## Coding & Billing

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381-99385</td>
<td>Preventive medicine services (comprehensive EPSDT well-child screening. If less extensive visit, use E&amp;M code.)</td>
</tr>
<tr>
<td>99391-99395</td>
<td>Preventive medicine services (comprehensive EPSDT well-child screening. If less extensive visit, use E&amp;M code.)</td>
</tr>
<tr>
<td>D1206</td>
<td>Topical application of fluoride (prophylaxis not included), child</td>
</tr>
</tbody>
</table>

### Illinois' Medical Assistance Program:
- Pays $26 per fluoride varnish application
- Children must be under 36 months
- Each child may receive up to 3 applications per year
- Provider must have been trained in the Bright Smiles from Birth curriculum and provided his or her Medicaid Provider ID number to ICAAP staff

### Physician Offices:
HFS Form 2360, Health Insurance Claim Form, should be submitted for paper claims and HIPAA transaction 837P should be used for electronic claims. **Physicians must bill D1206 on a separate claim or the claim will reject.**

### Federally Qualified Healthcare Centers (FQHC):
FQHC's should submit HFS Form 2360, Health Insurance Claim Form, or HFS Form 1443, Provider Invoice, for paper claims and HIPAA transaction 837P should be used for electronic claims. All services provided during the FQHC visit with the fluoride varnish application (the D1206 code) should be included on a single claim.

When an FQHC has a dental clinic, the medical clinic and the dental clinic both use the same provider number, but bill on different claim forms. Services provided in the dental clinic are billed on a dental claim form. The claim identifies the specific dentist who provides the service and is submitted directly to DentaQuest.

Medical services are billed on an encounter form and are submitted to the Illinois Department of Healthcare and Family Services (formerly Public Aid). Fluoride varnish applied by a physician would be billed on an encounter form and submitted to Healthcare and Family Services. A separate claim is NOT required for FQHC's. For example, the form could include an E&M visit and a D1206 fluoride application.

See attached sample Medicaid Forms.

For more information or with specific questions, please contact the Bureau of Comprehensive Health Services at 1/877-782-5565.

### Private Insurers:
While private insurers will not reimburse for the varnish, it is appropriate to code for an extended visit due to the time and patient education required.
Avoid Claim Pitfalls

The Illinois Department of Healthcare and Family Services (HFS) have established a progressive policy of paying primary care providers who have been trained in the Bright Smiles from Birth Curriculum for application of fluoride varnish. However, claim forms must be competed properly or claims will reject. Some of the most common reasons claims reject include:

- **Service Invalid for Recipient Age**

  Children from birth to 36 months are eligible for up to 3 fluoride varnish applications each year. Please check the age of the child before applying varnish.

- **Diagnosis was Not in the Database or was Invalid**

  A diagnosis code must be provided. In many cases the diagnosis code will be for a well-child screening, however, any diagnosis code may be used as long as it is valid.

- **Did Not Bill on Separate Claim Form**

  Physician offices need to submit HFS Form 2360 (the standard Health Insurance Claim Form, available at [http://www.hfs.illinois.gov/medicalforms/](http://www.hfs.illinois.gov/medicalforms/)) for paper claims, and HIPAA transaction 837P for electronic claims. However, physicians must bill D1206 for the varnish application on a separate claim, not on the claim submitted with other services, or it will reject.

  If your claims reject, contact the Bureau of Comprehensive Health Services at 1/877-782-5565 for assistance.