GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
For all tooth surfaces, there is a continuous cycle of demineralization and remineralization of tooth enamel. Tooth decay is an infectious, transmissible disease caused by bacteria colonizing on the teeth and producing acid that dissolves enamel, resulting in greater demineralization. All fluorides act to slow demineralization and boost remineralization. If unchecked, bacteria continue destroying tooth structure, eventually infecting the soft pulp tissue and causing pain.

Fluorides work in at least four different ways to protect teeth from tooth decay. Fluoride is incorporated in tooth structure when small amounts are swallowed daily while the teeth are forming. Fluoride becomes concentrated in the outer enamel surfaces when applied after teeth erupt into the mouth. Dental plaque and saliva act as fluoride reservoirs to enhance the remineralization process. In addition, fluorides interfere with the decay-causing bacteria colonizing on teeth and reduce their acid production, thus slowing demineralization.

Fluorides are delivered to the teeth in different dosages and delivered topically or systemically. Fluoride varnish is a type of fluoride that can be professionally applied outside the dental office in medical offices or in community-based programs. Programs should be consistent with evidence-based practice guidelines derived from current research to minimize possible risks and optimize benefits.

POLICY
Fluoride application applied outside the dental office in primary care offices (99188, D1206, D1208) does not require prior authorization.

HMO, PPO, Individual Marketplace, Elite
Paramount has determined that fluoride application applied outside the dental office in primary care offices is covered.

A. Physicians may be reimbursed for the professional services associated with the application of fluoride for children from first tooth eruption through age 5.
   1. This service is billable in addition to a well or sick child visit but should not be the sole reason for the visit.
   2. Coverage of fluoride application by physicians is limited to one application every one hundred eighty days.
B. The application of fluoride has three components each of which must be performed: oral assessment, application and referral.
   1. The oral assessment is for the identification of obvious oral health problems and risk factors. When combined with an EPSDT visit, the oral assessment does not need to be repeated prior to fluoride application.
   2. At the time of the fluoride application, parents/guardians must be provided with information about the fluoride procedure and proper oral health care for their child.
   3. If the child has obvious oral health problems and does not have a dental provider, the physician must provide referral to a dentist or the county department of job and family services.

Advantage
Paramount has determined that fluoride application applied outside the dental office in primary care offices is covered.

A. Payment may be made not more frequently than once per one hundred eighty days to a physician, physician assistant, or advanced practice registered nurse for the topical application of fluoride to the teeth of a child younger than six years of age.
B. As part of the application of fluoride, a practitioner must provide three related services:
1. An oral assessment for the identification of obvious oral health problems and risk factors, which may be omitted if an oral assessment is conducted or has been conducted during an early and periodic screening, diagnosis, and treatment (EPSDT) visit;

2. Communication with the parent or guardian about the fluoride procedure and proper oral health care for the child; and

3. If the child has obvious oral health problems and does not have a dental provider, referral to a dentist or to the county department of job and family services.

C. The application of fluoride during a well-child visit or a sick child visit should not be the sole reason for the visit.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99188</td>
<td>Application of topical fluoride by physician or other qualified health care professional</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CDT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1206</td>
<td>Topical application of fluoride varnish</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical application of fluoride, excluding varnish</td>
</tr>
</tbody>
</table>

REVISION HISTORY EXPLANATION
03/15/08: No changes
04/15/09: No changes
08/31/12: Updated verbiage
02/10/15: Removed code D1203. Added codes D1208 and 99188. Reviewed OAC 5160-4-33 guidelines. Changed title from Fluoride Treatment to Fluoride Application in Primary Care. Determined fluoride application applied outside the dental office in primary care offices (99188) is now covered for all product lines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
10/11/16: Primary care providers may bill D1208. Changed criteria to allow through age 5 now vs age 3 per USPSTF. Added ODM 5160-4-33 criteria for Advantage. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
06/13/17: Added code D1206 as it includes varnish. Primary care providers may bill D1206. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
02/08/18: Clarified that procedures 99188, D1206, & D1208 are covered without prior authorization for children under 6 years old for all product lines by primary care offices with a limit of one application every 180 days per administrative review/direction.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.