ORAL HEALTH IN THE
PEDIATRIC OFFICE

IT'S NOT JUST TEETHING
ANYMORE!

Oral Health and Children

Early childhood caries (cavities) is the number 1 chronic
disease affecting young children.

Early childhood caries is 5 times more common than
asthma and 7 times more common than hay fever.

Tooth pain keeps many children home from school or
distracted from learning.

Children are recommended to have their first dental visit by
age 1.

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Early Childhood Decay in South Carolina - A Fact Sheet

* In the United States, 26% of preschool age
  children have experienced early childhood caries.
* In South Carolina, 52% of children younger than
  eight years of age have experienced tooth decay.
* Economically disadvantaged children are
  significantly more likely to have experienced early
  tooth decay than children from a stable financial
  background.
* Fact Sheet from SC DHEC
AAP UPDATED RECOMMENDATION

AAP Recommendations: fluoride to prevent dental caries

**For Release: Aug. 25, 2014**

- Dental caries — or tooth decay — is the most common chronic disease in children in the US.
- AAP states that fluoride is effective for cavity prevention in children. The AAP is issuing the following new recommendations:
  - Fluoridated toothpaste is recommended for all children starting at tooth eruption, regardless of caries risk.
  - A size (the size of a grain of rice) of toothpaste should be used up to age 3. After the 3rd birthday, a pea-sized amount may be used. Parents should dispense toothpaste for young children, and supervise each event with brushing.
  - Fluoride varnish is recommended in the primary care setting every 3-6 months starting at tooth emergence.
  - Over-the-counter fluoride rinses and gels are recommended for children younger than 6 years due to risk of swallowing higher-than-recommended levels of fluoride.

NEW USPTF RECOMMENDATION ALSO

U.S. Preventive Services Task Force

Dental Caries: Prevention From Birth Through Age 5 Years, 2016

**Recommendation Summary**

A. Fluoride varnish: Use every 3-6 months starting at tooth emergence.
B. Fluoride rinse or gel: Use as self-applied for children younger than 6 years due to risk of swallowing higher-than-recommended levels of fluoride.
USPTF Clinical Summary

Another Reason These Guidelines Are Important

ACA Requirements for Coverage of Preventive Services

- Covers all bright futures services for children with no cost-sharing
- The required preventive services come from recommendations made by four expert medical and scientific bodies - the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practice (ACIP), the Health Resources and Services Administration's (HRSA) Bright Futures Project, and the Institute of Medicine (IOM) committee on women's clinical preventive services. The recommended list includes close preventive services recommended by the USPSTF, ACIP, HRSA, and IOM. This list went into effect for non-grandfathered plans on January 1, 2011. The coverage requirements for withict's clinical preventive services became effective on or after August 1, 2012. These annual preventive visits are also required to be covered without cost-sharing in the plan year that begins on or after exactly one year from the plan year that began on or after exactly one year.
WHERE TO START?

AAP Oral Health Practice Tools
Incorporate oral health into your practice with these easy-to-use tools and resources. Learn how to perform an oral health risk assessment, nutrition and oral hygiene counseling, and to apply fluoride varnish when needed as a vital part of the well child exam.

http://www2.aaop.org/amhealth/practice-oxie.html

Oral Health Risk Assessment

Bright Futures Recommendations

One Health Risk assessment recommended at 6, 12, 18, 24, 30 month, 5 year and 8 year well visits.

If it is a child care, AAP recommends WAP/UC Health Risk Assessment.

Risk assessment can pair up with a local MHS.

SC-HHS does pay for varnish.

Every 6 months from 6 months to 5 years, every 12 months even though not on Bright Futures 20.

Main ELCES does too, thanks to UC/PH recommendations.
Clinical Findings

The most common finding is the presence of cavities, followed by gum disease and other oral health issues.

- Interproximal Caries
- Pulpal Involvement
- Traumatic Injury
- Mucosal Lesions
- Oral Cancer

Healthy Teeth

Daily brushing and flossing help prevent tooth decay, gum disease, and other oral health issues. Regular dental check-ups are also important for maintaining good oral health.

The Few Charitable Trusts Research & Analysis

Reimbursement Policies for Fluoride Varnish

- A Cost-effective Solution to Improving Access

Fluoride varnish can be applied to teeth as a single or multiple applications. It is effective in reducing tooth decay, especially in high-caries-risk patients.

- Why is Fluoride Varnish Cost Effective?

Fluoride varnish is cost-effective because it can reduce the need for more expensive treatments such as fillings. It is also less labor-intensive, making it a more cost-effective option for dental practices.

SC Medicaid Payment Policies

The policies for Medicaid payment for fluoride varnish vary by state. It is important for dental providers to stay updated with the latest policies and guidelines to ensure they are providing the best care to their patients.
Private Insurer Payment in SC for Oral Health in the Pediatric Office Setting

- As of December 2014, most BCBS of SC plans are paying for dental varnish. The CPT code is D1206.
- Exceptions are Blue Choice, Federal Blue Cross, and random self-insured plans.
- SC State Employee Plan administered by BCBS pays.
- Essentially no other payers are paying.
- Many parents are willing to self-pay.
A case study in dental varnish in the private setting: The Sandhills Pediatrics experience

When we began this program, we had four offices and fourteen dentists. We now have five offices and twenty dentists.

We started a few test cases in November 2011. We found the procedure was fast and easy, well accepted by parents, and funded fully by BC Medibad.

In January 2012, we began in earnest, applying varnish to all Medicaid children with teeth under age 5 a few times a year.

We have continued this program to present, and attempt to apply varnish every six months on a patient once we begin.

We began treating privately insured patients in July 2014, and began offering it all at October 2014.

We have noticed benefits of dental varnish by doctor and location.

We have found that the uptake of new things is slow and variable by doctor, clinic, and even time of year. But eventually the benefits become apparent to all.