

## Silver Diamine Fluoride

### CDT © Code

D1354 Interim caries arresting medicament application-per tooth  
\*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.

### Coverage

- Child or adult
- Primary and permanent teeth
- Restoration is covered if medically necessary
- Signed informed consent is required and example for use can be found at:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4778976/figure/F4/>

### Coverage Limitations

- Service authorization is required for teeth requiring restoration within 6 months after application of Silver Diamine Fluoride (D2000-D2999) by the same treating dentist or dental office
- Maximum of two (2) applications per tooth, per calendar year
- Lifetime maximum of four (4) applications per tooth

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#### MEDICAL SERVICES

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