed providers in Wyoming.
- Dental assistants can become qualified to place pit-and-fissure dental sealants.

Teledentistry

- Synchronous teledental visits are permitted in Wyoming, and Medicaid payment is at parity with in-person dental visits. Teledental visits take place where the patient is located and must be by video.

Community Water Fluoridation

- As of 2020, 56% of the population received fluoridated water, lower than the national average of 73%.

Strengths

- In 2022, Wyoming Medicaid changed rules to allow FQHCs to provide/be paid for same-day medical and dental encounters. This improves patients’ access to care by making it possible for two visits to occur during one trip.
- Non-dental providers can delegate fluoride varnish application to a nurse or dental hygienist.
- As of 2020, Medicaid reimbursement was ~60% of the private insurance reimbursement rate for children’s dental services; Wyoming exceeds the national average at ~65%. In 2023, Medicaid reimbursement for dental procedures increased by 25%.
- In 2019, 66% of dentists in Wyoming accepted Medicaid, higher than the national average of 43%.

Opportunities

- Expand adult Medicaid dental benefit from limited to comprehensive.
- Collect oral health surveillance data and update the state oral health status report.
- Expand the practice settings where public health dental hygienists can serve patients.
- Enable non-dental providers to delegate fluoride varnish application to medical assistants.
- Establish a mechanism for payment to medical professionals applying silver diamine fluoride (Code 0792T).

Resources

- [2020 Allowable and Prohibited Duties for Dental Assistants: Wyoming](#)
- [Variation in Dental Hygiene Scope of Practice by State](#)
- [Dental Hygiene Direct Access States](#)
- [Dental Hygiene Scope of Practice](#)
- [Oral Health in Wyoming 2010 Report](#)
- [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



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