

This guide is to educate dentists and others in the dental community on the procedure and its code.

Introduction

CDT code D1355 enables documenting and reporting this preventive “per tooth” procedure. The full CDT Code entry as published in *CDT* manual follow –

D1355 caries preventive medicament application – per tooth

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

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 code 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.

Several 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 cavity 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. I've read that there are differing opinions concerning use of Silver Diamine Fluoride (SDF) as the appropriate medicament applied when delivering the D1355 procedure. If I use SDF as a caries arresting medicament does that mean D1355 is not the procedure delivered to my patient, or that there will not be any coverage by the patient's dental benefit plan?

There are two concerns described in this question, the first concerning application of a specific medicament and the second concerning reimbursement if that medicament is applied. Looking at the first, selection of the medicament to be applied is the dentist's decision that is a clinical consideration. If SDF or any other medicament except topical fluoride is delivered as described in the D1355 nomenclature or descriptor (i.e., "for primary prevention or remineralization"), it is the procedure to report.

The second concern, which pertains to reimbursement, is a completely separate matter. Dental benefit plan coverage and third-party payer claim adjudication policies determine whether D1355, or any other procedure reported with a CDT code, will be reimbursed. A plan may say that coverage for D1355 may be limited to medicaments other than SDF. What a plan may not say is that a dentist must not report D1355 when she or he determines that SDF is the appropriate caries preventive medicament to apply.

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

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.

5. What is the reason for reporting this procedure by tooth treated?

The D1355 nomenclature mirrors the nomenclatures of other procedures in the CDT Codes "Other Preventive Services" category: D1351 sealant – per tooth; D1353 sealant repair – per tooth; and D1354 application of caries arresting medicament – 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.

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

The "Area of the Oral Cavity and Tooth Anatomy" reporting guide posted online at [ADA Dental Claim Form | American Dental Association](#) recommends that both tooth number and surface(s) be documented when the D1355 procedure is delivered.

7. 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, which is determined by the dentist. 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.

8. 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.

9. 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 or D1110] before the medicament [D1355] application).

10. May a hygienist or other dental professional deliver the D1355 procedure?

The CDT Code only provides a means to document procedures delivered. Applicable state laws and regulations concerning professional licensure, scope of practice, supervision, etc., determine the ability of an individual practitioner (e.g., hygienists) to deliver and report any dental procedure listed in the Code on Dental Procedures and Nomenclature (CDT Code). Scope of licensure questions are best answered by an inquiry to the applicable local regulatory or professional licensure authority.

11. 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.

12. How would D1355 be reported on a claim?

As this is a "per tooth" procedure the applicable tooth number (or letter) must be reported on the claim detail (aka service) line. 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.

Questions or Assistance?

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