

## Topical Fluoride Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector       Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – Includes MassHealth       Tufts Health Unify – OneCare Plan  
Plan and Accountable Care Partnership Plans

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The following payment policy applies to Tufts Health Plan contracting providers (physicians) who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

#### **Tufts Health Together**

If medically necessary, Tufts Health Plan covers topical fluoride treatments provided by primary care physicians during well-child visits from the first tooth eruption (usually at six months) up to age 21, up to four times a year for eligible members, in accordance with Massachusetts EOHHS regulations.

Medical necessity is determined using the Caries Assessment Tool (CAT), which is a list of risk factors indicating a child's risk for dental caries. Members are eligible for topical fluoride treatments, if they are younger than 21 and eligible for dental services.

#### **Tufts Health RITogether**

Tufts Health Plan covers topical fluoride treatments during well-child visits from the first tooth eruption (usually at six months) to the fourth birthday. This treatment is covered up to four times a year per member, per provider or location for eligible members, in accordance with Rhode Island EOHHS regulations.

In accordance with Rhode Island EOHHS regulations, members between the ages of 5 and 18 are eligible for topical fluoride treatment if it is medically necessary.

Tufts Health Plan does not cover dental care for children born after May 1, 2000. Refer to the Rhode Island EOHHS [Rite Smiles](#) program for coverage information.

### **GENERAL BENEFIT INFORMATION**

Topical fluoride treatment is recommended during well-child visits after the first tooth eruption (usually at six months). Providers should administer topical fluoride treatment along with oral health anticipatory guidance that includes patient self-management goals as well as an appropriate dental referral, if necessary.

Topical fluoride treatment consists of continuous topical application of an approved fluoride agent such as gels, foams, and varnishes, for a period shown to be effective for the agent. They are applied to a member's teeth to help prevent tooth decay.

#### **Training requirements**

In accordance with Massachusetts EOHHS and Rhode Island EOHHS regulations, providers who administer topical fluoride treatment for eligible members must register for and complete one of the following approved training programs:

- [American Academy of Pediatrics Oral Health Training Program for Physicians](#)
- [Smiles for Life](#)

Providers are responsible for maintaining proof of completion of the training and must provide such documentation to Tufts Health Plan upon request.

## **BILLING INSTRUCTIONS**

A provider may not bill for both the office visit and the fluoride treatment application if fluoride treatment is the sole purpose of the visit. Providers must bill for topical fluoride treatment on a CMS-1500 form with CPT code 99188 (application of topical fluoride treatment varnish by a physician or other qualified health care professional).

## **DOCUMENT HISTORY**

- November 2018: Information added for RITogether
- May 2018: Policy reviewed by committee; policy and general benefit information clarified; removed D1206 from billing instructions
- March 2018: Template updates
- February 2017: Template updates

## **AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.