

Fluoride Varnish Application by PCPs — Provider Toolkit



Contents

Introduction

Fluoride Varnish

- What Is Fluoride Varnish?
- Why Is Fluoride Varnish Recommended?
- Who Can Apply the Fluoride Varnish Application?
- Recommendations for Pediatric Oral Care

Application of Fluoride Varnish

- How to Apply and Counseling

Smiles for Life Program

Reimbursement

- Qualifications for Reimbursement

Promoting Oral Health

- Infancy
- Early Childhood
- Middle Childhood

Sample Fluoride Varnish Information for Caregivers

References

Introduction

Dear Provider,

Thank you for your participation with the AmeriHealth Caritas Louisiana 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, and/or suggestions regarding the Fluoride Varnish Application by PCPs — Provider Toolkit.

Important links:

- Louisiana Department of Health Informational Bulletin 16-7 (Revised June 27, 2017)
https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/16-07/IB16-07_revised6.27.17.pdf
- AmeriHealth Caritas Louisiana Provider Alert (Posted March 10, 2022)
<https://www.amerihealthcaritasla.com/pdf/provider/newsletters/030422-provider-alert-fluoride-varnish-program.pdf>
- 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/>

About AmeriHealth Caritas Louisiana



Who we are:

AmeriHealth Caritas Louisiana is the Medicaid managed care program of AmeriHealth Caritas Louisiana, Inc. 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 Louisiana, headquartered in Baton Rouge, Louisiana, is a mission-driven health care organization that helps people get care, stay well, and build healthy communities.

Our values:

Our service is built on advocacy, dignity, diversity, care for those who are poor, compassion, hospitality, and stewardship.

Our mission:

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

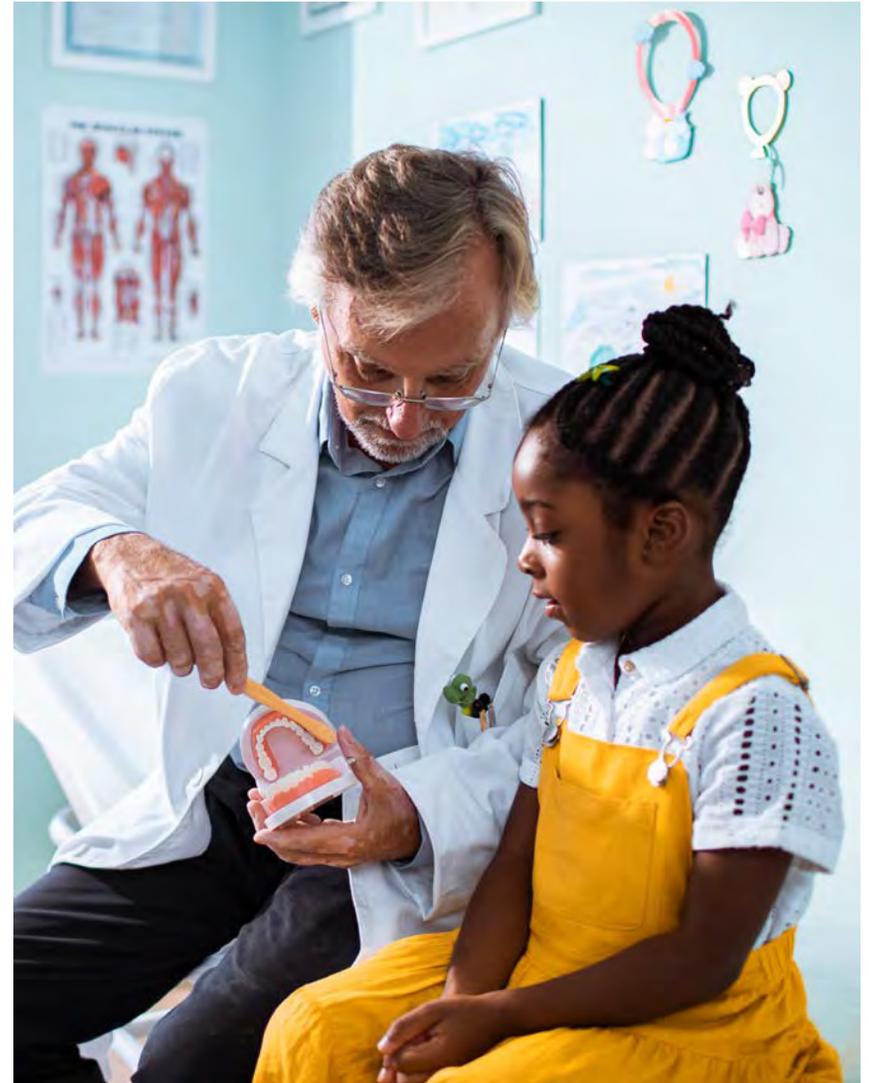


What Is Fluoride Varnish?

Fluoride varnish is a concentrated, thin material that is applied directly to the teeth to assist in **preventing and potentially reversing** very early decay that already has begun to develop.

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.





Why Is Fluoride Varnish Recommended?

The American Academy of Pediatrics recommends that a child's first dental visit occur as soon as the first tooth erupts, which is usually between 6 and 12 months of age.

Early examination, intervention, guidance, and referral can prevent future costly and painful dental diseases, including dental caries (cavities). **Although dental caries is the most common chronic disease of childhood, it is almost completely preventable.**

The goal of providing these services in the physician's office is to improve the overall health of Louisiana children while potentially decreasing future costs of untreated dental diseases.



Other Than Dentists, Who Can Apply Fluoride Varnish?



Recommendations for Pediatric Oral Care

Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references. Refer to the text in the Recommendations on the Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Infants, Children, and Adolescents (www.aapd.org/policies/) for supporting information and references.

 AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY ON little teeth¹	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination ¹	•	•	•	•	•
Assess oral growth and development ²	•	•	•	•	•
Caries-risk assessment ³	•	•	•	•	•
Radiographic assessment ⁴	•	•	•	•	•
Prophylaxis and topical fluoride ^{5,4}	•	•	•	•	•
Fluoride supplementation ⁵	•	•	•	•	•
Anticipatory guidance/counseling ⁶	•	•	•	•	•
Oral hygiene counseling ⁷	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling ⁸	•	•	•	•	•
Injury prevention counseling ⁹	•	•	•	•	•
Counseling for nonnutritive habits ¹⁰	•	•	•	•	•
Counseling for speech/language development	•	•	•	•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants ¹¹			•	•	•
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.

2 By clinical examination.

3 Must be repeated regularly and frequently to maximize effectiveness.

4 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

6 Appropriate discussion and counseling should be an integral part of each visit for care.

7 Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

8 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

9 Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouthguards.

10 At first, discuss the need for additional sucking: dummies vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

11 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

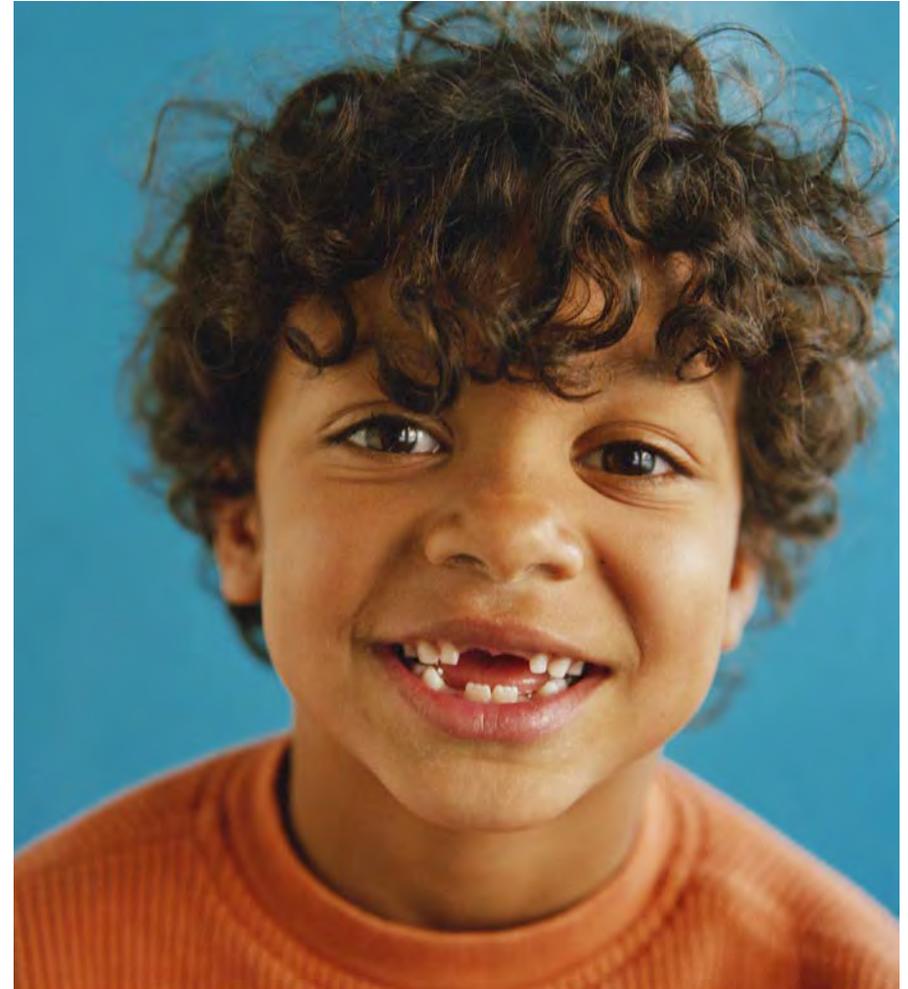


Application of Fluoride Varnish

How is fluoride varnish applied?

Fluoride varnish is most easily applied to infants and toddlers in the “knee-to-knee” position, with the parent 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 unidose 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 parents?

- Inform caregivers that any tooth discoloration will be gone within 8 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 2 – 4 times per year but may be applied more often.
- Clinicians should provide anticipatory guidance, with appropriate handouts, and facilitate referral to a dental home.

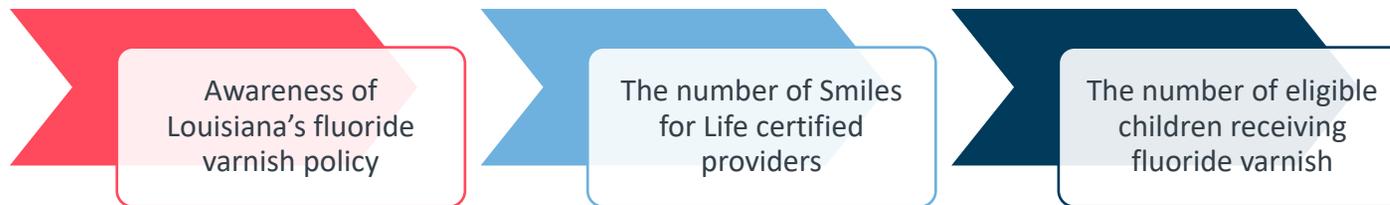




Smiles for Life Program

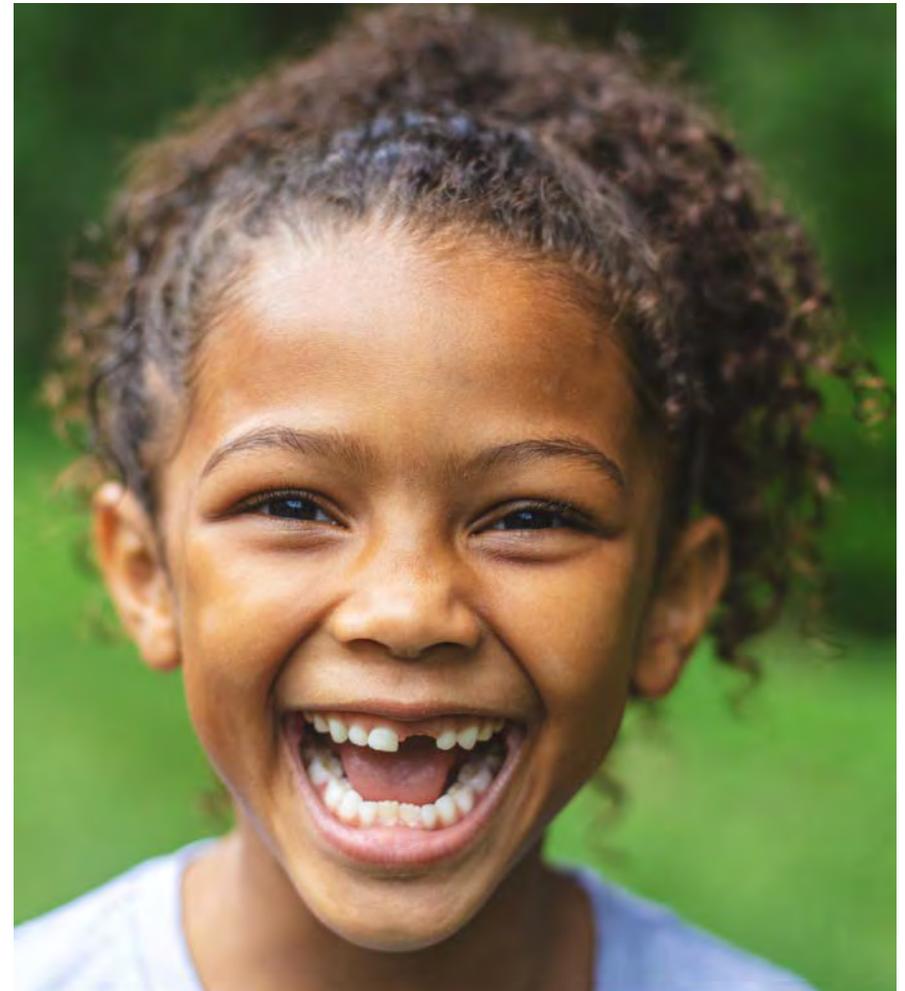
The Smiles for Life program educates providers to increase participation and utilization rates of fluoride varnish applications in Louisiana. The program encourages primary care physicians, particularly pediatricians, to offer fluoride varnish applications and oral health education to age-appropriate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

Smiles for Life, in collaboration with Louisiana’s Medicaid office, seeks to **INCREASE:**



Qualifications for Reimbursement

- Fluoride varnish application is limited to eligible recipients from **ages 6 months through 5 years**.
- Services are limited to once every six months and should be billed **6 months and 1 day apart**.
- Appropriate providers must review the **“Course No. 6 — Smiles for Life Caries Risk Assessment, Fluoride Varnish, and Counseling Module”** and successfully pass the post assessment:
www.smilesforlifeoralhealth.org
 - NOTE: Providers shall maintain a copy of the successfully completed post assessment certificate in their files for review.



Qualifications for Reimbursement (continued)

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 preventative 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/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.**

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 tooth brushing 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 tooth brushing 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?

The fluoride coating works best if painted on the teeth 2 – 4 times per year.

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 him or her sticky or hard food until tomorrow. It is okay to get another varnish treatment after 3 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!

References

- Louisiana Department of Health Informational Bulletin 16-7 (Revised June 27, 2017) https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/16-07/IB16-07_revised6.27.17.pdf.
- AmeriHealth Caritas Louisiana Provider Alert (Posted March 10, 2022) <https://www.amerihealthcaritasla.com/pdf/provider/newsletters/030422-provider-alert-fluoride-varnish-program.pdf>.
- 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* Volume 146, number 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 From Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement (update in progress as of May 4, 2021),” <https://www.uspreventiveservicestaskforce.org/uspstf/draft-update-summary/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>.
- Well-Ahead Louisiana, “Oral Health Promotion,” <https://wellaheadla.com/prevention/oral-health/>.



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