"Oral health for all"

Connecticut Oral Health Initiative

October 27, 2015

Dear Quality Council of the State Innovation Model Initiative,

I am writing to discuss your concerns about the proposed Quality Measure 1419 that addresses Fluoride Varnish application by medical professionals. With the following information, I hope this Council will conclude the inclusion of the one Oral Health quality measure that is evidence-based and trackable.

Summary

- **Fluoride varnish application for children under the age of 6 by non-dental providers must be covered by all private and public health insurers since May 2015**. The only exemptions are some grandfathered and ERISA plans.
- **Billing codes**
  - **Private/Commercial payers – CPT Code 99188 - Application of tropical fluoride by a physician or other qualified health care professional.**
  - **CT Medicaid/HUSKY – D1206- Fluoride Varnish**
- **Duplicative services**
  - **Young children see their primary care provider far more often than they do their dentist. For children at the highest risk for disease, every opportunity for prevention should be seized.**
  - **Dental decay is still high is young children in low income families and minority populations. 40% of all children in third grade in Connecticut had dental caries experience. The need for more active prevention is necessary.**
  - **Multiple applications are safe and evidence from North Carolina indicates that frequent applications at the youngest age are most critical for effective decay prevention.**[i]
  - **With integration of oral health in the Advanced Medical Home and Clinical and Community Integration Plan, there should be communication between the medical and dental practice to prevent duplication to the extent that damage could occur.**

Background

Young children, particularly in low-income families and minorities, continue to suffer high rates of tooth decay. Dental caries in children begins as soon as teeth erupt. Nationally, across all income groups, 17% of 2-4-year-old children have experienced tooth decay and among Connecticut Head Start children nearly 31% have experienced decay.[ii]

Rigorous research has shown that tooth decay can be prevented, slowed, or stopped most effectively by early and frequent applications of fluoride varnish. The U.S. Preventive Services Task Force (USPSTF) recommends application of fluoride varnish starting at tooth eruption in primary care practices.

Fluoride, whether from water, toothpaste or professionally-applied topical fluoride products, acts to slow demineralization and boost remineralization, thus preventing infection, pain and the need for fillings or surgical treatment.[iii,iv] Fluoride varnish is the only professionally applied topical fluoride recommended for children younger than age 6.

No published evidence indicates that professionally applied fluoride varnish is a risk factor for enamel fluorosis, even among children aged <6 years. Proper application technique reduces the possibility that a

patient will swallow varnish during its application and limits the total amount of fluoride swallowed as the varnish wears off the teeth over several hours.

As of 2014, 47 states allow physicians to apply and bill Medicaid for fluoride varnish applications including Connecticut.[iii]

Coverage of Fluoride Varnish application in health care setting

As a result of the Affordable Care Act's preventive services provisions and the USPSTF recommendation, all private insurance plans must cover the application of fluoride varnish in primary care settings for all children up to age 6 with the exemption of some grandfathered and ERISA plans. This is not limited to Medicaid and Access Health Plans.

Presently, CT Medicaid and the following private insurers cover fluoride varnish in health care settings in CT for children under the age of 6 years. There may be more in CT, but these have been verified: Anthem, Cigna, Connecticare and United Healthcare.

Billing Code

Private/commercial insurance billing code

CPT Code 99188 - Application of tropical fluoride by a physician or other qualified health care professional.

This code was approved to begin January 1, 2015 for coverage of varnish application only. Risk assessment, education and referral to a dentist must also be covered, but those are not in consideration of tracking of the Quality Measure in question. As of 2015, Code 99188 must be covered by commercial insurance for children up to age 6.

Reimbursed at$10 to $25 per application, depending on insurer. This is separate from oral health assessment and dental referral fees.

The ICD-10 codes in association with the code are:

- V07.31 Fluoride administration
- K02.3-K02.9 for dental caries
- Z00.121 for Encounters for routine child health exam with abnormal findings (use additional coding for abnormal finding, such as decay)
- Z13.84 Encounter for screening for dental disorders
- Z41.8 Encounter for other procedures for purposes other than remedying health state (such as fluoride varnish)

CT Medicaid billing code

D1206 – Fluoride varnish

Reimbursed at $20, separate from $25 Oral Health Evaluation (D0145) fee paid.

Duplicative services

Dental decay is still high is young children in low income families and minority populations. The need for more active prevention is necessary. Only 3% of children on Medicaid receive oral health services from

their medical providers, despite having multiple well child visits. Very few children on Medicaid under age one have a dental visit.

Multiple applications are safe and have high efficacy. Ingestion of fluoride varnish seems implausible as a contributor to fluorosis in children.[iv,v] Fluoride varnish preparations contain up to 22,500 ppm fluoride, but only a very small amount is applied (2.3 to 5.0 mg). The resin-based varnish initially sticks to the teeth; then, as the varnish slowly breaks away from the tooth surface, it is ingested over time.

There are multiple reasons why the likelihood of duplication is very low. Dentists typically can only apply once every 6 months unless they seek prior authorization. Most children do not go to the dentist until after they turn one. If the child received fluoride application at the medical office, they would most likely get it at 15, 18 and 24 months. In the same time period the maximum they would get it at dentist would be twice, for a maximum total of five times in a year period. The likelihood they would get all 5 would be remote.

Conclusion

According to a study by CT Voices for Children published in August 2015, there was an increase in the number of fluoride varnish applications by non-dental providers from 19 in 2008 to 4,442 in 2013. The number continues to increase. As medical insurance has started to reimburse for this procedure, it is highly expected that more practices will start performing this service. First, offices that did not want to perform different services for Medicaid and privately insured patients, can now be consistent in preventive treatment. Second, From the First Tooth has had a decided uptick in training requests since May 2015 when the procedure was recommended by USPSTF. Hence, ***monitoring the USPDT standard is important and timely.***

If you should have any further questions, I am available to answer them upon your request.

Regards,

Mary Moran Boudreau RDH
Executive Director

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[i] Pahel BT, Rozier RG, Stearns SC, Quiñonez RB. Effectiveness of preventive dental treatments by physicians for young Medicaid enrollees. Pediatrics 2011;127:e682-e689.

[ii] Every Smile Counts 2007

[iii] American Academy of Pediatrics. Children's Oral Health. State Information and Resource Map. Caries Prevention Services Reimbursement Table. http://www2.aap.org/oralhealth/PracticeTools.html. Accessed 6/14/2014.

[iv] Pendrys DG, Haugejorden O, Bårdsen A, Wang NJ, Gustavsen F. The risk of enamel fluorosis and caries among Norwegian children: implications for Norway and the United States. *J Am Dent Assoc.* 2010 Apr;141(4):401-14.

[v] Browne D, Whelton HO, Mullane D. Fluoride metabolism and fluorosis. J Dent Res. 2005;33:177-86.