



RENAISSANCE TENNCARE NON-TRADITIONAL FLUORIDE VARNISH PROGRAMS

TENNCARE CHILDREN

PROVIDER MANUAL 2025

This provider manual outlines the NTFV program guidelines and policies effective Nov. 1, 2025.

WELCOME TO THE RENAISSANCE TENNCARE NON-TRADITIONAL FLUORIDE VARNISH PROGRAMS

The purpose of this manual is to serve as a practical guide for health care providers and clinical teams who are integrating fluoride varnish services into the medical setting. It is designed to bridge the gap between oral health and overall health by equipping providers with the knowledge, tools and resources necessary to successfully deliver preventive dental care during routine medical services.

This manual describes:

- The importance of administering fluoride varnish in pediatric oral health and its role in preventing dental disease.
- Eligibility guidelines for both providers and patients, including TennCare program criteria.
- Oral health risk assessment procedures, including forms, tools and documentation tips.
- Documentation and coding requirements, including CDT codes, Renaissance dental claim forms and successful billing practices.
- Step-by-step application process for fluoride varnish.

WHAT IS FLUORIDE VARNISH AND HOW DOES IT WORK?

Fluoride varnish is a concentrated form of fluoride applied directly to the surface of teeth to help prevent tooth decay. It comes in the form of a sticky resin that quickly hardens when it comes into contact with saliva. Once applied, it creates a protective layer that strengthens tooth enamel, slows the progression of cavities and can even help repair early signs of decay.

Unlike traditional fluoride rinses or gels, fluoride varnish uses a very small amount of fluoride, making it safe and well-tolerated for infants, children and individuals with special health care needs. The application takes just a few minutes, requires no specialized dental equipment and can be easily performed in a medical as well as dental setting.

WHY CONSIDER FLUORIDE VARNISH IN THE MEDICAL SETTING?

1. Providers and fluoride varnish can play a critical role in prevention. Together, you are the initial barrier against dental cavities.
2. Dental cleanings are not required before application.
3. Safe and well tolerated for infants and children, including those with special health care needs.
4. Application takes only two minutes to apply and dries immediately upon contact with saliva.
5. No special dental equipment is needed for application.
6. Only minimal training is needed to apply varnish.

INDICATIONS AND RISK FACTORS

Infants and children who are at moderate to high risk of developing cavities are considered appropriate candidates for fluoride varnish applications. Considered risk factors are if he/she:

- Has had cavities in the past or has white lesion spots and stained fissures.
- Use a bottle past age 1 or sleep with a bottle containing liquids other than water.
- Breastfeeds on demand at night, after teeth have developed.
- Has a developmental disability.
- Has visible plaque on teeth.

- Has parents/caregivers who neglect brushing the child's teeth.

BENEFITS FOR PEDIATRIC AND AT- RISK POPULATIONS

Children under six, those with high sugar diets, limited dental access, or previous cavities benefit most from fluoride varnish applications. Protecting developing teeth is very important, children's enamel is thinner and softer than adult enamel, making it more vulnerable to cavities. Fluoride varnish strengthens enamel and helps prevent childhood cavities which is one of the most common chronic conditions in kids. Many children don't see dentist until school age or later. Non-traditional programs provide access during well-child visits and immunizations, reducing missed opportunities for prevention.

WHAT ARE THE MEMBER ELIGIBILITY AND LIMITATIONS?

- Available to only TennCare eligible members ages 6 months to 5 years.
- Completion of both dental screening (D0190) and fluoride varnish application (D1206) is required during the same date of service.
- Each member is permitted two (2) visits per year.

WHO CAN PARTICIPATE?

- Primary Care Physicians
- Pediatrics
- Physician Assistants
- Nurse Practitioners

ORAL HEALTH RISK ASSESSMENT

This assessment is utilized to determine which children are at greater risk for cavities and to guide provider recommendations.

- **Risk Factors**—Frequent snacking, high sugar diet, limited dental visits, visible plaque, history of cavities.
- **Clinical Findings**—White spots, cavities, gum inflammation and oral hygiene practices.
- **Documentation**—Complete a risk assessment form before applying varnish.

FLUORIDE APPLICATION PROCESS

Advise parents that the child's teeth may become temporarily discolored if the fluoride varnish has a slight yellow hue. For maximum effectiveness, the parents wait 4-6 hours before brushing their child's teeth.

Position the Child

For an infant with erupted teeth

- Place on caregiver's lap, facing the caregiver and the child's legs around the caregiver's waist. Position yourself knee-to-knee with the caregiver and gently lower the child's head on to your lap, treating the child from behind the head.

For young children

- Place the child in a prone or sitting position and work from above the head as with an infant.
- Or adapt a method that is comfortable for you.

Application

- Use gentle finger pressure and open the child's mouth.
- Remove any excess saliva or plaque with a gauze sponge.

- Use your fingers and sponges to isolate the dry teeth and keep them dry.
- Isolate one quadrant of teeth at a time if possible.
- Apply a thin layer of the varnish to all surfaces of the teeth.
- Once the varnish is applied, you don't need to worry about moisture (saliva) contamination. The varnish sets quickly.
- Patients can leave immediately after application.
- Advise parents/caregiver to not brush or floss child's teeth for at least 4 hours, preferably 24 hours.
- Advise to avoid hot drinks and products containing alcohol (oral rinses) for 4 hours.

FLUORIDE VARNISH PROTOCOL

- **Low Risk Children**—repeat application once every six months.
- **High Risk Children**—children who have never had a dental exam, do not receive optimally fluoridated water and show signs of visible decay – repeat the application once every 6 months if possible.

****If significant or excessive decay is observed, providers should encourage the member parent/caregiver to contact Renaissance for assistance with obtaining appropriate dental care from a qualified dentist.***

FINDING A DENTAL HOME

TennCare members in need of dental care can view their assigned dental home by selecting the Provider Assignment tab on the member website, or by contacting Renaissance Customer Service at 866-864-2526 (TTY: 771)

[Member Portal - Renaissance](#)

DOCUMENTATION AND BILLING

Required documentation—Both dental screening and fluoride varnish application must be completed and recorded at the same visit. Be sure to keep documentation in patients' files.

CDT Codes

- **D0190: Dental Screening**
- **D1206: Topical Fluoride Varnish**

Claim Submission: Use the Renaissance Dental Claim Form, with risk assessment attached, enter CDT codes correctly and verify patient eligibility.

Tips for Success: Submit claims properly, double-check coding accuracy and attach the risk assessment document with appropriate claim form.

Common barriers- Denials often occur due to incomplete forms or incorrect coding. Training and internal checks help to reduce errors.

****If you are an active participating medical provider in the program but have not been offering these services due to challenges with submitting CDT codes, we encourage you to begin providing them to your TennCare members using the coding below:***

CPT Codes-

- **CPT 99429 Dental Screening**
- **CPT 99188 Topical Fluoride Varnish**

By integrating fluoride varnish into routine medical visits, providers can prevent dental disease, improve health outcomes and ensure families receive timely oral health guidance. Non-dental providers play a critical role in bridging the gap between medical care and dental care, helping children achieve healthier smiles and healthier lives. If providers are looking to refer a member to a dentist, we encourage them to go to Renaissance member portal website to find their appointed dental home. [Member Portal - Renaissance](#)

RESOURCES FOR PROVIDERS

[Fluoride Varnish Program](#)

[Dental-Fluoride-Varnish-Guide-2017.pdf](#)

SMILES FOR LIFE COURSE 6: [Smiles for Life Oral Health](#)

SMILES FOR LIFE COURSE 2: [Smiles for Life Oral Health](#)

APPENDIX

Caries Risk Assessment Form: [Oral_Health_Assessment_Tool-1.pdf](#)

ADA Caries Risk Form: [ADA.org: Caries Risk Assessment](#)

REN Claim Form PCD: <https://renaissancebenefits.com/tenncare/>

Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____ Visit: ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month ☐ 24 month ☐ 30 month ☐ 3 year ☐ 4 year ☐ 5 year ☐ 6 year ☐ Other _____		
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS
 Mother or primary caregiver had active decay in the past 12 months ☐ Yes ☐ No  Mother or primary caregiver does not have a dentist ☐ Yes ☐ No  Continual bottle/sippy cup use with fluid other than water ☐ Yes ☐ No  Frequent snacking ☐ Yes ☐ No  Special health care needs ☐ Yes ☐ No  Medicaid eligible ☐ Yes ☐ No	 Existing dental home ☐ Yes ☐ No  Drinks fluoridated water or takes fluoride supplements ☐ Yes ☐ No  Fluoride varnish in the last 6 months ☐ Yes ☐ No  Has teeth brushed twice daily ☐ Yes ☐ No	 White spots or visible decalcifications in the past 12 months ☐ Yes ☐ No  Obvious decay ☐ Yes ☐ No  Restorations (fillings) present ☐ Yes ☐ No  Visible plaque accumulation ☐ Yes ☐ No  Gingivitis (swollen/bleeding gums) ☐ Yes ☐ No  Teeth present ☐ Yes ☐ No  Healthy teeth ☐ Yes ☐ No
ASSESSMENT/PLAN		
Caries Risk: ☐ Low ☐ High Completed: ☐ Anticipatory Guidance ☐ Fluoride Varnish ☐ Dental Referral	Self Management Goals: ☐ Regular dental visits ☐ Dental treatment for parents ☐ Brush twice daily ☐ Use fluoride toothpaste ☐ Wean off bottle ☐ Less/No juice ☐ Only water in sippy cup ☐ Drink tap water ☐ Healthy snacks ☐ Less/No junk food or candy ☐ No soda ☐ Xylitol	

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. *J Calif Dent Assoc.* 2010;38(10):746-761; American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics.* 2003; 122(6):1387-1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics.* 2003;111(5):1113-1116.

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Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP "Recommendations for Preventive Pediatric Health Care," (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child's diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page <http://aap.org/oralhealth/PracticeTools.html>.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the primary care setting for all children through age 5 <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/dental-caries-in-children-from-birth-through-age-5-years-screening>. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum, www.smilesforlifeoralhealth.org.

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (until 3rd birthday) it is appropriate to recommend brushing with a smear (grain of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information <http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1699>.

Clinical Findings



⚠️ White Spots/Decalcifications

This child is high risk.

White spot decalcifications present—immediately place the child in the high-risk category.



⚠️ Obvious Decay

This child is high risk.

Obvious decay present—immediately place the child in the high-risk category.



⚠️ Restorations (Fillings) Present

This child is high risk.

Restorations (Fillings) present—immediately place the child in the high-risk category.



Visible Plaque Accumulation

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.



Gingivitis

Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

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National *Interprofessional Initiative*
on Oral Health
*engaging clinicians
eradicating dental disease*

HEADER INFORMATION 1. Type of Transaction (Check all applicable boxes) ☐ Statement of Actual Services - OR - ☐ Request for Predetermination/Preauthorization										CARRIER NAME AND ADDRESS: 2. Renaissance P.O. Box 1596 Indianapolis, IN 46206-1596 Payer ID TNC02																				
PRIMARY PAYER INFORMATION 3. Name, Address, City, State, ZIP Code										OTHER COVERAGE 16. Other Dental or Medical Coverage? ☐ No (Skip 17-23) ☐ Yes (Complete 16-23) 17. Subscriber Name (Last, First, Middle Initial, Suffix) 18. Date of Birth (MM/DD/CCYY) 19. Gender 20. Subscriber Identifier (ID#) 21. Plan/Group Number 22. Relationship to Primary Subscriber (Check applicable box) ☐ Self ☐ Spouse ☐ Dependent ☐ Other																				
PRIMARY SUBSCRIBER INFORMATION 4. Name (Last, First, Middle Initial, Suffix), Address, City, State, ZIP Code 5. Date of Birth (MM/DD/CCYY) 6. Gender 7. Subscriber Identifier (ID#) 8. Plan/Group Number 9. Employer Name										23. Other Carrier Name, Address, City, State, ZIP Code																				
PATIENT INFORMATION 10. Relationship to Primary Subscriber (Check applicable box) ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other 11. Student Status ☐ FTS ☐ PTS 12. Name (Last, First, Middle Initial, Suffix), Address, City, State, ZIP Code 13. Date of Birth (MM/DD/CCYY) 14. Gender 15. Patient ID/Account # (Assigned by Dentist)																														
RECORD OF SERVICES PROVIDED																														
		24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	30. Description										31. Fee											
1																														
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MISSING TEETH INFORMATION			Permanent										Primary										31a. Other Fee(s)							
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33. (Place an 'X' on each missing tooth)			32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K	32. Total Fee	
34. Diagnosis Code List Qualifier ☐ (ICD-9 = B, ICD-10 = AB)										34a. Diagnosis Code(s) (Primary diagnosis in "A") A _____ B _____ C _____ D _____																				
35. Remarks																														
AUTHORIZATIONS 36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X _____ Patient/Guardian signature Date										ANCILLARY CLAIM/TREATMENT INFORMATION 38. Place of Treatment (Check applicable box) ☐ Provider's Office ☐ Hospital ☐ ECF ☐ Other 39. Number of Enclosures (00 to 99) Radiograph(s) _____ Oral image(s) Model(s) _____ 40. Date Last SRP _____/_____/_____ 41. Is Treatment for Orthodontics? ☐ No (Skip 42-43) ☐ Yes (Complete 42-43) 42. Date Appliance Placed (MM/DD/CCYY) 43. Months of Treatment Remaining 44. Replacement of Prostheses? ☐ No ☐ Yes (Complete 45) 45. Date Prior Placement (MM/DD/CCYY) 46. Treatment Resulting from (Check applicable box) ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident 47. Date of Accident (MM/DD/CCYY) 48. Auto Accident State																				
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber) 49. Name, Address, City, State, ZIP Code 50. Corporate Entity NPI (Type 2) 51. License Number 52. TIN 53. Phone Number () - 53a. Additional Provider ID										TREATING DENTIST AND TREATMENT LOCATION INFORMATION 54. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures. X _____ Signed (Treating Dentist) Date 55. Individual NPI (Type 1) Locum Tenens Treating Dentist? 56. License Number 57. Address, City, State, ZIP Code 57a. Provider Specialty Code 58. Phone Number () - 59. Treating Provider Specialty																				



Notice of Nondiscrimination

Protections

Discrimination is against the law. TennCare obeys federal and state civil rights laws. We don't discriminate on the basis of race, color, national origin including limited English proficiency and primary language, age, disability, or sex. TennCare doesn't exclude people or treat them less favorably (differently) because of race, color, national origin, age, disability, or sex.

Help You Can Get

Disability Related Help

TennCare provides people with disabilities reasonable modifications. Reasonable modifications are reasonable requests for changes to a rule, policy, practice, or service to help a person with a disability related need. TennCare has free auxiliary aids and services to communicate effectively with you. Auxiliary aids and services are types of help like:

- Qualified sign language interpreters and
- Written information in large print, audio, accessible electronic formats, letter reading, Braille, or other formats.

Language Help

TennCare offers free language help to people whose primary language is not English like:

- Qualified interpreters and
- Translations - Information written in other languages.

Who to Contact

TennCare Connect

Do you need help like applying or renewing your TennCare, need auxiliary aids and services, or language help to talk with TennCare? Call TennCare Connect for free at 855-259-0701.

TennCare's Office of Civil Rights Compliance

- Reasonable Modifications
If you need reasonable modifications, contact TennCare's Office of Civil Rights Compliance ("OCRC").
- Grievance/Complaint
If you believe that TennCare failed to provide these services, or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a

grievance/complaint with TennCare's OCRC by email at HCFA.fairtreatment@tn.gov, mail at 310 Great Circle Road Floor 3W, Nashville, TN 37243, OCRC's website at <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, or calling 615-507-6474 (TRS 711). If you need help filing a grievance call TennCare Connect for free at 855-259-0701.

More Information

You can find forms, policies and more information about civil rights and help like for food or other things on OCRC's website: <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.