

November 4, 2015

Dear Quality Council of the State Innovation Model Initiative,

I would like to address the proposed Quality Measure 1419 that addresses Fluoride Varnish application by medical professionals. With this information, you will see there is no reason to postpone the inclusion of the one Oral Health quality measure that is evidence-based and trackable. As this procedure is newly required to be covered by health plans as of May 2015, this is the ideal time to start tracking it.

### 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 topical fluoride by a physician or other qualified health care professional.**
  - **CT Medicaid/HUSKY – D1206- Fluoride Varnish**
- **Tracking**
  - **Access Health Analytics reported that CPT code 99188 will be tracked with the start of their program in early 2016.**
  - **Code 99188 is a Type 1 code which is easily trackable.**
  - **CT Department of Social Services has been tracking fluoride varnish application by medical providers separate from application by dental providers since 2008.**
- **Duplicative services**
  - **There is a 49% reduction in caries if the first applications start by age 12 and 15 months.**
  - **Most children do not get to the dentist until the age of 2 (average 2.6 years)**
  - **Young children see their primary care provider far more often than they do their dentist. Every opportunity for prevention should be seized.**
  - **40% of all children in 3rd grade in Connecticut had dental caries experience, with Hispanic and Black at 50% each. This shows a need for active prevention.**
  - **Multiple applications are safe. Evidence from North Carolina indicates that frequent applications at the youngest age are most critical for effective decay prevention.<sup>1</sup>**
- **Training for medical providers**
  - **Free training is usually one-hour, given in-person and on-line from various sources covering oral health evaluation, fluoride varnish application and dental referral with assistance in office flow and billing.**
  - **From the First Tooth has trained over 66 practices, 7 hospitals and 2 Community Health Centers though 2014.**
- **With integration of oral health in the SIM Advanced Medical Home and Clinical and Community Integration Plan, this quality measure should be included now.**

## Background

Young children, particularly in low-income families and minorities, continue to suffer high rates of tooth decay. Rigorous research has shown that tooth decay can be prevented, slowed, or stopped most effectively by early and frequent applications of fluoride varnish.

### Coverage of Fluoride Varnish application in health care setting

As of May 2015, under the Affordable Care Act's preventive services, **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.

#### Affordable Care Act

"SEC. 2713. COVERAGE OF PREVENTIVE HEALTH SERVICES. "(a) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for— "(1) evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force."

Children From Birth Through Age 5 Years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.	B
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From US Preventive Services Task Force

## Billing Code

**Private/commercial insurance billing code - CPT Code 99188** - Application of tropical fluoride by a physician or other qualified health care professional.

**CT Medicaid billing code - D1206** – Fluoride varnish

## Tracking

### Access Health Analytics

Access Health Analytics has adopted various policies and procedures regarding the All-Payer Claims Database. It has **included CPT Code 99188 and D1206 for tracking in the program** it plans to initiate in early 2106, according to Dr. Tamin Ahmed.

### Type Tracking

There are two levels of tracking data from payers. Type 1 are data that is more easily trackable. Type 2 is codes that have more difficulty in tracking. According to Dr. Ahmed, CPT code 99188 is a Type 1 code. Insurers have very sophisticated analytics, so this would not be difficult.

### CT HUSKY

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.

## Duplicative services

Dental decay is still high in 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. A sample study is one from North Carolina that concluded that the application of fluoride varnish in the medical office "was effective in reducing caries-related treatments for children with  $\geq 4$  medical office-based preventive dental visits. Multiple applications of fluoride at the time of primary tooth emergence seem to be most beneficial."<sup>2</sup>

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.

## Training

There are multiple ways to receive training in the medical practice at no cost. All training includes oral health assessment, applying varnish, referral practices, as well as assistance with office flow and billing.

- In-Office training - From the First Tooth, EPIC training through the Child Health and Development Institute of CT, CT Chapter of American Academy of Pediatrics. Approximately one hour in length. Credits given.
- On-line training - Smiles for Life with 1 CME/CNE takes 45 minutes, CT TRAIN and the American Academy of Pediatrics.
- From the First Tooth has listed 66 medical practices, 7 hospital-based practices and two community health centers will all their locations as having been trained by them. A count of practices trained by the other organizations was not available to me.

## Conclusion

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,



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Executive Director