Fluoride Varnish Manual

State of Nevada
Department of Human Resources
Health Division
Bureau of Family Health Services
Oral Health Program
3427 Goni Road, Suite 108
Carson City, NV 89706
Judith M. Wright
(775) 684-4285

Jim Gibbons
Governor

Richard Whitley, MS
Administrator

Michael J. Willden
Director

State Health Officer

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Nevada State Health Division
Oral Health Program
Fluoride Varnish Manual

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Fluoride Varnish Advantages

• Does not require special dental equipment.

• Does not require a professional dental cleaning prior to application.

• Is easy to apply.

• Dries immediately upon contact with saliva.

• Is safe and well tolerated by infants, young children, and individuals with special needs.

• Is inexpensive.

• Requires minimal training.

• Nevada Medicaid will reimburse dental and medical providers $53.30 per application for fee-for-service providers. Managed care providers should contact their Managed Care Group for the reimbursement rate.
Fluoride Varnish Application Protocol

Introduction
Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay. According to the FDA, fluoride varnish falls under the category of “drugs and devices” that presents minimal risk and is subject to the lowest level of regulation.

Purpose
The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation.

Indications
Infants and children with a moderate or high risk of developing cavities. A child is considered at risk if he/she:
• Has had cavities in the past or has white spot lesions and stained fissures.
• Continues to use the bottle past 1 year of age or sleeps with a bottle containing liquids other than water.
• Breastfeeds on demand at night.
• Has a developmental disability.
• Chronically uses high sugar oral medications.
• Have family members with a history of caries.
• Engages in prolonged or ad lib use throughout the day of a bottle or sippy cup containing liquids other than water.

Contraindications
Children with a low risk of cavity formation, who consume optimally fluoridated water or children who receive routine fluoride treatments through a dental office.

Application procedure
Pre-application instructions:
• Remind the parent to give the child something to eat and drink before coming to receive a fluoride application.
• Advise the parent that the child’s teeth may become discolored temporarily as fluoride varnish has a dull or yellow-ish tinge. Tell the parent that the varnish can be brushed off the following day.

You will need to have:
• Disposable gloves
• Gauze sponges (2 x 2)
• Fluoride varnish
• Small disposable fluoride applicator
• Paper towels or disposable bids to place under the child’s head (optional)
Position the child:
- For an infant – 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.
  - Or, place the infant on an exam table and work from behind the head.
  - Or, as you gain experience, do whatever works for you.
- For a young child – place the child in a prone or sitting position and work from above the head as with an infant. Or, adapt a method that works best for you.

The application:
- Using gentle finger pressure, open the child’s mouth.
- Remove excess saliva with a gauze sponge.
- Use your fingers and sponges to isolate the dry teeth and keep them dry. You will usually be able to isolate a quadrant of teeth at a time, but may have to work with fewer teeth in some children. Infants are easiest because they have only anterior teeth.
- Apply a thin layer of the varnish to all surfaces of the teeth. Avoid applying varnish on the gums, or on large open cavities where there may be pulp involvement.
- Once the varnish is applied, you need not worry about moisture (saliva) contamination. The varnish sets quickly.

Post-application instructions:
- Eat a soft, non-abrasive diet for the rest of the day.
- Do not brush or floss until the next morning, or for at least four hours.

Remember:
- Even though the child may fuss, the varnish application is not unpleasant.
- Tell the parent that the teeth will not be white and shiny until the next day.

The varnish application should be repeated at three-month intervals for high-risk children and at six-month intervals for children who are not at high risk.
April 23, 2002

Chris Forsch, R.D.H.
Nevada State Health Department
4801 Ramcreek Trail
Reno, NV  89509

Dear Ms. Forsch:

This letter will serve as correction of Terminology in my letter of April 10, 2002. As previously stated, your presentation brought before the Telephone Conference Call of the Nevada State Board of Dental Examiners on March 26, 2002, requesting approval of certain medical providers to apply fluoride varnish to children’s teeth as part of well-child and Early Periodic Screening Diagnosis and Treatment (EPSDT) was unanimously approved on that date.

Approval provides that Physician Assistants and Advanced Practice Nurses licensed in Nevada may prescribe and/or apply fluoride varnish to children’s teeth as part of well-child and Early Periodic Screening Diagnosis and Treatment (EPSDT) visits. This approval includes medical providers including nurses approval to apply fluoride varnish to children’s teeth as part of the same programs.

I apologize for any confusion that my previous letter may have caused. As always, if you have any concerns or questions feel free to contact me at the Board office.

Sincerely,

William J. Busch, D.D.S
Executive Director

/nrsbde@govmail.state.nv.us
December 18, 2001

Larry Leslie
Executive Director/Special Counsel
Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301
Reno, NV  89502

Dear Mr. Leslie:

This letter confirms our telephone conversation of December 13 and my understanding that if the State Board of Dental Examiners approves doing so, a Physician Assistant licensed in Nevada may prescribe and apply fluoride varnish if his supervising physician has authorized him to do so.

I appreciate your taking the time to clarify statute and regulations related to prescribing by Physicians Assistants.

Sincerely,

Christine Forsch, RDH
Contractor
December 18, 2001

Jeanie Jenkins
Management Assistant II
Nevada State Board of Nursing
4330 South Valley View, Suite 106
Las Vegas, NV 89103

Dear Ms. Jenkins

This letter confirms our telephone conversation of December 14th and my understanding that if the State Board of Dental Examiners approves doing so, an Advanced Practice Nurse licensed in Nevada may prescribe and apply fluoride varnish if the following requirements are met:

1. The Advanced Practice Nurse must have prescribing privileges.
2. Fluoride varnish is listed in a protocol signed by the collaborating physician.

I appreciate your taking the time to clarify statute and regulations related to prescribing by Advanced Practice Nurses in Nevada.

Sincerely,

Christine Forsch, RDH
Contractor
Example of an RX

DEA # __________

John Q. Doe, M.D.

123 Somewhere Street Anywhere, NV 89000

Name _____________________________  Date _______

Address________________________________________

Rx  Little People’s Head Start and Early Head Fluoride Varnish
    #80 children
    sig: 1 application per child Q 3-4 months

Label

Refill –0-1-2-3-4-PRN _________________________ M.D.

Dispense Only as Written  

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Fluoride Varnish Ordering Information

**AllSolutions** (5% NaF in a natural resin)  **Available in a unit-dose with an applicator**
Dentsply Professional
1-800-989-8826

**Cavity Shield** (5% NaF in a natural colophonium resin)  **Available in a unit-dose with an applicator**
Omni Products
1-800-445-3386

**Durafluor** (5% NaF in a natural colophonium resin)
Medicom
1-800-435-9267

**Duraphat** (5% NaF in a natural colophonium resin)
Colgate Oral Pharmaceuticals
1-800-225-3756
1-800-2-COLGATE

**Fluor-Protector** (0.1% difluorosilane in a polyurethane base)
Ivoclar North America-Vivadent
1-800-327-4688

**VarnishAmerica** (5% NaF in a natural colophonium resin)  **Available in a unit-dose with an applicator**
Medical Products Laboratories, Inc.
1-800-523-0191, Ext 326

**Premier Dental** (5% NaF) Enamel Pro Varnish with ACP  **Available in a unit-dose with an applicator**
Premier Dental at 888-670-6100 or 610-239-6000

Revised 6-07
Supplies

• Disposable gloves

• Paper towel or disposable bibs (to place under the child’s head if the child’s head is being cradled in the providers lap)

• Gauze squares (2 X 2)

• Fluoride Varnish

• Disposable applicator brush (if not included with the varnish)
Why do we recommend putting fluoride varnish on children’s teeth?
Tooth decay is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain and effect children’s ability to eat, speak, sleep and learn properly. Children do not lose all their baby teeth until they are about 12 to 13 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 they have their first teeth. Only a very small amount of fluoride varnish is used. This method of providing fluoride to teeth has been used in Europe for more than 30 years. Fluoride varnish is approved by the FDA and is endorsed 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, especially by people they don’t know! Your child’s teeth may be dull or yellow after the fluoride varnish is painted on, but this will come off when you brush your child’s teeth tomorrow.

How long does the fluoride last?
The fluoride coating will work best if it is painted on the teeth 3-4 times a year.

Baby Teeth are Important!

Remember, do not clean your child’s teeth today and do not give them hot, hard or sticky foods. Start cleaning your child’s teeth tomorrow morning. The dull, yellow color will come off when you brush your child’s teeth
Información para los padres
Sobre el esmalte de fluoruro

¿Porque nosotros recomendamos la aplicación del esmalte de fluoruro en los dientes de los niños?
Las caries es una de las enfermedades preventibles más comunes vista en los niños. Los niños pequeños desde los 12-18 meses pueden tener cavidades. Las cavidades en los dientes de leche pueden causar dolor y aun hasta evitar a los niños a poder comer, hablar, dormir y aprender apropiadamente. Los niños no pierden todos sus dientes de leche hasta que tienen como de 11 a 12 años de edad.

¿Qué es el esmalte de fluoruro?
El esmalte de fluoruro es una capa protectora que es pintada sobre los dientes para ayudar a prevenir nuevas cavidades y para ayudar a detener las cavidades que ya han comenzado.

¿Es el esmalte de fluoruro seguro?
Sí, el esmalte de fluoruro puede ser usado en bebés desde que ellos tienen sus primeros dientes. Solamente una cantidad pequeña de esmalte de fluoruro es usada. Este método de proveer fluoruro a los dientes a sido usado en Europa por más de 25 años. El esmalte de fluoruro es aprobado por la “FDA” y es respaldado por la Asociación Dental Americana.

¿Cómo es el fluoruro aplicado en los dientes?
El esmalte es pintado sobre los dientes. Es rápido y fácil de aplicar y no tiene mal sabor. No hay dolor, pero su niño/a puede llorar simplemente porque a los bebés y niños no les gusta que les pongan cosas en su boca ¡especialmente por gente que ellos no conocen! Los dientes de su niño/a estarán amarillos después que el esmalte de fluoruro se aplicado, pero el color amarillo se caerá cuando usted cepille los dientes de su niño/a mañana.

¿Cuánto tiempo dura el fluoruro?
La capa de fluoruro trabajará mejor si es aplicada en los dientes de 3-4 veces al año.

¿Los dientes de leche son importantes!

Recuerde, no llimpie los dientes de su niño/a hoy y no les de comidas duras o pegajosas. Comience a limpiar los dientes de su niño/a mañana en la mañana. El color amarillo se caerá cuando usted cepille los dientes de su niño/a.
Dear Parent:

A preventive dental program is available through the___________________________.
A licensed professional will apply a protective coating called fluoride varnish to your
child’s teeth as a preventive measure against tooth decay.

To receive these no-cost services you must provide consent.

__ Yes, I want my child to receive fluoride varnish (please fill in the bottom of the form).

__ No, I do not want my child to receive these preventive fluoride varnish services.

Name of Child:__________________________________  Date of Birth:_____________
Male: __________ Female: ___________ Race: ___________ School: ______________
Teacher: ________________________________ Room: ______________
Home Address: ________________________________ City: ________  Zip: __________
Do you have dental insurance?  Yes: ___ No: ___ If yes, name of insurance: __________

Parent/Guardian’s name: ___________________________________________________

Please print

HEALTH HISTORY

1. Has your child ever had serious health problems?    No: __ Yes: __ If yes, please explain:

_________________________________________________________________________

2. Does your child have any allergies?  No: _____ Yes: _____ If yes, please list: _______

_________________________________________________________________________

_________________________________________________________________________

Parent Signature: _________________________________    Date: _________________

***  This service does not replace a comprehensive evaluation.  It is our recommendation that a
dentist regularly examine your child ***

FOR OFFICE USE ONLY

Comments________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Varnish placed on: ____________    by: ________________________________
PROGRAMA DE BARNIZ DE FLUORURO

Estimados Padres:

Un programa dental estará disponible en el ________________________________________.
El programa ayuda a prevenir las caries en los dientes de los niños. Una persona con licencia
aplicará una barrera protectora llamada barniz de fluoruro. Este barniz fortalece los dientes y los
hace más resistentes contra las caries.

Para recibir estos servicios sin-costo usted nos debe proveer este consentimiento.

____ Si, quiero que mi hijo (a) reciba el barniz de fluoruro (por favor, complete la parte de abajo
de esta forma)

____ No, deseo que mi hijo (a) reciba este servicio de barniz de fluoruro sin-costo.

Nombre del Niño (a): __________________________ Fecha de nacimiento: __________________

Masculino: _______ Feminina: _______ Raza: _______ Centro: ___________

Maestra: __________________________ Salón: __________________

Domicilio: __________________________ Ciudad: ___________ Zona: ____________

¿Tiene aseguranza dental?  Si: ___ No: ___si, Nombre de la aseguranza: __________

Nombre de los Padres/Guardián: ________________________________________________

Historial Medica

1. ¿Su hijo (a) alguna vez tuvo algún problema de salud serio?

____________________________________________________________________________

1. ¿Tiene su niño (a) alérgias?

____________________________________________________________________________

Firma de los Padres __________________________ Fecha: __________________

*** Este servicio no reemplaza un examen para una completa evaluación. Es nuestra
recomendación es que su dentista lo(a) vea regularmente.****

FOR OFFICE USE ONLY

Comments

____________________________________________________________________________

Varnish placed on: _________________________ by: __________________________
Application

• Using gentle finger pressure, open the child’s mouth.

• Remove excess saliva from the teeth with a gauze sponge.

• Apply a thin layer of varnish to all surfaces of the teeth. (The varnish will harden immediately once it comes in contact with saliva).
Positioning the Provider and Child
Post-Application Instructions

- The child should eat a soft, non-abrasive diet for the rest of the day.

- Do not brush or floss the child’s teeth until the next morning.

- Inform the caregiver that it is normal for the teeth to appear dull or yellow until they are brushed.
When your child leaves today, his/her teeth will have been coated with fluoride varnish and will not look as bright and shiny as usual. They will look as they usually do tomorrow when the varnish has had time to have its maximum effect and has worn off.

**To keep the varnish on the teeth as long as possible and to achieve the best result:**
- Your child should eat soft foods for the rest of the day.
- Teeth should not be cleaned until tomorrow morning.
- In the morning, clean the mouth and teeth as usual.
No se Demore – Prevenga las Caries

Cuando su niño/a se valla de aquí hoy, sus dientes de el o de ella habrán sido bañados con esmalte de fluoruro y no se veran tan brillantes y resplandecientes como de costumbre. El día de mañana sus dientes se veran como de costumbre cuando el esmalte alla tenido tiempo de tener su maximo efecto y el efecto haya pasado.

Para mantener el esmalte en los dientes por el tiempo mayor posible y para conseguir el mejor resultado:

- Su niño/a debe de comer comidas blandas por el resto del día de hoy.
- Los dientes no se deben de limpiar hasta mañana en la mañana.
- En la mañana, llimpie los dientes como de costumbre.
TOPICAL APPLICATION OF FLUORIDE

EFFECTIVE DATE: January 1, 2007

ATTN. PROVIDERS

DESCRIPTION:
Topical fluoride applications are one of the most effective ways to prevent, slow down, arrest and even reverse early cavities. Dentists have been providing fluoride services for decades. Fluoride varnish provides physicians, nurse practitioners, and physician assistants with a superior method of fluoride application, especially for children 0-6 years of age. Fluoride varnish is simply applied with a small brush and hardens immediately upon contact with saliva. Minimal training is needed and no special equipment is required. Medicaid encourages physicians, nurse practitioners and physician assistants to provide this highly effective, easy-to-provide service.

MEDICAID POLICY:
Nevada Medicaid pays dentists, physicians, nurse practitioners and physician assistants to administer topical Fluoride to the teeth of Medicaid clients who are under 21 years of age. The provider need not seek authorization for payment of this service for these young Medicaid recipients.

INDICATIONS AND LIMITATIONS OF COVERAGE: There are no service limits for fluoride varnish.

COVERED CPT CODES:
D01206   Topical Fluoride Varnish Fee for Service $ 53.30
Managed Care Contact your provider

CODING/BILLING GUIDELINES:

For questions concerning this policy call: First Health Services Corporation, Provider Relations Department at 877.638.3472. The web site is https://nevada.fhsc.com/

Contact Nevada Medicaid at 775.684.3700. The web site is http://dhcfp.state.nv.us/

The Nevada State Health Division’s Bureau of Family Health Services (775.684.4285) can provide information and training on the use of this product and its availability.

(Revised 3-08)
Billing for Fluoride Varnish Application

CPT Code
D01206 “Topical Fluoride Varnish” ; therapeutic application for moderate to high caries risk

The Medical provider delivers a fluoride treatment in the office and will bill on a CMS 1500. Check the Oral screening on the EPSTD form.

The Dental provider will bill on the ADA form.

Rate: Fee-for service: $53.30
Managed Care: Contact Managed Care Provider for reimbursement rate