

FLUORIDE VARNISH TRAINING MANUAL FOR MASSACHUSETTS HEALTH CARE PROFESSIONALS

**THIS INFORMATION IS SUPPORTED BY MASSHEALTH AND IS CREATED
IN CONJUNCTION WITH MATERIALS FROM:**

Society of Teachers in Family Medicine (STFM) Smiles for Life

AAP Oral Health Risk Assessment: Training for Pediatricians and Other
Child Health Professionals

Massachusetts Department of Public Health Oral Health Division

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Implementing Fluoride Varnish in Your Office

Fluoride Varnish Training

Health care professionals may submit claims for fluoride varnish services (CPT 99188) provided to MassHealth children younger than 21 years old.

Health care professionals are physicians and qualified personnel including:

- nurse practitioners;
- registered nurses;
- licensed practical nurses;
- physician assistants;
- medical assistants; and
- community health workers.

Training Option for MassHealth providers

Step 1

- a. Contact the MassHealth Dental Program Outreach Coordinator, Jenna Blanchette, BS, RDH at Jenna.Blanchette@dentaquest.com or (617) 413-5427 to discuss the fluoride varnish training program.

Step 2

- b. Complete the online training from Smiles for Life, a National Oral Health Program (endorsed by the Society of Teachers of Family Medicine). Participants will need to complete the registration/login process in order to be able to obtain a certificate at the end of the course. One CME credit is available through the American Academy of Family Physicians (AAFP) upon completion. Go to <http://www.smilesforlifeoralhealth.org>, select “online course”, and then choose the course titled “Caries Risk Assessment, Fluoride Varnish, and Counseling.”

For questions, please contact, Jenna Blanchette, BS, RDH at Jenna.Blanchette@dentaquest.com or (617) 413-5427

Implementing Fluoride Varnish in Your Office

Establishing and Utilizing Fluoride Varnish in Your Office

1. Hold a meeting with the clinicians, nurses, medical assistants, community health workers, administrative staff and office manager to:
 - a. Explain what a fluoride varnish program is;
 - b. Explain how using fluoride varnish in your practice will be beneficial to a child's oral health;
 - c. Explain the ease of use and that this is now a MassHealth reimbursable service.
 - d. Encourage everyone who will be directly involved to take one of the trainings.
2. Choose an "oral health office champion" who will keep supplies, handouts, etc., up to date.
3. Have the "champion":
 - a. Download this "Fluoride Varnish Training Manual for Massachusetts Health Care Professionals" for easy reference or bookmark it on your computer.
 - b. For paper medical records: Print the "Fluoride Varnish Progress Note" (see p. 5) and add your office logo. Make copies easily available.
 - c. For an Electronic Health Record (EHR), talk to the IT provider of your EHR to add Fluoride Varnish Progress Note Template (p. 6) to your EHR.
 - d. Order fluoride varnish. Order the 0.25 ml unidose size for children under 6 and 0.4 (or 0.5) ml unidose for children 6 and older. **Ordering is available through your local distributor.**
 - e. Add the billing code to the EHR or the billing form. For fluoride varnish treatment provided during a Well Child Visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z00.129: "Routine Child Health Check". For fluoride varnish treatment provided during any other visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z41.8: "Need for Prophylactic Fluoride Administration".
 - f. In Massachusetts, note that varnish can be applied by an MD, DO, PA, NP, RN, LPN, MA, or CHW
 - g. Create a portable fluoride varnish application basket containing:
 - Patient Handouts
 - Fluoride Varnish
 - Progress Notes (if no EHR)
 - Gloves
 - Gauze
4. Consider dividing the fluoride varnish process, e.g., medical assistant or community health worker reviews risk assessment and gets materials ready, medical assistant, community health worker, or nurse applies varnish, physician reviews handouts with patient and provides prevention advice.
5. Do a few test cases to assess your flow, billing, patient satisfaction, and staff satisfaction: have a meeting to get input from all players.
6. Advertise in your waiting room, office newsletters, and web site that you are providing this service.

7. The American Academy of Pediatric Dentistry recommends that primary care physicians or health providers refer patients to the dentist, based on risk assessment, as early as six months of age no later than 12 months of age. Create a list of local dentists that accept MassHealth (call 1-800-207-5019 or visit www.masshealth-dental.net for a list).

Fluoride Varnish Progress Notes (Sample Template)

You can create your own documentation page. The Fluoride Varnish Progress Notes should include the following information.

- oral health examination

- documentation of findings and application of fluoride varnish

A sample of the patient stamp is shown below.

Caries or defects	yes/no
Dental visit in last 6 months	yes/no
Systemic Fluoride assessed	yes/no
Fluoride Rx given	yes/no
Fluoride varnish applied	yes/no
Oral Hygiene instruction	yes/no
Dental referral done	yes/no

The same information could be used in an electronic health record (EHR).

A template of a Fluoride Varnish Progress Notes form is provided on the following page for your convenience.

(Sample Template)

Name of patient _____ DOB _____ MRN _____

Oral Examination

- Caries (including white or brown spots) or enamel defects present
- Plaque present on teeth

Procedure Documentation

- Child was positioned for varnish application. Teeth were dried. 5% Sodium Fluoride Varnish was applied.

Post-Procedure Documentation

- Fluoride varnish handout provided
- Caries prevention handout reviewed/provided or risk prevention discussed

Child has dentist Yes No

If no, dentist, was dental referral made? Yes No

Name, Title, and Signature of Varnish Provider

Date/Time

Name and Signature of Supervising Physician

Date/Time

- I have reviewed risk assessment and have overseen application of fluoride varnish.

Note Risk Factors for Caries

MassHealth member	caries present
born prematurely	congenital, developmental, or acquired disabilities
congenital tooth defects	limited access to dental care
brushing less than two times a day	drinks juice between meals
eats sugary snacks between meals	sleeping with bottle or at breast
family members with cavities	no fluoride in water or supplements
plaque on teeth	white spots or brown spots on teeth

Fluoride Varnish Application Facts

What is fluoride varnish?

Fluoride varnish (5% sodium fluoride) is used to prevent tooth decay. It lowers cavity-causing oral bacterial levels and repairs and strengthens teeth. Fluoride varnish is a topical application and not considered systemic. It is endorsed by the American Dental Association, American Academy of Pediatrics and American Academy of Family Practice. The United States Preventive Services Task Force has proposed the application of fluoride varnish by medical providers as a level B recommendation.

Fluoride varnish comes in prepackaged single doses and is painted onto the child's teeth and can be used from the time of the first tooth eruption. Multiple applications per year provide greater protection.

Allergy caution: Although rare, children with allergies to colophony (colophonum) could have allergic reactions to fluoride varnish.

Which children benefit most from fluoride varnish?

Fluoride varnish is not a substitute for fluoridated water or toothpaste, but provides an added benefit - a reduction in caries of 30-70%. Some factors that put children at higher risk include low socio-economic backgrounds (children on Medicaid), premature childbirth, insufficient sources of dietary fluoride, high carbohydrate diets, caretakers who transmit decay-causing bacteria to their children via their saliva, areas of tooth decalcification, reduced salivary flow, and poor oral hygiene. The younger the child is – usually as soon as the first teeth erupt in the mouth – is the best time to start to apply varnish.

How is fluoride varnish different from other professionally applied fluorides?

Fluoride varnish offers several advantages over other professionally applied fluorides as described below.

1. Varnish comes in child-friendly flavors and is easily tolerated, especially by infants, toddlers, and developmentally disabled children.
2. Providers find it easy to use and fast to apply. Fluoride varnish is swabbed onto the teeth in less than two minutes and sets within a minute of contact with saliva.
3. Fluoride varnish is safe and poses less risk of an adverse reaction because only a small amount is used and little is swallowed.
4. It can be applied in any setting and does not require dental equipment.

What counseling should be provided to parents?

Inform caregivers that any discoloration will be gone within six to eight hours. The varnish can feel strange to the tongue. Please look at the manufacturer's specific requirements regarding brushing, eating and drinking after application. Varnish is most effective if applied two to four times a year, but may be applied more often. Providers should provide follow-up plans including dental referrals and appropriate handouts.

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.



Remove loose plaque and food debris from the teeth with gauze. Do not excessively dry the teeth.



Paint the varnish on all sides of the teeth as a very thin film. The yellow or tooth-colored tint of the varnish aids in seeing how much is applied.



Does it matter if I apply topical fluoride and then the dentist also applies topical fluoride next month?

Fluoride varnish is very safe and an increased frequency of applications is not harmful. Physicians can bill for fluoride varnish and it does not affect the dentist from billing for the same service and vice versa.

I have heard that we do not have to prescribe fluoride tablets/drops if we are applying fluoride varnish. Is that true?

No, it is not true. The American Academy of Pediatrics recently confirmed that all children still need their water assessed to determine if they need dietary fluoride supplements. Dietary fluoride gets taken up into developing teeth; it is also re-excreted into saliva where it can help teeth topically. Fluoride varnish DOES NOT replace this - it is only a topical

vehicle. The high concentration of fluoride varnish (in contrast to fluoride tablets) gives a boost to the fluoride content of the outer layer of the enamel helping increase resistance to caries until the next application.

Does topical fluoride have any use once cavities have started?

Yes, fluoride varnish can help stop early tooth decay from progressing. If a tooth just has a white spot, the fluoride varnish will help strengthen the lesion and it will become hard and shiny over time although the white color will remain. If there is an early cavity, the fluoride can help harden the softened enamel and dentine.

Can fluoride varnish be applied if a child has braces?

Yes, it is important to apply fluoride varnish when a child has braces. The orthodontic appliances can make it difficult to brush and therefore the fluoride varnish provides added protection to the teeth. It can be difficult to use gauze to dry the teeth when braces are on. Providers may consider using a disposable toothbrush to remove loose plaque and food debris if the child has braces.

Does fluoride varnish cause fluorosis?

No. Fluorosis is caused by long term over-exposure to systemic fluoride. Fluorosis is caused by children who consume too much fluoride on an ongoing basis. For example, accidentally consuming excessive amounts of toothpaste or using fluoride tablets when their water supply is fluoridated. Per the Centers for Disease Control and Prevention, no published evidence indicates that professionally applied fluoride varnish is a risk factor for dental fluorosis, even among children younger than six years of age. Proper application technique reduces the possibility that a patient will swallow varnish during its application and limits the total amount of fluoride swallowed as the varnish wears off the teeth over several hours.

Billing Effectively for Fluoride Varnish

Coding and Reimbursement

The following service code must be used on all MassHealth claim submissions for the application of fluoride varnish when applied by a MassHealth qualified health-care professional:

99188 (topical application of fluoride varnish; therapeutic application for moderate to high caries risk patients)

- The current fee for the procedure is \$28.00 per application, and includes all materials and supplies needed for the application.
- Fee-for-service medical providers can bill for an office visit and the application of fluoride varnish when the procedure is provided during a well-child visit.
- When the sole purpose of the visit is for the application of fluoride varnish, the medical provider may bill only for the fluoride varnish.
- Reimbursement for this procedure is limited to children ages younger than 21 years. Varnish applications are most effective if done two to four times a year, and can be coordinated with other well-child visits or immunizations. This service is primarily intended for children ages six months to age five; however, the service is allowed for children up to age 21 who are MassHealth eligible.

Claim Submission

- For fluoride varnish treatment provided during a Well Child Visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z00.129: "Routine Child Health Check". For fluoride varnish treatment provided during any other visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z41.8: "Need for Prophylactic Fluoride Administration". Claims must be submitted using either the 837P electronic submission, or the CMS 1500 claim form.
- Physicians should **not** use the mid-level modifiers (SA, SB, or HN) when submitting a claim for fluoride varnish services provided by a qualified staff member as listed in 130 CMR 433.449(B) under the supervision of a physician.
- **Add Service Code 99188 to your billing/encounter form.** Instruct physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, medical assistants, and community health workers to document that this procedure was performed when completing the billing/encounter form.
- Be sure your billing specialist is informed of the fluoride varnish program and billing process. The billing specialist should call MassHealth Customer Service at 1-800-841-2900 with any billing issues.

Information for Caregivers about Fluoride Varnish

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 coating that is painted on teeth to help prevent new cavities and to 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 six months of age). Fluoride varnish has been used to prevent cavities in children in Europe for more than 25 years. It is approved by the FDA and is supported by the American Dental Association.

Allergy caution: Although rare, children with allergies to colophony (colophonium) could have allergic reactions to fluoride varnish.

How is fluoride varnish put on my child's 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 into their mouths by other people. Your child's teeth may be a little bit yellow after the fluoride varnish is painted on, but this color will come off over the next few days.

How long does the fluoride varnish need to be applied?

The fluoride coating works best if painted on the teeth two to four times a year.

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

The physician will give you information about how to take care of your child's teeth after the fluoride varnish is applied. Your child may not be allowed to eat or drink for a short time. Do not give him or her sticky or hard food until the next day. It is okay to get another varnish treatment after three months (with your doctor, dentist, or at school) or sooner if recommended. This 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!

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Smiles for Life Oral Health Trainings: www.smilesforlifeoralhealth.org