

Dental Clinical Policy: Caries Arresting Medicament

Reference Number: ENVD.UM.CP.0022

Last Review Date: 11/21

[Coding Implications](#)

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Description

Untreated decay in children, adolescents, the elderly, and those with special health care needs remains a challenge. The traditional restorative/surgical treatment provided often requires advanced behavior guidance, such as general anesthesia, and this venue for care carries additional health risks and expenses not otherwise present in traditional clinical settings. Caries arresting medicaments, such as silver nitrate or silver diamine fluoride, offer alternative ways to manage untreated caries in the aforementioned populations. Caries arresting medicaments have high efficacy and are minimally invasive. Reapplication improves and sustains caries arrest rates; therefore it is recommended that teeth receiving interim caries arresting medicaments be retreated.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that interim caries arresting medicament application is **medically necessary** when the following conditions are met:
 - A. When high caries-risk patients present with anterior or posterior active cavitated lesions in primary or permanent teeth;
 - B. When there are cavitated caries lesions in individuals with behavioral or medical management challenges;
 - C. When patients present with multiple cavitated caries lesions that may not all be treated in one visit;
 - D. When there are difficult to treat cavitated dental caries lesions;
 - E. When patients are without access to or have difficulty accessing dental care;
 - F. When there are active cavitated caries lesions with no clinical signs of pulp involvement;
 - G. When none of the following contraindications apply:
 1. When there is a documented silver allergy;
 2. When teeth have caries extending to the pulp;
 3. When teeth exhibit signs/symptoms of pulpal pathology;
 4. When a patient is uncooperative and jeopardizes treatment success;
 - H. Required documentation to support medical necessity include the following:
 1. Clinical chart/treatment notes and photographic images documenting conditions listed in the indications for use of interim caries arresting medicament application must be maintained in the patient record.

Coverage Limitation/Exclusions

- I. One D1354 per tooth per date of service, subject to state regulations;
- II. Limited to two times per tooth per 12 months until tooth is restored or exfoliates, subject to state regulations.
- III. Not to be used in conjunction with D1355 on the same tooth in a 12-month period, subject to state regulations.

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Coding Implications

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT codes and descriptions are copyrighted 2020, American Dental Association. All rights reserved. CDT codes and CDT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CDT® Codes	Description
D1354	Interim caries arresting medicament application

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
K02.3	Dental caries (decay and cavities)
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.7	Dental root caries
K02.9	Dental carries, unspecified
Z01.20	Encounter for dental examination and cleaning without abnormal findings.
Z01.21	Encounter for dental examination and cleaning with abnormal findings.

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	06/20	06/20
Policy format changes only	04/21	04/21
Annual Review	11/21	11/21

References

1. American Dental Association. CDT 2021: Dental Procedure Codes. American Dental Association, 2021.
2. American Academy of Pediatric Dentistry. Pediatric Dentistry: Reference Manual. 2019.
3. Crystal YO, Marghalani AA, Ureles SD, Wright JT, Sulyanto R, Divaris K, Fontana M, Graham L. Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including Those with Special Health Care Needs. *Pediatr Dent* 2017;39(5):135-45.

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4. Horst JA, Ellenikiotis H, Milgrom PL. UCSF protocol for caries arrest using silver diamine fluoride: Rationale, indications, and consent. J Calif Dent Assoc. 2016;44(1):16-28.
5. Llodra JC, Rodriguez A, Ferrer B, et al. Efficacy of silver diamine fluoride for caries reduction in primary teeth and first permanent molars of schoolchildren: 36-month clinical trial. J Dent Res 2005;84(8):721-4.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of dental practice; peer-reviewed dental/medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national dental and health professional organizations; views of dentists practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. Envolve Dental makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of dental practice current at the time that this clinical policy was approved. “Envolve Dental” means a dental plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Benefit Options, Inc, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to dental and medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Envolve Dental administrative policies and procedures.

This clinical policy is effective as of the date determined by Envolve Dental. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Envolve Dental retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute dental or medical advice, dental treatment or dental care. It is not intended to dictate to providers how to practice dentistry. Providers are expected to exercise professional dental and medical judgment in providing the most appropriate care, and are solely responsible for the dental and medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating dentist in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom Envolve Dental has no control or right of control. Providers are not agents or employees of Envolve Dental.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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