

Dental homes, Protecting All Children's Teeth (PACT) training, Child & Teen Checkups (C&TCs), and fluoride varnish application (FVA) are all discussed in this handout. We hope learning more about these will help your practice implement oral health services, one more way you can provide exceptional care to your patients.

The role of primary care in dental homes

To underscore the importance of dental homes, the American Academy of Pediatric Dentistry (AAPD) adopted an official dental home policy that includes the following:

The AAPD supports the concept of a dental home for all infants, children, adolescents, and persons with special health care needs. The dental home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, dentists, dental professionals, and nondental professionals....The AAPD advocates interaction with early intervention programs, schools, early childhood education and child care programs, members of the medical and dental communities, and other public and private community agencies to ensure awareness of age-specific oral health issues.

One reason the AAPD supports dental homes is research showing that children who have a dental home are more likely to get correct preventive *and* routine oral health care. Based on risk assessments, the AAPD recommends that children's primary care providers refer their patients to a dental home "as early as six months of age and no later than 12 months of age."¹

Protecting All Children's Teeth (PACT) training

As noted by the American Academy of Pediatrics (AAP), oral health is an important component of overall health. Because of this, pediatricians and other primary care providers are uniquely positioned to provide assessments, education, and referrals for oral health issues. It also puts a certain amount of responsibility on these providers to make sure they are taking care of—and being advocates for—their patients' oral health.

Many pediatricians report that oral health was not addressed as part of their medical training. That's why the AAP created the Protecting All Children's Teeth (PACT) curriculum, a pediatric oral health training program. This program helps pediatricians become more knowledgeable about children's oral health and enables them to be more competent partners in providing patients with needed oral health guidance and preventive care.

According to the AAP, the following provider types should complete PACT training:

- Primary care pediatricians
- Family physicians
- Residents in pediatrics or family practice
- Allied health professionals in a pediatric or family practice setting (e.g., nurses, nurse practitioners, physician assistants)
- Any health care provider treating children in rural or underserved communities, where pediatric dental care is more restricted

PACT training can be accessed at www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Protecting-All-Childrens-Teeth.aspx.



Child and Teen Checkup (C&TC) information

Primary care providers often see children at high risk for dental problems in their office. This means they have the opportunity to provide early intervention and help prevent dental caries in the primary care setting. The Minnesota Department of Health (MDH) and the Minnesota Department of Human Services (DHS) recommend that providers start educating mothers before a child is born. "Prevention of dental caries should start with pregnant women. Education and preventive dental care should continue with both the mother and the child once the child is six months old."²

The physical exam at each Child and Teen Checkup (C&TC) visit should include a thorough assessment of the child's dentition and oral soft tissues. Resources are available for learning the "lift the lip" exam process by accessing the MDH Oral Health Screening Online Module at www.health.state.mn.us/people/childreneyouth/ctc/webcourse/dental/index.html.

Per the C&TC Provider Guide:

C&TC medical providers are encouraged to provide primary caries preventive services when a child presents for a C&TC screening or an episodic care visit.

A primary caries preventive service includes:

- General visual examination of the child's mouth (without the use of probes, dental equipment or radiographs)
- A risk assessment using the American Academy of Pediatrics and Pediatric Dentistry established risk factors
- Application of fluoride varnish for children from age one year and older upon written approval from the parent or legal guardian for the child that is identified as high risk for dental caries
- Provide to the child's parent or legal guardian: information on caries etiology and prevention and the importance of finding a dental home for their child by the age of 1 year
- Information on contacting their managed care plan or local C&TC Coordinator in order to secure a dental appointment with a dentist³

According to MDH and DHS, the following personnel are qualified to complete the oral assessment or primary caries preventive service component of the C&TC:

- Physician
- Nurse practitioner
- Physician assistant
- Registered nurse (RN) who has completed the 3-day C&TC training from the Minnesota Department of Health⁴

Upon eruption of the first tooth or no later than 12 months of age, the primary care provider should give a verbal referral for examination by a qualified dental professional. The referral should be reiterated at each subsequent C&TC screening. Providers should advise the parent/guardian that PrimeWest Health Member Services can help them make an appointment with a dental provider.

Between ages 6 – 12, permanent molars will likely erupt. As soon as this occurs, children should be referred to a qualified professional for sealants, which help prevent the most common type of dental caries.

Primary care providers should assess the fluoride adequacy in each family's drinking water. If found lacking, providers should consider prescribing a fluoride supplement.⁴

Fluoride varnish application (FVA)

Fluoride varnish application (FVA) is an important part of dental care for children. Both MDH and DHS have taken the position that providing FVA as part of the C&TC visit can help reduce the risk of dental decay for young children, and FVA application during a C&TC is now required. They recommend children receive FVA at every C&TC visit, beginning when the first tooth erupts, through age 5.⁴

Medical providers may provide and bill for FVA up to four times per year, per child, as indicated by risk/susceptibility.⁵



FVA may be performed by providers who have completed one of the following free online trainings:

- Smiles for Life, Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling at www.smilesforlifeoralhealth.org/buildcontent.aspx?pagekey=101563&lastpagekey=101554&userkey=13364916&sessionkey=3711411&tut=555&customerkey=84&custsitegroupkey=0
- University of Minnesota-sponsored online Dental Health Screening and Fluoride Varnish Application learning course at www.oralhealthzone.umn.edu/xindex.htm

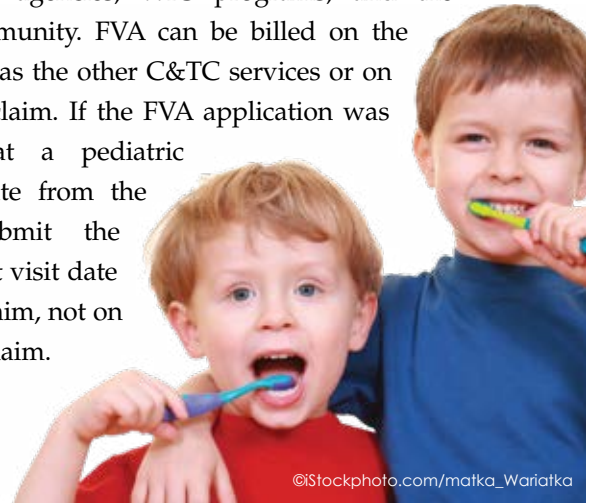
Upon successful completion of either course, the following providers may perform FVA:

- Nurse practitioners
- Nurses
- Physicians
- Physician assistants
- Clinical staff under the direct supervision of a physician or other qualified health care professional
- Other licensed or certified health care professionals in a community setting if under the direct supervision of a treating physician (or other qualified health care professional) or dentist⁵

Women, Infants, and Children (WIC) and Head Start agencies may perform FVA after completing the same online course. FVA is not limited to an office setting and may be provided in all settings where PrimeWest Health covers services (e.g., school).

Billing for FVA

As stated in the PrimeWest Health *Provider Manual* (www.primewest.org/fluoride-varnish-application), to bill for FVA, use Current Procedural Terminology (CPT) code 99188, topical fluoride varnish. FVA may be billed by physicians, nurse practitioners, Public Health nurses, physician assistants, Head Start agencies, WIC programs, and the dental community. FVA can be billed on the same claim as the other C&TC services or on a separate claim. If the FVA application was provided at a pediatric visit separate from the C&TC, submit the FVA for that visit date with that claim, not on the C&TC claim.



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¹"Policy on the Dental Home," American Academy of Pediatric Dentistry (AAPD), accessed August 16, 2019, www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf.

²"Fluoride Varnish Information for Providers of Minnesota Child and Teen Checkups (C&TCs)," Minnesota Department of Health (MDH) and the Minnesota Department of Human Services (DHS), accessed September 9, 2014, <https://edocs.dhs.state.mn.us/lfservlet/legacy/DHS-5012-ENG>.

³"C&TC Provider Guide," DHS, accessed September 9, 2014, <https://edocs.dhs.state.mn.us/lfservlet/public/DHS-4212-ENG>.

⁴"Oral Health and Fluoride Varnish: Child and Teen Checkups (C&TC) Fact Sheet for Primary Care Providers," MDH/DHS, December 2018, www.health.state.mn.us/docs/people/childreneyouth/ctc/oralhealth.pdf.

⁵"Child and Teen Checkups," DHS, accessed September 9, 2014, www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisioOnSelectionMethod=LatestReleased&dDocName=dhs16_150092#P304_20867.



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