



Fluoride Treatment by a Primary Care Provider

LOB(s): <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Medicare	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington

Commercial and Medicaid Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Fluoride varnish is a type of topical fluoride that acts to retard, arrest, and reverse the caries process and is applied to all surfaces of the teeth. The teeth then absorb the fluoride varnish, strengthening the enamel and helping prevent cavities. Application of fluoride varnish and the delivery of other oral health services, by primary care providers, during visits is strongly encouraged by the American Academy of Pediatrics. The periodicity of these services is detailed in the Bright Futures periodicity schedule. Further, the U.S. Preventative Services Task Force maintains the practice of primary care providers applying fluoride varnish to the primary teeth of all infants and children starting at the age of primary teeth eruption as a Grade B Recommendation.

Under Section 2713 of the ACA, private health plans must provide coverage for a range of preventive services and may not impose cost-sharing (such as copayments, deductibles, or co-insurance) on patients receiving these services.

To guide primary care providers with assessment of the necessity of fluoride varnish, assessment of oral health status, and the delivery of other oral health services the American Academy of Pediatrics (AAP) has developed a risk assessment tool to aid in the implementation of oral health risk assessment and fluoride varnish during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health. Additionally, the types of oral health services primary care providers should deliver, and their recommended periodicity are detailed in the AAP's Bright Futures periodicity schedule.

Bright Futures Periodicity Schedule:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.204154128.1601096213.1670000698-1343647229.1666643537

Criteria

Commercial

Once teeth are present (approximately 6 months up to 6 years of age), fluoride varnish should be applied to all children at a minimum of every 6 months and up to every 3 months, depending on oral health risk indications, in the primary care office.

The oral health assessment and education components should include:

- Caries risk assessment and identifying dental disease with documentation of these findings using caries risk codes D0601-D0603
- Educating care givers/parents on the care and cleaning of the teeth and mouth
- Educating care givers/parents on how to prevent dental and gum disease
- Offering anticipatory guidance on obtaining periodic dental care from dental providers
- Initiating a referral to a dentist as indicated
- Prescribing fluoride supplements as indicated
- Applying fluoride varnish as indicated

99188 Application of topical fluoride varnish by a physician or other qualified health care professional

- This code was approved to begin January 1, 2015. It only includes varnish application, not risk assessment, education, or referral to a dentist.
- A maximum of four applications in a twelve-month period through age five is allowed.

D0191 Oral health assessment is covered for children age 6 and under once per year.

D0601 – D0603 caries risk assessment codes are used to document caries risk assessment findings of low, medium, or high risk.

Medicaid

PacificSource Community Solutions follows Oregon Administrative Rules (OAR) 410-123-1260 and Guideline Notes 17 and 122 of the OHP Prioritized List of Health Services for coverage of Fluoride Treatment by a Primary Care Provider. Physicians should deliver oral health services in accordance with EPSDT requirements and the AAP Bright Futures periodicity schedule.

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.204154128.1601096213.1670000698-1343647229.1666643537

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

99188 Application of topical fluoride varnish by a physician or other qualified health care professional

- 99429 Unlisted preventive medicine service
- 99499 Unlisted evaluation and management service
- D0190 Oral health assessment of a patient
- D0191 Oral health assessment of patient
- D0601 Caries risk assessment using recognized assessment tool, with a finding of low risk
- D0602 Caries risk assessment using recognized assessment tool, with a finding of moderate risk
- D0603 Caries risk assessment using recognized assessment tool, with a finding of high risk
- D1206 Topical application of fluoride varnish
- D1208 Topical application of fluoride

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).
HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

References

Achieving Bright Futures. 18 Month Visit. American Academy of Pediatrics. Accessed 9/14/2017, 10/16/2018, 9/25/2019, 1/27/2020, 11/16/2020

<https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/Achieving-Bright-Futures.aspx>

Achieving Bright Futures. 30 Month Visit. Implementation of the ACA Pediatric Preventive Services Provision. American Academy of Pediatrics. Accessed 9/14/2017, 10/16/2018, 9/25/2019, 1/27/2020, 11/16/2020

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Clark, MB. et al. Fluoride Use in Caries Prevention in the Primary Care Setting. Pediatrics. September 2014, 134(3) 626-633. Accessed 9/14/2017, 10/16/2018, 9/25/2019, 1/27/2020 11/10/2020

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The Henry J. Kaiser Family Foundation. Preventive Services Covered by Private Health Plans under the Affordable Care Act. Fact Sheet. August 2015. Accessed 9/14/2017, 10/16/2018, 9/25/2019, 1/27/2020, 11/10/2020

<http://files.kff.org/attachment/preventive-services-covered-by-private-health-plans-under-the-affordable-care-act-fact-sheet>

U.S. Preventive Services. Task Force. Dental Caries in Children from Birth Through Age 5 Years: Screening. Release Date: May 2014. Accessed 9/14/2017, 10/16/2018, 9/25/2019, 1/27/2020, 11/10/2020

<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening?ds=1&s=dental>

Appendix

Policy Number:

Effective: 12/1/2020

Next review: 1/1/2024

Policy type: Commercial

Author(s):

Depts.: Health Services

Applicable regulation(s):

Commercial Ops: 12/2022

Government Ops: 12/2022