AHCCCS
Arizona Health Care Cost Containment System

Back To Basics – Dental Performance and Oral Health

7/18/18

Oral Health Screening Fluoride Varnish

Basics

AMPM Exhibit 431-1

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE*

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.

AGE	12-24 months	2-6 years	6-12 years	12 years and older
Clinical oral examination including but not limited to the following [1]	X	X	X	X
➢ Assess oral growth and development	X	X	X	X
➢ Caries-risk Assessment	X	X	X	X
➢ Assessment for need for fluoride supplementation	X	X	X	X
➢ Anticipatory Guidance/Counseling	X	X	X	X
➢ Oral hygiene counseling	X	X	X	X
➢ Dietary counseling	X	X	X	X
➢ Injury prevention counseling	X	X	X	X
➢ Counseling for nonnutritive habits	X	X	X	X
➢ Substance abuse counseling			X	X
➢ Counseling for intraoral/perioral piercing			X	X
➢ Assessment for pit and fissure sealants		X	X	X
Radiographic Assessment	X	X	X	X
Prophylaxis and topical fluoride	X	X	X	X

[1] First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

NOTE: Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

NOTE: As in all medical care, dental care must be based on the individual needs of the member and the professional judgment of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule

Oral Health Screening

- Oral health is critically important to overall health and well-being. All Apple Health clients should have a dental home or primary dental provider. Eligible clients may go to a dental provider for routine preventive care or for restorative care without a referral from the PCP. See the agency's Dental-Related Services Billing Guide.
- Eligible clients may also go to an orthodontic provider without an EPSDT screen or referral. The agency pays for orthodontics for children with cleft lip or palates or severe handicapping malocclusions. The agency reviews all requests for orthodontic treatment or orthodontic-related services for clients who are eligible for services under the EPSDT program (WAC 182-534-0100). See the agency's Orthodontic Services Billing Guide.
- Oral health requires ongoing supervision from health care providers. At each well-child checkup the provider should do an oral assessment noting the number and location of teeth erupted, visible cavities and other symptoms. If the child does not have a dental home, the PCP should provide a referral. If the child is enrolled with managed care and does not have an established dental home, refer the client to the MCO.

Oral Health Screening

- Oral health assessment and education, includes:
- · How to clean teeth as they erupt.
- · How to prevent early childhood caries.
- · How to recognize dental disease.
- · How dental disease is contracted.
- · Importance of preventive sealant.
- · Application of fluoride varnish, when appropriate.

Oral Health Screening Methodology

Oral Health Screening by PCP	
Members who received an oral health screening by the PCP during the EPSDT visit	
Data Collection	Administrative - EPSDT Tracking Form
Time Frame	Data and analysis based on all tracking forms received during the quarter/reporting period
Member Ages	< 1 Year to 21 Years of Age
# Numerator	Number of members, from EPSDT Tracking Forms received (<1 to 21 years of age) who received an oral health screening during the EPSDT visit
# Denominator	Total number of members from EPSDT Tracking forms received during the quarter for individuals <1 to 21 years of age
%	Number of members from EPSDT Tracking forms received (<1 to 21 years of age), who received an oral health screening during the EPSDT visit, divided by the total number of EPSDT Tracking forms received during the quarter for members <1 to 21 years of age

Oral Health Screening by PCP

- https://www.youtube.com/watch?v=0mrh9GqczK8
- https://www.youtube.com/watch?v=vRodm0Zxvfw

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➢ Dietary counseling	X	X	X	X
➢ Injury prevention counseling	X	X	X	X
➢ Counseling for nonnutritive habits	X	X	X	X
➢ Substance abuse counseling			X	X
➢ Counseling for intraoral/perioral piercing			X	X
➢ Assessment for pit and fissure sealants		X	X	X
Radiographic Assessment	X	X	X	X
Prophylaxis and topical fluoride	X	X	X	X

[1] First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

NOTE: Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

NOTE: As in all medical care, dental care must be based on the individual needs of the member and the professional judgment of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule

Fluoride Varnish

- A protective topical fluoride that is painted on all parts of the teeth.
- Safe and can be used from the time babies have their first tooth.
- Prevents new cavities and can help stop cavities that have just started.
- Should be applied on the teeth at least two times a year to keep teeth healthy.

Background

- Fluoride varnish applied every six (6) months is effective in preventing dental caries for primary and permanent teeth of children and adolescents at moderate to high risk for dental caries.
- Varnishes were developed to improve upon the shortcomings of other topical fluoride treatments by prolonged contact of fluoride with tooth enamel.
- The decision to professionally apply topical fluoride is base on **assessment of dental caries risk**.
- Multiple studies have demonstrated the effectiveness of fluoride varnish in preventing dental caries in children at moderate to high risk.

Summary of Data for the Efficacy of Fluoride Varnish

- **All children**
- The Scottish Intercollegiate Guidelines Network[4] guideline recommends that a topical fluoride varnish should be applied at least twice per year in all children. Based on a balance of safety and effectiveness data, the American Dental Association[9] (ADA) recommends 2.26% fluoride varnish as the only topical fluoride option for children less than six years of age. Based on expert opinion, 2.26% fluoride varnish is recommended every three to six months for children up to 18 years of age. The ADA guideline also suggests that all patients who are determined to be at low risk of developing dental caries may not require the addition of topical fluoride treatment to their dental health care treatment if they also use fluoridated toothpaste and consume fluoridated water

AMPM 430: Fluoride Varnish

- AMPM 430 B. 9:
- Appropriate oral health screening, intended to identify oral pathology, including tooth decay and/or oral lesions, and the application of fluoride varnish conducted by a physician, physician's assistant or nurse practitioner. Application of fluoride varnish may be billed separately from the EPSDT visit using CPT Code 99188. Fluoride varnish is limited in a primary care provider's office to once every six months, during an EPSDT visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age.

AMPM 431

PCPs who have completed the AHCCCS required training, may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members who are at least six months of age, with at least one tooth eruption. Additional applications occurring every six months during an EPSDT visit, up until member's second birthday, may be reimbursed according to AHCCCS-approved fee schedules. Application of fluoride varnish by the PCP, does not take the place of an oral health visit.

AHCCCS recommended training for fluoride varnish application is located at http://www.smilesforlifeoralhealth.org. Please refer to Training Module 6 that covers caries risk assessment, fluoride varnish and counseling. Upon completion of the required training, providers should submit a copy of their certificate to each of the contacted health plans in which they participate, as this this is required prior to issuing payment for PCP applied fluoride varnish. This certificate may be used in the credentialing process to verify completion of training necessary for reimbursement.

Additional training resources may be found on the Arizona Department of Health Services website.

Scope of the Issue - Data by Provider Type

Fluoride Varnish applications by provider type		
Provider type	CYE 2014	CYE 2015
5-Clinic	15	5
07-Dentist	10,298	15,253
08-MD	227	2420
18-PA	2	362
31-DO	20	96
54 - Dental Hygienist		1
C2- FQHC		341

AZ Board of Nursing Position

- Is it within the Scope of Practice for the Registered Nurse (RN) and/or Licensed Practical Nurse (LPN) to apply fluoride varnish in the course of an oral health screening? ANSWER: Yes. It is within the Scope of Practice for an RN and/or LPN to safely perform oral health screening and application of fluoride varnish procedures under the supervision of a licensed care provider who possesses specific knowledge, skills, and abilities in oral health screening and fluoride varnish application procedures within the appropriate client population.
- **REFERENCES:**
- Arizona State Board of Nursing. Advisory Opinion Fluoride Varnish: Oral Health Screening.
- National Maternal and Child Oral Health Resource Center Georgetown University. (2014). Focus on fluoride varnish. Retrieved February 18, 2014 athttp://www.mchoralhealth.org/highlights/flvarnish.html
- North Carolina Department of Health and Human Services. (2014). Oral health. Retrieved January 20, 2014 at http://www.ncdhhs.gov/dph/oralhealth/partners/IMB-toolkit.htm

Fluoride Varnish Application by Dental Hygienists

- Scope of Practice in Arizona:
- 32-1289. Employment of dental hygienist by public agency, institution or school
- A. A public health agency or institution or a public or private school authority may employ dental hygienists to perform necessary dental hygiene procedures **under either direct or general supervision** pursuant to section 32-1281.
- B. A dental hygienist employed by or working under contract or as a volunteer for a public health agency or institution or a public or private school authority before an examination by a dentist *may perform a screening or assessment and apply sealants and topical fluoride.*
- According to ADHS, yes, hygienists can apply varnish in school settings.
- However depending on the age of the child *it is not evidence based.*

Other Insight

- Dental Hygienists can administer fluoride varnish under general supervision. The supervising dentist does not have to be on-site, but must be available for consultation if needed.
- There is significant evidence to support fluoride varnish in decreasing tooth decay rates.
- Studies have shown that decay rates do not improve in the early school age population unless the parents are present or the child is referred to a dental home where the staff can educate both the child and family regarding proper hygiene and diet.
- The limitation of school-based service provision is the fact that the parents are normally not present for concomitant dental hygiene education.
- This dovetails with the statement by ADHS in that there is no evidence based literature to support this intervention in various school-age groups.

Billing Manual

- What service codes count towards fluoride varnish performance? Do both service codes D1206 and D1208 count towards performance/application of fluoride varnish?
- Rules:
- D1206 is for topical application of fluoride varnish
- D1208 is for topical application of fluoride – excluding varnish
- The only procedure code for fluoride varnish is D1206
- The CPT billing code is 99188 – application of topical fluoride varnish by a provider

Fluoride Varnish Provider Training

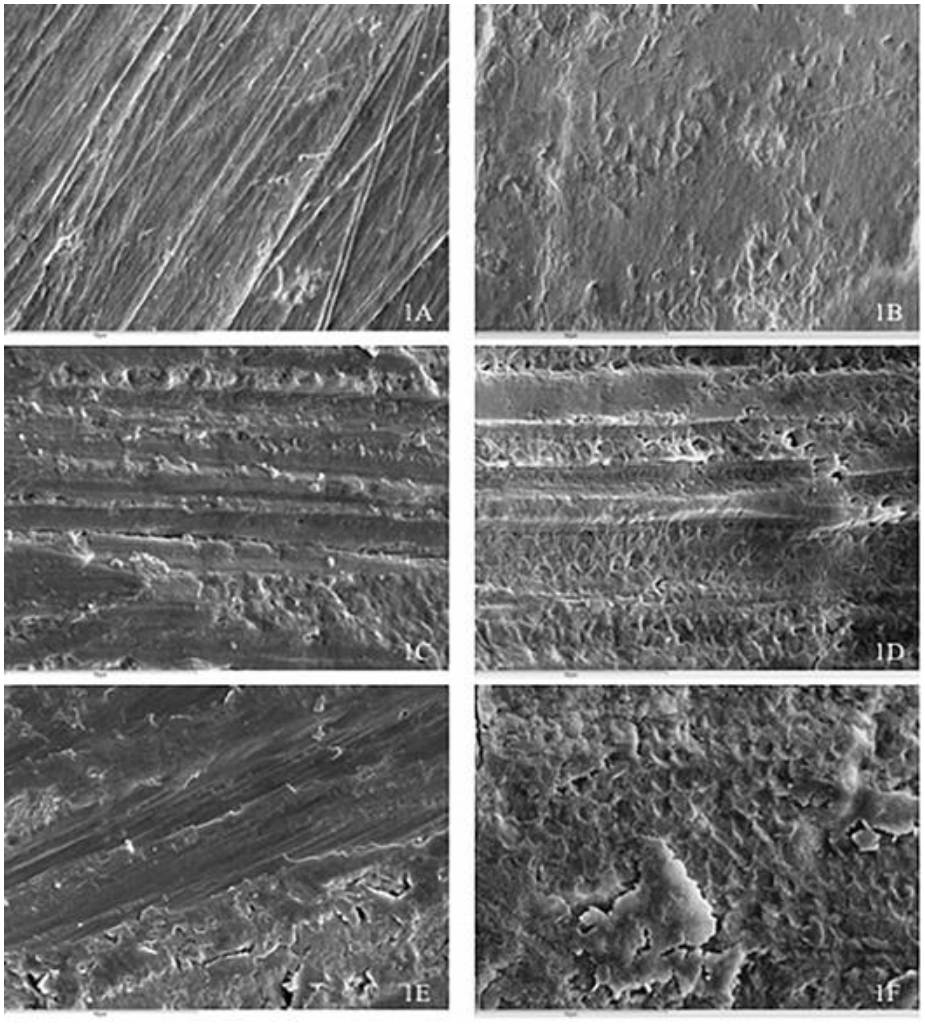
- https://www.youtube.com/watch?v=OzM4UQxP67Q
- https://www.youtube.com/watch?v=zfdcjZ3ht9M
- http://www.azaap.org/Training_Certification
- http://www.smilesforlifeoralhealth.org/buildcontent.aspx?tut=584&pagekey=64563&cbreceipt=0.

Common Proprietary Products

Table 1: Details of fluoride varnishes used in the study. Duraphat and Duraphat Single Dose are representatives of conventional fluoride varnishes and MI Varnish and Clinpro are representatives of fluoride varnishes with added calcium phosphate compositions.

Product	Manufacturer	Active ingredient	Excipient ingredients	Source
Duraphat	Colgate Oral Care, Manufactured in Germany	5% Sodium fluoride (2.26% or 22,600 ppm of the fluoride ion)	Ethanol, White beeswax, Shellac, Colophony BP, Mastic, Sodium Saccharin, Flavor	MSDS
MI Varnish	GC Corporation, Itabashi-Ku, Tokyo, Japan	5% Sodium fluoride (2.26% or 22,600 ppm of the fluoride ion), Casein phosphopeptide-amorphous calcium phosphate (CPP-ACP)	Polyvinyl acetate (synthetic resin), Ethanol, Hydrogenated rosin, 1–5% Silicon dioxide, Flavor	MSDS
Duraphat Single Dose	Colgate-Palmolive Manufacturing, USA	5% Sodium fluoride (2.26% or 22,600 ppm of the fluoride ion)	Hydrogenated rosin resins, Ethanol, Benzyl Alcohol, Flavor	MSDS and manufacturer
Clinpro White Varnish	3M ESPE, St Paul, MN, USA	5% Sodium fluoride (2.26% or 22,600 ppm of the fluoride ion), Tri-calcium phosphate (TCP)	White modified rosin (Pentaerythritol glycerol ester of colophony resin), Ethyl alcohol, Water, xylitol, Flavor	MSDS

Fig 1. SEM micrograph (x1000).



Vicente A, Ortiz Ruiz AJ, González Paz BM, García López J, Bravo-González LA (2017) Efficacy of fluoride varnishes for preventing enamel demineralization after interproximal enamel reduction. Qualitative and quantitative evaluation. PLOS ONE 12(4): e0176389. https://doi.org/10.1371/journal.pone.0176389
http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0176389

Billing Modifiers for Fluoride Varnish

- Place of Service:
  - 06 - IHS
  - 08 Tribal 638 provider
  - 11 - Office
  - 19 - Off Campus OP hospital
  - 21 - Inpatient hospital
  - 22 - Outpatient hospital

Providers:

- 08 - Physician
- 18 - PA
- 19 - NP
- 31 - DO

Modifiers for physicians:

- PO – service provided at off-campus, outpatient, provider based hospital department
- 33-preventative service
- 59 – Distinct separate procedure

Quarterly Performance Methodology Fluoride Varnish

Fluoride Varnish Application by PCP	
Members who received fluoride varnish application during the EPSDT visit	
Data Collection	Administrative - EPSDT Tracking Form
Time Frame	Data and analysis based on all tracking forms received during the quarter/reporting period
Member Ages	6 Months to 2 Years of Age
# Numerator	Number of members from EPSDT Tracking Forms received (6 months to 2 years of age) who received a fluoride varnish application from the PCP during the EPSDT visit
# Denominator	Total number of EPSDT Tracking Forms received during the quarter for individuals 6 months to 2 years of age
%	Number of members from EPSDT Tracking Forms received (6 months to 2 years of age) who received a fluoride varnish application from the PCP during the EPSDT visit, divided by the total number of EPSDT Tracking Forms received during the quarter for members 6 months to 2 years of age

Items for AHCCCS consideration

- Policy revision to AMPM 430; 431 to include:
- A review of current policy to expand eligible age of application beyond 2 years of age to align with the targeted age group proposed (would require a cost impact analysis)
- Expand the service provider type; and
- Expand place of service and other modifiers allowing reimbursement; and
- Incorporate NMCOHRC (National Maternal & Child Oral Health Resource Center) guidelines into policy revisions: https://www.mchoralhealth.org/PDFs/ResGuideFlVarnish.pdf
- Review the requirement for consent for out-of-office provision since the procedure is currently voluntary on the part of the member and family.
- If allowed, is the intent of the health plan to provide the service to an entire school class regardless of their AHCCCS membership? Providing the service to AHCCCS members only identifies those children being Medicaid recipients and a potential violation of the HIPPA Privacy Rule.

Questions?

Thank You.