

BE THE DIFFERENCE IN A CHILD'S SMILE!

As a child's primary care provider, you are an important partner in improving oral health, especially for children birth to 3-years-old. The American Academy of Pediatrics recommends a child's first dental exam before the first birthday; yet, in 2017, four out of five children ages 0-2 years did not see a dentist.

Dental screenings and fluoride varnish applications as part of well-child medical visits are important preventive strategies. Screening for early tooth decay and referring young children for dental care can decrease their risk of decay. Fluoride varnish can prevent decay from starting and also stop early decay from progressing.

Through the I-Smile™ program, a regional coordinator can provide training for you and your clinic staff on how to perform a dental screening and apply fluoride varnish. The I-Smile™ Coordinator can also help find dental care for children and assist families with identifying payment sources for care.

For more information about I-Smile™ and how you can help with oral health services and referrals, please call 1-866-528-4020 or visit <http://idph.iowa.gov/ohds/oral-health-center>.



Iowa Medicaid reimburses physicians and nurse practitioners for application of fluoride varnish in conjunction with an EPSDT screening.

- Iowa Administrative Code, Chapter 441-78.1(24)

Guidelines

Patient Ages: 0-35 months

Frequency: 4 times a year (90 days apart)

Billing and Reimbursement

Medical providers can bill Iowa Managed Care Organizations (MCOs) for fluoride varnish applications.

	Private Practice	FQHC or RHC*
Diagnosis Code	ICD 10 code from EPSDT well child screening	
Procedure Code	99188 (application of fluoride varnish)	Line 1 - encounter code Line 2 - 99188
Reimbursement (Medicaid rate, may vary by MCO)	\$13.95 (Physicians) \$11.86 (Nurse Practitioners)	Clinic encounter rate

*Federally Qualified Health Center or Rural Health Clinic



Tooth decay affects a child's ability to eat, sleep, speak, learn, and thrive. Tooth decay is preventable. However, children who are most at-risk for dental disease—low-income, minority, and younger than 3-years-old—are least likely to have dental care.