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July 21, 2014

Dear Medical Director,

The American Academy of Pediatrics (AAP) is a professional medical society of over 62,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. For a number of years, the AAP has advocated that pediatricians play a role in the prevention of early childhood dental disease through the incorporation of preventive oral health services as part of well-child care.

Currently, the AAP recommends that pediatricians provide an oral health risk assessment, anticipatory guidance and counseling about oral hygiene and diet, referral to a pediatric dentist or general dentist skilled in treating children, and the application of fluoride varnish. Recently, it has come to our attention that the United States Preventive Services Task Force (USPSTF) has graded the application of fluoride varnish to all children under the age of 5 in the primary care setting as a "B recommendation". The Affordable Care Act (ACA) requires that insurers provide benefits coverage without patient cost-sharing for preventive services recommended by the Bright Futures Guidelines, which includes evidence based services receiving a grade of A or B from the USPSTF. The AAP is working to update its clinical reports, policy statements, and manuals to reflect this new recommendation.

In the meantime, the AAP would like to advise you of this change and urge you to consider policy revisions to provide coverage and payment for oral health care as per the USPSTF recommendations for application of fluoride varnish in the primary care setting. We would also appreciate your feedback regarding how your standard certificate of coverage will provide benefits coverage for oral health services in the primary care setting in light of the USPSTF recommendations.

1. The AAP strongly supports the USPSTF recommendation for all children to receive fluoride varnish application in the primary care office up until the age of 5. Children should receive this service 2 – 4 times per year ([American Dental Association recommendation](#)) and it should be done in collaboration with a dental home if one has been established. This service is completed above and beyond the standard well-child visit. Does your health plan currently provide coverage for the application of fluoride varnish in primary care settings? If so, for what age child, and with what frequency? If not, does your standard certificate of coverage considered adjusting its coverage policy to include this service in the near future?
2. The AAP has advocated successfully for a Current Procedural Terminology (CPT) code for the application of fluoride varnish. This will go in to effect on January 1, 2015. In the meantime, in order to report and be paid for topical fluoride application, primary care practitioners should be able to use the Current Dental Terminology (CDT) code D-1206. Does your claim system have the ability to pay claims submitted using CDT codes?
3. Currently, a small segment of practicing pediatricians are providing this service to their patients. Training and technical assistance will be needed and providers must be counseled that fluoride varnish is not the equivalent of a vaccine for dental caries; as fluoride varnish alone will not protect a child against dental caries. Families who receive this service should also receive counseling about oral hygiene and diet counseling, self-management support to establish healthy habits, and referral to a dentist. Does your health plan provide

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coverage and payment for this type of oral health counseling, or does it have plans to do so in the future?

4. In the same report, the USPSTF gave oral health risk assessment in the primary care setting an “I statement”, meaning there was not enough evidence to support or negate the use of this service. The AAP continues to support risk assessment in the medical home as an important way to identify children at greatest risk for dental disease, and supports the need for additional research on this subject. See <http://www2.aap.org/commpeds/doch/oralhealth/RiskAssessmentTool.html> for a copy of the AAP/Bright Futures Oral Health Risk Assessment Tool. Does your health plan currently provide coverage and payment for oral health risk assessment in the primary care setting, or does it have plans to do so in the future?

The AAP has a large library of resources about oral health implementation in the primary care setting, which can be accessed at www.aap.org/oralhealth. In addition, many state Medicaid programs are currently providing coverage and payment for both fluoride varnish application and oral health risk assessment, and additional information can be found at: <http://www2.aap.org/commpeds/doch/oralhealth/docs/OralHealthReimbursementChart.xlsx>. If you have questions or need further guidance, please contact Lauren Barone, MPH, Manager, Oral Health at lbarone@aap.org or 847-434-4479.

Sincerely,

/S/

James M Perrin, MD, FAAP
President

JMP/lfb

