

South Carolina  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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## MEDICAID BULLETIN

**TO: Dentists  
Physicians**

**SUBJECT: Reimbursement rate revision for Fluoride Application**

**Effective April 1, 2009**, the reimbursement rates for the following American Dental Association (ADA) Current Dental Terminology (CDT) fluoride procedure codes will be revised as follows:

**D1203-** Topical application of fluoride (prophylaxis not included) — child. (*Beneficiaries under the age of 12.*)  
Reimbursement rate: \$16.90

**D1204-** Topical application of fluoride (prophylaxis not included) — adult. (*Beneficiaries ages 12-21.*)  
Reimbursement rate: \$16.90

**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.  
Reimbursement rate: \$16.90

When submitting a claim for reimbursement, providers should bill their usual and customary charges and not the Medicaid reimbursement rate.

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