

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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April 1, 2009

PHYS
MC

MEDICAID BULLETIN

TO: Physicians

SUBJECT: Clarification to Bulletin on Reimbursement Rate Revision for Fluoride Application

Primary care physician offices are authorized to provide only Topical Fluoride Varnish application to Medicaid beneficiaries age 0-3 years old during an Early and Periodic Screening, Diagnostic and Treatment(EPSDT) well child visit once every six (6) months. This service is billed under the following procedure code as listed in the American Dental Association(ADA) Current Dental Terminology(CDT) publication:

D1206- Topical fluoride varnish; therapeutic application for moderate to high caries risk patients. Application of topical fluoride varnish, delivered in a single visit and involving the entire oral cavity. Not to be used for desensitization.
Effective April 1, 2009, the reimbursement rate for this procedure code will be \$16.90.

Physician offices are not authorized to provide any other fluoride application for Medicaid beneficiaries. We apologize for any confusion that the Medicaid Bulletin, dated March 25, 2009, may have caused.

Your continued support and participation in the South Carolina Medicaid Program is appreciated. If you have any questions, please contact your program coordinator at (803) 898-2568.

/S/
Emma Forkner
Director

EF/mhw

Note: To sign up for Electronic Funds Transfer of your Medicaid payment, please go to <http://www.dhhs.state.sc.us/dhhsnew/hipaa/index.asp> and select "Electronic Funds Transfer (EFT)" for instructions