

“Tooth decay is the most common childhood disease... Twenty-eight percent of children aged two to five have had cavities and, of these children, 73 percent were in need of treatment.”
Source: Pew Children’s Dental Campaign

“Fluoride varnish is an inexpensive preventive measure that can curb high costs to state Medicaid programs for treating tooth decay. Most Medicaid programs pay between \$15 and \$30 for the procedure. Some also separately reimburse for screening, anticipatory guidance, and risk assessment.”
Source: Pew Children’s Dental Campaign

Preventive Guidelines and Fluoride Varnish Applications

A paradigm shift is occurring today as medical and dental providers collaborate to integrate and improve care for children.

The American Academy of Pediatrics (AAP), The American Dental Association (ADA), and The American Academy of Family Physicians (AAFP) all support primary care intervention and the establishment of a dental home.

The AAP recommends the following guidelines for clinicians:

- Oral health risk-assessment
- Establish dental home by age 1
- Dietary counseling and anticipatory guidance for oral health
- Administration of all fluoride modalities
- The application of fluoride varnish for moderate– to high-risk patients
- Collaborative relationships with local dentists should be established to optimize the availability of a dental home

For more information, please visit
www.henryschein.com/oralhealth

Source: “Preventive Oral Health Intervention for Pediatricians”, *Pediatrics* 2008 122:1387-1394.



Our Henry Schein HealthHome initiative focuses on solutions for prevention and wellness through our full spectrum of medical and oral health supplies, services, and support.



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SOP

ORAL HEALTH in PRIMARY CARE

STANDARD OPERATING PROCEDURES



“Fluoride varnish applied at primary medical care visits can reduce decay rates by one-third, and lead to significant cost savings in restorative dental care and associated hospital costs.”
Source: Pew Children’s Dental Campaign

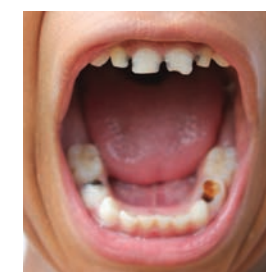
Preventing Tooth Decay and the Role of the Primary Care Clinician

The Surgeon General’s Office called it **“the silent epidemic”** in 2000, because early childhood caries (ECC) or tooth decay is the single most prevalent chronic disease among young children. In fact, it is 5 times more common than asthma and 7 times more common than hay fever. Eighteen percent of children between 2 and 4, and 52% of children between 6 and 8 have tooth decay. *

One reason is that, by age 2, children have seen a primary care physician an average of 7 times for well-child visits, but few have had well-child dental visits. Tooth decay has a disproportionate effect on low income, minority, and special needs children. According to Pew Research, 80% of dental disease is found in 25% of children from low income families that face disproportionately high barriers to getting care.

Primary care clinicians play an essential role in addressing the silent epidemic of tooth decay by educating patients; conducting oral health screenings; applying fluoride varnish applications; and providing dental referrals for the establishment of a dental home. Today, 42 states reimburse primary care clinicians for oral exams and/or fluoride varnish applications through Medicaid.

*Source: “Oral Health in America: A Report of the Surgeon General”
US Department of Health and Human Services, May 2000



Essentials for Primary Care Clinicians Performing Fluoride Varnish Applications



Fluoride Varnish Application Supplies

premier Fluoride Varnish

378-0162 Enamel Pro® Varnish Clear
0.4 mL, Bubblegum, 35/Box

378-0166 Enamel Pro® Varnish Clear
0.25 mL, Bubblegum, 35/Box

378-0156 Enamel Pro® Varnish Clear
0.4 mL, Strawberries 'n Cream, 35/Box

378-0171 Enamel Pro® Varnish Clear
0.4 mL, Bubblegum, 200/Box

378-0169 Enamel Pro® Varnish Clear
0.4 mL, Strawberries 'n Cream, 200/Box



HENRY SCHEIN® Fluoride Varnish

112-4869 Acclean® Fluoride Varnish, 0.50mL
Bubblegum, 50/Box

Fluoride Varnish Application Steps

Fluoride varnish is most easily applied to children in the “knee-to-knee” position, with the parent in one chair facing the clinician in another. This allows for better access and control of the head and the parent can assist. The child can also be placed on the examination table for fluoride application. The application takes less than 5 minutes.

Step 1: Dry teeth with a 2” x 2” gauze but not excessively as the varnish needs saliva to set properly.

Step 2: Apply varnish on all tooth surfaces. The yellow tint of varnish aids in seeing where it has been applied.

Step 3: Once applied, the varnish sets quickly upon contact with saliva.

Step 4: Educate and reinforce the need for routine preventive dental visits.

Source: Dr. Allen Finkelstein, DDS, Oral Health Education for Physicians Workshop



HENRY SCHEIN® Gloves

- 102-5418** Criterion®, Latex PF, X-small, 100/Box
- 102-5419** Criterion®, Latex PF, Small, 100/Box
- 102-5421** Criterion®, Latex PF, Medium, 100/Box
- 102-6730** Criterion®, Latex PF, Large, 100/Box
- 102-5422** Criterion®, Latex PF, X-large, 90/Box

HENRY SCHEIN® Sterile Gauze Sponge®

- 101-4947** 2” x 2”, 8-Ply 100/Pack
- 101-1768** 3” x 3”, 12-Ply 80/Pack
- 101-0500** 4” x 4” 200/Pack

Reimbursement for Oral Exam and Fluoride Varnish Applications

Currently, 42 states reimburse for fluoride varnish applications through Medicaid.

The procedure codes are the following:
D1206/D1203–Fluoride Varnish Application
D0145–Oral Exam

Source: www.aap.org/oralhealth/

State				State			
State	Oral Exam	Fluoride Varnish	# Varnish Applications Reimbursed Annually	State	Oral Exam	Fluoride Varnish	# Varnish Applications Reimbursed Annually
Alabama	\$18.00	\$15.00	3	Nevada		\$53.30	2
Alaska	\$56.70	\$28.00	4	New Jersey		\$15-20 (MCO)	2
California		\$18.00	3	New Mexico		\$15.00	6
Colorado	\$28.49	\$15.07	4	New York		\$30.00	4
Connecticut	\$25.60	\$20.00	Each Well-Child Visit	North Carolina	\$36.35	\$16.04	6
Florida		\$27.00	4	North Dakota		\$21.84	2
Georgia		\$17.59	2	Ohio		\$15.00	2
Idaho		\$13.58	2	Oregon		\$13.65	2
Illinois		\$26.00	3	Pennsylvania		\$18.00	4
Iowa		\$13.82	3	Rhode Island		\$18–\$33 (MCO)	2
Kansas		\$17.00	3	South Carolina		\$16.90	2
Kentucky		\$15.00	2	South Dakota		\$18.00	3
Louisiana	\$33.04	\$22.42		Tennessee	\$12.00	\$20.00	2
Maine		\$12.00	3	Texas		\$34.16	6
Maryland		\$24.92	4	Utah		\$15.00	Each Well-Child Visit
Massachusetts		\$26.00	2	Vermont		\$39.00	2
Michigan		\$9.00	4	Virginia		\$20.79	2
Minnesota		\$14.00	2	Washington	\$29.46	\$13.25	2
Mississippi	\$33.04	\$22.42	2	Wisconsin		\$12.89	4
Missouri		\$13.56	2	Wyoming		\$35.00	3
Montana	\$22.93	\$19.65	6				
Nebraska		\$10.00	3				

For complete and updated reimbursement information, visit www.aap.org/oralhealth/state.html

Additional Resources:

American Academy of Pediatrics Web site, Oral Health Initiative

www.aap.org/oralhealth

Pew Children’s Dental Campaign

www.pewcenteronthestates.org

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