Benefit Coverage

Covered Benefit for lines of business including:
- RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Medicare-Medicaid Plan (MMP) Integrity

Excluded from Coverage:
- Extended Family Planning (EFP), Health Benefits Exchange (HBE)

Approval is based on review of the medical necessity documentation.

Description
Dental caries is the most common chronic disease of childhood. Primary care providers have a role in providing access to preventive dental services particularly for the very young and disadvantaged children. Fluoride acts by promoting enamel remineralization, decreasing enamel demineralization, and inhibiting bacterial metabolism and acid production. Fluoride varnish does not require specialized equipment or personnel and can be applied quickly to teeth enamel. Studies have shown a high fluoride uptake in the enamel and considerable caries reduction following the application of varnish containing fluoride.

Increased risk of caries may be secondary to poor oral hygiene, prolonged nursing or breast-feeding, poor family dental health, enamel defects, genetic abnormality of teeth, many multi-surface restorations, chemoradiation therapy, eating disorders, cariogenic diet, exposed root surfaces, physical or mental disability that impacts ability to care for teeth.

Coverage Determination

Neighborhood’s coverage of fluoride varnish is secondary to dental care that is otherwise covered, specifically the RIteSmiles program. The application of fluoride varnish is provided in the PCP’s office. Fluoride varnish is covered for children

1. Up to age four (4) who may receive up to four (4) fluoride varnish treatments in one (1) year. The applications should start at the time of the eruption of first teeth, about age six (6) months.
2. For children age five (5) to eighteen (18) up to once (1) per year as necessary.
Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.
References:


