

Department: Dental

Policy Number: HHS-5141-D

Attachments: _____

Policy Title: Fluoride program

Date: 01/30/2014

Revised: _____

Approved by: Jennifer Notch

Date: 2/7/14

Commissioner Approver: [Signature]

Date: 2/6/14

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Purpose: The Mille lacs Band of Ojibwe, Health and Human Services, and Ne Ia Shing Dental Program supports the use of Fluoride varnish, beginning with tooth eruption to adult, for individuals at moderate to high risk for tooth decay as an effective tool designed to reduce dental caries.

Policy: Dental providers agree to use evidence-based dentistry with treatment recommendations. These recommendations are offered with the understanding that the dentist, knowing the patient's health history and vulnerability to oral disease, is in the best position to make treatment recommendations in the interest of each patient. Dental professionals will apply fluoride varnish based on the provider's recommendation with the patients consent. Any fees not covered by the moderate to high risk patients insurance will be written off and tracked in the fluoride program non covered service. This service will be provided to patients whom are eligible for services in the Ne Ia Shing Dental program.

Procedure:

Clinical recommendations for professionally applies fluoride			
RISK CATEGORY	AGE CATEGORY		
	< 6 years	6 to 18 years	18 + years
Low	6 to 12 month intervals	6 to 12 month intervals	6 to 12 month intervals
Moderate	6 month intervals	6 month intervals	6 month intervals
High	3 to 6 month intervals	3 to 6 month intervals	3 to 6 month intervals

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