Fluoride Varnish and Oral Health Screening Program Manual for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medical Providers in Maryland

Procedures, Policies and Protocols

ADDRESSING THE ORAL HEALTH CARE NEEDS OF MARYLAND’S CHILDREN . . .

EPSDT Medical Providers’ Role in Promoting Oral Health

* Integrate oral health into well-child visits.

* Help establish a dental home for children.

* Advocate for oral health as part of overall health.

Let’s work together to reduce early childhood caries.
Fluoride Varnish and Oral Health Screening Program Manual

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MEMORANDUM

TO: EPSDT Certified Physicians
EPSDT Certified Nurse Practitioners
Federally Qualified Health Centers
Local Health Departments and
Doral Dental, LLC

FROM: Susan J. Tucker, Executive Director
Office of Health Services

DATE: June 1, 2009

RE: Reimbursement for the Application of Fluoride Varnish by EPSDT
Certified Physicians and Nurse Practitioners

Effective July 1, 2009, the Department of Health and Mental Hygiene (the Department)
will reimburse EPSDT Certified Physicians and Nurse Practitioners for the application of
fluoride varnish, when it is medically necessary, for children who are Maryland Medicaid
recipients that range in age from 9 to 36 months. Additionally, effective July 1, 2009, dental
services for Maryland Medicaid recipients will be administered through a single contract by
Doral Dental Services of Maryland, LLC. The Department believes that having a single vendor
administer the dental program will improve the oral health of Maryland Medicaid recipients,
increase the number of providers for dental services, as well as streamline the process for the
administration of the dental program.

The following manual outlines all aspects of the fluoride varnish program. The manual
indicates the targeted population for fluoride varnish, the protocol and procedures for the
application of fluoride varnish, in addition to providing information on billing instructions for
fluoride varnish, information on provider training for the fluoride varnish program and
information on the fluoride varnish registry.

Questions regarding protocol, procedures, provider training for the application of fluoride
varnish or the fluoride varnish registry may be directed to the Office of Oral Health at
fvprogram@dhmh.state.md.us.
Maryland’s Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids

PURPOSE STATEMENT
The goal of the Maryland’s Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids is to reduce the incidence of tooth decay in children ages 3 and under and contribute to the establishment of a dental home.

Effective July 1, 2009, the Maryland Medical Assistance Program (Maryland Medicaid) will reimburse Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical providers licensed in Maryland for the application of fluoride varnish (CDT Code D1206). Similar programs have been initiated in approximately half of the states throughout the United States and have shown success in increasing access to dental care services.1 Further, it has been demonstrated that fluoride varnish can be successfully adopted into medical practices.2 This program includes six components: (1) oral health screening; (2) dental caries risk-assessment; (3) anticipatory guidance; (4) fluoride varnish application; (5) referral to a dentist; and (6) billing Medicaid and accessing the Maryland Fluoride Varnish Registry database.

PURPOSE AND RATIONALE
Tooth decay is the most common chronic disease of childhood. It is a transmissible infection that is primarily caused by a bacterium (mutans streptococcus). The most likely source of the bacterium is the mother or another intimate care provider who shares food and eating utensils. The earlier a child’s mouth is colonized with the bacteria, the higher the child’s risk of developing tooth decay. Poor dietary and oral hygiene habits as well as lack of exposure to fluoride enable the bacterial attack and the eventual formation of tooth decay. Early childhood caries (ECC) is defined as rapid tooth decay in children ages 6 and under, but can be well advanced by the age of 3.3

The American Academy of Pediatric Dentistry recommends oral health screening of children by a primary care provider during medical visits (well-child visits) and referral of children identified at risk for poor oral health to a dentist to establish a dental home by 12 months of age. Maryland Medicaid utilizes the American Academy of Pediatrics (AAP) Recommendations for Preventive Health Care chart which is available at http://www.aap.org/visit/prevent.htm.

Early access to preventive services has demonstrated a positive effect on the oral health status of children. Early intervention with oral health screening, dental caries risk
assessment, anticipatory guidance (education), fluoride varnish (topical fluoride application) and necessary referrals, helps prevent dental caries.

FLUORIDE VARNISH BACKGROUND INFORMATION
Fluoride varnish is a liquid formulation of concentrated fluoride that is painted directly on the coronal surfaces of teeth. It has been used in Europe and Canada for more than 30 years, and has proven to be effective in preventing tooth decay in both primary and permanent teeth. Fluoride varnish is applied at least one time per year and, in some cases may be applied as many as four times per year if a child is at higher risk of developing dental caries. First introduced in the United States in 1991, it received approval as a cavity varnish and a desensitizing agent. It is ideally suited for application on the teeth of infants, toddlers and children because of the ease of application and minimal ingestion. Because of its topical nature, fluoride varnish can be applied regardless of the concentration of fluoride in a community or private water system or whether a child is taking dietary fluoride supplements.

The application of fluoride varnish protects the primary teeth and ideally should be applied as soon as possible after the teeth erupt. Providers may purchase fluoride varnish in tubes containing sufficient product for multiple applications. However, many providers find it easier and more convenient to use pre-packaged single use (unit dose) tubes, which come with a small disposable applicator brush. Fluoride varnish is safe and less likely to be ingested when compared to other topically applied fluorides.

One advantage of the fluoride varnish and oral health screening program is that it is easily adaptable. This makes the program ideal for use in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Head Start programs, EPSDT and state and local public health programs. Other advantages of the program include:

- It does not require special dental equipment;
- It does not require a professional dental cleaning prior to application;
- It is easy to apply;
- It dries immediately upon contact with saliva;
- It is well tolerated by infants and young children, including those with special health care needs;
- It is inexpensive;
- It requires minimal training;
- Medicaid will reimburse dental and medical providers who meet the criteria outlined in the manual.
The Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health recommends application of fluoride varnish to children at high risk for developing tooth decay in accordance with the United States Centers for Disease Control and Prevention’s Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States and the American Dental Association, Council on Scientific Affairs’s Professionally Applied Topical Fluoride: Evidence-Based Clinical Recommendations.

DETERMINING INCREASED RISK FOR DENTAL CARIES
Young children who have one or more of the following characteristics may be at risk for dental caries:

- Presence of cavities or history of cavities;
- Presence of white spot lesions;
- Presence of excessive amounts of plaque;
- Continues to use the bottle past 1 year of age or sleeps with a bottle containing liquids other than water;
- Developmental disability;
- Chronic consumption of foods high in sugar, such as drinks (including fruit juice) and medications;
- Family members with a history of cavities;
- Engages in prolonged or ad lib use throughout the day of a bottle or sippy cup containing liquids other than water.

Please see the Physician and Non-Dental Providers Dental Caries Risk Assessment Form (Age Birth - 3) in the Appendix A for more detailed information.

DESCRIPTION OF THE SERVICE
Effective July 1, 2009, Maryland Medicaid will recognize CDT Code D1206 - Topical Fluoride Varnish – for reimbursement to physicians and nurse practitioners licensed in Maryland, who are: 1) EPSDT certified medical providers; 2) participate in Maryland Medicaid; and 3) have successfully completed the state-approved oral health screening and fluoride varnish training program. The current reimbursement fee for D1206 is $24.92. See section on billing the Medicaid contracted dental administrator, Doral Dental Services of Maryland, LLC, for topical fluoride varnish application (page 13).

EPSDT fluoride varnish services are defined as preventive procedures provided by or under the supervision of an EPSDT medical provider. Reimbursement by Medicaid for fluoride varnish application will only be allowed for those EPSDT certified medical providers who participate in the Maryland Medicaid Program and who have
successfully completed a state-approved oral health screening and fluoride varnish program training program. Fluoride varnish application must be provided in tandem with the regularly scheduled well-child visit for infants and toddlers ages 9 months thru 3 years (with one exception at 30 months) according to the EPSDT Maryland Schedule of Preventive Health Care
http://www.dhmh.state.md.us/epsdt/healthykids/pdf/2008/sep08/MDSched_Preventive_Care_Updated%202008.pdf - also see Appendix B).

An oral health screening must be conducted by the EPSDT medical provider. The provider should record any notable findings in the oral cavity, preventive oral health and dietary counseling, the administration of topical fluoride varnish, and if necessary, a referral to a dentist (See Appendix C for sample referral form – this form can be downloaded from the Office of Oral Health website at: http://www.fha.state.md.us/oralhealth).

WHO MAY APPLY FLUORIDE VARNISH FOR MEDICAID REIMBURSEMENT
Maryland laws, rules, or regulations provide guidance on licensure for dental and medical providers who may apply fluoride varnish or other topical fluoride treatments. For licensed physicians and nurse practitioners to be eligible to apply fluoride varnish, the following criteria must be met: (1) be EPSDT certified; (2) meet the state approved training requirement for the application of fluoride varnish; and (3) currently participate in the Maryland Medicaid Program.

Designated EPSDT medical “extenders” may apply fluoride varnish as well. For purposes of this program, a designated EPSDT medical extender is defined as: “Anyone who is working under the supervision of a physician or nurse practitioner and who is legally allowed in Maryland to administer immunizations (e.g. physician assistants, registered nurses, licensed practical nurses and other pertinent medical personnel).” These health providers must receive training on fluoride varnish application and be employed by an EPSDT medical provider who has met the criteria for participating in Maryland’s Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids. EPSDT medical extenders can be trained directly by their EPSDT medical provider, attend a state-approved training program, or complete an online course. In public health clinics, EPSDT medical extenders can perform the procedure with standing orders from their EPSDT medical provider.

All providers participating in Maryland’s Medicaid Program must provide services in accordance with the rules and regulations of the Medicaid program. Conditions of participation are made available at the time of provider enrollment.
TARGET POPULATION FOR FLUORIDE VARNISH AND ORAL HEALTH SCREENING PROGRAM

Any child who is enrolled in Maryland Medicaid from age 9 months through 3 years old is eligible to participate in the fluoride varnish and oral health screening program. With the exception of one fluoride varnish application only visit at 30 months, all fluoride varnish applications for this age group will be in tandem with the Medicaid schedule of approved well-child visits. This occurs for the following ages:

- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months – fluoride varnish application only; not an approved well-child visit
- 36 months

Please refer to the see the Maryland Schedule of Preventive Health Care (http://www.dhmh.state.md.us/epsdt/healthykids/pdf/2008/sep08/MDSched_Preventive_Care_Updated%202008.pdf - also see Appendix B) for more information on the well-child visit periodicity schedule.

EPSDT MEDICAL PROVIDER TRAINING PROGRAM

State-approved training in the application of topical fluoride varnish is **required** for EPSDT medical providers (physicians and nurse practitioners) to be reimbursed by Medicaid in performing this service. DHMH’s Office of Oral Health, in partnership with Maryland Medicaid, has developed an approved training program and fluoride varnish manual for use in EPSDT medical practices. Doral Dental Services of Maryland, LLC, is the contractual agent that provides reimbursement for fluoride varnish applications under Maryland Medicaid.

Upon successful completion of the fluoride varnish and oral health screening program training, the Office of Oral Health will provide each participant with a certificate of completion of the program. In addition, the Office of Oral Health will keep an updated list. However, each medical provider must maintain documentation to support their completed training. Documentation must be presented upon request from Maryland Medicaid.

Training consists of a 2-hour AAP-approved continuing medical education (CME) session designed by the University of Maryland Dental School and the National Maternal and Child Oral Health Resource Center. The training slides can be found at
the Office of Oral Health’s website at [http://www.fha.state.md.us/oralhealth](http://www.fha.state.md.us/oralhealth). The training program provides guidance on oral health screening, dental caries risk assessment, prevention, parent education and fluoride varnish application, and includes information on Medicaid billing and the fluoride varnish registry.

The oral health screening and fluoride varnish program for EPSDT medical providers, includes regional trainings that will be launched in June 2009 through in-person lectures from pediatric dentists affiliated with the Maryland Academy of Pediatric Dentistry and the University of Maryland Dental School. These programs will be presented in the following Maryland regions:

- Allegany County (Flintstone – Rocky Gap)
- Baltimore City (University of Maryland Dental School – 3 sessions)
- Charles County (White Plains – Charles County Health Department)
- Montgomery County (Rockville – University of Maryland, Shady Grove)
- Prince George’s County (Cheverly – Prince George’s Hospital Center)
- Talbot County (Easton – Easton Memorial)
- Wicomico County (Salisbury – Peninsula Regional Medical Center)

For a schedule of trainings, visit the Office of Oral Health’s website at [http://www.fha.state.md.us/oralhealth](http://www.fha.state.md.us/oralhealth). An online version of the training program will be made available.

The Office of Oral Health will also furnish a fluoride varnish toolkit which contains screening and varnish guidelines, forms, supply information, educational brochures, in-office training programs for physician extenders, additional resources and a starter kit that contains fluoride varnish, toothbrushes, cotton gauze, etc. Information for ordering subsequent fluoride varnish supplies is also included. Please note that the starter toolkits will be available only for those attending the in-person trainings in June 2009. Depending upon availability, one starter toolkit per EPSDT medical provider will be provided at the on-site trainings.

EPSDT medical extenders must also receive state-approved training to apply fluoride varnish. However, they have a choice of completing a formal state-approved training program or being trained by their EPSDT medical provider supervisor. Documentation of successful training of EPSDT medical extenders is required regardless of which method of training is used. Those who complete a state approved course will receive a certificate of completion of the program from the Office of Oral Health upon completion of the training. Those who complete a “train-the-trainer” course in their office from their EPSDT medical provider can receive a certificate of completion from the Office of
Oral Health upon request once they show valid documentation of the training. Documentation should list: 1) training date; 2) name of trainer (must be the EPSDT medical provider supervisor); 3) length of training; and 4) name of state-approved training program.

Please refer to the section titled “Who May Apply Fluoride Varnish” on page 4 to see who qualifies as an EPSDT medical extender. Please note that when a trained EPSDT medical extender applies fluoride varnish, billing for this service can only be completed by their EPSDT medical provider supervisor.

**FLUORIDE VARNISH AND ORAL HEALTH SCREENING PROGRAM PROTOCOL**

**Supplies/Equipment/Forms**
1. Program forms are available through the Office of Oral Health toolkit.
2. A starter toolkit that will contain 25 each of the following items:
   a. Duraflor 5% sodium fluoride varnish – bubble gum flavor
   b. Educational brochures for parent/caregiver - fluoride varnish
   c. Disposable mouth mirrors
   d. Toothbrushes
   e. Gauze sponges
   f. Stickers – fluoride varnish
3. This program allows the use of any fluoride varnish product that is an approved United States Food and Drug Administration product. See Appendix D – Fluoride Varnish Ordering Information – for more information on how and where to order fluoride varnish.

**Schedule And Dosages**
1. An oral health screening must be conducted by the EPSDT medical provider during each well-child visit and at age 30 months.
2. Age appropriate oral health anticipatory guidance will be offered to parents/legal custodians/guardians.
3. Fluoride varnish will be applied at well-child visits for children 9 months through 3 years of age according to the Maryland’s Schedule of Preventive Health Care (http://www.dhmh.state.md.us/epsdt/healthykids/pdf/2008/sep08/MDSched_Preventive_Care_Updated%202008.pdf - also see Appendix B) and at age 30-months by the EPSDT physician, nurse practitioner or medical extender.
4. The appropriate medical provider is to apply a thin layer of 5% sodium fluoride varnish to all surfaces of erupted primary teeth on children who meet the criteria for the application of fluoride varnish.

5. Post application instructions and referral status will be communicated to parents/legal custodians/guardians.

Pre-Fluoride Varnish Application Procedures

1. Eligibility:
   a. The medical office should determine whether the child meets the criteria for fluoride varnish application and is due for varnish application. The Maryland Fluoride Varnish Registry, administered by the Baltimore City Health Department can assist in this process. See page 16 for more information on the Maryland Fluoride Varnish Registry.
   b. Fluoride varnish application is encouraged at all well-child visits for children ages 9 months through 3 years and at the 30-month fluoride varnish visit, when indicated.
   c. When a child arrives for the appropriate well-child or age 30 months visit, staff members, when taking vitals, should clip a single application varnish kit to the chart, provided that it has been determined that the child is due for the next application of fluoride varnish. Clinics that use electronic records will need other reminders.

2. Record Keeping:
   a. After gaining consent from the parent/legal custodian/legal guardian, to conduct an oral health screening and apply fluoride varnish, signed and dated copies of the informed consent, medical history and completed screening form must be kept in the child’s health record. See Appendix E for sample consent form – a sample consent form can be downloaded from the Office of Oral Health’s website at http://www.fha.state.md.us/oralhealth.
   b. Using the medical history, prior to varnish placement, an oral screening and dental caries risk assessment is conducted by the EPSDT medical provider. The following information should be indicated in the record:

   - Name, date, birth date, grade, special health care needs status;
   - Caries experience, untreated caries, early childhood caries or presence of sealants, treatment urgency (urgent, early or no treatment needs);
   - Indication for fluoride varnish application;
   - Preventive oral health and dietary counseling;
   - Fluoride varnish application dates and provider initials;
   - Name of licensed medical provider conducting the screening;
- Comments and indication of referral to a dentist, if necessary. (See Appendix C for sample referral form – This form can be downloaded from the Office of Oral Health’s website at http://www.fha.state.md.us/oralhealth).

c. The need for fluoride varnish placement will be documented and determined consistent with United States Centers for Disease Control and Prevention, Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States.4
d. All applicable federal and state occupational safety and health records will be maintained by the medical practitioner or health institution.
e. All applicable confidentiality requirements will be met.

3. Pre-Clinical Considerations
   a. Occupational Safety and Health
      i. The medical provider will follow United States Centers for Disease Control and Prevention, Recommended Infection Control Practices in Dental Health-Care Settings.7
   b. Adverse Event Protocol
      i. Edema has been reported in rare instances, especially after application to extensive surfaces.
      ii. Dyspnea, although extremely rare, has occurred in asthmatic individuals.
      iii. Nausea has been reported when extensive applications have been made to patients with sensitive stomachs.
      iv. In the above cases, if necessary, the varnish is easily removed with thorough tooth brushing and rinsing.
   c. Safety Precautions
      i. Remind the parent/caregiver to give the child something to eat or drink before their appointment to receive fluoride varnish application.
      ii. Advise the parent/caregiver that the child’s teeth may become temporarily discolored, as some fluoride varnish products produce a colored tint.
      iii. Explain the discoloration will be brushed off the following day.
   d. Contraindications
      i. Avoid applying varnish on large open carious lesions (when the lesion is easily visible upon observation and is not covered by enamel). Referral to a licensed dentist is indicated in this instance. (See Appendix C for sample referral form – This form can be downloaded from the Office of Oral Health website at http://www.fha.state.md.us/oralhealth).
      ii. Gingival stomatitis
      iii. Ulcerative gingivitis
      iv. Intra oral inflammation
v. Known sensitivity to colophony or colophonium or other product ingredients which include:

- Ethyl Alcohol Anhydrous USP 38.58%
- Shellac powder 16.92%
- Rosin USP 29.61%
- Copal
- Sodium Fluoride 4.23%
- Sodium Saccharin USP 0.04%
- Flavorings, Cetostearyl Alcohol

4. Oral Health Screening – this MUST be done before the fluoride varnish application (for more information, please find the training program presentation at the Office of Oral Health’s website at http://www.fha.state.md.us/oralhealth).
   a. Armamentarium to complete the oral health screening should include:
      - Disposable gloves;
      - 2 x 2 gauze sponges to dry the teeth;
      - Lighting: use a good, directed light source in addition to regular room lighting. A flashlight/penlight, non-dental exam light, or head lamp will work well;
      - Dental mirror or tongue blades: Please note that dental mirrors provide better visibility than tongue blades, for retraction and/or visualization of the mouth.
   b. Open the child’s mouth and look for contraindications, conduct an oral screening, and show parent/caregiver any problems;
   c. Document findings directly in the child’s chart;
   d. Provide oral hygiene, diet, and nutritional education and counseling to parent/caregiver, as needed;
   e. Determine the child’s risk for dental caries. (See Appendix A – Dental Caries Risk Assessment Form for 0-3 Year Olds for Physicians and Non-Dental Providers – for more information as to how to determine caries risk).
   f. Make a referral to a dentist if the child is found to be at-risk for dental caries or if tooth decay or other oral abnormalities are found. (See Appendix C for sample referral form – This form can be downloaded from the Office of Oral Health website: http://www.fha.state.md.us/oralhealth). Varnish may still be applied.
Clinical Fluoride Varnish Application Procedure

1. Gather appropriate fluoride varnish supplies:
   - Disposable gloves (preferably non-latex)
   - Paper towel or disposable bibs
   - Gauze sponges (2 x 2)
   - Fluoride Varnish (see Appendix D for fluoride varnish ordering information)
   - Disposable applicator brush (if not included with the varnish)
   - Disposable mouth mirror (optional)
   - Toothbrush (if needed)

2. Wear personal protective equipment as required. At a minimum, gloves must be worn.

3. The varnish is most easily applied to children in the "knee-to-knee" or “lap-to-lap” position, with the child facing the parent/caregiver and the staff member in a chair opposite the parent/caregiver with knees facing toward parent/caregiver’s knees. Parent/caregiver lowers child’s head onto the staff member’s lap, keeping the legs on the parent/caregiver’s lap while holding the child’s arms (see photo below). Young children or school-aged children can also be placed in a seated position (chair or dental chair).

2. Apply Varnish:
   a. Wearing gloves, open the varnish kit.
   b. If using fluoride varnish in tubes:
      i. Massage the fluoride tube before opening it to fully assure that the fluoride is evenly distributed within the varnish medium.
      ii. 1 – 2 pea-sized drops (about 0.3 ml) of varnish is sufficient for children with 1 – 8 teeth and 2 – 3 drops (about 0.5 ml) for children with more teeth.
   c. If using fluoride varnish in single unit dosage container, follow the manufacturer’s directions for preparing the fluoride varnish for application.
d. Dip the brush in the varnish.
e. Use gentle finger pressure to open the child’s mouth.
f. Working in sections, wipe the teeth dry with gauze then apply a thin layer of varnish to the inside, outside and chewing surfaces of all teeth.
g. Once varnish is applied, it sets quickly in the presence of saliva.

![Image of a brush dipping into varnish and brushing teeth]

3. Post-Fluoride Varnish Application Instructions:
   a. To keep the varnish on the teeth for as long as possible:
      i. The teeth should not be brushed until the next morning.
      ii. The child should eat a soft, non-abrasive diet for the rest of the day.
   b. Inform the parent/caregiver that it is normal for the teeth to appear dull or yellow until they are brushed; the discoloration will wear off in 6-8 hours.
   c. The child can leave immediately after the application.
   d. Feel free to give parent/caregiver the following information:

   ![Image of a child from the mouth]

   **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.**

   e. Re-communicate referral status to a dentist, if necessary.

*Please see the Fluoride Varnish Application Checklist in the Appendix F for a simple, stepwise summary of the above steps.*
MEDICAID BILLING AND REIMBURSEMENT FOR FLUORIDE VARNISH APPLICATION
Effective July 1, 2009, EPSDT certified medical providers who successfully complete a state-approved fluoride varnish training program and participate in Maryland Medicaid are eligible to seek reimbursement from Maryland Medicaid for fluoride varnish applications. Preauthorization is not required for this service.

Every EPSDT medical provider who successfully completes the fluoride varnish and oral health screening training program will receive a certificate of completion from the Office of Oral Health. Each medical provider must maintain documentation to support their own completed training and also show training documentation for any office medical extenders who apply fluoride varnish (see page 6 for more information). Documentation must be presented upon request from Maryland Medicaid.

Indications and Limitations of Coverage
With the exception of one fluoride varnish application at age 30 months, all fluoride varnish applications for this age group will be provided in tandem with the Medicaid approved well-child visit (see Appendix B – or access the Maryland Schedule of Preventive Health Care periodicity schedule at: http://www.dhmh.state.md.us/epsdt/healthykids/pdf/2008/sep08/MDSched_Preventive_Care_Updated%202008.pdf) as follows:

- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months – fluoride varnish application only; not an approved well-child visit
- 36 months

Covered Current Dental Terminology (CDT) 2009-2010 Code
D1206 - Topical Fluoride Varnish – currently $24.92 according to the 2008-2009 Maryland Medical Assistance Dental Fee Schedule.

Billing and Reimbursement for Fluoride Varnish Application (CDT – D1206)
Code D1206 (Topical Fluoride Varnish) will be used for all billing claims filing. With the exception of the fluoride varnish application at 30 months, D1206 must be billed in conjunction with an office well-child visit procedure code. Please remember, the oral health screening is part of the well-child visit and may not be billed separately.
In filing electronically, please complete the following steps:

- Access Doral Dental Services of Maryland, LLC secure website at www.doralusa.com.
  - Click on the “Providers” button to continue.
  - To access Provider Web Portal (PWP), click “Provider Web Portal (PWP)”.
  - Type your User Name and Password and click on the Log In button.

- If you are not a registered user, click “Not a registered user” and enter the following information in the User Registration window.
  - Location ID: Enter your unique location identifier provided to you on the EPSDT provider letter you received from Doral, or by Doral’s contacting provider support at 866-696-9558.
  - Location Name: Enter your location name. A partial location name may be entered.
  - City: Enter the city in which your practice is located.
  - State: Enter the 2 character state abbreviation for your location.
  - ZIP: Enter the 5 digit ZIP code for your location.
  - Email Address: Enter an email address for the new user (optional).
  - Click “continue” after completing the required fields.
  - Create a User Name and Password
    - User Name: The username must be at least 4 characters; it can be numbers, letters or a combination of both.
    - Password: The password must be at least 8 characters and contain a minimum of 2 non-alpha characters. Passwords are case sensitive.
    - Retype Password: Retype your password to verify what you entered in the password field.
  - Click “continue” after completing the User Registration information. If registration is successful, you will receive a message that states “Successfully Registered New User”.

- Type your User Name and Password and click on the Log In button. From the Main Menu; Enter Dental Claims.

- Basic Information entry fields:
  - Service Date is automatically populated with the current date, but it can be changed if needed.
  - Location name displays the logged in user’s location.
  - Provider: Select a provider. All providers for the logged in user’s location are listed.
  - POS: Select a place of service
• Group NPI: If a group NPI is required for the office, the group NPI will automatically be displayed.

• **Member (Patient) Information** entry fields:
  o Member DOB: Enter the member’s date of birth (required).
  o Subscriber ID: Enter the member’s complete recipient ID – OR –
  o Last Name: Enter the member’s complete last name. A partial last name will result in the member not being found.
  o First Name: Enter the member’s first name. A partial first name may be entered.

• Optional Fields:
  o Office Ref #: Enter an office reference number.
  o Referral #: Enter a referral number.
  o Notes: Enter any notes for claim entry.

• When all required fields are filled in, click the Enter Service Lines button to continue claims submission.

• Procedure Code: Enter code D1206 for topical fluoride varnish. Once complete, click on the Submit Claim button.

• To submit additional claims; return to the Main Menu by choosing Claim Entry from the menu on the right of the screen. When all claims for the day are submitted, view the claim entry report.

• From the Main Menu; View claim entry report.
  o This feature allows you to review claims that were submitted using the Provider Portal.
  o From the Claim Entry Confirmation Report page; choose Report Sort Order by Entered Date.
  o Save or print a copy of this report for your records.

• For provider support information, contact Doral Dental Services of Maryland, LLC at 888-696-9598.

• For technical support and Website questions, contact Doral at 800-341-8478 option 7, or email at eclaims@doralusa.com.

For a more detailed description of billing Doral Dental Services of Maryland, LLC for fluoride varnish application, please refer to the Office of Oral Health website at http://www.fha.state.md.us/oralhealth).
MARYLAND FLUORIDE VARNISH REGISTRY

A pediatric fluoride varnish web-based registry database - the Maryland Fluoride Varnish Registry - developed by the Baltimore City Health Department for use in their Fluoride Varnish Pilot Program, was created to give EPSDT medical providers a mechanism to track patient-level fluoride varnish applications. The registry, modeled after the Baltimore Immunization Registry, allows providers to check when or if varnish was last applied to a child. The database is an important tool for tracking statistics per office and per geographic area.

The Maryland Pediatric Fluoride Varnish Registry Database is available at http://cityservices.baltimorecity.gov/fvp. Users are assigned a personal login and password and can enter varnish treatments or view the most recent treatment or next possible treatment date (calculated by the registry to be at least three months after the last treatment date). Reports are available by practice.

EPSDT medical providers are not responsible for directly submitting or entering data into the registry database. Maryland Medicaid will submit all fluoride varnish data to the pediatric fluoride varnish registry database. Please refer to the Maryland Pediatric Fluoride Varnish Registry PowerPoint presentation at the Office of Oral Health’s website at http://www.fha.state.md.us/oralhealth which describes how to use the various features of the Maryland Fluoride Varnish Registry, how to input data and how to register.
References


Appendix

A. Dental Caries Risk Assessment for Non-Dental Healthcare Providers

B. Maryland Schedule of Preventive Health Care Periodicity Schedule

C. Sample Dentist Referral Form

D. Fluoride Varnish Ordering Information

E. Sample Fluoride Varnish Consent Form

F. Fluoride Varnish Checklist

G. Sample EPSDT Medical Provider Standing Order
### Appendix A

**Dental Caries Risk Assessment for Non-Dental Healthcare Providers**

**Physician and Non-Dental Providers**  
**Dental Caries Risk Assessment Form for 0-3 Year Olds**

<table>
<thead>
<tr>
<th>Biological Factors</th>
<th>High Risk Factors</th>
<th>Moderate Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/primary caregiver has active cavities</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/caregiver has low socioeconomic status</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child has special health care needs</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is a recent immigrant</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protective Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child exposed to fluoridated drinking water or fluoride supplements</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has teeth brushed daily with fluoridated toothpaste</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child receives topical fluoride from health professional</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Additional home measures (xylitol, MI paste, antimicrobial)</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Child has dental home/regular dental care</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Clinical Findings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has white spot lesions or enamel defects</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has visible cavities</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has plaque on teeth</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has elevated mutans streptococci</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child has &gt;3 between meal sugar contain snacks or beverages per day</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is put to bed with a bottle containing sweetened beverages</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall assessment of the child’s dental caries risk:**  
High ☐  Moderate ☐  Low ☐
<table>
<thead>
<tr>
<th>Components</th>
<th>Infancy (months)</th>
<th>Early Childhood (yrs)</th>
<th>Late Childhood (yrs)</th>
<th>Adolescence (yrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health History and Development</td>
<td>Birth 1 2 4 6 9 12 15</td>
<td>2 3 4 5 6 7 9 10 11 12 13 14 16 17 18 19 20</td>
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<td></td>
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<tr>
<td>Medical and family history/interview</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Perinatal history</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Psychosocial/Environmental assessment/update</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Developmental Surveillance (Subjective)</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Developmental Screening (Standard Tools)</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Mental health/behavioral assessment</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Substance abuse assessment</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Physical Exam</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Vision/hearing assessment²</td>
<td>O² S S S S S S S S S S S S</td>
<td>S S % S % S S S S S S S S S S S S</td>
<td>S S % S % S S S S S S S S S S S S</td>
<td>S S % S % S S S S S S S S S S S S</td>
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<td>Cerebral assessment</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Nutrition assessment</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Measurements and graphing: Ht/Wt/HC-BMI*</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Blood Pressure</td>
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<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Risk Assessments by Questionnaire</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Lead assessment by questionnaire</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Tuberculosis³</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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</tr>
<tr>
<td>Heart disease/cholesterol³</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Sexually transmitted infections (STI)³</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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</tr>
<tr>
<td>Laboratory Tests</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Hereditary/metabolic hemoglobinopathy</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<tr>
<td>Blood lead test</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Anemia/hemoglobin</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
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<td>Immunizations</td>
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<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Vaccines given per schedule</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Health Education</td>
<td>Age-appropriate education/guidance</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Developmental/intellectual assessment</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
<tr>
<td>Scheduling/return visit</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
<td>X X X X X X X X X X X X X</td>
</tr>
</tbody>
</table>

Key: X Required
-----------
→ Required if not previously done
S Subjective by history observation
O Objective by standardized testing
* Counseling/testing required when positive

The Schedule reflects minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age. The Maryland Healthy Kids Program requires yearly preventive care visits between ages 2 years through 20 years. However, based on the provider's professional judgment, children after age 6 years can receive a preventive care visit at 2-year intervals if specifically documented in the medical record as the plan of care. Refer to AAP 2006 Policy Statement referenced in the Healthy Kids Program Manual for details regarding which visits are required and which visits are optional. For AAP guidelines, head circumference is measured continuously from age 2 years and BMI should be calculated and graphed yearly beginning at age 2 years.

[1] www.dhmk.state.md.us/epsd/healthykids

Maryland Healthy Kids Program

Updated 2008
Appendix C

Sample Dentist Referral Form

Maryland’s Mouths Matter Fluoride Varnish and Oral Health Screening Program for Kids

Referral Form

<table>
<thead>
<tr>
<th>Date of Visit: ______ / ______ / ______</th>
<th>Patient DOB: ______ / ______ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name: _____________</td>
<td>Patient Medicaid ID #: __________________</td>
</tr>
<tr>
<td>Parent/Guardian Name: __________________</td>
<td>Parent/Guardian Phone #: __________________</td>
</tr>
<tr>
<td>Practice/Provider Name: __________________</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE CIRCLE YOUR RESPONSE.

### TEETH AND CONDITIONS PRESENT

<table>
<thead>
<tr>
<th>How many teeth are present?</th>
<th>Noted presence of intraoral soft tissue pathology?</th>
<th>Please circle all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1-8</td>
<td>Yes/No</td>
<td>A. Early Tooth Eruption (&lt;6 months)</td>
</tr>
<tr>
<td>B. 8-16</td>
<td>If yes, circle all that apply:</td>
<td>B. Poor Parental Dental Health</td>
</tr>
<tr>
<td>C. 16-20</td>
<td>A. Ulcer</td>
<td>C. Does the child go to bed with bottle/breast/cup?</td>
</tr>
<tr>
<td>How many teeth perceived cavities?</td>
<td>If yes, circle all that apply:</td>
<td>D. Frequent Snacking (5x or more per day)</td>
</tr>
<tr>
<td>A. None</td>
<td>A. Ulcer</td>
<td>E. Enamel Defects/Pits</td>
</tr>
<tr>
<td>B. 1-2</td>
<td>B. Mucocele</td>
<td>F. Prolonged Bottle/Breast Feeding (&gt;1 year)</td>
</tr>
<tr>
<td>C. 3-4</td>
<td>C. Inflamed Gingiva</td>
<td>G. Well Water or non-fluoridated bottle water</td>
</tr>
<tr>
<td>D. 5-10</td>
<td>D. Herpes</td>
<td>H. Greater than 3 weeks (continuous) of liquid meds</td>
</tr>
<tr>
<td>E. 10-20</td>
<td>E. Lingual Frenum</td>
<td>I. None</td>
</tr>
</tbody>
</table>

### ORAL HEALTH CARE QUESTIONS

<table>
<thead>
<tr>
<th>Does someone clean the child’s teeth daily?</th>
<th>Does the child go to bed with bottle/breast/cup?</th>
<th>Was fluoride varnish applied?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>If yes, circle all that apply:</td>
<td>No</td>
</tr>
<tr>
<td>If yes, who? (circle one only)</td>
<td>A. Water E. Sugar Water</td>
<td></td>
</tr>
<tr>
<td>A. Parent</td>
<td>B. Milk F. Other</td>
<td></td>
</tr>
<tr>
<td>B. Grandparent</td>
<td>C. Juice G. Not Reported</td>
<td></td>
</tr>
<tr>
<td>C. Sibling</td>
<td>D. Soda/Soft Drink</td>
<td></td>
</tr>
<tr>
<td>D. Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Not Reported</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the child use a pacifier?</th>
<th>Was education on oral health care provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>If yes and dipped in anything, circle all that apply:</td>
</tr>
<tr>
<td></td>
<td>A. Milk E. Other</td>
</tr>
<tr>
<td></td>
<td>B. Juice F. Other</td>
</tr>
<tr>
<td></td>
<td>C. Soda/Soft Drink</td>
</tr>
<tr>
<td></td>
<td>D. Sugar Water</td>
</tr>
<tr>
<td></td>
<td>E. Other</td>
</tr>
</tbody>
</table>

### REFERRAL

<table>
<thead>
<tr>
<th>Was dental referral for cavities/pathology made by physician?</th>
<th>Was parent/guardian informed that dental referral is needed?</th>
<th>If yes, who was the referral made to?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Dentist name: __________________</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>Phone #: __________________</td>
</tr>
</tbody>
</table>

Local health department: __________________
Phone #: __________________

Dental: __________________
Phone #: __________________

Provider Signature: __________________

Adapted with permission from the Into The Mouths of Babies – NC Dental Screening and Varnish Project
Appendix D

Fluoride Varnish Ordering Information

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

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

3. **Duraflor** (5% NaF in a natural colophonium resin)
   *Medicom*
   1-800-361-2862

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

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

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

Sample Fluoride Varnish Application Consent Form

Fluoride Varnish Application Consent Form

Dear Parent/Caregiver:

A licensed health professional will be applying fluoride varnish to your child’s teeth as a means of preventing tooth decay (cavities).

**Fluoride varnish** is a protective coating that is painted on teeth. The varnish releases fluoride over a period of time, which strengthens teeth and prevents tooth decay. Tooth decay is the most common chronic disease found in children.

For your child to receive the fluoride varnish you will need to give permission by completing the form below.

___ YES  I would like my child to receive the fluoride varnish application

___ NO  I do not wish for my child to receive the fluoride varnish application

Child’s name

Date of Birth

___ Male ___ Female

Does your child see a dentist at least once per year? ___ YES ___ NO

If Yes, name of dentist:

Signature of Parent/Caregiver

Date

Please print name of Parent/Caregiver

Date
Appendix F

Fluoride Varnish Application Checklist

<table>
<thead>
<tr>
<th>Obtain written parental / guardian consent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather supplies: disposable gloves, fluoride varnish, 2x2 gauze, disposable applicator (if not included with the varnish, disposable mouth mirror (optional), toothbrush, and paper towel or disposable bib.</td>
</tr>
<tr>
<td>Wear personal protective equipment: gloves and mask (have non-latex or latex sensitive gloves available).</td>
</tr>
<tr>
<td>Explain procedure to parent/caregiver. Mix varnish, if directed by manufacturer.</td>
</tr>
<tr>
<td>Instruct parent/caregiver to hold the child facing them with the child’s legs around parent’s hips.</td>
</tr>
<tr>
<td>Sit in a “knee to knee” position with parent/caregiver.</td>
</tr>
<tr>
<td>Have the caregiver/parent gently lower the child’s head into the operator’s lap.</td>
</tr>
<tr>
<td>Open the child’s mouth and look for eruption of primary teeth, plaque, white spot lesions, tooth decay, enamel defects, crowding.</td>
</tr>
<tr>
<td>Show the parent/caregiver any problems and provide education on oral hygiene and diet.</td>
</tr>
<tr>
<td>Working in sections, dry the teeth with gauze, and then apply the fluoride varnish on all surfaces of the teeth.</td>
</tr>
<tr>
<td>Instruct the parent /caregiver that the child should eat soft foods for the rest of the day.</td>
</tr>
<tr>
<td>Instruct the parent/caregiver that the child should not brush their teeth until the following morning. Inform the parent/caregiver that the teeth may have a yellowish color (this will come off when the teeth are brushed the next morning).</td>
</tr>
</tbody>
</table>

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Appendix G

Sample EPSDT Medical Provider Standing Order

Name of EPSDT Medical Provider (degree) authorizes the applications of fluoride varnish for a one-year period of time from month/date/year to month/date/year. This standing order will be reviewed on an annual basis.

Program Requirements
1. <The authorized EPSDT medical extender> will provide fluoride varnish to infants and children that present with the following:
   A. A signed informed consent has been secured from the parental/legal custodian/guardian of the child; and
   B. The child must be age 9 months to 3 years old who is enrolled in the Maryland Medical Assistance Program (Medicaid).

2. An oral health screening must be conducted and documented and fluoride varnish applied by an EPSDT medical extender who has successfully completed a fluoride varnish training program approved by the Department of Health and Mental Hygiene, Office of Oral Health.

Schedule and Dosages
1. <The authorized EPSDT medical extender> will apply the initial fluoride varnish application as a thin layer of 5% sodium fluoride varnish to all surfaces of erupted primary teeth.
2. Repeat the fluoride varnish application at all scheduled well child visits and at one non-well child visit at 30 months for infants and toddlers between the ages of 9 months to 3 years old.

Prescription
Fluoride varnishes to be used include: (You may choose to list any fluoride varnish agent approved by the Food and Drug Administration.)

1. If using fluoride varnish in tubes:
   ➢ Massage the fluoride tube to fully assure that the fluoride is evenly distributed within the varnish medium.
   ➢ 1 – 2 pea-sized drops (about 0.3 ml) of varnish is sufficient for children with 1 – 8 teeth and 2 – 3 drops (about 0.5 ml) for older children.
2. If using fluoride varnish in single unit dosage container:
   ➢ Stir the varnish thoroughly before applying to the teeth.
Contraindications
1. Gingival stomatitis
2. Ulcerative gingivitis
3. Intra-oral inflammation
4. Known sensitivity to colophony or colophonium or other product ingredients which include:
   A. Ethyl alcohol anhydrous USP 38.58%
   B. Shellac powder 16.92%
   C. Rosin USP 29.61%
   D. Copal
   E. Sodium Fluoride 4.23%
   F. Sodium Saccharin USP 0.04%
   G. Flavorings, Cetostearyl Alcohol

Precautions
Do not apply varnish on large open carious lesions. Referral to licensed dentist is indicated.

Pre-application Instructions
1. Remind the parent/legal custodian/guardian to provide the child something to eat or drink before receiving the fluoride varnish application;
2. Advise the parent/legal custodian/guardian that the child’s teeth may become temporarily discolored, as some fluoride varnish agents have an orange-brown tint;
3. Explain the discoloration will be brushed off the following day, yet the protective qualities of the fluoride varnish will remain.

Post-application Instructions
1. To keep the varnish on the teeth for as long as possible;
2. The teeth should not be brushed until the next morning;
3. The child should eat a soft, non-abrasive diet for the rest of the day;
4. Inform the caregiver that it is normal for the teeth to appear dull or yellow until they are brushed; the discoloration will wear off in 6-8 hours;
5. The child can leave immediately after the application;
6. Re-communicate referral status to a dentist, if necessary.

Side Effects
It is normal for the teeth to appear dull and yellow in appearance until the teeth are brushed.

Adverse Reactions
Edematous swellings have been reported in rare instances, especially after application of extensive surfaces. Dyspnea, although extremely rare, has occurred in asthmatic people. Nausea has been reported when extensive applications have been made. If indicated, varnish film can be removed with a thorough brushing.

Caution
Store varnish in a safe location at room temperature. Store out of the reach of children.
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