

INSERT DATE

Dear Medical Director

I am writing this letter to object to denials for coverage and payment for topical fluoride varnish application by pediatricians during patient visits. As a pediatrician committed to the health, safety and well-being of infants, children, adolescents, and young adults, I am advocating for access to fluoride treatment to promote dental health for children and adolescents including benefits coverage and appropriate payment. Early childhood caries (ECC) in children from birth to 5 years old can be largely prevented with implementation of preventive measures - hygiene, diet, fluoridation of water, and preventive oral health care. Rates across the world are as high as 85.5% (in rural China) to as low as 2.1% (in Sweden). The rate of ECC in children 2-5 years old in the US increased from 24% to 28% between 1988 and 2004. The rate in children 2-5 years old in 2015-2016 was 21.4% of which 8.8% were untreated caries.¹⁻²

We strongly urge your health plans to provide benefits coverage and appropriate payment for fluoride varnish application as reported by CPT code 99188. Carriers that deny or bundle payment as incidental to the office visit create barriers to access this vital preventive service. Further, carriers are violating the intent of CPT guidelines when they inappropriately bundle two services together when each of the involved services has a separate CPT code.

Provide Benefits Coverage

Under the Affordable Care Act, payers are required to cover without cost sharing preventive services recommended by the United States Preventive Services Task Force (USPSTF) and Bright Futures Guidelines. The USPSTF recommendations issued May 2014 regarding oral health care in the primary care setting for children through the age of 5 years include the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. Fluoride varnish has maximal effectiveness when applied at least 4 times per year. Therefore, coverage should extend to 4 times per year in the medical office so that with one dental visit per year this is achieved.

Provide Appropriate Payment

Per CPT “Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (e.g., vision, hearing, developmental) identified with a specific CPT code are reported separately.” (CPT Professional Edition, 2019, pg. 37). This language exists because CPT recognizes that these separately identifiable procedures are not included under the preventive medicine service code and therefore need to be reported and paid for separately.

Therefore, payers are required to provide coverage benefits and are urged to pay appropriately for fluoride varnish application as a separately reported service, apart from the reported office visit. Further, the Centers for Medicare and Medicaid Services (CMS) published the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) recommended value for CPT code 99188 (currently 0.35 non-facility relative value units [RVUs]), payers are urged to pay appropriately for this service.

I look forward to your response.

INSERT Pediatrician and/or Practice Name

1. Anil, Sukumaran, and Pradeep S Anand. “Early Childhood Caries: Prevalence, Risk Factors, and Prevention.” *Frontiers in pediatrics* vol. 5 157. 18 Jul. 2017, doi:10.3389/fped.2017.00157.
2. Fleming, E and Afful, J NCHS Data Brief No. 307, April 2018.