



**Gold Coast
Health Plan**SM
A Public Entity

Integrity • Accountability • Collaboration • Trust • Respect



Fluoride Varnish Provider Toolkit

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Introduction

Fluoride Varnish (FV)

- A protective resin coating with sodium fluoride
- Brushed on teeth in 1-2 minutes
- One application can reduce decay risk up to 59%
- Strengthens enamel and can stabilize and prevent progression of early caries (white spots)
- Slows enamel destruction in active early childhood caries (ECC)

Who needs it?

Caries risk factors:

- Low Socioeconomic Status (SES)
- Active or Past Tooth Decay
- Children with special health care needs
- In parents, siblings, caregivers or child
- White spot lesions on teeth
- Poor Feeding Habits
- Frequent sipping and snacking on:
 - » Carbohydrates – not just refined sugars (goldfish crackers)
 - » Bottle while sleeping / napping (baby bottle syndrome)
 - » Bottle after age 1

Guidelines

Review caries risk factors

Oral assessment

- Oral assessments begin at birth and are part of every health assessment thereafter.
- Refer to a dental home by age 1.

Knee to knee exam

- May be used at any age to facilitate and oral assessment.
- Parent / caregiver sits opposite provider with child's head tipped into provider's lap.

Lift the lip

- Perform an inspection of the soft tissue and teeth.
- Position the child to see in their mouth and gently push back (lift) the lips.
- Check the inside, outside, and chewing surfaces of all teeth.
- Instruct parent / caregiver to perform this at least monthly.

Signs of Decay

- Initial decay may begin as a chalky, white spot.
- Decay becomes progressively darker as it deepens into the tooth.
- A common pattern of early childhood caries is for decay to begin behind the upper front teeth and then spread to the back teeth.



Assess fluoride intake; Rx as needed

- Assess fluoride status of major drinking water sources. If <0.6 ppm use fluoride supplement schedule.

Fluoride Varnish

- Medical professionals can apply fluoride varnish to arrest and prevent caries and remineralize white spot lesions. It takes under two minutes to apply.

Nutrition

- Promote breastfeeding.
- Emphasize that it is the frequency of eating foods containing sugar, not the amount, that primarily affects susceptibility to decay. By 12 months of age, children should have scheduled meals and snacks and not be allowed to graze throughout the day.
- Encourage drinking fluoridated water.

Oral habits

- Do not coat pacifier with honey or other sweet substance.
- Introduce cup at six months of age.
- Do not put baby to bed with a bottle.
- Wean baby bottle by age 1.
- Promote cleaning of teeth / gums daily.

Transmission of caries-causing bacteria

- Parents' / caregivers' oral health affects the child's oral health.
- Get dental treatment if needed to reduce the spread of bacteria that can cause decay.
- Avoid sharing things that have been in the mouth including toothbrushes, eating utensils, cups, and straws.
- Do not put pacifier in the mouth to "clean."
- Practicing proper oral hygiene.

Frequency of Fluoride Varnish Application

- Apply during a well child exam, follow-up visit, or stand-alone appointment.
- Fluoride varnish should be applied every three to six months starting at first tooth eruption.
- Applied up to five times per year.
 - » Three times in medical office.
 - » Two times in dental office.

After the first fluoride varnish treatment, subsequent treatments can be applied every three to four months.

Fluoride Varnish Considerations

- Concerns about Fluorosis:
 - » Per the American Dental Association, fluorosis is when young children consume too much fluoride from any source over long periods when teeth are developing under the gums.
 - » After age 8, there is no further risk of fluorosis.
- Concurrent use of fluoride varnish with other types of fluoride:
 - » Fluoride varnish is recommended even if other types of fluoride is being used, including:
 - › Systemic fluoride (e.g., fluoridated water, tablets or drops).



- › Other topical fluorides (e.g., fluoridated toothpaste, mouth rinse, foam or gel trays).
- Allergies / contraindications.
- Allergy to colophony (resin from conifers) are rare.
- Ulcerative gingivitis and/or stomatitis.
- Pulp exposure or deep decay.
- Trauma-informed care.
- Organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma (SAMHSA).
- Practical tools include allowing material things of comfort; explaining steps of exam or procedure and letting them know why; having culturally and age-appropriate language / visual aids.
- Special needs and/or developmental delay.

HEDIS[®] Managed Care Accountability Set Measure (MCAS)

Topical Fluoride for Children (TFL)

Measure Description

The percentage of children ages 1-21 who received at least two topical fluoride applications at a dental or oral health service during the measurement year.

Data collection: Administrative


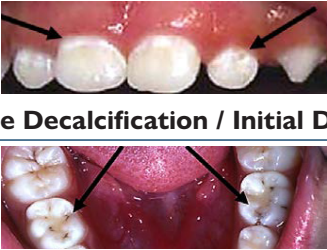





Best Practices

- Start with a limited number / age range of children and expand from there (for example, start with 0–2-year-olds and next expand to 3-4-year-olds, etc.).
- If you have a dental clinic at your site, notify dental staff that patient can receive FV applications three times in the medical setting and two times in the dental clinic.
- A standing order is a way to easily provide FV every three to six months as recommended by AAP.
- Determine where FV will be applied (exam tables vs “knee to knee”) and when (before immunizations).
- Include reminder in morning huddles that patients may have FV order in their charts.
- Reconvene with staff after first week to determine ways to streamline workflow.



Dental Referral Classification Guide

This guide is intended to be used by CHDP / EPSDT providers when referring children for dental services. Classifications are determined by the urgency of treatment needs.

<p>Class I:</p> <p>No Visible Dental Problems (no decalcification, caries, or gingivitis)</p> <p>Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)</p> <p>Appears Healthy but Needs Routine Referral</p>	 <p>Appears Healthy but Needs Routine Referral</p>	
<p>Class II:</p> <p>Beginning Dental Problems (white decalcification / initial decay, small carious lesions, or gingivitis)</p> <p>The patient is asymptomatic. Condition is not urgent, yet requires a dental referral "before progression occurs."</p>	 <p>White Decalcification / Initial Decay</p> <p>Small Carious Lesions</p>	
<p>Class III:</p> <p>Urgent Dental Problems (large carious lesions, abscess, extensive gingivitis, or pain)</p> <p>Urgent dental care is needed. If abscess is suspected ensure that child is seen within 24 hours. Condition can progress rapidly to an emergency.</p> <p>Note: For severe medically handicapping malocclusion or craniofacial anomaly refer child to a dentist or California Children's Services (CCS).</p>	 <p>Large Carious Lesions</p>	 <p>Abscess</p>
	 <p>Early Childhood Caries (ECC)</p>	 <p>Extensive Gingivitis</p>
<p>Class IV:</p> <p>Emergent Dental Problems (acute injury, oral infection, or other painful condition)</p> <p>Immediate dental referral. Emergency dental treatment is required within 24 hours.</p>	 <p>Acute Injuries</p> <p>Oral infection/Cellulitis</p>	



Fluoride Varnish Procedure

Supplies

- Gauze
- Gloves
- Varnish packet
- Tray or napkins
- Hand sanitizer
- Mouth mirror (optional)
- Post procedure
- FV brochure

Positioning

- Infant
- Knee to Knee:
 - » Place the child on the parent's lap with the child's head on the parent's knees and the child's legs around the parent's waist.
 - » Position yourself knee-to-knee with the parent and treat the child from behind the head.
- Examination table:
 - » Place the infant on an exam table and work from behind the head.
- Older child
 - » Place the child in a prone or sitting position and work from above the head as with an infant.

Application



1. Dry teeth with gauze



2. Apply to all surfaces



3. Apply to front teeth



4. Apply to bottom teeth



Fluoride Varnish Application Videos

- [Dr. Joanna Douglass: Fluoride Varnish Application](#)
- [FTFT National](#)

After Care

- Avoid crunchy, chewy, and hot foods / drinks for the rest of the day.
- No water restrictions after application.
- Do not brush / floss until the next day.

Patient Education

- FV does not take the place of:
 - » A dental visit.
 - » Brushing with fluoride toothpaste twice a day.
 - » Limiting sweets or sugary snacks.
 - » Drinking fluoridated water.
- [Fluoride Varnish: Helping Smiles Stay Stronger \(English\)](#) / [\(Spanish\)](#)

Steps to Implement FV

- Get leadership commitment
- Establish EMR documentation
- Engage staff – informational meetings
- Identify a clinic champion
- Develop an application protocol
- Identify workflow and staff roles
- Practicum training
- Documentation training
- Publicize to parents
- Set start date
- Share progress with ALL staff

FV Protocols

- Identify:
 - » Ages to get FV
 - » Interval periods
- Establish standing order
- Assign duties to MA or other trained staff
- Document in EMR
- Provide post procedure instructions to parents / guardians



Standing Order

Example of a standing order:

Flouride Varnish Standing Order

_____ authorizes the applications of Flouride Varnish
(FV)

(Name of Medical Provider, Degree)

to all children ages 6 months up to their 6th birthday for a one year period of time from

_____ at _____ .
(Month / Date / Year to Month / Date / Year) (Name of Clinic)

This standing order will be reviewed on an annual basis.

Prescription FV include: _____
(List any FV agents approved by the FDA that your clinic will be ordering to apply on patients)

Clinic Name: _____

Clinic Representative (Name and Title): _____

Signature: _____ Date: _____

Billing

- Fee-for-service Medi-Cal:
 - » Reimbursable 3 times (in a 12-month period) for children under 6 years of age
 - » Billing code: CPT 99188
 - » Reimbursement \$18 per application
- FQHC / RHC / HIS:
 - » Not billable as a separate procedure – absorbed into encounter reimbursement

Supply Ordering

Fluoride Varnish Kits

- Center for Oral Health 1-909-469-8300
<https://centerfororalhealth.org/store/>
- Plak Smacker 1-800-558-6684
<https://www.plaksmacker.com/Catalog/varnish-america>



Dental Suppliers

- Patterson Dental Supply 1-800-672-1409
- Henry Schein 1-800-372-4346
- [AAP Fluoride Varnish Manufacturers List](#)

Training

- [Smiles for Life Training: Course #6](#)
- [Maryland's Mouths Matter Module 4](#)

Resources

- <https://www.goldcoasthealthplan.org/health-resources/health-education/> (select oral health)
- <https://smilecalifornia.org/>
- [Oral Health for Infants and Toddlers – A Medical Provider's Guide](#)

General Information

- [ASTDD Fluoride Varnish: an Evidence-Based Approach Research Brief](#)
- [AAP Oral Health Practice Tools](#)
- [CDC Community Water Fluoridation](#) - Fluoride Varnish (scroll down)
- [CDC Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States](#)

National Effort

- [PEW - Reimbursing Physicians for Fluoride Varnish](#)

Effectiveness

- [Fluoride Varnish Efficacy in Preventing Early Childhood Caries](#)

Risk Assessment Tool

- [AAP Oral Health Risk Assessment Tool](#)
- [Pediatric Dental Care: Prevention and Management Protocols Based on Caries Risk Assessment](#)

Who Can Apply

- [AB 667 – Topical Fluoride Legislation FAQ](#)

Provider Guides

- [Dental Referral Classification Guide](#)
- [AAP Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents](#)

Parent Brochure

- [Fluoride Varnish Helping Smiles Stay Strong](#)



Training Modules

- [STFM Smiles for Life: A National Oral Health Curriculum](#)
- [STFM Smiles for Life Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling](#)

Billing Code

- [Medi-Cal Provider Manual Part 2 – Clinics and Hospitals \(CAH\) Dental Benefits](#)



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If you have any questions, call GCHP at **1-888-301-1228**,
Monday through Friday, 8 a.m. to 5 p.m. (except holidays).
If you use a TTY, call **711**.

www.goldcoasthealthplan.org