Physician Guidelines
Fluoride Varnish Application for Medicaid-enrolled Children

Iowa Medicaid reimburses physicians for application of fluoride varnish in conjunction with an EPSDT screening
Iowa Administrative Code, Chapter 441-78.1(24)

Patient Ages 0 to 36 months
Frequency 3 times a year (120 days apart)
Reimbursement $14.41
Provider Types Physician, Advanced Registered Nurse Practitioner

Billing:
- Use the HCFA-1500 Health Insurance claim form or electronic submission
- Diagnosis code: V20.2
- Procedure code: D1206 (fluoride varnish application for moderate to high caries risk patient)
- No modifiers are needed to indicate a separate service

Dental caries is a bacterial disease that can be prevented. Tooth decay affects a child's ability to eat, sleep, speak, learn, and thrive. Low-income children are most at risk for decay. Primary prevention, such as application of fluoride varnish, has been shown to be effective in decreasing very young children's risk.¹

Most studies have shown 25-45% reductions in the decay rate with the use of fluoride varnish. Of special note is the reduction of decay in pits and fissures, as well as on smooth surfaces of teeth. A new study shows that low-income children who do not receive fluoride varnish are four times more likely to develop decay than those receiving biannual applications.²

The concentration of fluoride in varnishes is much higher than that of APF gels or other topical fluorides; however, due to the sticky form of the varnish and the small amount used per application, risk of ingestion and toxicity is very low.³