In July 2023, a procedure code for physicians’ use of silver diamine fluoride (SDF) was introduced into the American Medical Association’s (AMA) Current Procedural Terminology (CPT) code set. Code 0792T is for the “application of silver diamine fluoride 38%, by a physician or other qualified health care professional” and will be published in the CPT® 2024 manual. It is a Category III code, meaning it represents an emerging technology, service, or procedure and it is introduced primarily for data collection purposes to track usage of the service or procedure. Like other CPT codes, health insurance plans are not required to cover or pay for the service despite its inclusion in the code set.

**Pediatric Dentists Are Here To Support**

As the early adopters of SDF, pediatric dentists have extensive experience with the medication. The American Academy of Pediatric Dentistry (AAPD) aims to serve as a resource to our physician colleagues as they consider incorporating this service into their armamentarium and undergo the necessary training and referral preparation to do so. The physician-dentist interprofessional relationship will be key to successful patient co-management to effectively manage dental caries.
What is SDF?iii

SDF is a clear liquid that combines the antibacterial effects of silver with the remineralizing power of fluoride. According to the 2017 clinical practice guidelines of the AAPD, SDF may be used in certain circumstances as a non-restorative management technique for the arrest of progression of small cavities and cavity-susceptible areas on primary (baby) teeth and permanent teeth. SDF is painted on the caries-affected areas of teeth in a quick, painless procedure. After application, the decay is permanently stained black.

Important Reminders For Physicians

- **Case selection for SDF is more nuanced** than fluoride varnish. This has traditionally required a caries diagnosis by a dentist, including dental radiographs when possible. While topical fluoride varnish application by primary care clinicians for children under 5 is supported by the US Preventive Services Task Force,iv no comparable recommendation exists for SDF.

- **Application of SDF is more technique-sensitive** than fluoride varnish.

- **Risks and side effects of SDF are more numerous and potentially more severe** than fluoride varnish. In addition to the black stain, SDF may cause discomfort and harm if caries extends into the pulp or nerve of the tooth.

- **SDF is not meant to be a “one and done” procedure nor is it necessarily definitive treatment.** Follow-up, reapplication, and monitoring are necessary in the proper professional use of SDF and should be completed by a dentist.

- **Pros & Cons of SDF:** iii See table on the right.

Preparing Your Dental Referral Network

The presence of dental caries such that use of SDF is indicated constitutes an **urgent referral to a dental provider for comprehensive treatment.** For children, the first-line provider is a pediatric dentist. Here are resources to identify pediatric dentists and other dentists in your community:

- **AAPD Find a Pediatric Dentist** Tool
- **Insure Kids Now – Find a Dentist** Tool
- **ADA Find-a-Dentist** Tool (filter for Medicaid as payment option is available)
- **Medicaid & CHIP Beneficiary Resources** (navigate to state site, then find a provider tool)
Clinical Training

Any health care provider considering the addition of SDF to their armamentarium should undergo both didactic and clinical training on the appropriate use, case selection, technique, and risks of SDF. (For context, in states that permit the placement of SDF by dental hygienists or expanded function dental assistants – dental team members who are very familiar with clinical presentation of caries – clinical hands-on training is also required.) The following are our recommendations:

1. Groundwork: Getting Familiar with SDF

Review these publicly available resources from AAPD:

- Silver Diamine Fluoride Policy and Fact Summary
- Chairside Guide: Silver Diamine Fluoride in the Management of Dental Caries Lesions
- Policy on the Use of Silver Diamine Fluoride for Pediatric Dental Patients
- Clinical Practice Guidelines: Use of Silver Diamine Fluoride for Dental Caries Management in Children and Adolescents, Including Those with Special Health Care Needs

2. Solidify Oral Health Foundational Knowledge

Review these resources designed specifically for medical professionals:

- Bright Futures: Oral Health - Pocket Guide (Dental Caries Risk Assessment with Risk Factors and Intervention Strategies on pages 72-73)
- Smiles for Life, a national oral health curriculum (Society of Teachers of Family Medicine)
  - Child Oral Health > Early Childhood Caries Prevention > Caries Management
  - Geriatric Oral Health > Common Oral Problems > Caries: Treatment

3. SDF Didactic Training

Our partners at the American Academy of Pediatrics (AAP) and Smiles for Life are in the process of developing resources targeting physicians.

4. SDF Clinical Hands-on Training

- Reach out to your state pediatric dental society, state or local dental association, or state dental board any SDF courses for which you may be eligible to participate.
- Note: The AAP is exploring the implementation of SDF in the pediatric medical setting and will be sharing more information in the near future.
Additional Resources

- AAPD Research & Policy Center
- AAP Section on Oral Health (SOOH)

Have questions, concerns, or feedback to share? Contact us at RPC@aapd.org.

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