Medical Infant/Child Health Program
Fluoride Varnish by Primary Care Practitioners
WVCHIP Coverage Policy

Physician fluoride varnish (FV) services are defined as preventive procedures provided by or under the supervision of a physician. This includes caries screening, recording of notable findings in the oral cavity, preventive oral health and dietary counseling, and administration of topical fluoride varnish. Such services shall maintain a high standard of quality and shall be within the reasonable limits of services customarily available and provided to most persons in the community with the limitations specified below in this document. The American Dental Association (ADA) expert panels have reviewed evidence- based (class 1a) studies and concluded that "Fluoride varnish applied every six months is effective in preventing caries in the primary and permanent dentition of children and adolescents." Please see JADA Executive Summary 2006 recommendations attached.

Fluoride varnish is a thin coating of resin that is applied to the tooth surface to protect it from decay. According to the Food & Drug Administration (FDA), fluoride varnish falls under the category of "drugs and devices" that presents minimal risk and is subject to the lowest level of regulation. The purpose of applying fluoride varnish is to retard, arrest, and reverse the process of cavity formation.

Fluoride varnish is easy to apply, does not require special dental equipment or a professional cleaning prior to application. It also requires minimal training, and is inexpensive. Fluoride varnish dries immediately upon contact with saliva and is safe and well tolerated by infants, young children, and individuals with special needs.

Effective October 1, 2011, the West Virginia Children's Health Insurance Program (WVCHIP) will start reimbursing primary care providers who have been certified through a face-to-face training for fluoride varnish application offered through the West Virginia University School of Dentistry for the application of fluoride varnish to children ages six (6) months to under 36 months (3 years) who are at high risk of developing dental caries. The application of the fluoride varnish should include communication with and counseling of the child's caregiver, including a referral to a dentist. A list of WVCHIP participating dentists and their locations is posted on the www.insurekidsnow.gov website.

A child is considered at high risk of developing cavities if he or she:

- ✓ Has had cavities in the past or have white spot lesions and stained fissures
- ✓ Continues to use the bottle past one year of age or sleeps with a bottle containing liquids other than water
- ✓ Breastfeeds on demand at night
- ✓ Has a developmental disability
- ✓ Chronically uses high sugar oral medications
- ✓ Have family members with histories of caries
- ✓ Engages in prolonged or ad lib use throughout the day of a bottle or "sippy" cup containing liquids other than water
- ✓ Parent/caregiver has low socioeconomic status
- ✓ Child has sugar containing snacks frequently between meals
- ✓ Child is a recent immigrant

Who is Not Covered:

Children with a low risk of cavity formation who consume optimally fluoridated water or children who receive routine fluoride treatments through a dental office.

WVCHIP recognizes the following types of primary care providers to be eligible for payment of this service:

- ✓ Pediatricians
- ✓ General and Family Practice Doctors
- ✓ Nurse Practitioners
- ✓ Physician Assistants (in FQHC settings only where PA's bill under their own ID number)

Provider Eligibility to Bill for Program Service

Providers must have completed a certified training course from the WVU School of Dentistry prior to performing and billing for these services. The WVU School of Dentistry will provide a list of all current certifications monthly in 2011 and thereafter to WVCHIP and its fiscal agent in order to create a file of reimbursable providers. Information about this course is available at www.hsc.wvu.edu/sod/oral-health.

Reimbursement for the Services

WVCHIP allows coverage of two fluoride varnish applications per year (one every six months). The first application must be provided and billed in conjunction with a comprehensive well-child exam as reported under the CPT codes listed in the table below. The second fluoride varnish application can be reimbursed during the 12-month subsequent period, and may be billed in conjunction with the dental exam code outlined in the table below.

WVCHIP will use the following codes to reimburse primary care providers for fluoride varnish application:

Code	Description	Comments
99381 – 99382 99391 – 99392	Comprehensive well-child exam codes for children less than 1 year and up to age 4 (note FV coverage under this program is only through age 3)	Oral evaluation and counseling are components of comprehensive well-child exams
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	Covered 2 times per year for children up to age 3; 1st application must be billed in conjunction with one of the comprehensive well child exam codes listed above
D0145	Oral evaluation for patient **under** three years of age and counseling with primary caregiver	Covered once per year in conjunction with 2nd fluoride varnish application; cannot be covered when comprehensive well-child exam is billed on the same day and at least 180 days after billing for the comprehensive well-child exam
V20.2	Routine infant or child health check	Primary diagnosis used when billing well-child exam
V82.89	Special screening for other specified conditions	Secondary diagnosis used when billing comprehensive well-child exam
V72.2	Dental Exam	Primary diagnosis used when billing D0145 – dental exam; cannot report in combination with V20.2

Reimbursement will be made using the dental fee schedule effective on the date of service. The current fee for D1206 is $20.00 and D0145 is $25.00.

Please do not staple in this area

EXAMPLE 1:

FLUORIDE VARNISH BILLED IN CONJUNCTION WITH A COMPREHENSIVE WELL-CHILD EXAM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) / MEDICAID (Medicaid #) / TRICARE CHAMPUS (Sponsor's SSN) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (SSN or ID) / FECA BLK LUNG (SSN) / OTHER (ID)	1a. INSURED'S I.D. NUMBER (For Program in Item 1): 1234567890
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Brown, Sally	3. PATIENT'S BIRTH DATE MM DD YY: 02 22 2010 SEX: M [ ] F [X]
5. PATIENT'S ADDRESS (No., Street): 123 Any Street	6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]
CITY: Our Town STATE: WV	8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]
ZIP CODE: 12345 TELEPHONE (Include Area Code): ( )	Employed [ ] Full-Time Student [ ] Part-Time Student [ ]
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [ ]
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]	b. AUTO ACCIDENT? YES [ ] NO [ ] PLACE (State)
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? YES [ ] NO [ ]
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE

7. INSURED'S ADDRESS (No., Street)	
CITY / STATE	
ZIP CODE / TELEPHONE (Include Area Code): ( )	
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]	
b. EMPLOYER'S NAME OR SCHOOL NAME	
c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, return to and complete Item 9 a-d.	

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED _____

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. [ ] 17b. NPI [ ]
19. RESERVED FOR LOCAL USE	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line): 1. V20.2 2. V82.89 3. V07.31 4.	

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY	
20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES	
22. MEDICAID RESUBMISSION CODE / ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER	

	24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
1	08 12 11 / 08 12 11	11		99392	1	100 00	1		NPI	123456789
2	08 12 11 / 08 12 11	11		D1206	3	20 00	1		NPI	123456789
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER: 123456789 SSN [ ] EIN [X]	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION: Dr. Spock, 456 Any Street, Our Town, WV 12345 a. b.
	33. BILLING PROVIDER INFO & PH # ( ): Dr. Spock, 456 Any Street, Our Town, WV 12345 a. b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

F245-127-000 08-05

Please do not
staple in this area

EXAMPLE 2:

FLUORIDE VARNISH BILLED IN CONJUNCTION WITH AN OFFICE VISIT

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE CHAMPUS (Sponsor's SSN) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 1234567890

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Brown, Sally

3. PATIENT'S BIRTH DATE (MM DD YY): 02 22 2010 SEX: M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 123 Any Street

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: Our Town STATE: WV

8. PATIENT STATUS: Single [ ] Married [ ] Other [ ]

CITY: STATE:

ZIP CODE: 12345 TELEPHONE (Include Area Code): ( )

Employed [ ] Full-Time Student [ ] Part-Time Student [ ]

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [ ]

a. INSURED'S DATE OF BIRTH (MM DD YY) SEX: M [ ] F [ ]

b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX: M [ ] F [ ]

b. AUTO ACCIDENT? YES [ ] NO [ ] PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES [ ] NO [ ]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT: (MM DD YY) ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE (MM DD YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM DD YY) FROM TO (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM DD YY) FROM TO (MM DD YY)

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 382.9
2. V72.2
3. V07.31
4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL.	J. RENDERING PROVIDER ID. #
1	08	12	11	08	12	11	11		99212		1	100 00	1		NPI	123456789
2	08	12	11	08	12	11	11		D0145		2	25 00	1		NPI	123456789
3	08	12	11	08	12	11	11		D1206		3	20 00			NPI	123456789
4															NPI	
5															NPI	
6															NPI	

25. FEDERAL TAX I.D. NUMBER: 123456789 SSN [ ] EIN [X]

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

Dr. Spock
456 Any Street, Our Town, WV 12345

a. b.

33. BILLING PROVIDER INFO & PH # ( )

Dr. Spock
456 Any Street, Our Town, WV 12345

a. b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

F245-127-000 08-05

SPECIAL JADA INSERT

ADA

American Dental Association
www.ada.org

Professionally Applied Topical Fluoride
Executive Summary of Evidence-Based Clinical Recommendations

The ADA Council on Scientific Affairs

May 2006

These evidence-based clinical recommendations were developed by an expert panel established by the American Dental Association Council on Scientific Affairs (CSA) that evaluated the collective body of scientific evidence on the effectiveness of professionally applied topical fluoride for caries prevention. The recommendations are intended to assist dentists in clinical decision-making. The dentist, knowing the patient's health history and vulnerability to oral disease, is in the best position to make treatment decisions in the interest of each patient. For this reason, evidence-based clinical recommendations are intended to provide guidance and are not a standard of care, requirements or regulations. These clinical recommendations must be balanced with the practitioner's professional expertise and the individual patient's preferences.

MedLine and the Cochrane Database of Systematic Reviews were searched for systematic reviews and clinical studies of professionally applied topical fluoride—including gel, foam and varnish forms—through October 2005. The American Dental Association Council on Scientific Affairs formed a panel of experts to evaluate the collective evidence and develop these clinical recommendations. Panelists were selected on the basis of their expertise in the relevant subject matter. They were required to sign a disclosure stating that neither they nor their spouse or dependent children had a significant financial interest that would reasonably appear to affect the development of these recommendations. The panel's recommendations are detailed in a document titled "Professionally Applied Topical Fluoride: Evidence-Based Clinical Recommendations," for which this is the executive summary. The document was submitted for review to scientists with expertise in fluoride and caries, ADA agencies and 46 organizations representing academia, professional organizations, industry and third-party payers. The clinical recommendations are approved by the ADA Council on Scientific Affairs.

GRADING THE EVIDENCE AND CLASSIFYING THE STRENGTH OF THE RECOMMENDATIONS

The scientific evidence was classified according to the following format:

GRADE	CATEGORY OF EVIDENCE
Ia	Evidence from systematic reviews of randomized controlled trials
Ib	Evidence from at least one randomized controlled trial
IIa	Evidence from at least one controlled study with out randomization
IIb	Evidence from at least one other type of quasi-experimental study
III	Evidence from non-experimental descriptive studies, such as comparative studies, correlation studies, and case-control studies
IV	Evidence from expert committee reports or opinions or clinical experience of respected authorities

The strength of the recommendations were classified according to the following format:

CLASSIFICATION	STRENGTH OF RECOMMENDATIONS
A	Directly based on category I evidence
B	Directly based on category II evidence or extrapolated recommendation from category I evidence
C	Directly based on category III evidence or extrapolated recommendation from category I or II evidence
D	Directly based on category IV evidence or extrapolated recommendation from category I, II, or III evidence

Amended with permission of BMJ Publishing Group from Shekelle PG, Woolf SH, Eccles M, Grimshaw J. Clinical guidelines: developing guidelines. Brit Med J 1999;318(7183):593-96.

PANEL CONCLUSIONS BASED ON THE EVIDENCE

The following evidence statements and corresponding classification of evidence (in parentheses) represent the conclusions of the expert panel.

1. Fluoride gel is effective in preventing caries in school-aged children (Ia).

2. Patients whose caries risk is low, as defined in this document, may not receive additional benefit from professional topical fluoride application (Ia).

3. There are considerable data on caries reduction for professionally applied topical fluoride gel treatments of 4 minutes or more (Ia). In contrast, there is laboratory, but no clinical equivalency data on the effectiveness of 1-minute fluoride gel applications (IV).

4. Fluoride varnish applied every six months is effective in preventing caries in the primary and permanent dentition of children and adolescents (Ia).

5. Two or more applications of fluoride varnish per year are effective in preventing caries in high-risk populations (Ia).

6. Fluoride varnish applications take less time, create less patient discomfort and achieve greater patient acceptability than does fluoride gel, especially in preschool-aged children (III).

7. Four-minute fluoride foam applications, every 6 months, are effective in caries prevention in the primary dentition and newly erupted permanent first molars (Ib).

8. There is insufficient evidence to address whether or not there is a difference in the efficacy of NaF versus APF gels (IV).

CARIES RISK CATEGORIES

The panel encourages dentists to employ caries risk assessment strategies in their practices. Appropriate preventive dental treatment (including topical fluoride therapy) can be planned after identification of caries risk status. It also is important to consider that risk of developing dental caries exists on a continuum and changes over time as risk factors change. Therefore, caries risk status should be re-evaluated periodically.

The panel understands that there is no single system for caries risk assessment that has been shown to be valid and reliable. However, there is evidence that dentists can use simple clinical indicators to classify caries risk status that is predictive of future caries experience. The panel offers the system outlined below, which is modified from systems that were tested in a clinical setting to classify patients with either low, moderate or high caries risk. This system is offered for guidance and, as stated above, must be balanced with the practitioner's professional expertise. Other resources for assessing caries risk exist and are referenced in the full document.

Low caries risk

All age groups

No incipient or cavitated primary or secondary carious lesions during the last three years and no factors that may increase caries risk*

Moderate caries risk

Younger than 6 years

No incipient or cavitated primary or secondary carious lesions during the last three years but presence of at least one factor that may increase caries risk*

Older than 6 years (any of the following)

One or two incipient or cavitated primary or secondary carious lesions in the last three years

No incipient or cavitated primary or secondary carious lesions in the last three years but presence of at least one factor that may increase caries risk*

High caries risk

Younger than 6 years (any of the following)

Any incipient or cavitated primary or secondary carious lesion during the last three years

Presence of multiple factors that may increase caries risk*

Low socioeconomic status†

Suboptimal fluoride exposure

Xerostomia‡

Older than 6 years (any of the following)

Three or more incipient or cavitated primary or secondary carious lesions in the last three years

Presence of multiple factors that may increase caries risk*

Suboptimal fluoride exposure

Xerostomia‡

*Factors increasing risk of developing caries also may include, but are not limited to

- high titers of cariogenic bacteria;
- poor oral hygiene;
- prolonged nursing (bottle or breast);
- poor family dental health;
- developmental or acquired enamel defects;
- genetic abnormality of teeth;
- many multisurface restorations;
- chemotherapy or radiation therapy;
- eating disorders;
- drug or alcohol abuse;
- irregular dental care;
- cariogenic diet;
- active orthodontic treatment;
- presence of exposed root surfaces;
- restoration overhangs and open margins;
- physical or mental disability with inability or unavailability of performing proper oral health care.

† On the basis of findings from population studies, groups with low socioeconomic status have been found to have an increased risk of developing caries. In children too young for their risk to be based on caries history, low socioeconomic status should be considered as a caries risk factor.

‡ Medication-, radiation- or disease-induced xerostomia.

When reviewing the systematic reviews and clinical trials, the panel considered the caries risk status of the individuals who participated in the studies.

EVIDENCE-BASED CLINICAL RECOMMENDATIONS FOR PROFESSIONALLY APPLIED TOPICAL FLUORIDE

The following table summarizes the evidence-based clinical recommendations for the use of professionally applied topical fluoride. The clinical recommendations are a resource for dentists to use. These clinical recommendations must be balanced with the practitioner's professional judgment and the individual patient's preferences.

It is recommended that all age and risk groups use an appropriate amount of fluoride toothpaste when brushing twice a day, and that the amount of toothpaste used for children under 6 years of age not exceed the size of a pea. For patients at moderate and high risk of caries, additional preventative interventions should be considered, including use of additional fluoride products at home, pit-and-fissure sealants and antibacterial therapy.

RISK CATEGORY	AGE CATEGORY FOR RECALL PATIENTS								
	< 6 Years			6 To 18 Years			18 + Years		
	Recommendation	Grade of Evidence	Strength of Recommendation	Recommendation	Grade of Evidence	Strength of Recommendation	Recommendation	Grade of Evidence	Strength of Recommendation
Low	May not receive additional benefit from professional topical fluoride application*	Ia	B	May not receive additional benefit from professional topical fluoride application*	Ia	B	May not receive additional benefit from professional topical fluoride application*	IV	D
Moderate	Varnish application at 6-month intervals	Ia	A	Varnish application at 6-month intervals OR Fluoride gel application at 6-month intervals	Ia Ia	A A	Varnish application at 6-month intervals OR Fluoride gel application at 6-month intervals	IV IV	D§ D‡
High	Varnish application at 6-month intervals OR Varnish application at 3-month intervals	Ia Ia	A D†	Varnish application at 6-month intervals OR Varnish application at 3-month intervals OR Fluoride gel application at 6-month intervals OR Fluoride gel application at 3-month intervals	Ia Ia Ia IV	A A† A D‡	Varnish application at 6-month intervals OR Varnish application at 3-month intervals OR Fluoride gel application at 6-month intervals OR Fluoride gel application at 3-month intervals	IV IV IV IV	D§ D§ D‡ D‡

* Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category. Whether or not to apply topical fluoride in such cases is a decision that should balance this consideration with the practitioner's professional judgment and the individual patient's preferences.

† Emerging evidence indicates that applications more frequent than twice per year may be more effective in preventing caries.

‡ Although there are no clinical trials, there is reason to believe that fluoride gels would work similarly in this age group.

§ Although there are no clinical trials, there is reason to believe that fluoride varnish would work similarly in this age group.

Laboratory data demonstrate foam's equivalence to gels in terms of fluoride release; however, only two clinical trials have been published evaluating its effectiveness. Because of this, the recommendations for use of fluoride varnish and gel have not been extrapolated to foams.

Because there is insufficient evidence to address whether or not there is a difference in the efficacy of NaF versus APF gels, the clinical recommendations do not specify between these two formulations of fluoride gels. Application time for fluoride gel and foam should be 4 minutes. A 1-minute fluoride application is not endorsed.

ACKNOWLEDGMENTS

American Dental Association
Members of the Expert Panel on Professionally Applied Topical Fluoride

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Assistant director, scientific information

Roger Connolly
Scientific writer, scientific information

The complete document, "Professionally Applied Topical Fluoride: Evidence-Based Clinical Recommendations," is available online at "www.ada.org/goto/ebd" or by calling the ADA's toll-free number, Ext. 2878.