Medicaid Reimbursement Guidelines for Fluoride Varnish

Verify that you or your clinic are an enrolled Medicaid provider. An enrolled provider will have a provider number.

Verify the client eligibility. Medicaid only pays for services provided on a day in which the child is eligible for coverage. Providers may call the Eligibility Verification System at 800.428.4140 or 701.328.2891. You will need the provider number and the recipient’s Medicaid ID number for verification purposes.

Submit claims for payment. Claims may be submitted on paper or electronically. Electronic Data Interchange (EDI) is a fast and cost effective alternative to paper claim submission.

- Use CMS-1500 claim form.
- Use the procedure code for fluoride varnish, which is D1206.
- Bill Medicaid within one year from the date of service.
- Enter the appropriate two-digit Place of Service Code. Codes are available at: www.cms.hhs.gov/placeofservicecodes/downloads/posdatabase.pdf.

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<th>CDT Code</th>
<th>Description and Limitations</th>
<th>Reimbursement Rate</th>
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| D1206    | Topical fluoride varnish; therapeutic application for moderate to high-caries-risk patients  
- The patient must be under 21 years of age.  
- Fluoride varnish is limited to two (2) applications per year per client.  
- Fluoride varnish should be applied at the time of a well child visit or health screening.  
- Oral health risk assessment should be conducted prior to application.  
- At the time of the fluoride varnish application, parents/caregivers should be provided with information about the fluoride varnish procedure and proper oral health care for their child.  
- Only the following professionals may perform the procedure after receiving appropriate training and in accordance with the requirements of state law.  
  o Physician  
  o Physician assistant  
  o Registered nurse  
  o Advanced practice registered nurse  
  o Licensed practical nurse  
  o Registered dental hygienist  
  o Registered dental assistant | $20.60 |

*Under SCHIP, fluoride varnish is included under the dental coverage. The service must be provided at a dental visit.

For questions regarding coverage or billing guidelines, contact Provider Relations at 701.328.4030.