

Fluoride Varnish Application by PCPs — Provider Toolkit



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Introduction



Dear Provider:

Thank you for your participation in the AmeriHealth Caritas Ohio provider network.

This toolkit was created as a guide to assist you and your office staff with providing **fluoride varnish application** to our members, your patients.

Your review and understanding of this toolkit is essential, and we encourage you to contact our EPSDT Manager with any questions, concerns, or suggestions regarding the Fluoride Varnish Application by PCPs — Provider Toolkit.

Important information:

- Smiles for Life — Course No. 6: Caries Risk Assessment, Fluoride Varnish and Counseling: <https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling/>
- Ohio Department of Education and Workforce: <https://education.ohio.gov/Topics/Student-Supports/School-Wellness/Student-Health-and-Medication-Supports/Supporting-Student-Oral-Health>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/fastats/dental.htm>
- Ohio Department of Health: <https://odh.ohio.gov/know-our-programs/oral-health-program/Preventing-Oral-Diseases>
- According to a 2021 study published by the *Journal of Public Health Dentistry*, “the national median dental utilization for children enrolled in Medicaid was only 48 percent compared to 64 percent for privately insured children. In Ohio, dental care utilization in Medicaid children ≤20 years old was only 42 percent.”¹
- The same study concluded that “racial disparities exist with respect to caries experience and untreated decay within a Medicaid-enrolled population of young children attending well-child visits. Pediatric primary care offices are well-positioned to provide dental surveillance and preventive care and could play an important role in decreasing oral health inequities.”

¹ D. Selvaraj et al., “Caries disparities among Medicaid-enrolled young children from pediatric primary care settings,” *J Public Health Dent*. Vol. 81, No. 2, June 2021, pp. 131 – 142, doi: 10.1111/jphd.12423, Epub Nov. 2, 2020, PMID: 33135213; PMCID: PMC8756375.

About AmeriHealth Caritas Ohio



Who we are

AmeriHealth Caritas Ohio is one of the Managed Medicaid plans in Ohio and part of the AmeriHealth Caritas Family of Companies, one of the largest organizations of Medicaid managed care plans in the United States. AmeriHealth Caritas Family of Companies is a mission-driven health care organization with more than 40 years of experience serving low income and chronically ill populations. We are proud to be a leader in multicultural healthcare.

Our mission

We help people get care, stay well, and build healthy communities.

What Is Fluoride Varnish?

Fluoride varnish is a concentrated, thin material that is applied directly to the teeth to assist in **preventing and potentially reversing** any early decay that might have started on your teeth.

The American Dental Association and the Centers for Disease Control and Prevention recommend fluoride varnish application **at least twice per year** for infants and children starting at the age of 6 months.

Fluoride varnish comes in a variety of flavors that are child-friendly. It is easy to use and can be applied in less than two minutes.



The Importance of Fluoride Varnish

According to the American Academy of Pediatric Dentistry and the American Dental Association, children should have their first dental visit within six months of the first tooth appearance, but no later than 12 months of age.

Fluoride varnish has become the standard of care in primary pediatric settings, according to the American Academy of Pediatrics. Pediatricians and staff are in the ideal position to assist in the primary prevention of tooth decay, the most common childhood disease.

In order for primary prevention to be effective, pediatricians and staff must understand the disease process of tooth decay. They must be alert and knowledgeable to caries formation, offer prevention options and education for caregivers, and understand how social determinants of health play a key role in caries formation.



Recommendations for Pediatric Oral Care

- For oral care recommendations, please refer to this guidance from the American Academy of Pediatric Dentistry:
Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling (AAPD Reference Manual 2022): <https://www.aapd.org/assets/1/7/periodicity-aapdschedule.pdf>
- For benefit information and limitations, please refer to the benefit tables in the DentaQuest reference manual:
<https://www.dentaquest.com/content/dam/dentaquest/en/providers/ohio/oh-amerihealth-caritas-office-reference-manual.pdf.coredownload.inline.pdf>

Application of Fluoride Varnish

How is fluoride varnish applied?

Fluoride varnish is most easily applied to infants and toddlers in the “knee-to-knee” position, with the caregiver in one chair and the clinician in another. This allows better access and control of the head, and the parent can assist.

1. Remove plaque and food debris from the teeth with gauze. Do not excessively dry teeth because varnish requires saliva to set properly.
2. Paint varnish (from the 0.25 mL single-use packet) on all sides of the teeth as a very thin film. The colored tint of the varnish helps to show how much has been applied.



Application of Fluoride Varnish (continued)

What counseling should be provided to caregivers?

- Inform caregivers that any tooth discoloration will be gone within eight hours. Varnish can feel funny to the tongue.
- Children should not eat or drink for 60 minutes and refrain from brushing teeth for 12 hours.
- Varnish is most effective if applied two times per year.
- Clinicians should provide anticipatory guidance, with appropriate handouts, and facilitate referral to a dental home.



Source: <https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling/>

Smiles for Life Program

The Smiles for Life program educates providers to increase participation and utilization rates of fluoride varnish applications. The program encourages primary care physicians, particularly pediatricians, to offer fluoride varnish applications and oral health education to age-appropriate patients.

The Smiles for Life Curriculum is endorsed by more than 20 professional organizations. It is free of charge and offers free continuing education credit for multiple professions.



The curriculum allows the provider to easily integrate oral care into their daily practice. It is the most widely used oral health curriculum in primary care practices.

Find additional information here: smilesforlifeoralhealth.org.

Application, Coding, and Reimbursement

- Fluoride varnish application is limited to eligible recipients under 21 years of age.
- Services are reimbursed for two applications annually.
- Fluoride varnish may be applied by an MD, NP, or PA.
- Delegation may also be permitted by LPNs and RNs.
- Appropriate procedure code is CDT FV.
- No additional training is required in Ohio, however additional training and resources can be found here:
<https://www.smilesforlifeoralhealth.org/>

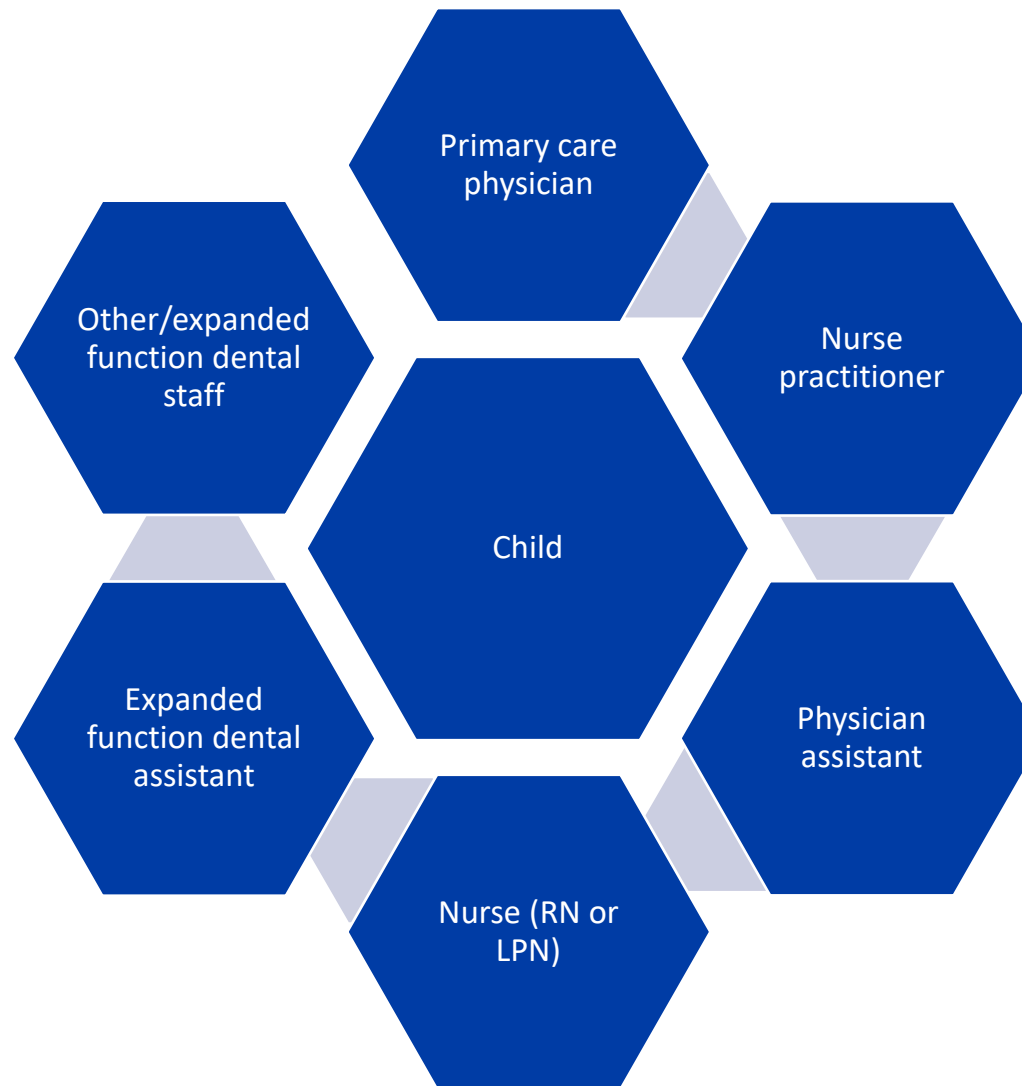


Qualifications for Reimbursement

Providers must bill:

- **CPT code 99188** — Application of topical fluoride varnish
 - This code is only reimbursable when performed on the same date of service as an office visit or preventive screening visit and should be billed simultaneously with the visit. Providers shall not require recipients to return to the office to receive the varnish application.
- **ICDM-10 code Z41.8** — Need for fluoride varnish application
 - **Note:** This is not the code dental providers use to bill for the application.
- Reimbursable fluoride varnish services for **federally qualified health centers and rural health clinics** are included in the all-inclusive encounter.
 - Separate encounters for these services are not allowed, and the delivery of fluoride varnish services alone does not constitute an encounter visit.
 - If fluoride varnish services are provided during an encounter, **please include the CPT code and diagnosis code shown above on your detail lines for reporting purposes.**

Other Than Dentists, Who Can Apply Fluoride Varnish?



Promoting Oral Health: Infancy (Prenatal to 11 Months)

Summary of anticipatory guidance

- Health care professional asks questions about maternal diet, good oral health hygiene, and attendance at regular dental checkups to set the stage for optimal child oral health.
- In the early months of infancy, guidance focuses on:
 - Holding the infant while feeding
 - Never putting an infant to bed with a bottle
 - Using a cloth or soft toothbrush with tap water and a small smear of toothpaste to gently clean gums and new teeth
- As an infant reaches 6 months, guidance expands to include:
 - Introducing fluoride varnish and fluoridated water or fluoride supplements
 - Minimizing exposure to natural or refined sugars in the infant's mouth
 - Weaning off bottles as the infant approaches 12 months
 - Discussing the recommendation of no juice until age 1
 - Finding a dental home

Promoting Oral Health: Early Childhood (1 to 4 Years)

Summary of anticipatory guidance

- Routines are critical component of early childhood. Health care professionals support families by reinforcing toothbrushing as a routine conducted twice daily.
- At the 12-month health supervision visit, health care professionals focus on the importance of a dental home, providing information about what families can expect.
- Health care professionals continue to emphasize:
 - Eating a healthy diet
 - Avoiding sweetened food and beverages
 - Keeping bottles out of cribs or beds
 - Avoiding sippy cups with juice
 - Using fluoride varnish and fluoridated water or fluoride supplements

Promoting Oral Health: Middle Childhood (5 to 10 Years)

Summary of anticipatory guidance

- Oral health is integrated into larger discussions of children's physical growth and development, which are priority areas in health supervision visits.
- Health care professionals continue to focus on:
 - Oral health hygiene (daily toothbrushing and flossing)
 - Connection to a dental home
 - The importance of caring for permanent teeth
 - Limiting sweetened beverages and snacks
 - The importance of dental sealants
- As children become engaged in contact sports, health care professionals emphasize the importance of using a mouth guard.

Sample Fluoride Varnish Information for Caregivers*

Why do we recommend putting a fluoride varnish on children's teeth? Because your baby's teeth are IMPORTANT!

Tooth decay is one of the most common diseases seen in children today. Children as young as 10 months can get cavities (holes in the teeth). Cavities in baby teeth can cause pain and may prevent children from being able to eat, speak, sleep, and learn properly. Children should not normally lose all of their baby teeth until they are about 11 or 12 years old.

What is fluoride varnish?

Fluoride varnish is a protective medication that is painted on teeth to help prevent new cavities and help stop cavities that have already started.

Is fluoride varnish safe?

Yes! Fluoride varnish can be used on babies from the time that they have their first tooth (around 6 months of age). Fluoride varnish has been used to prevent cavities in children in Europe for more than 25 years and is supported by the American Dental Association.

How is it put on the teeth?

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry just because babies and children don't like having things put in their mouths by other people. Your child's teeth may look a little bit yellow after the fluoride varnish is painted on, but this color will come off over the next few days.

How often does the fluoride varnish need to be applied?

Typically, every 6 months.

What do I do after the varnish is put on my child's teeth?

Do not brush your child's teeth for 12 hours. Do not give your child anything to eat or drink for one hour. Do not give them sticky or hard food until tomorrow. It is okay to get another varnish treatment after three months (with your doctor, dentist, or at school) or sooner if recommended. Today's treatment **does not** replace brushing your child's teeth or taking a fluoride supplement if your doctor or dentist has prescribed it.

Remember, baby teeth are important!

* This handout is based on The Dorchester House Multi-Service Center "Healthy Teeth for Tots" Program, which is sponsored by the Healthy Tomorrows Partnership for Children Grant (HRSA / MCHB) CFDA # 93.110.

References

- Smiles for Life — Course No. 6: Caries Risk Assessment, Fluoride Varnish and Counseling, <https://www.smilesforlifeoralhealth.org/courses/caries-risk-assessment-fluoride-varnish-and-counseling/>.
- Paul S. Casamassimo et al., “Treating Tooth Decay: How to Make the Best Restorative Choices for Children’s Health,” Pediatric Oral Health Research and Policy Center, American Academy of Pediatric Dentistry, 2020, <https://www.aapd.org/globalassets/media/policy-center/treatingtoothdecay.pdf>.
- Melinda B. Clark et al., “American Academy of Pediatrics Clinical Guidance Report on Fluoride Use in Caries Prevention in the Primary Care Setting,” *Pediatrics*, Vol. 146, No. 6, December 2020, DOI: [10.1542/peds.2020-034637](https://doi.org/10.1542/peds.2020-034637).
- U.S. Preventive Services Task Force, “Prevention of Dental Caries in Children Younger Than 5 Years: US Preventive Services Task Force Recommendation Statement,” December 7, 2021, <https://www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>.



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