



# CHDP Dental Training: Fluoride Varnish

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CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM  
INTEGRATED SYSTEM OF CARE DIVISION (ISCD)  
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

**PRESENTER: SALLY THACH, BSN RN PHN**

# Disclaimer

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- Best efforts have been made to ensure that the materials in this presentation are up-to-date.
- CHDP Transition
  - CHDP activities will transition to other Medi-Cal delivery systems or services.
  - Expected transition date is July 1, 2024.
  - CHDP gateway presumptive eligibility services will continue under the new “Children’s Presumptive Eligibility” (CPE) program.
  - All CHDP enrolled providers will be automatically enrolled under the new CPE program on July 1, 2024.
  - All new CHDP provider enrollment must be completed by June 15, 2024.
- After June 30, 2024, materials from this presentation should be double checked to ensure that they are up-to-date and accurate for use.
- Attendees will have the opportunity to ask questions during the presentation and at the end in the Q&A section. After the presentation and through June 30, 2024, CHDP will prioritize responding to CHDP providers.

# Learning Objectives

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- Understand the importance of Fluoride Varnish (FV) application in the medical office for high-risk children.
- Identify children at risk for dental decay who would benefit from FV application.
- Identify the steps of FV application.
- Establish a protocol to implement FV application in the medical office.
- Identify implicit bias/barriers to FV application.
- Describe and implement the CHDP program guidelines for referral.

# Why Perform Fluoride Varnish?

- Recommended as part of Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule for Preventative Pediatric Health Care

The screenshot shows the full periodicity schedule with various services listed on the y-axis and ages on the x-axis. The 'ORAL HEALTH' section is highlighted in yellow, showing that fluoride varnish is recommended from 12 months to 10 years of age.

- = to be performed
- ★ = risk assessment to be performed with appropriate action to follow, if positive
- ← ● → = range during which a service may be provided

	INFANCY							
AGE <sup>1</sup>	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo
ORAL HEALTH <sup>35</sup>							● <sup>36</sup>	● <sup>36</sup>
Fluoride Varnish <sup>37</sup>							←	
Fluoride Supplementation <sup>38</sup>							★	★


	EARLY CHILDHOOD						
AGE <sup>1</sup>	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
ORAL HEALTH <sup>35</sup>	★		★	★	★	★	★
Fluoride Varnish <sup>37</sup>			●				
Fluoride Supplementation <sup>38</sup>	★		★	★	★	★	★

	MIDDLE CHILDHOOD					
AGE <sup>1</sup>	5 y	6 y	7 y	8 y	9 y	10 y
ORAL HEALTH <sup>35</sup>	★	★				
Fluoride Varnish <sup>37</sup>	→					
Fluoride Supplementation <sup>38</sup>	★	★	★	★	★	★

	ADOLESCENCE										
AGE <sup>1</sup>	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
ORAL HEALTH <sup>35</sup>											
Fluoride Varnish <sup>37</sup>											
Fluoride Supplementation <sup>38</sup>	★	★	★	★	★	★					

# CHDP Periodicity Schedule for Dental Referral <sup>2</sup>

## California CHDP/EPSDT Periodicity Schedule for Dental Referral by Age

Age (years)	Routine Dental Referral	Suspected Dental Problem
1* - 20	 Refer every 6 months** (Children with special needs may need more frequent referrals)	Refer at any age if a problem is suspected or detected

- A dental screening or oral assessment is required at every CHDP/EPSDT\*\*\* health assessment regardless of age. [EPSDT- A Guide for States](#) pp.13-15 [https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)
- Refer children directly to a dentist:
  - **Beginning at age one** as required [California Health and Safety Code Section 124040 \(6\)\(D\)](#) [http://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=124040](http://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=124040)
  - **At any age** if a problem is suspected or detected – refer to the [CHDP Dental Referral Classification Guide](#) <https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Dental-Classification-Guide.pdf>
  - **Every six (6) months for maintenance of oral health** - visit [Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance, and Oral Treatment for Infants, Children, and Adolescents](#) pp.198-199. [http://www.aapd.org/media/Policies\\_Guidelines/BP\\_Periodicity.pdf](http://www.aapd.org/media/Policies_Guidelines/BP_Periodicity.pdf)
  - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected; and for other children at high risk for dental caries. [AAP Oral Health Risk Assessment Tool](#) [https://www.aap.org/en-us/Documents/oralhealth\\_RiskAssessmentTool.pdf](https://www.aap.org/en-us/Documents/oralhealth_RiskAssessmentTool.pdf)
- To help find a dentist:
  - For a child with Medi-Cal, contact Denti-Cal at 1-800-322-6384 or visit the [Denti-Cal Provider Referral List](#) [https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider\\_Referral\\_List/](https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/Provider_Referral_List/)
  - For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist. Visit the [Child Health and Disability Prevention \(CHDP\) Program's County Offices List](#) to contact your local CHDP program. <http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx>

\* The American Academy of Pediatrics (AAP) policy is to establish a dental home by age one "[Maintaining and Improving the Oral Health of Young Children](#)": <http://pediatrics.aappublications.org/content/134/6/1224> The "[American Academy of Pediatric Dentistry \(AAPD\) Periodicity Guidelines](#)" emphasizes the importance of very early professional intervention and continuity of care beginning with the eruption of the first tooth and no later than 12 months of age. [http://www.aapd.org/media/Policies\\_Guidelines/BP\\_Periodicity.pdf](http://www.aapd.org/media/Policies_Guidelines/BP_Periodicity.pdf)

\*\* See [Medicaid Clinical Guidelines Keep Kids Smiling: Promoting Oral Health](#), p. 5 <https://www.medicaid.gov/medicaid/benefits/downloads/keep-kids-smiling.pdf>. For Medi-Cal eligible children, Denti-Cal will cover preventive services (exam, topical fluoride application, and prophylaxis) once in a six-month period and more frequently if there is a documented necessity. Denti-Cal has adopted the American Academy of Pediatric Dentistry's (AAPD) "[Recommendations for Preventive Pediatric Oral Health Care](#)" which indicates frequencies for diagnostic and preventive procedures: [https://www.denti-cal.ca.gov/DC\\_documents/beneficiaries/dental\\_periodicity\\_sched\\_for\\_children.pdf](https://www.denti-cal.ca.gov/DC_documents/beneficiaries/dental_periodicity_sched_for_children.pdf).

\*\*\* Child Health and Disability Prevention (CHDP) Program/Early Periodic Screening Diagnosis and Treatment (EPSDT)

# Risk Assessment Tools

For ages where **risk assessment** is required:

- [Bright Futures Tool and Resource Kit, 2nd Edition](#)
  - **Bright Futures Pre-visit Questionnaire**
- [AAP Oral Health Risk Assessment Tool](#)

 = High risk for caries

## 6 MONTH VISIT


















Oral Health	Does your baby's primary water source contain fluoride?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
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## 18 MONTH VISIT

Oral Health	Does your child have a dentist?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Does your child's primary water source contain fluoride?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

## 7 YEAR VISIT

Oral Health	Does your child's primary water source contain fluoride?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
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Patient Name: _____ Date of Birth: _____ Date: _____		
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
<ul style="list-style-type: none"> <li> Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li> Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	<ul style="list-style-type: none"> <li> White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li> Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
ASSESSMENT/PLAN		
<b>Caries Risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> High <b>Completed:</b> <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	<b>Self Management Goals:</b> <input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste <input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water <input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol	

# American Academy of Pediatrics (AAP) Policy Statement

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- [Maintaining and Improving the Oral Health of Young Children](#)  
*Pediatrics*, December 2014
- That every child has a dental home by 1 year of age.
- The child's teeth should be brushed twice a day as soon the teeth erupted with a smear or a grain-of-rice-sized amount of **fluoridated toothpaste**. After the third birthday, a pea-sized amount should be used.
- **Fluoride supplements** should be prescribed for children whose primary source of drinking water is deficient in fluoride.
- **Fluoride Varnish** is a professionally applied, sticky resin of highly concentrated fluoride. Two or more applications of fluoride varnish per year are effective in preventing caries in children at high risk of all ages.

# US Preventive Services Task Force (USPSTF) Recommendation Statement

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- Screening and Interventions to Prevent Dental Caries in Children Younger Than 5 Years

*American Medical Association (AMA), December 2021*

- For Children Younger than 5 years
  - That primary care clinicians prescribe oral **fluoride supplementation** starting at age 6 months for children whose water supply is deficient in fluoride.
  - That primary care clinicians apply **fluoride varnish** to the primary teeth of all infants and children starting at the age of primary tooth eruption.

# Medi-Cal FV Reimbursement and Frequency 10-12

- All states provides Medicaid funding for physician oral health screening and fluoride varnish.
- Fluoride Varnish (FV) Reimbursement:
  - Billing Code

Physicians/Medi-Cal providers	Dentist/Denti-Cal Providers
<ul style="list-style-type: none"> <li>■ CPT: <b>99188</b> (Application of Topical FV)</li> <li>■ ICD-10-CM: Z41.8 (Prophylactic Fluoride Administration)</li> </ul>	<ul style="list-style-type: none"> <li>■ CDT: D1206 (Topical Application of FV)</li> </ul>

- Fee-for-Service Medi-Cal:

Physicians/Medi-Cal providers	Dentist/Denti-Cal Providers
<ul style="list-style-type: none"> <li>■ Reimbursement: \$18 per application</li> <li>■ <b>Children under 6 years of age</b></li> <li>■ Once every 4 months (3x in 12-month)</li> </ul>	<ul style="list-style-type: none"> <li>■ Reimbursement: \$18 per application</li> <li>■ Children under 21 years of age</li> <li>■ Once every 6 months (2x in 12-month)</li> </ul>

- Managed Care Medi-Cal
  - Application and reimbursement schedules varies for physicians/Medi-Cal providers
  - Contact individual plan
- Not reimbursable as a stand-alone service for physicians/Medi-Cal providers at:
  - Federally Qualified Health Center (FQHC)
  - Rural Health Center (RHC)
  - Indian Health Center (IHC)

# What is it FV and the Benefits? <sup>25-29</sup>

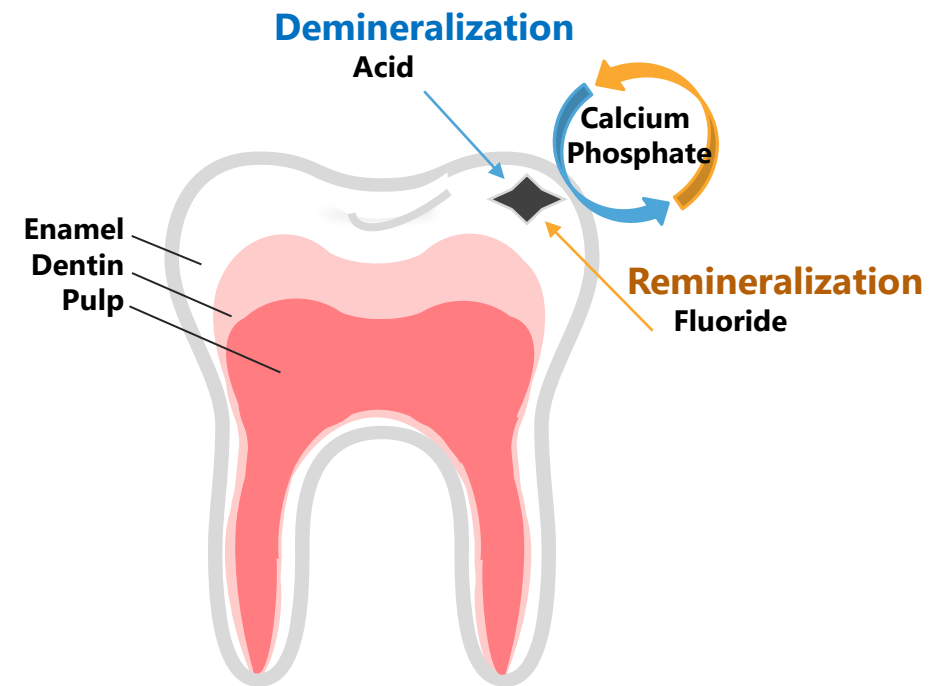
- Fluoride:
  - Ion that combines with calcium or sodium.
- Fluoride Varnish (FV):
  - Sticky resin coating that contains a high concentration of sodium fluoride (NaF).
    - 0.25mL single dose 5% NaF
  - Hardens as soon as it contacts saliva.
  - Allows longer exposure of fluoride to the tooth enamel.

- Benefits

- Prevent bacteria growth and inhibits their acid production
- Slows demineralization from tooth enamel
- Re-mineralize weaken tooth enamel

- Prevent tooth decay
- Reverse the beginning of tooth decay
- Inhibit progression of tooth decay

- Research shows high **efficacy** of fluoride varnish.
  - 37% in primary teeth
  - 43% in permanent teeth
  - Higher efficacy in high-risk children.



# Fluoride Varnish: Who Needs It? <sup>6, 8, 30</sup>

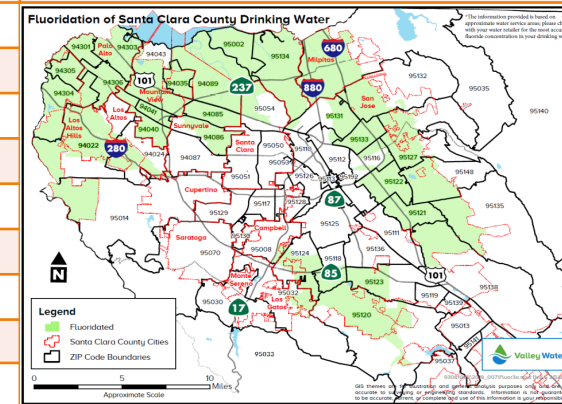
- Who is at risk for caries/dental decay?

Risk Factors	Protective Factors
<ul style="list-style-type: none"><li>Low Socioeconomic Status (SES)<ul style="list-style-type: none"><li>Medicaid eligible</li></ul></li><li>Poor Feeding Habits:<ul style="list-style-type: none"><li>Frequent snacking</li><li>Bottle/sippy cup use with fluid other than water</li></ul></li><li>Special health care needs</li><li><b>Child/Caregiver:</b><ul style="list-style-type: none"><li>Had active decay in past 12 months</li><li>Does not have a dentist</li></ul></li></ul>	<ul style="list-style-type: none"><li>Existing dental home</li><li>Drinks fluoridated water or takes fluoride supplements</li><li>Fluoride varnish in the last 6 months</li><li>Brush teeth twice daily with fluoride toothpaste</li></ul>

# Fluoridation Status by Jurisdiction & Zip Code

- Santa Clara Valley Water District. February 2019. [Fluoridated Zip Codes in Santa Clara County](#)
- California Water Boards. September 30, 2020. [Fluoridation by Public Water Systems](#)

Jurisdiction	Not Fluoridated	Sub-optimally or Partially Fluoridated	Fully Fluoridated
San Jose	95013, 95111, 95113, 95117, 95119, 95125, 95126, 95128, 95129, 95130, 95136, 95139, 95140, 95141, 95192	95110, 95112, 95116, 95118, 95120, 95123, 95124, 95131, 95138	95002, 95121, 95122, 95127, 95132, 95133, 95134, 95135, 95148
Palo Alto			94301, 94303, 94304, 94306
Stanford University			94305, 94309
Milpitas			95035, 95036
Los Altos Hills			94022, 94024
Los Altos		94022, 94024	
Mountain View		94040	94035, 94039, 94041, 94042, 94043
Sunnyvale	94087	94086	
Campbell	95008		
Cupertino		95014	
Gilroy	95020		
Monte Sereno	95030		
Los Gatos	95030, 95033	95032	
Morgan Hill	95037		
Santa Clara	95050, 95051, 95053	95054	
Saratoga	95070		

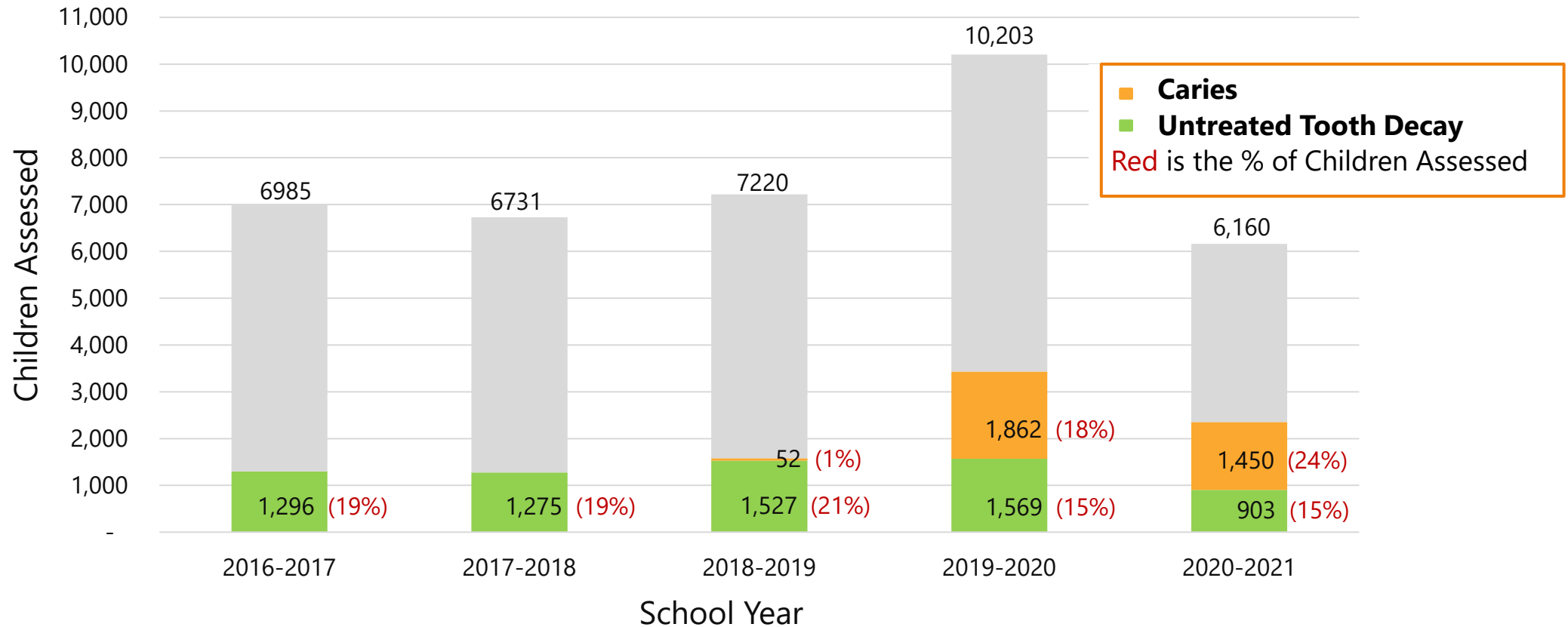


Note: Some fully fluoridated zip codes have small areas that are sub-optimally fluoridated.

# Data: School-Based Dental Screening

## ■ Santa Clara County Kindergarten Oral Health Assessment

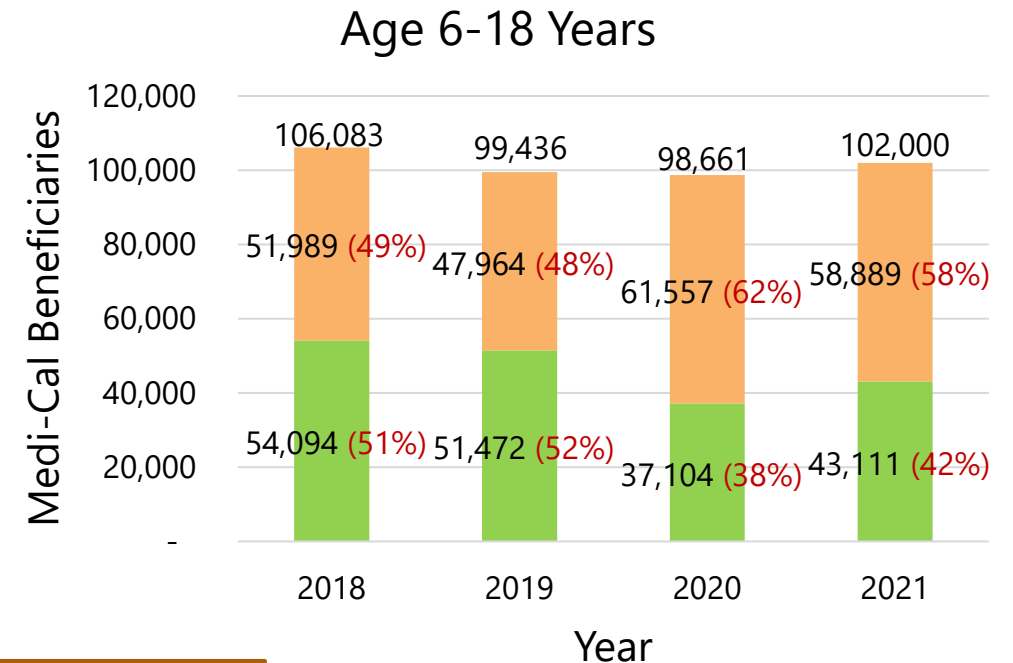
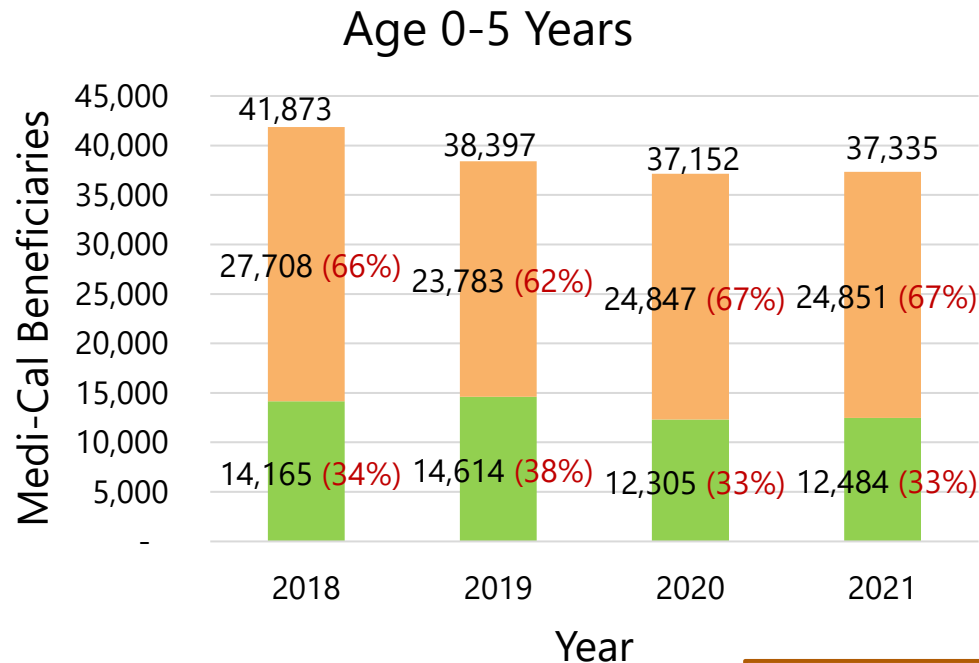
- Assembly Bill (AB) 1433 Kindergarten Oral Health Requirement
- Source: [California Dental Association: Kindergarten Oral Health Assessment Results](#)



# Data: Utilization of Preventative Dental Services (PDS)

## ■ Santa Clara County Medi-Cal Beneficiaries

- Note: Data consist of utilization of PDS from Dentist/Denti-Cal Provider
- Source: Provided by the Local Oral Health Program (LOHP) from [California Department of Public Health: Dental Utilization Measures and Sealant by County, Age, and Year](#)

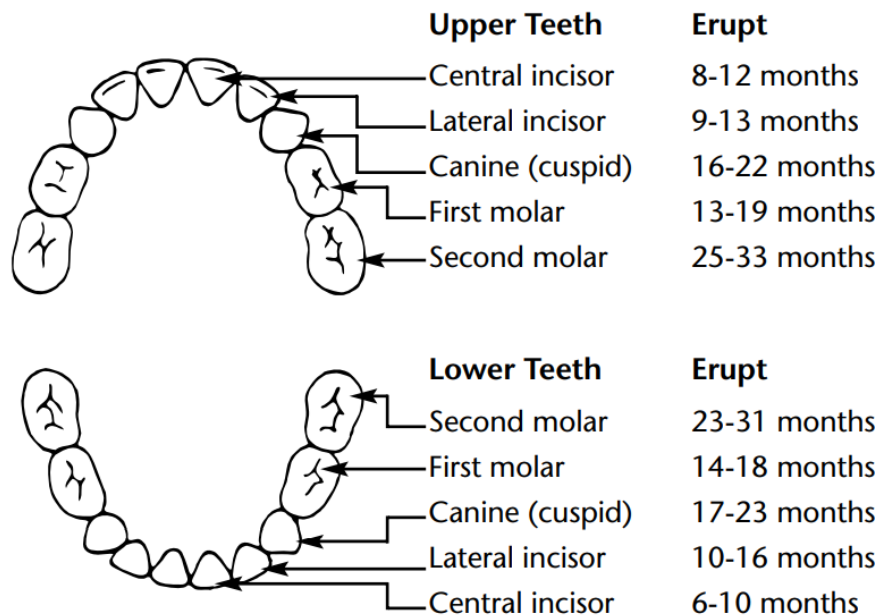


■ **Did not receive PDS**  
■ **Received PDS**  
 Red is the % of Medi-Cal Beneficiaries

# Primary and Permanent Dentation

## PRIMARY DENTATION (BABY TEETH)

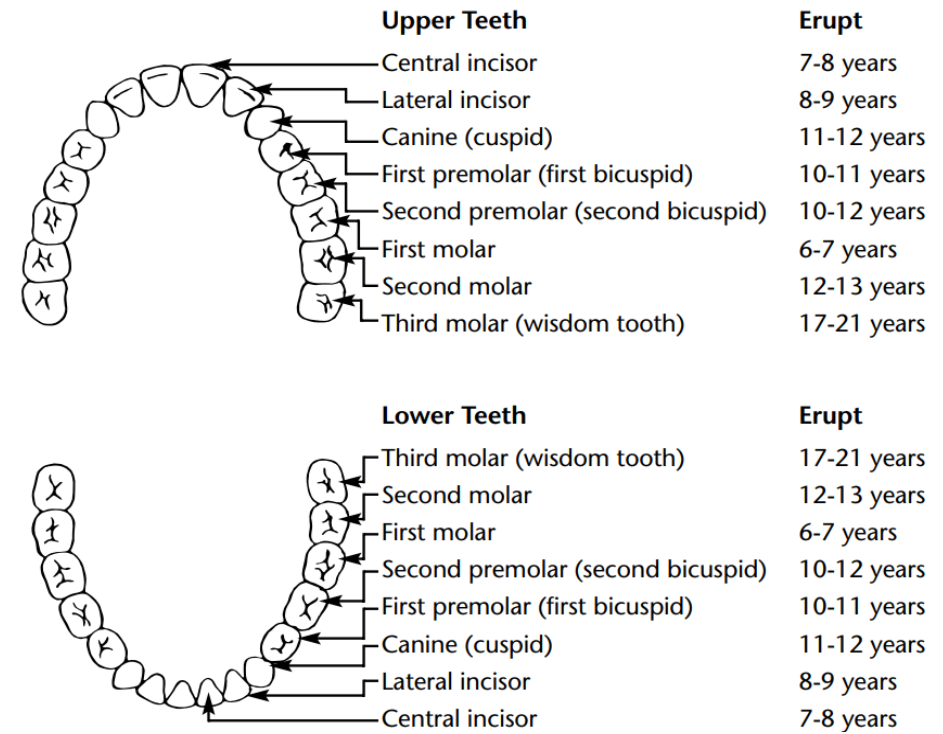
- Age 6 months – 33 months



**Completed by age 3 and can remain in a child's mouth until age 12.**

## PERMANENT DENTATION

- Age 6-13 years
- Wisdom at 17-21 years



[Bright Future Oral Health Pocket Guide](#)



# Fluoride Varnish (FV) Application

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# Who can apply Fluoride Varnish? <sup>10-14</sup>

- CPT Code 99188:
  - Application of topical fluoride varnish by a physician or other qualified health care professional.
- California Assembly Bill (AB) 667:
  - Health and Safety Code:
    - Section 104762: Within a public health setting or public health program created or administered by federal, state, or local government entity, **any person may apply topical fluoride, including topical FV** to the teeth of individuals who are being served in that setting or program, according to the prescription and protocol issued and established by a physician or dentist.

Medical Office	Community Settings (Schools, Health Fairs, Government Programs)
<ul style="list-style-type: none"><li>■ Physicians</li><li>■ Advance Practice Provider (APP)</li><li>■ Trained nurses and assistants<ul style="list-style-type: none"><li>■ Need physician/APP order</li></ul></li></ul>	<ul style="list-style-type: none"><li>■ Any trained person<ul style="list-style-type: none"><li>■ Need physician's (or dentist's) prescription</li><li>■ Must follow physician's (or dentist's) protocol</li><li>■ With signed parent/guardian permission</li></ul></li></ul>

# CHDP Providers Prevent Dental Decay<sup>7, 30</sup>

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- Young children are seen earlier and more frequently by medical providers than by a dentist.
- Low-income young children are often at higher risk for dental decay.
- Medical providers are now placing fluoride varnish to prevent decay.
  - Can be delegated to nursing and medical assistant staff(s)
- Applied in the medical office.
  - Any time after the oral assessment.
    - Well child exam
    - Follow-up visit
    - Stand-alone appointment

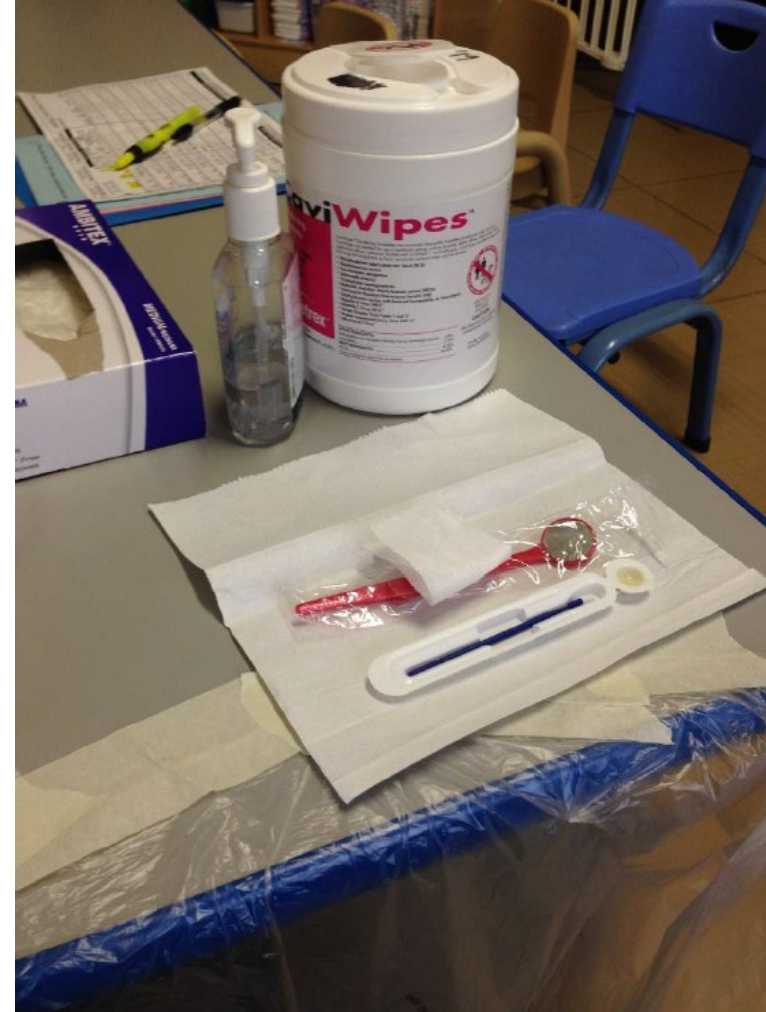
# FV Safety <sup>25, 26</sup>

- Fluoride varnish is recommended even if other types of fluoride are being used, including:
  - Systemic Fluoride (e.g., water fluoridation, supplemental fluoride)
  - Other topical fluorides (e.g., fluoridated toothpaste, mouth rinses, foam or gel trays)
- Contraindications:
  - Deep decay or pulp exposure
    - Avoid these teeth(s) but apply FV to all other teeth in the mouth.
  - Soft Tissues lesions
    - Avoid the teeth(s) next to open soft tissue lesions.
  - Allergy to colophony/rosin
  - Ulcerative gingivitis and/or stomatitis



# FV: Supplies Needed

1. Tray or paper towel/napkin(s)
  - To provide clean surface for supplies
2. Fluoride Varnish Packet
  - Fluoride Varnish (0.25 mL single dose 5% NaF)
  - Applicator brush
3. Disposable gloves
4. Gauze (2 x 2)
5. Hand Sanitizer
6. Optional:
  - Mouth Mirror
  - Toothbrush
  - Paper towel/disposable bib



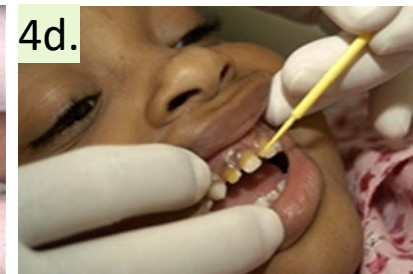
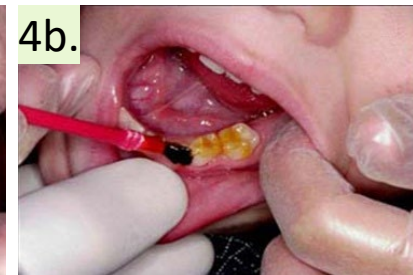
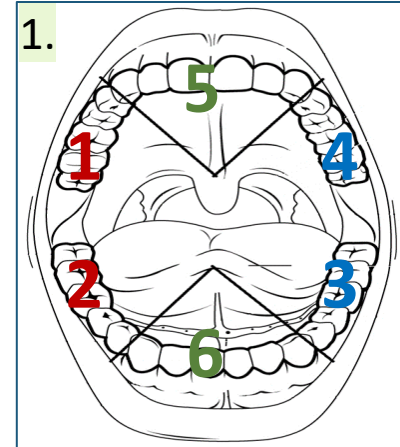
# FV: Positioning

- Caregiver needs to secure child's arms and legs



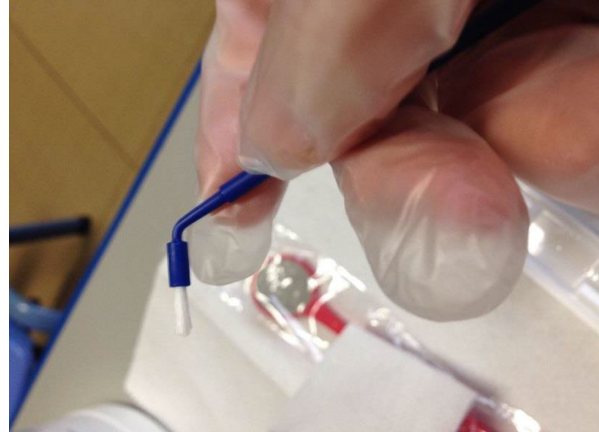
# FV: How to apply FV?

1. Work in Sections
  - Right: Upper/Lower
  - Left: Lower/Upper
  - Middle: Upper/Lower
2. Retract lip/cheek with gauzed finger
3. Dry teeth lightly with gauze
4. Apply FV to all surfaces of teeth
  - a. Front & back (where tongue meets teeth)
  - b. Chewing surfaces of molars
  - c. Fissures between teeth
  - d. Where gums meets teeth
5. Repeat steps 2 through 4 for each section.



# FV: Procedure

1. Gather supplies (slide 19)
2. Prepare self and supplies
  - Open FV packet
  - Blend applicator brush
  - Wrap gauze around finger
3. Position child (slide 20)
4. Stir FV with applicator brush
5. Work in sections to:
  - Dry teeth lightly with gauze
  - Apply FV to teeth (slide 21)
6. Provide FV brochure and care directions for after FV treatment (slide 23)



# FV: Parent/Caregiver Information

1. [Fluoride Varnish Brochure](#)
2. [Directions for Your Child's Care After FV Treatment](#)

AAP: In English, Spanish, Vietnamese, Cambodian, Hmong, Oromo, and Somali.

- No water restrictions
- For the rest of the day:
  - Soft food diet
    - i.e., Avoid crunchy and/or chewy foods
  - Avoid hot foods/drinks
  - Do not brush/floss
  - Avoid products containing alcohol
    - e.g., Mouthwash, etc.
- FV may leave a light color coating
  - Will be brushed off the next day


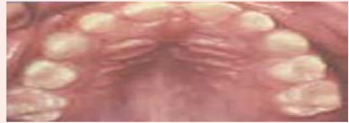


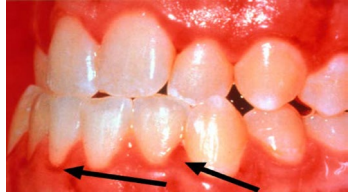


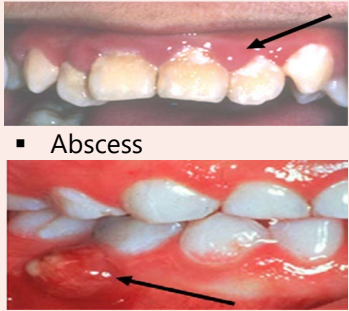



3. [Medi-Cal Dental Provider Directory](#)

## Fluoride Varnish



Helping  
Smiles  
Stay Strong

# CHDP Dental Referral Classification Guide

Class:	Dental Referral	Clinical Finding
I. No visible dental problems	<p>Mandated Annual Routine</p> <ul style="list-style-type: none"> <li>Age 1-20 years, every 6 months</li> <li>Every 3 months for high risk</li> </ul>	<ul style="list-style-type: none"> <li>None, appears healthy</li> <li>Prevention</li> </ul> <p><b>FV to Prevent decay</b></p>  
II. Beginning dental problems	<p>Non-Urgent</p> <ul style="list-style-type: none"> <li>Patient should be seen before condition progress.</li> </ul>	<ul style="list-style-type: none"> <li>White Decalcification/ Initial Decay</li> </ul>  <p><b>FV to Reverse &amp; Inhibit progression of decay</b></p> <ul style="list-style-type: none"> <li>Small carious lesions</li> <li>Mild gingivitis</li> </ul>  
III. Urgent dental problems	<p>Urgent</p> <ul style="list-style-type: none"> <li>Condition can progress rapidly.</li> <li>Dental treatment required within 24 hours for suspected abscess.</li> <li><b>Note:</b> Refer to dentist or California Children's Services (CCS) for: <ul style="list-style-type: none"> <li>Severe medically handicapped malocclusions or</li> <li>Craniofacial anomaly</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Enamel destroyed/ Advance Decay</li> </ul>  <p><b>FV to Inhibit progression of decay</b></p> <ul style="list-style-type: none"> <li>Large carious lesions</li> <li>Extensive gingivitis</li> <li>Abscess</li> </ul>  
IV. Emergent dental problems	<p>Immediate</p> <ul style="list-style-type: none"> <li>Dental treatment required within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>Acute injuries</li> <li>Oral infection/cellulitis</li> <li>Other painful condition</li> </ul>   

<https://www.dhcs.ca.gov/formsandpubs/publications/Documents/Dental-Classification-Guide.pdf>



# FV: Where to Order

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- Two Ways:
  1. Fluoride Varnish Manufacturers List
    - Updated 2/2019 by [oralhealth@aap.org](mailto:oralhealth@aap.org)
  2. Internet search: "fluoride varnish buy"



# FV: How to Implement in Your Practice?

1. Get leadership commitment
2. Engage staff – Informational meeting
3. Establish Medical Record (EMR) for documentation
4. Identify workflow
5. Establish a protocol
  - Identify:
    - Ages to provide FV
    - Interval periods
  - Establish standing order
  - Assign roles to trained staffs
  - Documentation in health record
  - Provide FV post-application instructions
6. Practicum and documentation training
7. Set start date
8. Publicized to parents/caregivers
9. Review progress

*With just a swipe of fluoride varnish, I can prevent tooth decay for this little girl!*



# Implicit Bias/Barriers to FV Application

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- Poor cooperation of young children
- Takes time to perform
- Staff not adequately trained
- Concerns on implementing something new in the clinic

## VIDEO

- [FV Application](#)

- Joanna M. Douglass, BDS, DDS. University of Connecticut, School of Dental Medicine.
- YouTube. March 16, 2010. "Dr. Joanna Douglass: Fluoride Varnish Application"



## MODULES: FREE

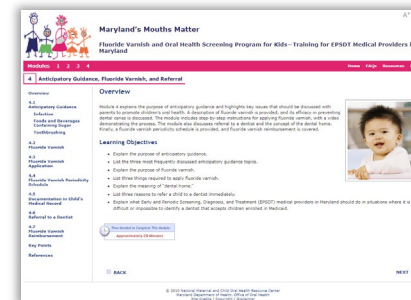
- Smile for Life: [Module 6: Caries Risk Assessment, FV, and Counseling](#)

- ~1 hr
- 1 CE credit available until 10/1/2026



- Maryland's Mouths Matter: [Module 4: FV & Oral Health Screening](#)

- ~20 mins



# Working together

Medical  
Providers



Together we can  
stop the  
epidemic of  
oral disease!

Dental  
Providers



Parents/Caregivers



Individuals



# Acknowledgments

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- These guidelines are based on recommendations from the American Academy of Pediatrics (AAP) and the United States Preventive Services Task Force (USPSTF).
- These slides have been adapted from CHDP Oral Health Subcommittee with their permission.
- Photos and graphics used were by permission or from public domain.

# References

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1. [Bright Futures/AAP Periodicity Schedule for Preventative Pediatric Health Care](#)
2. [California CHDP/EPSDT Periodicity Schedule for Dental Referral by Age](#)
3. [California CHDP Dental Referral Classification Guide](#)
4. [Bright Future Oral Health Pocket Guide](#)
5. [Bright Futures Tool and Resource Kit, 2nd Edition](#)
6. [AAP Oral Health Risk Assessment Tool](#)
7. [Pediatric Dental Care: Prevention and Management Protocols Based on Caries Risk Assessment](#)
  - Journal of the California Dental Association. October 2010; 38(10): 746-761
8. [Maintaining and Improving the Oral Health of Young Children](#)
  - American Academy of Pediatrics
  - Pediatrics. January 2014. Volume 134. Issue 6
9. [Screening and Interventions to Prevent Dental Caries in Children Younger Than 5 Years: US Preventive Services Task Force Recommendation Statement](#)
  - Journal of the American Medical Association. December 2021. Volume 326. No. 21
10. [Medi-Cal: Medi-Cal Rates Information Codes 94799-99600](#)
11. [AAP: Oral Health Coding Fact Sheet for Primary Care Physicians](#)
12. PEW Charitable Trust. August 2011. [Reimbursing Physicians for Fluoride Varnish \(pewtrusts.org\)](#)

# References

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13. [Policy Pick Topical Fluoride Varnish And AB 667](#)
14. [Bill Text: CA Assembly Bill 667 \(legiscan.com\)](#)
15. Santa Clara Valley Water District. February 2019. [Fluoridated Zip Codes in Santa Clara County](#).
16. California Water Boards. September 30, 2020. [Fluoridation by Public Water Systems](#).
17. [U.S. PHS Recommendation for Fluoride Concentration in Drinking Water for Prevention of Dental Caries](#)
  - Federal Register. May 2015; Volume 80. No. 84
18. [Fluoride Varnish Manufacturers List](#)
19. [Fluoride Varnish Brochure](#)
20. [Directions for Your Child's Care After FV Treatment](#)
21. [Medi-Cal Dental Provider Directory](#)
22. [Bill Text: CA Assembly Bill 1433 \(leginfo.ca.gov\)](#)
23. [California Dental Association: Kindergarten Oral Health Assessment Results](#)
24. Santa Clara County Local Oral Health Program (LOHP). [California Department of Public Health: Dental Utilization Measures and Sealant by County, Age, and Year](#)
25. [Fluoride Varnish: An Evidence-Based Approach Research Brief](#)
  - Association of State and Territorial Dental Directors (ASTDD), March 2014

# References

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26. [Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States \(cdc.gov\)](#)
  - Center of Disease Control (CDC), August 2001
27. [Fluoride Varnish Efficacy in Preventing Early Childhood Caries](#)
  - Journal of Dental Research. February 2006; Volume 85. Issue 2
28. [Fluoride Varnishes for Preventing Dental Caries in Children and Adolescents](#)
  - Cochrane Database of Systematic Reviews. July 2013; Issue 7. Article CD002279
29. [Fluoride Use in Caries Prevention in the Primary Care Setting](#)
  - Pediatrics. September 2014; Volume 134. Issue 3
30. Lewis CW. [Fluoride and Dental Caries Prevention in Children](#). Pediatrics in Review 2014;35:3-15. doi:10.1542/pir.35-1-3.
31. National Maternal and Child Oral Health Resource Center; YouTube. March 2010. [FV Application](#)
32. Smiles for Life: [Module 6: Caries Risk Assessment, FV, & Counseling](#)
33. Maryland's Mouths Matter: [Module 4: FV & Oral Health Screening](#)
34. [CHDP Fluoride Varnish Training Materials \(dhcs.ca.gov\)](#)
35. [CHDP Health Assessment Guideline \(HAG\) #18 Oral Health](#)

# CHDP Contacts

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# Other Contacts

- Local Oral Health Program (LOHP)

Name	Title	Telephone	Email
Somayeh Bolourchi	Health Planner	(669) 272-6083	<a href="mailto:somayeh.bolourchi@phd.sccgov.org">somayeh.bolourchi@phd.sccgov.org</a>

- Medi-Cal Managed Care

Health Care Plan (HCP)	Line	Telephone	Hours/Email
Anthem Blue Cross	Customer Service	(800) 407-4627	
Santa Clara Family Health Plan	Customer Service	(800) 260-2055	M-F: 8:30 am – 5 pm
	Direct Provider Services	(408) 874-1788	<a href="mailto:providerservices@scfhp.com">providerservices@scfhp.com</a>
Kaiser Permanente	Customer Service	(800) 557-4515	



# Q & A



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DO YOU HAVE A QUESTION?