

D1355 – ADA Guide to Reporting Caries Preventive Medicament Application

This guide is to educate dentists and others in the dental community on the procedure and its code, first published in *CDT 2021*.

Introduction

CDT code D1355, effective on January 1, 2021, enables documenting and reporting this preventive “per tooth” procedure. The full CDT Code entry published in *CDT 2021* follows.

D1355 caries preventive medicament application – per tooth

For primary prevention or remineralization. Medicaments applied do not include topical fluorides.

The Code Maintenance Committee (CMC) agreed with the action request submitter’s rationale that a new code was needed to fill a procedure reporting gap:

“There is a gap in the current code. D1354 covers the application of medicaments for secondary (2°) prevention; that is, interim arrest of caries. But these same materials, particularly silver diamine fluoride, silver nitrate, and chlorhexidine, are used to prevent caries lesions on high-risk tooth surfaces, such as exposed root surfaces in older adults, deep fissures in permanent or primary teeth or around molar bands in fixed orthodontic treatment.”

Application of a caries preventive medicament (D1355) is one of several preventive services delivered to a patient based on the dentist’s diagnosis of the patient’s clinical condition. The D1355 procedure is a per-tooth preventive procedure where there is no carious lesion present. Delivery of D1355 may be prompted by findings of a caries risk assessment procedure (i.e., “D0602 caries risk assessment and documentation, with a finding of moderate risk” or “D0603 caries risk assessment and documentation, with a finding of high risk”). As the medicament application is per-tooth this procedure is not similar to either of the topical fluoride applications (D1206 and D1208) as both are full-mouth procedures.

A number of Questions and Answers follow. These are intended to provide readers with insight and understanding of the procedure, medicaments used, and appropriate documentation in patient records and on claims.

Questions and Answers

1. Why is the caries preventive medicament procedure (D1355) delivered and reported “per tooth” while the topical fluoride treatment procedures (D1206 and D1208) involve all teeth present in the oral and are reported as “full mouth”?

The D1355 procedure is delivered selectively when the patient’s tooth has one or more specific surfaces that are diagnosed as at high risk (e.g., after delivery of procedure “D0603 caries risk assessment and documentation, with a finding of high risk”) for development of a carious lesion.

2. Is there a specific medicament applicable to this procedure?

No –D1355’s CDT Code entry describes a discrete procedure for application of a “caries preventive medicament” excluding only topical fluorides. Examples of topical fluorides are foams, gels, rinses and varnish. Medicaments that would be applied during the delivery of the D1355 procedure include Silver Diamine Fluoride (SDF), Silver Nitrate (SN), thymol-CHX varnish, and topical povidone iodine (PVP-I). The

dentist providing this service would determine the appropriate medicament to be applied.

3. Is the procedure reported with this code limited to primary teeth?

No – There are no words in either the nomenclature or descriptor that limits the procedure to primary dentition, which means that the procedure may be delivered to any primary or permanent tooth.

4. What is the detailed rationale for reporting this procedure by tooth treated?

The D1355 nomenclature revision mirrors the nomenclature of other procedures in the CDT Codes “Other Preventive Services” category: D1351 sealant – per tooth; D1353 sealant repair – per tooth; and D1354 interim caries arresting medicament application – per tooth. It is important to report D1355 as a per tooth procedure to track individual tooth outcomes and follow-up procedures in the patient record.

5. Should the patient’s record, and any claim submission, document both the tooth number and tooth surface(s) treated?

According to the “Area of the Oral Cavity and Tooth Anatomy” reporting guide posted on ADA.org both tooth number and surface(s) are required when the D1355 procedure is delivered.

6. May more than one tooth receive the D1355 procedure on the same date of service?

From the CDT Code’s perspective there is no limit on the number of teeth that may be treated on a particular date of service. The patient’s clinical needs and treatment plan determine which teeth require a caries preventive medicament application.

Third-party payer reimbursement for these procedures is subject to the dental benefit plan’s coverage provisions. Any reimbursement limitations are not supported by wording of the D1355’s nomenclature or descriptor.

7. How often may the D1355 procedure be delivered to the same tooth?

Reapplication may be required when the dentist determines that there is a clinical need. The CDT Code does not set any reapplication interval.

8. May other preventive procedures be delivered to the tooth on the same day it receives the D1355 treatment?

Yes – Other preventive procedures may be delivered as there is no such exclusionary language in D1355’s nomenclature or descriptor. Individual circumstances would affect the order in which preventive services are delivered (e.g., topical fluoride [D1208]; prophylaxis [D1120] before the medicament [D1355] application).

9. May a hygienist or other allied dental personnel deliver the D1355 procedure?

That depends on individual state dental practice law. State scope of practice acts determine the training, permitting and licensing requirements of persons who may deliver the D1355 procedure, and the level of supervision that may be required.

10. Are there any other medicament delivery procedures that this code would be used to report?

No – D1355’s CDT Code entry describes a discrete procedure for delivery “of a caries preventive medicament...for primary prevention or remineralization.” Any other medicament delivery procedure would be reported by its own CDT Code (e.g., D1354 for a caries arresting medicament; D9910 for a desensitizing medicament); or with an “unspecified, by report” (aka “999”) code.

11. How would D1355 be reported on a claim?

D1355 is reported on the claim detail line. Each claim detail line identifies the particular procedure, the date it was delivered to the patient, as well as both tooth number (or letter) and surface(s) involved. If more than one tooth is treated on the same date of service the procedure is best reported on multiple service lines so that each involved tooth is clearly identified.

12. What dental benefit plan coverage – commercial or governmental – is anticipated?

Coverage and reimbursement for D1355 is likely to vary between commercial benefit plan offerings and by state for government programs (e.g. Medicaid). This information can be acquired when verifying a patient's benefit plan enrollment and eligibility for services.

Questions or Assistance?

Call 800-621-8099 or send an email to dentalcode@ada.org

Notes:

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- Version History

Date	Version	Remarks – Change Summary
09/15/2020	1	Initial publication
10/15/2020	1a	Correction of CDT code number typo in answer to Q1 – “(D1206 and D1208)” instead of “(D1206 and D1028)”