

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Medicaid shall not require prior approval for physician fluoride varnish services.

5.2 American Dental Association Guidelines

Only topical fluoride varnish materials professionally applied as recommended by the guidelines of the American Dental Association Council on Scientific Affairs are accepted for use in the dental care of Medicaid beneficiaries. Specific use of these materials must follow the ADA Council on Scientific Affairs guidelines.

5.3 Limitations or Requirements

By State legislative authority, DMA applies service limitations to ADA procedure codes as they relate to individual beneficiaries. These service limitations are applied without modification of the ADA procedure description. Limitations that apply to an entire category of service are described at the beginning of the appropriate subsection. Limitations that apply to an individual procedure code are indicated by an asterisk (*) beneath the description of that code. Claims for services that fall outside these limitations will be denied unless special approval is granted for services deemed medically necessary for a Medicaid beneficiary under age 21. Refer to **Subsection 5.3.3 Request for Special Approval of a Non-Covered Service or Service Outside the Policy Limitations.**

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5.3.1 Diagnostic: Clinical Oral Evaluation

| Code | Description |
|-------|--|
| D0145 | <p>Oral evaluation for a patient under three years of age and counseling with primary caregiver</p> <ul style="list-style-type: none"> * replaced procedure codes D0150, D0120, and D1330 effective January 1, 2007 * includes early caries screening, evaluation of caries susceptibility, and recording of other notable findings in the oral cavity * includes preventive oral health and dietary counseling with the primary caregiver * includes prescribing a fluoride supplement, if needed * must be billed in conjunction with D1206 * limited to beneficiaries under 3½ years of age * allowed once every 60 calendar days * limited to six times prior to the beneficiary reaching 3½ years of age * procedure code D1206 must be billed on the detail line before D0145 |

5.3.2 Preventive: Topical Fluoride Treatment (Office Procedure)

Topical fluoride must be applied to all teeth erupted on the date of service. Medicaid will only allow reimbursement for this procedure when teeth are present and fluoride varnish is applied to the teeth.

| Code | Description |
|-------|--|
| D1206 | <p>Topical application of fluoride varnish</p> <ul style="list-style-type: none"> * replaced procedure code D1203 effective January 1, 2007 * must be billed in conjunction with D0145 * limited to beneficiaries under 3½ years of age * allowed once every 60 calendar days * limited to six times prior to the beneficiary reaching 3½ years of age * procedure code D1206 must be billed on the detail line before D0145 |

5.3.3 Request for Special Approval of a Non-Covered Service or Service Outside the Policy Limitations

Providers may request special approval for a service that is non-covered by the NC Medicaid program or falls outside the limitations stated in this policy, if that service is deemed medically necessary for a Medicaid beneficiary under age 21. All such requests must be submitted in writing prior to delivery of the service. The request must include

- a. a completed CMS-1500 claim form,
- b. any materials needed to document medical necessity (e.g., radiographs, photographs), and
- c. the completed Non-Covered State Medicaid Plan Services Request Form (for beneficiaries under 21 years of age) or a cover letter that documents how the service will correct or ameliorate a defect, physical or mental illness, or a condition [health problem].

This includes documentation about how the service, product, or procedure will correct or ameliorate (improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems) as well as the effectiveness and safety of the service, product, or procedure.

Requests should be mailed to:

**Assistant Director
Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
FAX: 919-715-7679**

If the procedure(s) receives special approval and the beneficiary is Medicaid-eligible on the date the service is rendered, the provider then can file for reimbursement.