

STATE OF MISSOURI



DENTAL MANUAL

This is an edited version of the manual. Please go to manuals.momed.com/collections/collection_den/print.pdf for the complete document.



13.33 FLUORIDE TREATMENT (PREVENTIVE)

13.33.A TOPICAL FLUORIDE TREATMENT

Topical fluoride treatment is a covered service for participants age 20 and under.

Fluoride treatment for participants age 21 and over is limited to the following participants and conditions or criteria:

- Participants with rampant or severe caries (decay);
- Participants who are undergoing radiation therapy to the head and neck;
- Participants with diminished salivary flow;
- Intellectually disabled participants who *cannot* perform their own hygiene maintenance; or
- Participants with cemental or root surface caries secondary to gingival recession.

Fluoride treatment is limited to one (1) application of stannous fluoride, acid-phosphate fluoride or fluoride varnish for each participant, two (2) times per calendar year for all eligible participants. Providers may bill this code one (1) time for dates of service that occur between the months of January and June and one (1) time for dates of service that occur between the months of July and December.

Sodium fluoride series treatments are *not* covered.

Each allowable fluoride treatment *must* include both the upper and lower arch.

Fluoride treatment *must* be a separate service from prophylaxis (reference Section 13.36 of the Dental Provider Manual).

13.33.B FLUORIDE VARNISH

Fluoride varnish is covered for participants age 20 and under when applied in a dental office.

Fluoride varnish is covered for participants age five (5) and under, when the need is identified through an Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visit. Fluoride varnish may be applied by physicians and nurse practitioners along with other medical professionals (RN, LPN, Physician Assistant, Medical Assistant, Nursing Assistant) working in a physician's office or clinic.

Fluoride treatment is limited to one (1) application of stannous fluoride, acid-phosphate fluoride or fluoride varnish for each participant, two (2) times per calendar year for all eligible participants. Providers may bill this code one (1) time for dates of service that occur between the months of January and June and one (1) time for dates of service that occur between the months of July and December.

13.33.B(1) Fluoride Varnish Training For Medical Offices



Training in the application of fluoride varnish is required in order for providers to bill MO HealthNet. Documentation to support their completed training *must* be retained by the medical office. This completed training documentation *must* be made available upon request by the MO HealthNet Division. Training is available on-line through the [Department of Health and Senior Services, Office of Dental Health](http://psp.health.mo.gov/varnish-volunteer-training/)

13.33.B(2) Billing Fluoride Varnish In A Medical Office

Application of fluoride varnish should be billed on the CMS-1500 claim form or the appropriate electronic claim form. To bill MO HealthNet for fluoride varnish, enter the procedure code D1206 in Field 24.D on the CMS-1500 or the appropriate field on an electronic claim form.