

FLUORIDE VARNISH

TRAINING MANUAL

FOR MASSACHUSETTS

HEALTHCARE PROFESSIONALS

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- Society of Teachers in Family Medicine (STFM) Smiles for Life
- AAP Oral Health Risk Assessment:
Training for Pediatricians and Other Child Health Professionals
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IMPLEMENTING FLUORIDE VARNISH IN YOUR OFFICE

Fluoride Varnish Training

Healthcare professionals may submit claims for fluoride varnish services (CPT 99188) provided to MassHealth children younger than 21 years old.

Healthcare professionals are physicians and qualified personnel including the following.

- Nurse practitioners
- Registered nurses
- Licensed practical nurses
- Physician assistants
- Medical assistants
- Community health workers

Training Option for MassHealth Providers

Step 1

Contact the MassHealth Dental Program at MassHealthProviderEngagement@dentaquest.com or (866) 616-2699 to discuss the fluoride varnish training program.

Step 2 (optional)

Complete the online training from Smiles for Life Oral Health, a National Oral Health Program (endorsed by the Society of Teachers of Family Medicine). Participants will need to complete the registration/login process to obtain a certificate at the end of the course. You can get one continuing medical education (CME) credit from the American Academy of Family Physicians after completing the course. Go to smilesforlifeoralhealth.org, select “Online Courses,” and choose the “Caries Risk Assessment, Fluoride Varnish, and Counseling” course.

If you have questions, please contact DentaQuest at MassHealthProviderEngagement@dentaquest.com or (866) 616-2699.

ESTABLISHING AND USING FLUORIDE VARNISH IN YOUR OFFICE

1. Hold a meeting with the clinicians, nurses, medical assistants, community health workers, administrative staff, and office manager:
 - a. Explain what a fluoride varnish program is.
 - b. Explain how using fluoride varnish in your practice will be beneficial to a child's oral health.
 - c. Explain the ease of use and that this is now a MassHealth reimbursable service.
 - d. Encourage everyone who will be directly involved to take one of the trainings.
2. Choose an "oral health office champion" who will keep fluoride varnish supplies and documentation up to date.
3. Have the "champion" do the following.
 - a. Download this "Fluoride Varnish Training Manual for Massachusetts Healthcare Professionals" for easy reference or bookmark it.
 - b. For paper medical records: Print the Fluoride Varnish Progress Notes (p. 3) and add your office logo. Make copies easily available.
 - c. For an electronic health record (EHR), talk to your EHR system's information technology provider to add the Fluoride Varnish Progress Note Template (p. 4) to your EHR.
 - d. Order fluoride varnish. Order the 0.25 ml unidose size for children under 6 years old and 0.4 (or 0.5) ml unidose for children 6 and older. You can order through your local distributor.
 - e. Add the billing code to the EHR or the billing form. For fluoride varnish treatment provided during a well-child visit, bill the procedure using Current Procedural Terminology (CPT) service code 99188 AND International Classification of Diseases (ICD)-10 code Z00.129: "Routine Child Health Check." For fluoride varnish treatment provided during any other visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z41.8: "Need for Prophylactic Fluoride Administration."
 - f. In Massachusetts, varnish can be applied by a nurse practitioner, registered nurse, licensed practical nurse, physician assistant, medical assistant, or community health worker.
 - g. Create a portable fluoride varnish application basket containing the following.
 - Patient handouts
 - Fluoride varnish
 - Progress notes (if no EHR)
 - Gloves
 - Gauze

4. Consider dividing the fluoride varnish process. For instance, the medical assistant or community health worker could review the risk assessment and get materials ready; the medical assistant, community health worker, or nurse could apply varnish; and the physician could review handouts with the patient and provide oral health advice.
5. Do a few test cases to assess your flow, billing, patient satisfaction, and staff satisfaction: have a meeting to get input from all players.
6. Advertise the service in your waiting room, in your office newsletters, and on your website.
7. The American Academy of Pediatric Dentistry recommends that primary care physicians or health providers refer patients to the dentist, based on risk assessment, as early as six months of age and no later than 12 months of age. Create a list of local dentists that accept MassHealth (call [844] 643-3685 or visit massdhp.org for a list).

Fluoride Varnish Progress Notes

You can create your own documentation page. The Fluoride Varnish Progress Notes should include the following information.

- Oral health examination
- Documentation of findings and application of fluoride varnish

A sample of the patient stamp is shown below.

Caries or defects	yes/no
Dental visit in last six months	yes/no
Systemic fluoride assessed	yes/no
Fluoride Rx given	yes/no
Fluoride varnish applied	yes/no
Oral hygiene instruction	yes/no
Dental referral done	yes/no

You could use the same information in an EHR.

Fluoride Varnish Progress Note Template

Name of patient _____

Birth date _____ Medical record number _____

Oral Examination

- Caries (including white or brown spots) or enamel defects present
- Plaque present

Procedure Documentation

- Child positioned for varnish application. Teeth dried. 5% sodium fluoride varnish applied.

Post-Procedure Documentation

- Fluoride varnish handout provided
- Caries prevention handout reviewed or provided, or risk prevention discussed

Child has dentist Yes No

If no dentist, was dental referral made? Yes No

Name, title, and signature of varnish provider

Date and Time

Name and signature of supervising physician

Date and Time

- I have reviewed risk assessments and have overseen application of fluoride varnish.

Note Risk Factors for Caries

<input type="checkbox"/> caries present	<input type="checkbox"/> sleeping with bottle or at breast
<input type="checkbox"/> congenital, developmental, or acquired disabilities	<input type="checkbox"/> eats sugary snacks between meals
<input type="checkbox"/> born prematurely	<input type="checkbox"/> no fluoride in water or supplements
<input type="checkbox"/> limited access to dental care	<input type="checkbox"/> family members with cavities
<input type="checkbox"/> congenital tooth defects	<input type="checkbox"/> white spots or brown spots on teeth
<input type="checkbox"/> drinks juice between meals	<input type="checkbox"/> plaque on teeth
<input type="checkbox"/> brushing fewer than two times a day	

FLUORIDE VARNISH APPLICATION FACTS

What is fluoride varnish?

Fluoride varnish (5% sodium fluoride) is used to prevent tooth decay. It lowers cavity-causing oral bacterial levels and repairs and strengthens teeth. Fluoride varnish is a topical application and not considered systemic. It is endorsed by the American Dental Association, American Academy of Pediatrics, and American Academy of Family Practice. The United States Preventive Services Task Force has proposed the application of fluoride varnish by medical providers as a Level B recommendation.

Fluoride varnish comes in prepackaged single doses, is painted onto the child's teeth, and can be used from the time of the first tooth eruption. Multiple applications per year provide greater protection.

Allergy caution: Although it is rare, children with allergies to colophony (colophoniuim) could have allergic reactions to fluoride varnish.

Which children benefit most from fluoride varnish?

Fluoride varnish is not a substitute for fluoridated water or toothpaste, but provides an added benefit: a 30–70% reduction in caries risk. Some factors that put children at higher risk include low socioeconomic backgrounds (often applicable to children on Medicaid), premature childbirth, insufficient sources of dietary fluoride, high-carbohydrate diets, caretakers who transmit decay-causing bacteria to their children via their saliva, areas of tooth decalcification, reduced salivary flow, and poor oral hygiene. A younger age—usually as soon as the first teeth erupt in the mouth—is the best time to start to apply varnish.

How is fluoride varnish different from other professionally applied fluorides?

Fluoride varnish offers several advantages over other professionally applied fluorides.

1. Varnish comes in child-friendly flavors and is easily tolerated, especially by infants, toddlers, and developmentally disabled children.
2. Providers find it easy to use and fast to apply. Fluoride varnish is swabbed onto the teeth in less than two minutes and sets within a minute of contact with saliva.
3. It is safe and poses less risk of an adverse reaction because only a small amount is used and little is swallowed.
4. It can be applied in any setting and does not require dental equipment.

What counseling should we provide to parents?

Tell caregivers that any discoloration will be gone within six to eight hours. The varnish can feel strange to the tongue. Please look at the manufacturer's specific requirements regarding brushing, eating, and drinking after application. Varnish is most effective if applied two to four times a year, but may be applied more often. Providers should provide follow-up plans including dental referrals and appropriate handouts from MassHealth's dental vendor, DentaQuest.

How is fluoride varnish applied?



Fluoride varnish is most easily applied to infants and toddlers in the "knee-to-knee" position, with the parent in one chair and the clinician in another. This allows better access and control of the head, and the parent can assist.



Remove loose plaque and food debris from the teeth with gauze. Do not excessively dry the teeth.



Paint the varnish on all sides of the teeth as a very thin film. The yellow or tooth-colored tint of the varnish will help you see how much you've applied.

Does it matter if I apply topical fluoride and then the dentist also applies topical fluoride next month?

Fluoride varnish is very safe, and an increased frequency of applications is not harmful. Physicians can bill for fluoride varnish without affecting the dentist's billing for the same service and vice versa.

I have heard that we do not have to prescribe fluoride tablets or drops if we are applying fluoride varnish. Is that true?

No; the American Academy of Pediatrics recently confirmed that all children still need their water assessed to determine whether they need dietary fluoride supplements such as tablets or drops. Dietary fluoride gets taken up into developing teeth; it is also re-excreted into saliva, where it can help teeth topically. Fluoride varnish does not replace this; it is only applied to tooth surfaces. The high concentration of fluoride varnish (in contrast to fluoride tablets) gives a boost to the fluoride content of the outer layer of the enamel, helping increase caries resistance until the next application.

Does topical fluoride have any use once cavities have started?

Yes, fluoride varnish can help stop early tooth decay from progressing. If a tooth just has a white spot, the fluoride varnish will help strengthen the lesion, and it will become hard and shiny over time, although the white color will remain. If there is an early cavity, the fluoride can help harden the softened enamel and dentine.

Can fluoride varnish be applied if a child has braces?

Yes, and it is important to apply fluoride varnish when a child has braces. The braces can make it difficult to brush, and the fluoride varnish gives the teeth added protection.

It can be difficult to use gauze to dry the teeth when braces are on. Providers may consider using a disposable toothbrush to remove loose plaque and food debris.

Does fluoride varnish cause fluorosis?

No. Fluorosis is caused by long term overexposure to systemic fluoride. Fluorosis is caused by children who continually consume too much fluoride—for example, by accidentally consuming excessive amounts of toothpaste, or by using fluoride tablets when their water supply is already fluoridated. According to the Centers for Disease Control and Prevention, no published evidence indicates that professionally applied fluoride varnish is a risk factor for dental fluorosis, even among children younger than six years old. Proper application technique reduces the possibility that a patient will swallow varnish during its application. It also limits the total amount of fluoride swallowed because the varnish wears off the teeth over several hours.

BILLING EFFECTIVELY FOR FLUORIDE VARNISH

Coding and Reimbursement

- The following service code must be used on all MassHealth claim submissions for the application of fluoride varnish when applied by a MassHealth qualified healthcare professional.
 - 99188 (topical application of fluoride varnish; therapeutic application for moderate to high caries risk patients)
- The current fee for the procedure is \$31.00 per application and includes all materials and supplies needed for the application.
- Fee-for-service medical providers can bill for an office visit and the application of fluoride varnish when the procedure is provided during a well-child visit.
- When the sole purpose of the visit is the application of fluoride varnish, the medical provider may bill only for the fluoride varnish.
- Reimbursement for this procedure is limited to children younger than 21 years old. Varnish applications are most effective if done two to four times a year. They can be coordinated with other well-child visits or immunizations. This service is primarily intended for children ages six months to 5 years; however, the service is allowed for children up to age 21 who are MassHealth eligible.

Claim Submission

- For fluoride varnish treatment provided during a well-child visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z00.129: "Routine Child Health Check." For fluoride varnish treatment provided during any other visit, bill the procedure using CPT service code 99188 AND ICD-10 code Z41.8: "Need for Prophylactic Fluoride Administration." You must submit claims using the CMS-1500 claim form, or the 837P electronic claim if you are submitting the claim electronically.
- Physicians should not use the midlevel modifiers (SA, SB, or HN) when submitting a claim for fluoride varnish services provided by a qualified staff member as listed in Section 433.449(B) of Title 130 of the Code of Massachusetts Regulations under the supervision of a physician.
- Add service code 99188 to your billing/encounter form. Instruct physicians, physician assistants, nurse practitioners, registered nurses, licensed practical nurses, medical assistants, and community health workers to document that this procedure was performed when completing the billing/encounter form.
- Be sure your billing specialist is trained on how to bill for fluoride varnish. The billing specialist should call MassHealth at (866) 616-2699 with any billing issues.

INFORMATION FOR CAREGIVERS ABOUT FLUORIDE VARNISH

Why do you recommend putting a fluoride varnish on children's teeth?

Because your baby's teeth are important! Tooth decay is one of the most common diseases seen in children today. Children as young as 10 months old can get cavities (holes in the teeth). Cavities in baby teeth can cause pain and prevent children from eating, speaking, sleeping, and learning properly. Children should not normally lose all of their baby teeth until they are about 11 or 12 years old.

What is fluoride varnish?

Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that have already started.

Is fluoride varnish safe?

Yes! Fluoride varnish can be used on babies from the time they have their first tooth (around six months of age). Fluoride varnish has been used to prevent cavities in children in Europe for more than 25 years. It is approved by the federal Food and Drug Administration and is supported by the American Dental Association.

Allergy caution: Although it happens rarely, children with allergies to colophony (colophoniuim) could have allergic reactions to fluoride varnish.

How is fluoride varnish put on my child's teeth?

The varnish is painted on the teeth. It is quick and easy to apply and does not have a bad taste. There is no pain, but your child may cry because babies and children don't like having things put into their mouths by other people. Your child's teeth may be a little bit yellow after the fluoride varnish is painted on, but this color will come off over the next few days.

How often does the fluoride varnish need to be applied?

The fluoride coating works best if painted on the teeth two to four times a year.

What do I do after the varnish is put on my child's teeth?

The physician will give you information about how to take care of your child's teeth after the fluoride varnish is applied. Your child may not be allowed to eat or drink for a short time. Do not give them sticky or hard food until the next day. It is okay to get another varnish treatment after three months (from your doctor or dentist or at school) or sooner if recommended. This treatment does not replace brushing your child's teeth or taking a fluoride supplement (only if your doctor or dentist has prescribed it).

REMEMBER: BABY TEETH ARE IMPORTANT!

References

Chou R, Pappas M, Dana T, et al. Screening and interventions to prevent dental caries in children younger than 5 years: updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*. December 7, 2021.

Dooley D, Moultrie NM, Heckman B, et al. Oral health prevention and toddler well-child care: routine integration in a safety net system. *Pediatrics*. 2016;137(1).

Institute of Medicine and National Research Council. *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*. National Academies Press. 2011.

Nicolae A, Levin L, Wong PD, et al. Identification of early childhood caries in primary care settings. *Paediatr Child Health*. 2018;23(2):111-115.

Garcia RI, Gregorich SE, Ramos-Gomez F, et al. Absence of fluoride varnish-related adverse events in caries prevention trials in young children, United States. *Prev Chronic Dis*. 2017;14:E17.

Lewis CW, Boulter S, Keels MA, et al. Oral health and pediatricians: results of a national survey. *Acad Pediatr*. 2009;9(6):457-61.

Clark MB, Keels MA, Slayton RL; Section On Oral Health. Fluoride use in caries prevention in the primary care setting. *Pediatrics*. 2020;146(6).

Maguire A. ADA clinical recommendations on topical fluoride for caries prevention. *Evid Based Dent*. 2014;15(2):38-39.

American Academy of Pediatric Dentistry. Fluoride therapy. In: *The Reference Manual of Pediatric Dentistry*. American Academy of Pediatric Dentistry. 2020:288-291.

Guideline on fluoride therapy. American Academy of Pediatric Dentistry. Revised 2023. aapd.org/media/Policies_Guidelines/G_fluoridetherapy.pdf

Smiles for Life Oral Health Trainings. smilesforlifeoralhealth.org