Dear Colleague,

I am writing to advise you that Medicaid reimbursement is now available for the application of fluoride varnish to children’s teeth by pediatric primary care providers (PCPs) in New York State. This simple procedure can be integrated into regular office examinations and will help prevent early childhood caries.

Oral health is integral to general health: oral diseases and disorders affect health and well-being throughout life. Dental caries — the #1 chronic disease affecting young children — is largely preventable and may be reversible if found early. Dental caries progresses rapidly and often goes untreated.

Fluoride plays an important role in preventing dental caries. New York City water is fluoridated, but additional topical applications of fluoride have proven to be effective in further reducing the onset of caries, especially in young children.

Because infants and younger children are more likely to see their physician than a dentist, PCPs are uniquely positioned to monitor and promote good oral health. All PCPs should conduct periodic oral health examinations as part of routine pediatric visits. Children should be referred to a dental home by age 1, and PCPs can partner with their patients’ dentist to coordinate preventive oral health care.

I encourage you to obtain training in pediatric oral health risk assessment and fluoride varnish application. Online training in the application of fluoride varnish and resources for pediatric oral health care providers are available at the New York State Department of Health Web site at: www.nyhealth.gov/prevention/dental/child_oral_health_fluoride_varnish_for_hcp.htm.

Thank you for your commitment to promoting children’s oral health.

Sincerely,

Thomas Farley, M.D., M.P.H.
Commissioner

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**Promoting Early Childhood Oral Health**

Early childhood caries is a severe, rapidly progressing form of tooth decay that affects teeth that erupt first and are least protected by saliva. Caries in a young child can lead to pain, early tooth loss, infection, and increased risk of adult tooth decay. You can prevent or stop the progression of early childhood caries by:

- Applying fluoride varnish (5% sodium fluoride in a natural colophonium resin) 2–4 times a year, depending on child’s risk for caries.
- Counseling parents about the importance of good oral hygiene, the prevention of early childhood caries, tooth eruption, and painful teething.
- Discouraging putting the infant to bed with a bottle, and encouraging only water if necessary to aid in getting the infant to sleep.
- Encouraging wiping the child’s gums and teeth with a damp cloth after each feeding, especially before bedtime and naps and after any nighttime feedings.
- Promoting healthy eating behaviors and limited consumption of juices and sugar-sweetened beverages and foods.
- Discussing nutritive (breast, bottle) vs nonnutritive (pacifier, fingers, or bottle nipple if not feeding) sucking and its effect on dentofacial development.
- Referring to a dentist by the time a child is 1 year old.

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**The Oral Health Examination**

For infants and children under 3 years of age:

- Establish a knee-to-knee position with the caregiver. The child’s head should be in your lap and the child’s legs should be around caregiver’s waist. The caregiver can help by holding the child’s hands on top of the navel.

For children 3 years of age and older:

- Have the child either lie flat on an examination table or sit in front of the caregiver, while both are facing you, so that the caregiver can help position and steady the child.

Lift the lip to inspect soft tissue and teeth for signs of:

- Inadequate oral hygiene such as plaque and debris on the teeth.
- Whether tooth eruption and loss are proceeding according to schedule (Fig. 1), and dental crowding.
- Swelling, redness, and irregularities such as lesions, bumps, or ulcers in the mouth.

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**Figure 1. Eruption and shedding patterns of primary teeth.**

Used with permission of the American Academy of Pediatrics.
Assessing Caries Risk

**During the visit,**

- Ask the mother about her own caries experience and if she currently has active decay. If there are other children in household, ask about their caries experience.
- Ask about caries symptoms such as sensitivity to heat/cold, pain, difficulty chewing, poor weight gain, infections, abscesses, or difficulty sleeping.

**Table. Caries Risk Assessment Tool.**

<table>
<thead>
<tr>
<th>Caries Risk Indicators</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Conditions</strong></td>
<td>• No carious teeth in past 24 months</td>
<td>• Carious teeth in the past 24 months</td>
<td>• Carious teeth in the past 12 months</td>
</tr>
<tr>
<td></td>
<td>• No enamel caries</td>
<td>• 1 area of enamel caries “white-spot lesions”</td>
<td>• More than 1 area of enamel caries “white-spot lesions”</td>
</tr>
<tr>
<td></td>
<td>• No visible plaque, no gingivitis</td>
<td>• Gingivitis</td>
<td>• Visible plaque on front teeth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Radiographic enamel caries</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• High fillings or sealants, root fillings</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Tooth-related or non-carious lesions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Enamel hypoplasia</td>
</tr>
</tbody>
</table>

**Environmental Characteristics**

- Optimal systemic and topical fluoride exposure
- Consumption of simple sugars or foods strongly associated with caries initiation primarily at mealtimes
- Regular use of dental care in the established dental home
- Suboptimal systemic fluoride exposure with optimal topical exposure
- Occasional between-meal exposures to simple sugars or foods strongly associated with caries
- Caregiver of mid-level socioeconomic status (ie, eligible for Medicaid) or SCHIP
- Caregiver of lower-level socioeconomic status
- No usual source of dental care
- Active caries present in the mother

**General Health Conditions**

- Children with special health care needs
- Conditions impairing saliva composition/flow

*Children with special health care needs are those who have a physical, developmental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management. Chart based on the American Academy of Pediatric Dentistry Caries Risk Assessment Tool. For more information on using the tool, refer to www.aapd.org/foundation/pdfs/cat.pdf. Used with permission of the American Academy of Pediatrics.

- Dental caries such as white spots along the gum line or brown spots indicating moderate decay (Fig. 2).
- Check for later signs of decay: brown spots
- Check for early signs of decay: white spots

**Figure 2. Signs of childhood caries: (top) early decay: white spots; (bottom) later decay: brown spots. Used with permission of the American Academy of Pediatrics.**

- Moderate risk
- High risk

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Step 1:

- Remove excess saliva and plaque from the teeth with a 2 x 2 sterile gauze sponge.

Step 2:

- Apply fluoride with disposable applicator on all tooth surfaces. The varnish will harden immediately once it comes in contact with saliva.

**Applying Fluoride Varnish**

Fluoride varnish may be applied 2 to 4 times a year for children up to 7 years of age, depending on the child’s risk for caries.

**Reimbursement**

In New York State, a maximum of four (4) fluoride varnish applications per year will be covered for children from birth until 7 years of age.

- Medicaid fee-for-service: Providers will be reimbursed up to $30.00 per application. Prior approval is NOT required under Medicaid fee-for-service.
- Medicaid managed care: Reimbursement will be in accordance with provider agreements. Contact the Provider Relations office of your participating plan(s) for information.

**Procedure code “D1206” should be used by all health care providers.**

For questions about Medicaid managed care, contact the NYS Department of Health Division of Managed Care at 518-473-0122.
Ordering Fluoride Varnish

Fluoride varnish is available both in tubes for multiple applicator uses (individual disposable applicator brushes must be purchased separately) and in prepackaged single-unit doses that include a disposable applicator brush.

Many companies supply fluoride varnish,* including:

- Cavity Shield, in single-dose units with built-in applicators (Omni Products at 800-445-3386 or 800-634-2249)
- Duraphat (Colgate Oral Pharmaceuticals at 800-225-3756, 800-226-5428, or 800-2-COLGATE)
- Duraflor (Medicom at 800-361-2862)
- VarnishAmerica (Medical Products Laboratories at 800-523-0191, or www.medicalproductslaboratories.com/public-health/varnishamerica.html)


* Use of product names is for informational purposes only and does not imply endorsement by the New York City Department of Health and Mental Hygiene.

Resources

Fluoride Varnish Information:
- American Dental Association Evidence-Based Dentistry: http://edbd.aoda.org/ ClinicalRecommendations.aspx
- American Dental Association — Oral Health: www.aap.org/oralhealth/topics/oralhealth.cfm

Acknowledgments

This brochure was developed in cooperation with the New York State Department of Health, Bureau of Dental Health, and the New York University College of Dentistry, Department of Pediatric Dentistry. DOHMH would like to thank Jayanth V. Kumar, DDS, MPH, Acting Director of the Bureau of Dental Health at the New York State Department of Health, and Neal G. Herman, DDS, FAAHD, Clinical Professor in the Department of Pediatric Dentistry at the New York University College of Dentistry, for their contributions to this brochure.

http://jada.ada.org/cgi/reprint/137/8/1151
- New York State Department of Health, Bureau of Dental Health: www.nyhealth.gov/prevention/dental/child_oral_health_fluoride_varnish_for_hcp.htm
- New York State Oral Health Coalition: http://nysohc.org/FlouridationResources.aspx

Training in Oral Health Assessment:
- Other AAP Oral Health Initiative Oral Health Trainings & Videos (free and low cost): www.aap.org/oralhealth/links-training.cfm
- Bright Futures in Practice: Oral Health Pocket Guide: www.mchoralhealth.org/pocket.html

General:

References


Call 311 to order Fluoride Varnish Fact Sheets for Parents

Ask your pediatrician about fluoride varnish

HELPFUL TIPS FOR PARENTS AFTER FLUORIDE VARNISH APPLICATION

HELP TO PREVENT CAVITIES

- Wait until the next day to brush your child’s teeth.
- Give your child only soft foods for the rest of the day after treatment.

Avoid giving your child hot, hard, or sticky foods for 24 hours after the fluoride varnish application. Hard or chewy foods might chip the varnish off.

INFORMATION FOR PARENTS

Children should see a dentist by their first birthday and visit a dentist at least once a year.