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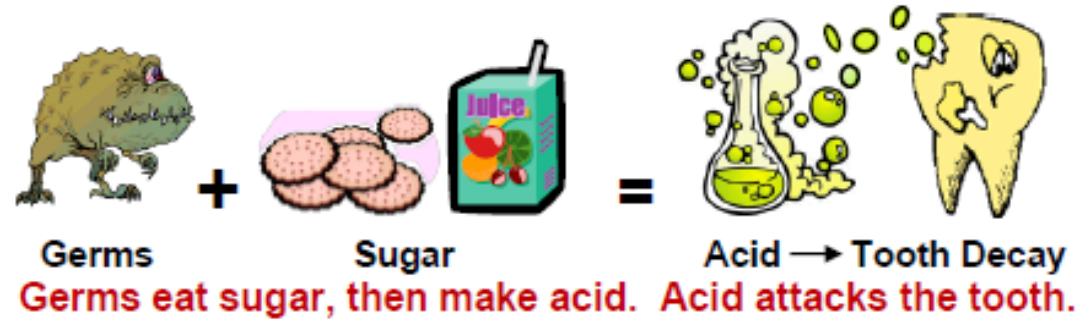
Fluoride Varnish Training



Training Objectives

- **Re emphasize** the importance of oral health as part of overall health
- **Identify** children at risk for dental decay and who would benefit from Fluoride varnish
- **Recognize** the importance of providing fluoride varnish to high-risk children (0 up to 6 years) in primary care medical offices
- **Establish** a protocol to apply fluoride varnish in primary care medical offices
- **Learn** how to use and document dental classifications
- **Learn** how to apply fluoride varnish with confidence

Importance of Oral Health



Importance of Oral Health

- **According to Healthy People 2020 (1)**
 - Oral health is essential to overall health
 - Good oral health improves a person's ability to speak, smile, smell, taste, chew, swallow, and make facial expressions
- **Poor oral health correlates to other diseases per the NIH (2)**
 - Diabetes
 - Heart disease
 - Stroke
 - Adverse pregnancy outcomes

Dental Caries

- Dental caries is an infectious disease that is **preventable**
- It is the **most common** chronic childhood disease in the US (silent epidemic)
- Early childhood caries are the **greatest risk factor** for caries in permanent teeth



Cavity Causing Bacteria

Streptococcus Mutans

- Is the bacteria that causes this infectious disease.
- It is a gram-positive coccus commonly found in the human oral cavity and is a significant contributor to tooth decay
- It can progress from to local to systemic infections and death



The importance in applying Fluoride Varnish in Primary Care Offices

- Young children are seen **earlier** and **more frequently** by medical providers than by dentists.
- **Low income**, young children are at a **higher risk** for dental decay.
- Research shows high **efficacy** of fluoride varnish*.
- Medical providers are now commonly using fluoride varnish to prevent decay
 - It is a billable Medi-Cal benefit CPT Code 99188



Identifying Children at Risk for Dental Decay



DENTAL CARIES ARE PREVENTABLE!!!

Who Needs Fluoride Varnish?

- **Low Socioeconomic Status (SES) families**
- **Active or Past Tooth Decay**
 - In parents/caregivers, siblings or child
 - White spot lesions on teeth
- **Poor Feeding Habits**
 - Frequent snacking on carbohydrates
 - Sticky, sugary foods
 - Sweet/acidic drinks
 - Bottle in bed
 - Bottle after age 1 year



Who Needs Fluoride Varnish? (cont.)

- **Those with lack of fluoride in:**
 - Drinking water**
 - Vitamins/Supplements
 - Toothpaste
- **Have had no recent dental visit (last 12 months)**
- **Poor homecare**
 - Lack of daily brushing & flossing
- **Children with special health care needs**
- **All EPSDT/ CHDP children are at high risk!!!**



Fluoride Varnish & Braces

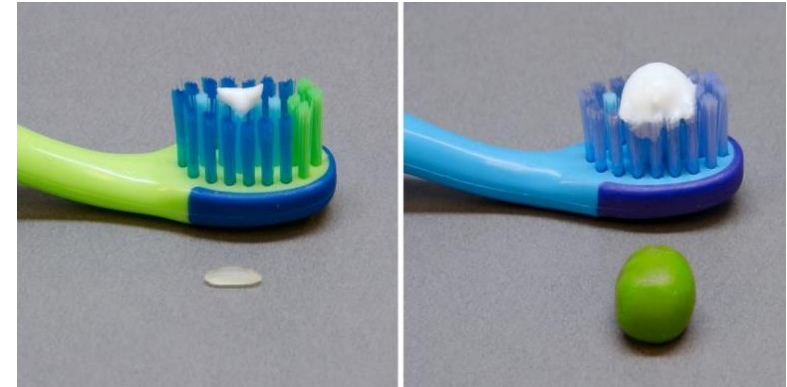
- It is ok to apply fluoride varnish to children with braces
- Dry the teeth to the best of your ability and apply the varnish around the braces



Oral Health Anticipatory Guidance

Five Easy Steps to Oral Health

1. Brush teeth 2 minutes two times a day
2. Floss teeth daily
3. Get fluoride protection
4. Eat healthy snacks
5. Regular visit (every 6 months) to the dentist beginning at 1 year of age



Injury Prevention & Dental Emergencies

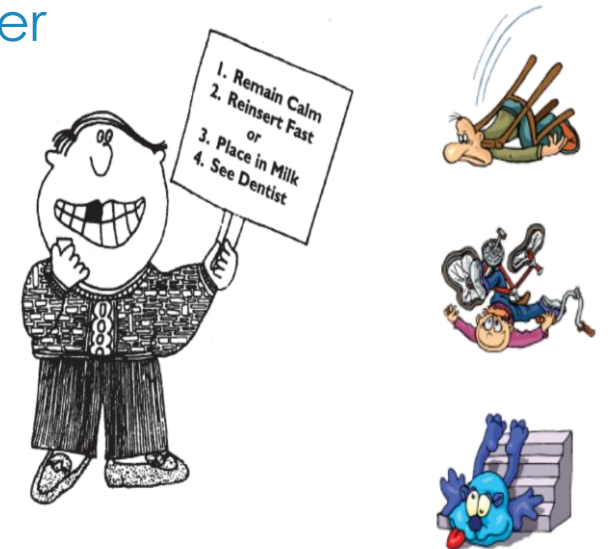
First Aid

If a tooth is knocked out of the mouth:

- If the tooth is dirty, rinse it in the person's saliva or in milk
- Put the tooth back in place as quickly as possible
- Hold the tooth in position
- If the tooth cannot be reinserted, store it in milk
- **Immediately go to Dentist**

Do Not:

- Scrub the tooth clean
- Touch the roots
- Let the tooth dry out
- Store it in water



Dental Classifications








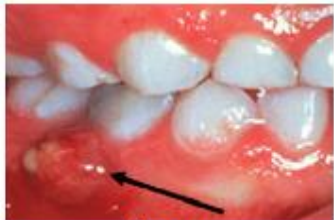




Let's learn about how teeth are classified and how using dental classifications can help determine the risk level and the need for Fluoride Varnish application.



Please take a moment to review this Dental Referral Classification Guide

This guide is intended to be used by providers and staff when referring children for dental services.

Classifications are determined by the urgency of treatment needs.

<p>Class I: 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>Class II: 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>Mild Gingivitis</p>
<p>Class III: 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>Early Childhood Caries (ECC)</p>	 <p>Abscess</p>  <p>Extensive Gingivitis</p>
<p>Class IV: 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 Application



Fluoride Varnish Facts

- Risk for fluorosis is very low for fluoride varnish due to its adhesion and direct uptake into the tooth enamel – very little is swallowed.
- Fluoride varnish is a topical fluoride treatment that prevents new caries from forming and helps reverse early caries by depositing fluoride onto the tooth to make it stronger.
 - Protective resin coating of sodium fluoride
- Even if the child has had a fluoride application at the dental office the week before, this does not contraindicate another fluoride varnish application in the medical office.



Fluoride Varnish Facts (cont.)

- Application is quick, easy and painless. Some children may cry which only improves visibility and access.
 - Painted on teeth ~ 1 minute
- Though extremely rare, fluoride varnish allergic reactions can occur when there is a sensitivity to colophony (resin from pine trees). For this reason, fluoride varnish is contraindicated for children with pine nut allergy.
- 1 application can reduce decay risk up to 59%*
- Applied up to 6x/year
 - 3x in medical office (Bill CenCal Health Use CPT code 99188)
 - 3x in dental office



Application Frequency

American Academy of Pediatric Dentistry recommendation:

- Every 3-6 months
- Schedule during a Well-Child Exam, follow-up visit, or stand-alone appointment
- Moderate to high risk for dental caries – 3month interval recommended



Fluoride Varnish Safety

Fluoride varnish is recommended even if other types of fluoride are being used, including:

- Systemic fluoride (e.g. water fluoridation, tablets or drops)
- Other topical fluorides (e.g. fluoridated toothpaste, mouth rinses, foam or gel trays)

Contraindications:

- Allergy to colophony (resin from conifers) - rare
- Ulcerative gingivitis and/or stomatitis
- Pulp exposure or deep decay



Who Can Apply Fluoride Varnish?

Medical Office

- MD's
- RN's & MA's with MD Rx*

Community Setting

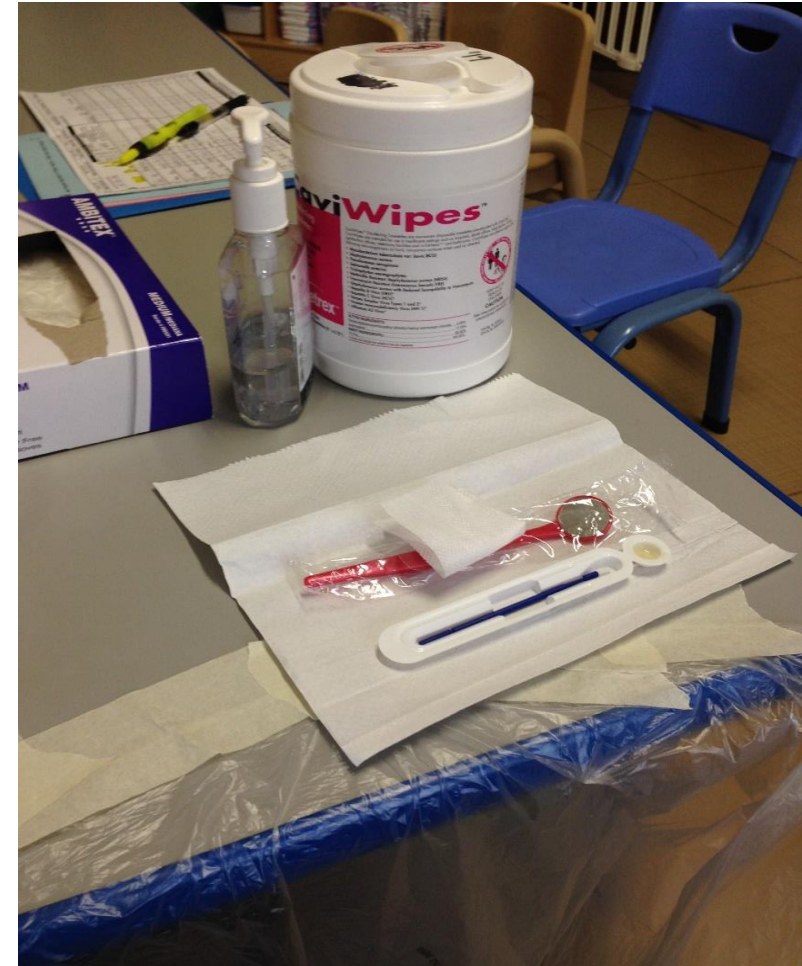
- School, health fair or government program
- Any trained person:
 - With signed parental permission
 - Under doctor/dentist prescription
 - Following doctor/dentist protocol



Fluoride Varnish – Supplies Needed

MD/RN/MA should gather all supplies before meeting with patient:

- 2-3 gauze squares to dry teeth
- 1 packet of FV (not expired)
- Tray or napkin(s) upon which to set supplies
- Paper towels/napkin to place under infant/toddler head if using “knee-to-knee” positioning
- (Optional) Toothbrush to remove food debris and plaque, especially on molars
- Hand sanitizer to use before gloving
- Provide post procedure written material to remind caregivers that this FV application does not replace a dental visit. It is an additional preventive treatment.



Fluoride Varnish Procedure

Please follow these 3 Steps to prepare for treatment before positioning the child:

STEP 1: OPEN the packet of varnish

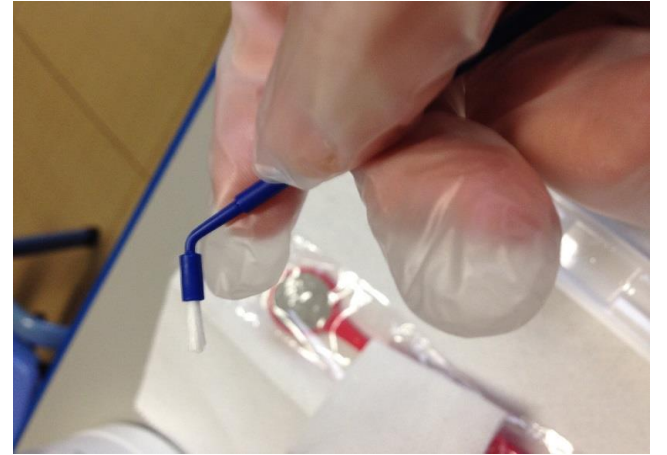
Let child know you are going to “tickle their hand” with a dry brush. Tickle the child’s hand and outside of cheek to show it doesn’t hurt, while explaining the procedure to the caregiver. This will calm both child and parent.

STEP 2: BEND the Brush (if applicable)

Bending the FV brush is important, as it makes it easier to apply the FV in hard-to-reach and vulnerable tooth surfaces: fissures of molars, backs of upper molars, back of upper front teeth (lingual and distal surfaces).

STEP 3: WRAP the gauze around finger

Wrap the gauze around the pointer finger of your non-dominant hand and use to retract the cheek and lips, and to dry up excess saliva.



Fluoride Varnish Procedure (cont.)

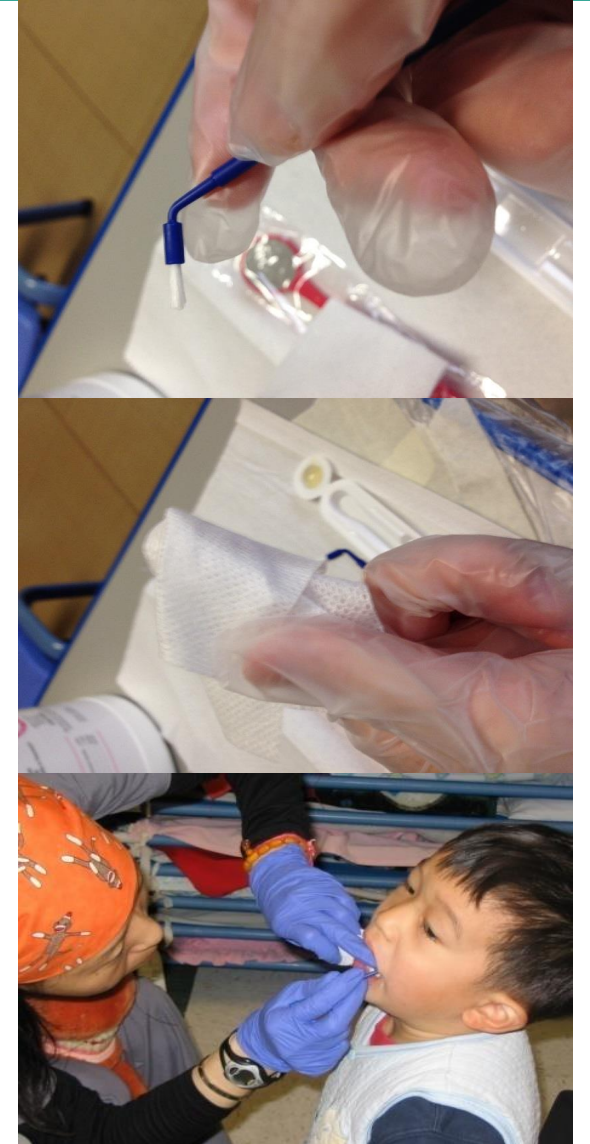
Follow steps 4 & 5 to Position the child:

Quick Tip: Before moving child explain to caregiver that s/he should gently but securely hold the child's arms and legs, while provider applies fluoride varnish quickly.

STEP 4: STIR varnish to guarantee proper mixing of varnish and fluoride with applicator

STEP 5: DRY teeth lightly with gauze

If food debris is present remove plaque and food debris from the teeth with a toothbrush, cotton gauze, or a cotton roll. Dry the teeth with gauze by section or quadrant and retract cheek.



Fluoride Varnish Procedure (cont.)

Follow steps 6 – 11 and use your gauzed finger to retract cheeks and lips.

Quick Tip: Keep the gauzed finger “retractor” in the mouth until completely finished with entire mouth. This will allow you to move quickly, and not have to reintroduce something into the child’s mouth. It also prevents the child from tasting the unfamiliar taste of the varnish.

STEP 6: Work in sections

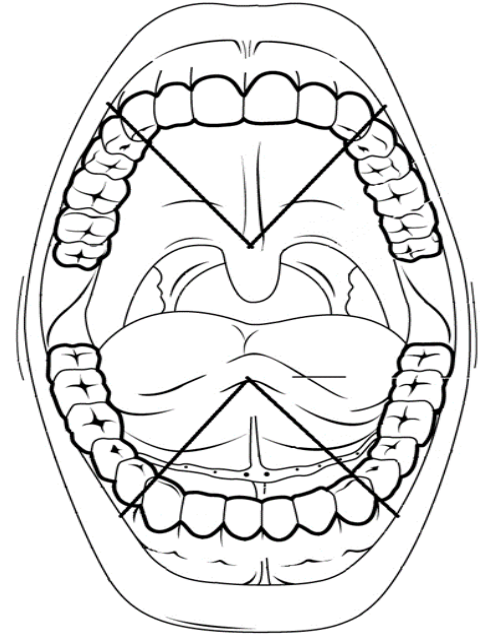
STEP 7: Retract cheeks with gauzed finger

STEP 8: Begin with upper right section of teeth

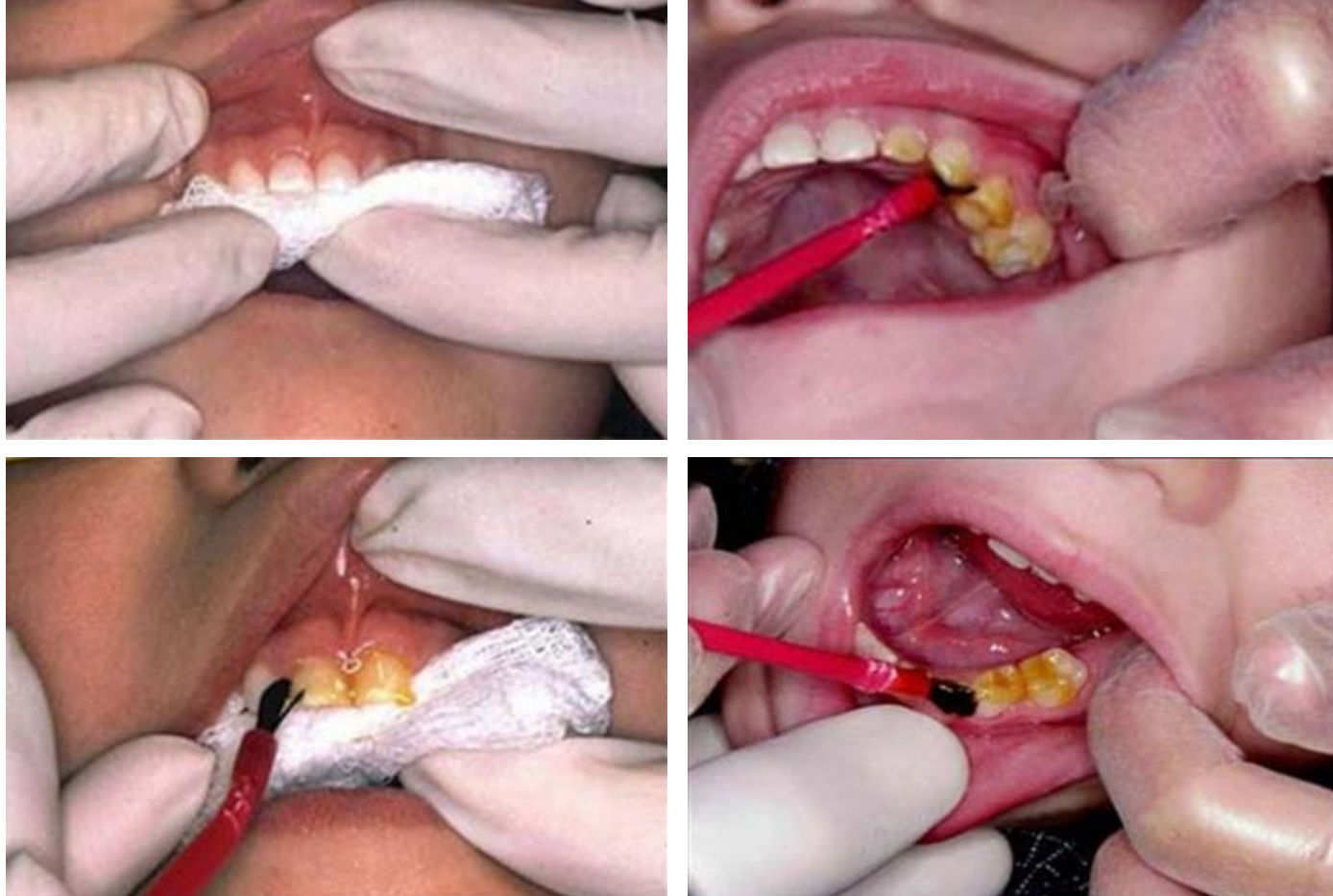
STEP 9: Repeat on left side

STEP 10: Continue this method on lower right and left sections

STEP 11: Do the upper incisive teeth last to avoid wiping off the varnish while working on other areas



Fluoride Varnish – Application Examples



Fluoride Varnish Online Resources

Smiles for Life Training Course

www.smilesforlifeoralhealth.org/

American Academy of Pediatrics: Fluoride Remains a Powerful Tool to Prevent Tooth Decay

<https://www.aap.org/en/news-room/news-releases/aap/2020/american-academy-of-pediatrics-fluoride-remains-a-powerful-tool-to-prevent-tooth-decay/>

CenCal Health Pediatric Oral Health

providers/care-guidelines/medi-cal-for-kids-teens-services/pediatric-oral-health/

Course 6:
Caries Risk Assessment, Fluoride Varnish & Counseling

Optional Clinical Cases: Case 1 | Case 2 | Case 3

Fluoride

Learning objective targeted in this chapter:

- Discuss the effects, sources, and benefits of fluoride
 - Describe the benefits and indications for fluoride varnish
 - Demonstrate the application of fluoride varnish
 - Describe strategies for an effective office-based fluoride varnish program

CASE 1

Image: Raoul Varneda/Photos.com

SAVE & CLOSE Page 27 of 47

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SOCIETY OF TEACHERS OF FAMILY MEDICINE

Fluoride Varnish – Parent After Care Info

- **Do not** eat or drink anything except water for 1 hour
- **Avoid** crunchy, chewy, and hot foods/drinks for the rest of the day
- **Do not** brush/floss until the next day
- Fluoride Varnish may leave a light color coating that will be brushed off the next day

Print copies of *Fluoride Varnish – Helping Smiles Stay Strong* brochure

<https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Fluoride-Varnish-Helping-Smiles-Stay-Strong.pdf>

Fluoride Varnish



**Helping
Smiles
Stay Strong**

Fluoride Varnish – Important Talking Points

Fluoride Varnish does not take the place of:

- A dental visit
- Brushing with fluoride toothpaste twice a day
- Limiting sweets or sugary snacks
- Drinking fluoridated tap water

In addition to fluoride varnish applications in medical offices, dentists can also provide fluoride varnish or other topical fluoride treatments three times a year

Documentation

Not Documented, Not Done



Oral Health Assessment Documentation

- **Oral health exams** must be **completed and documented** in the EHR/EMR at each well child exam
- **Oral health assessment is different** from mouth and throat and must explicitly address:
 - **The status of the teeth including the dental classification,**
 - **The child's oral health habits**
 - **If the child has a dental home**
 - **The last time the child saw the dentist**
 - **The routine dental referral** (educating parents to)
- **Routine dental referral or FV applications must be documented.**
- **Anticipatory guidance must be clearly documented and include recommendation of seeing the dentist at least every 6 months**

HER/EMR Documentation of Dental Class II, III, & IV

- Dental problem and dental classification must be indicated (i.e. tooth decay, caries, gingivitis)
- Referral to a dentist is mandatory and must be documented
- Referral made to CHDP using care coordination form (FFS/Gateway clients ONLY at this time)
- Anticipatory guidance must be documented

Office Protocol



How to Implement in Your Practice

- Get leadership commitment
- Establish Health Records (EMR) for documentation
- Engage staff - information meetings
- Identify workflow
- Provide practicum training
- Train on documentation
- Publicize to parents
- Set a start date



Establish a Protocol

- **Identify:**
 - Ages to get FV
 - Interval periods
- **Establish** standing order - Rx
- **Assign** duties to MA, or other trained staff
- **Document** in health record
- **Give** post procedure instructions
- **Start small** and go slow



Billing



Billing Information

- **Reimbursable 3 times in a 12-month period**
- **For children birth through 5 years of age**
- **Fee-for-Service Medi-Cal clients:**
 - *Billing code: CPT 99188**
 - Reimbursement - \$18 per application
- **Managed Care Plan:**
 - Reimbursement varies
 - Contact individual plan
- **FQHC/RHC/HIS**
 - Not billable as a separate procedure – absorbed into encounter reimbursement

Common ICD 10

Common Dental Diagnosis	ICD-10 Code*
Prophylactic Fluoride Administration (e.g. for normal exam)	Z41.8
Demineralization = white spots = caries limited to enamel	K02.61
Plaque/Tartar	K03.6
Gingivitis (chronic, plaque induced)	K05.10
Caries (unspecified)	K02.9

Dental Classification Quiz



1) What Dental Classification is this?



1) What Dental Classification is this?

The answer is:

CLASS III - Severe Dental Problem

Large carious lesions, chronic abscess, extensive gingivitis or history of pain

Dental care is URGENT!



2) What Dental Classification is this?



2) What Dental Classification is this?

The answer is:

CLASS I - No visible dental problem



3) What Dental Classification is this?



3) What Dental Classification is this?

The answer is:

CLASS IV -Emergency Dental problem

- Treatment required
- Acute injury, oral infection or other painful condition.
- IMMEDIATE dental referral

Acute injury or infection!



4) What Dental Classification is this?



4) What Dental Classification is this?

The answer is:

CLASS II -Small carious lesions or gingivitis

- Child is asymptomatic
- Not an urgent condition, but requires a dental referral



5) Which Teeth Benefit from FV Application?

These photos represent the various stages in which dental caries can progress:

1



No Visible Decay:
Preventable with fluoride varnish and good home care

3



Advanced Decay:
Destroyed Enamel

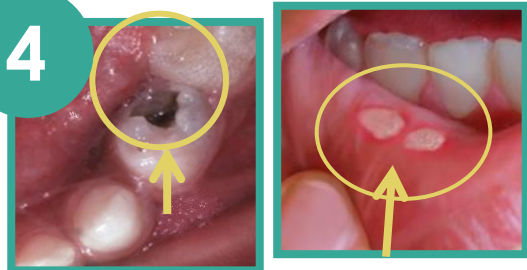
- **Irreversible**, however with fluoride varnish decay progression is inhibited
- *Dental treatment needed ASAP*

2



Beginning Decay:
Reversible with fluoride varnish and better home care to inhibit progression of caries

4



Teeth Without pulp exposure or open lesions

- **Fluoride varnish is contraindicated** when stomatitis is present and should not be applied on large open lesions of the teeth or gums.
- **Avoid** these areas, but apply fluoride varnish to all other teeth in the mouth

TIP: Providers should always show white/brown/black areas to the parents, encourage better brushing along the gum line and explain the need to reduce fermentable carbohydrate exposures.

Fluoride Varnish Quiz



For children six years or younger, which in-office fluoride treatment type is recommended?

- A. Fluoride Foam
- B. Fluoride Varnish
- C. Fluoride Gel
- D. None of the above

For children six years or younger, which in-office fluoride treatment type is recommended?



- A. Fluoride Foam
- B. Fluoride Varnish**
- C. Fluoride Gel
- D. None of the above

TRUE or FALSE

Fluoride is a naturally occurring mineral compound and exists naturally in virtually all bodies of water on Earth.



Fluoride is a naturally occurring mineral compound and exists naturally in virtually all bodies of water on Earth.

Who needs Fluoride Varnish in children?

- A. Those with lack of fluoride in Drinking water, Vitamins/Supplements and Toothpaste
- B. Those with no recent dental visit (last 12 months)
- C. Those with poor homecare with lack of daily brushing & flossing
- D. Children with special health care needs
- E. All EPSDT/ CHDP children are at high risk!!!

Who needs Fluoride Varnish in children?

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- B. Those with no recent dental visit (last 12 months)
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- D. Children with special health care needs
- E. **All EPSDT/ CHDP children are at high risk!!!**



Important Next Steps:

cencalhealth.org/providers/care-guidelines/medi-cal-for-kids-teens-services/pediatric-oral-health/

1. Please take a moment to work with your Clinical Trainer and walk through a fluoride varnish application process practice session.
2. Once complete, please submit the CenCal Health Training Acknowledgement Form to receive your Fluoride Varnish Training Certificate of Completion for your records.

References

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 - www2.aap.org/oralhealth/PracticeTools.html
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 - www.cdph.ca.gov/certlic/drinkingwater/Documents/Fluoridation/PWS%20Statewide%20Fluoridation%20Table%202010.pdf
- **National Effort**
 - <http://www.pewstates.org/research/analysis/reimbursing-physicians-for-fluoride-varnish-85899377335>
- **Effectiveness**
 - www.ncbi.nlm.nih.gov/pmc/articles/PMC2257982/?tool=pubmed
- **Risk Assessment Tool**
 - <http://www2.aap.org/compeds/docs/oralhealth/docs/RiskAssessmentTool.pdf>
- **Who Can Apply**
 - www.dhcs.ca.gov/services/chdp/Documents/Letters/chdppin0608.pdf
 - files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dental_m00o03o09.doc
 - cda.org/popup/cda-sponsored-legislation-clarifies-who-can-place-topical-fluoride-including-fluoride-varnish
- **Parent Brochure**
 - www.cdph.ca.gov/programs/MCAHOralHealth/Documents/MO-OHP-FluorideVarnish-English.pdf

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 - www.ohmdkids.org/flvarnish/
- **Billing Code**
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- **MD-DDS Referral Form**
 - <http://www.dhcs.ca.gov/services/chdp/Documents/CHDPDental/DTMPReferral.pdf>

For CHDP Dental and other trainings:

- www.dhcs.ca.gov/services/chdp/Pages/Training.aspx

For local CHDP contact information:

- www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx

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To return to the beginning of the Fluoride Varnish Training click [HERE](#)

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Together we can stop the *epidemic* of dental disease!



Medical Providers



Dental Providers



Parents / Caregivers



Individuals