

Dental Clinical Policy: Topical Fluoride Application

Reference Number: CP.DP.19

Last Review Date: 12/24

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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.

Policy/Criteria

- I. It is the policy of Envolve Dental Inc.® that a topical fluoride application is **medically necessary** when any of the following conditions are met:
 - A. When used for patients who are at elevated risk of developing dental caries;
 - B. When white spot lesions or enamel defects are present;
 - C. When visible caries lesions or previous restorations are present;
 - D. When oral hygiene is poor;
 - E. When there is sub-optimal systemic fluoride intake;
 - F. When a patient has frequent exposure to cariogenic foods and drinks;
 - G. When patients have special health care needs;
 - H. When a patient has xerostomia;
 - I. When a patient has multiple interproximal carious lesions;
 - J. When teeth have deep pits and fissures;
 - K. When patients are receiving head and neck radiation therapy;
 - L. When there are other factors identified by professional literature;
 - M. When none of the following contraindications are present:
 1. When patients have evidence of excessive fluoride intake.
 2. When bone loss or active periodontal disease is present;
 - N. Required documentation to support medical necessity include the following:
 1. Clinical chart and treatment notes documenting conditions listed in the indications for use of fluoride application.

Coverage Limitation/Exclusions

1. One D1206 or D1208 per six months for patients 0-20 years of age (those at moderate to high caries risk may be eligible of additional fluoride applications per state regulations);
2. One D1206 or D1208 per 12 months for patients 21 years of age and older;
3. Subject to state-specific regulations.

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 2024, 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.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

CDT® Codes	Description
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride – excluding varnish

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
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

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed	6/20	6/20
Annual Review	12/22	12/22
Annual Review and Format Change	12/23	12/23
Annual Review	12/24	12/24

References

1. American Dental Association. CDT 2024: Dental Procedure Codes. American Dental Association, 2024.
2. American Dental Association. Professionally-Applied and Prescription-Strength, Home- Use Topical Fluoride Agents for Caries Prevention Clinical Practice Guideline (2013).
3. Weyent, Robert J. Topical fluoride for caries prevention. Journal of American Dental Association. November 2013 Volume 144, Issue 11, Pages 1279–1291.

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.

This clinical policy is the property of Envolve Dental. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

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 <https://www.cms.gov> for additional information.

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