

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201686 DECEMBER 1, 2016

IHCP adds coverage for physician-administered topical fluoride varnish

Effective January 1, 2017, the Indiana Health Coverage Programs (IHCP) will cover physician-administered topical fluoride varnish. Coverage applies to all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service (DOS) on or after January 1, 2017.

Physician-administered topical fluoride varnish is a preventive procedure. Coverage is limited to members from the time of first tooth eruption until the age of 4. Topical fluoride can include varnish, gel, or foam. Coverage requires the service be provided by or under the supervision of a physician. The IHCP recognizes the following provider types as eligible to render the service:

- Physicians
- Physician assistants
- Advanced practice nurses

Before performing and billing for this service, eligible providers are required to complete the certified training course, *Protecting All Children's Teeth (PACT): A Pediatric Oral Health Training Program*, available at the [Children's Oral Health](#) page at aap.org. (From the web page, choose "Begin Module" to begin the training).

Physician-administered topical fluoride varnish should be billed using Current Procedural Terminology (CPT^{®1}) code 99188 – *Application of topical fluoride varnish by a physician or other qualified health care professional*. The following reimbursement information applies:

Pricing: Manually priced.

Prior authorization (PA): None required.

Billing guidance: Reimbursement is available for one topical application of fluoride every six months per member. Additional topical fluoride treatments are available from IHCP-enrolled dentists using the Current Dental Terminology (CDT^{®2}) code D1206 – *Topical application of fluoride varnish* when high-risk conditions or oral health factors are clearly documented. Billing guidance for CDT code D1206 remains unchanged. Billing for CPT code 99188 will not affect dental benefit limits.

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² CDT copyright 2016 American Dental Association. All rights reserved.

The launch of the new Core Medicaid Management Information System (*CoreMMIS*) includes a system stabilization period during which time claim adjudication determinations related to this update will be evaluated to ensure claims are processing correctly. After this system stabilization period ends, if problems are identified, the IHCP will release another publication instructing providers to resubmit claims or to expect adjustments of previously submitted claims that did not adjudicate correctly.

Coverage information will be reflected in updates to the [Fee Schedule](#) at indianamedicaid.com. Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing information within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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