



Dental Clinical Policy

Subject: Caries Arresting Medicament
Medicament Application

Publish Date: 01/01/2025

Guidelines #: 01-102

Last Review Date: 10/25/2024

Status: Revised

Description

In the treatment of active, non-symptomatic carious lesions, a caries-arresting or inhibiting medicament may be applied on a per tooth basis, without mechanical removal of sound tooth structure.

Clinical Indications

Caries arresting medicament application is the conservative treatment of an active, non- symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

Criteria

1. Used only as a conservative treatment for active, non-symptomatic carious lesions.
2. Patients unable to withstand standard restorative treatment, including but not limited to:
 - a. Frail patients
 - b. Uncooperative children
 - c. Patients with physical and/or cognitive disabilities
3. Patients with numerous lesions that cannot be treated in one visit.
4. Caries which are difficult to treat with traditional restorations.
5. Patients with limited access to dental care.
6. Caries arresting medicament may be considered inclusive when submitted in conjunction with other restorative procedures (contract dependent).

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CDT including but not limited to:

D1206 Topical application of fluoride varnish

D1208 Topical application of fluoride – excluding varnish

D1352 Preventive resin restoration in a moderate to high caries risk patient – permanent tooth

D1354 Application of caries arresting medicament – per tooth

- D1355 Caries preventive medicament application - per tooth
- D2941 Interim therapeutic restoration – primary dentition
- D2991 application of hydroxyapatite regeneration medicament – per tooth

ICD-10 CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

References

1. U.S Food & Drug Administration. The Selection of Patients for Dental Radiographic Examinations. fda.gov. Revised 2012.
2. American Dental Association. D1354 – ADA Guide to Reporting Interim Caries Arresting Medicament Application. Revised 2018.
3. American Academy of Pediatric Dentistry. Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients. aapd.org. Revised 2023.
4. American Academy of Pediatric Dentistry. Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including Those with Special Health Care Needs. aapd.org. Published September/October 2017.
5. Slayton RL, Urquhart O, Araujo MWB, et al. Evidence-based clinical practice guideline on nonrestorative treatments for carious lesions: A report from the American Dental Association. J Am Dent Assoc. 2018;149(10):837-849.e19. doi:10.1016/j.adaj.2018.07.002
6. Contreras V, Toro MJ, Elías-Boneta AR, Encarnación-Burgos A. Effectiveness of silver diamine fluoride in caries prevention and arrest: a systematic literature review. Gen Dent. 2017;65(3):22-29.
7. Horst JA, Ellenikiotis H, Milgrom PL. UCSF Protocol for Caries Arrest Using Silver Diamine Fluoride: Rationale, Indications and Consent. J Calif Dent Assoc. 2016;44(1):16-28.
8. American Dental Association. D1354 – ADA Guide to Reporting Interim Caries Arresting Medicament Application. ada.org. Published 2017.

History

Revision History	Version	Date	Nature of Change	SME
	Initial	04/22/2020	Initial	Committee
	Revised	12/4/2020	Annual Revision	Committee
	Revised	10/06/2021	Annual Revision	Committee
	Revised	10/21/2022	Annual Revision	Committee
	Revised	8/23/2023	Annual Revision	Committee
	Revised	10/25/2024	Minor editorial refinements to description, clinical indications, and references; intent unchanged.	Committee

Federal and State law, as well as contract language, takes precedence over Dental Clinical Policy. Dental Clinical Policy provides guidance in interpreting dental benefit application. The Plan reserves the right to modify its Dental Clinical Policies and guidelines periodically and as necessary. Dental Clinical Policy is provided for informational purposes and does not constitute medical advice. These Policies are available for general adoption by any lines of business for consistent review of the medical or dental necessity and/or appropriateness of care of dental services. To determine if a review is required, please contact the customer service number on the member's card.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the Plan.

Current Dental Terminology - CDT © 2025 American Dental Association. All rights reserved.