

**ENVOLVE DENTAL, INC.  
INCLUDING ALL ASSOCIATED SUBSIDIARIES  
CLINICAL POLICY AND PROCEDURE**

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| <b>DEPARTMENT:</b> Utilization Management | <b>DOCUMENT NAME:</b> Topical Fluoride Application |
| <b>PAGE:</b> 1 of 5                       | <b>REFERENCE NUMBER:</b> ENVD.UM.CP.0019           |
| <b>EFFECTIVE DATE:</b> 05/04/2020         | <b>REPLACES DOCUMENT:</b> N/A                      |
| <b>RETIRED:</b>                           | <b>REVIEWED:</b> 11/2021                           |
| <b>SPECIALIST REVIEW:</b> Yes             | <b>REVISED:</b> 06/30/2020                         |
| <b>PRODUCT TYPE:</b> All                  | <b>COMMITTEE APPROVAL:</b> 06/30/2020              |

**IMPORTANT REMINDER**

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of dental practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of dental/medical necessity.

The purpose of this Clinical Policy is to provide a guide to dental/medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice dentistry, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional dental judgment in providing the most appropriate care, and are solely responsible for the dental/medical advice and treatment of members.

**SUBJECT:**

Medical necessity determination of various topical fluoride procedures to prevent dental caries.

**DESCRIPTION:**

The Centers for Disease Control and Prevention (CDC) states dental caries (i.e., tooth decay) is an infectious, multifactorial disease afflicting most persons in industrialized countries and many developing countries. Fluoride reduces the incidence of dental caries and slows or reverses the progression of existing lesions. Many fluoride modalities are effective, inexpensive, readily available, and can be used in both private and public health settings. This policy will address topical fluoride applications specific to the dental office setting.

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**POLICY/CRITERIA:**

**Topical Fluoride Application**

Dental caries is a common pediatric disease. Topically applied fluorides are an effective approach to preventing caries in children and adolescents. This policy refers only to professional strength fluoride products designed for use in dental office/clinic settings, applied to the dentition by a dentist or an appropriately licensed or credentialed allied dental health professional consistent with state regulations. Fluoride-containing prophylaxis pastes are not considered to be topical fluoride applications in this context.

**Types of Professional Topically Applied Fluoride:**

- **Fluoride Gels and Foams**
  - Fluoride gels are often formulated to be highly acidic (pH of 3 or less). Fluoride gels are not recommended for pediatric patients as they pose a risk of ingestion. Products available in the United States include acidulated phosphate fluoride (1.23% [12,300 ppm] fluoride) formulations of sodium fluoride as a gel or foam and (0.9% [9,040 ppm] fluoride). Evidence from clinical trials supports the use of four-minute application times. Because fluoride foams are applied relatively infrequently, generally at 3- to 6-month intervals, they pose little risk for enamel fluorosis, even among patients aged <6 years.
  
- **Fluoride Varnish**
  - High-concentration fluoride varnish is painted directly onto teeth. Fluoride varnish dissolves slowly and provides a high concentration of fluoride in close contact with the teeth for many hours. Fluoride varnish has practical advantages (e.g., ease of application, smaller volume of fluoride applied compared to gel applications). Fluoride varnishes are available as sodium fluoride (2.26% [2,600 ppm] fluoride) or difluorsilane (0.1% [1,000 ppm] fluoride) preparations. Fluoride varnish has not been approved by the FDA as an anti-caries agent, but is used widely in the US as well as internationally for caries prevention. Fluoride varnish is especially recommended for children under 6 years of age.

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**Topical fluorides are most effective when used for patients who are at elevated risk of developing dental caries. The frequency of topical fluoride application should be based on assessment of a patient's caries risk.**

- Risk factors must be thoroughly documented by the provider in the dental record, and include:
  - Mother or primary caregiver has active caries
  - White spot lesions or enamel defects
  - Visible caries lesions or previous restorations
  - Poor oral hygiene
  - Sub-optimal systemic fluoride intake
  - Frequent exposure to cariogenic foods and drinks
  - Patients with special health care needs
  - Xerostomia
  - Multiple interproximal caries lesions
  - Teeth with deep pits and fissures
  - Patients receiving head and neck radiation therapy
  - Other factors identified by professional literature

**COVERAGE LIMITATIONS AND EXCLUSIONS:**

- Limited to two of D1206 or D1208 per year per member ages 0-20 (members at moderate to high caries risk may be eligible for additional fluoride applications per state regulations)
- Limited to one of D1206 or D1208 per 12 month(s) per member age 21 and over, subject to state regulations

**REFERENCES:**

American Academy of Pediatric Dentistry (AAPD) Policy on Fluoride Therapy. AAPD Reference Manual of Pediatric Dentistry, 2019-2020, pp. 262-265.

Centers for Disease Control and Prevention. Other Fluoride Products.  
<https://www.cdc.gov/fluoridation/basics/fluoride-products.html>

Centers for Disease Control and Prevention. Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. Fluoride Recommendations Work Group MMWR, August 17, 2001;50(RR-14):1-42.

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American Dental Association. Professionally-Applied and Prescription-Strength, Home-Use Topical Fluoride Agents for Caries Prevention Clinical Practice Guideline (2013)

Weyent, Robert J. Topical fluoride for caries prevention. Journal of American Dental Association. November 2013 Volume 144, Issue 11, Pages 1279-1291.

CDT 2020 Dental Procedure Codes. American Dental Association.

**CODING IMPLICATIONS:**

Please refer to your State contract and Provider Manual for exact coverage implications.

The following code for fluoride treatment is recognized by Envolve Dental.

- **D1206:** Topical application of fluoride varnish
- **D1208:** Topical application of fluoride – excluding varnish

Envolve Dental complies with the coding guidelines of the health plan and/or State in which the client resides. When billing D1206 or D1208, the need for fluoride treatment must be documented in the record. Abnormal comparative utilization of comprehensive examination coding is subject to retrospective review and chart audit. Envolve Dental requires servicing providers to submit one or more of the following ICD-10 codes with fluoride treatment (Box 34 and 34a of the ADA American Dental Association Dental Claim Form):

Medical indications for coverage:

| <b>ICD-10 Code</b> | <b>ICD-10 Code Description</b>                     |
|--------------------|--|
| Z29.3              | Encounter for prophylactic fluoride administration |
| Z91.841            | Risk for dental caries, low                        |
| Z91.842            | Risk for dental caries, moderate                   |
| Z91.843            | Risk for dental caries, high                       |
| Z91.849            | Unspecified risk for dental caries                 |

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**REVIEW/REVISION LOG**

| <b>Notes</b>  | <b>Date</b> |
|---------------|-------------|
| Annual Review | 03/30/2020  |
| Annual Review | 11/2021     |