

# Dental Clinical Policy: Caries Preventive Medicament Application

Reference Number: CP.DP.42

Last Review Date: 12/23

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

A number of non-fluoride-containing medicaments, such as silver nitrate, thymol-chlorhexidine varnish and providone iodine, and the fluoride-containing medicament silver diamine fluoride (SDF) offer alternative ways to manage untreated caries as part of an ongoing caries management plan. Studies have shown these medicaments to have varying levels of efficacy in arresting or preventing the progression of caries lesions (i.e., secondary prevention) when applied to existing lesions, largely due their antimicrobial effects on cariogenic bacteria. In the case of SDF, there also is some evidence of an indirect effect in reducing caries incidence in untreated teeth following SDF application to active caries lesions. Applications used in this context are reported using CDT code D1354.

Use of medicaments in the context of the above has spawned interest in using various medicaments such as SDF for primary caries prevention or remineralization by selectively applying the medicament to areas of teeth deemed to be at high risk for caries development, particularly in children at high or extreme caries risk. Nevertheless, researchers have noted that a literature search of PubMed and ClinicalTrials.gov databases revealed that no well-designed clinical trials have studied the preventive effect of SDF against Early Childhood Caries (ECC). Moreover, the American Academy of Pediatric Dentistry recently issued guidance on the use of CDT 2021 code D1355, which states the use of SDF as a primary caries preventive agent is not supported by AAPD due to a lack of scientific evidence demonstrating efficacy as a primary preventive agent.

## Policy/Criteria

- I. It is the policy of Envolve Dental Inc.<sup>®</sup> that caries preventive medicament application is **medically necessary** when the following conditions are met:
  - A. When with documented high caries risk patients are without access to or have difficulty accessing dental care and have evidence of demineralized enamel;
  - B. When credible scientific evidence supports use of the selected medicament for primary prevention or remineralization;
  - C. When the selected medicament is used in conjunction with standard evidence-based procedures for primary caries prevention (e.g., fluoride varnish, dental sealants);
  - D. When none of the following contraindications apply:
    1. When a patient has a documented allergy to silver or other medicament components;
    2. When SDF is used as a primary preventive agent;
    3. When any type of topical fluoride is used as a primary preventive agent;
    4. When a patient is uncooperative and jeopardizes treatment success;
  - E. Required documentation to support medical necessity include the following:
    1. Documentation of high caries risk;
    2. Documentation of the type of medicament used;
    3. Clinical chart/treatment notes and photographic images documenting conditions listed in the indications of medical necessity for use of caries preventive medicament application must be maintained in the patient record.

**II. Coverage Limitation/Exclusions**

1. One D1355 per tooth per date of service, subject to state regulations;
2. Limited to two times per tooth per lifetime, subject to state regulations.

**Coding Implications**

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CDT® Codes	Description
D1355	Caries preventive medicament application

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

ICD-10-CM Code	Description
K00.2	Abnormalities of size and form of teeth
K00.3	Mottled teeth
K00.4	Disturbances in tooth formation
K00.8	Other disorders of tooth development
K03.7	Post-eruptive color changes of dental hard tissues
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, 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	04/21	04/21
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23

**References**

1. American Dental Association. CDT 2023: Dental Procedure Codes. American Dental Association, 2023.
2. American Academy of Pediatric Dentistry. Position statement on the use of Silver Diamine Fluoride (SDF) as a primary caries preventive agent. 2021.
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.

**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.

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**CLINICAL POLICY****Obstructive Sleep Apnea**

**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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