

SILVER DIAMINE FLUORIDE – MEDICAID POLICY

December 2022

https://www.chcs.org/media/Medicaid-Adult-Dental-Benefits-Overview-Appendix_091519.pdf

Alabama

https://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules.aspx

- D1206 - \$26.10/treatment.
 - Topical Fluoride Varnish treatment -
 - DENTAL FLOURIDE VAR FREQ < 3 YRS- LMT 1 PER 90 DAY
 - DENTAL FLOURIDE VARNISH > 3 YRS - LMT 1 PER YEAR
 - DENTAL FLOURIDE VARNISH < 3YRS - LIMIT 6 TOTAL
 - DENTAL FLOURIDE VARN < 3YRS - LIMIT 3 PER CAL YEAR
- D1354 - \$20/tooth. Medicaid will cover 4 applications per tooth in a lifetime. Photos required.
 - 1/07/2021: Interim caries arresting medicament application – per tooth Limited to 5 per six calendar months. (If it is applied in January, it can be applied again any time in July) Limited to 4 applications per tooth per lifetime. Informed consent including pictures of SDF staining. No other treatment allowed on same tooth on the same day of service. Tooth number must be noted on dental claim form. No prior authorization required.
- D1355- No coverage

Alaska

- <http://manuals.medicidalaska.com/medicidalaska/providers/FeeSchedule.asp>
- <http://dhss.alaska.gov/dph/wcfh/Documents/mchepi/MCHBlockGrant/Alaska%20Maternal%20and%20Child%20Health%20Title%20V%20Block%20Grant%20Executive%20Summary.pdf>
- D1206 – Topical Fluoride Varnish; therapeutic application for moderate to high-risk caries patients. Medicaid will cover \$28.50 per treatment.
- **Effective 7/21/22 – 6/30/23**
- D1354 - No coverage
 - The Oral Health Program staff successfully educated staff in the Division of Health Care Services (Medicaid Program) on the need for coverage of the new code for a caries arresting medicament application (CDT code D1354) in the Medicaid/CHIP program. The Division of Health Care Services provided coverage of the procedure with the release of the revised dental fee schedule release in June 2016. Early reports in Alaska indicate the coverage is assisting in treatment of early childhood caries in young children in the dental clinic setting - in some cases reducing the need to take children in for general anesthesia in the hospital or ambulatory surgery setting.
- D1355- no coverage

Arizona

<https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/Dental.html>

- D1206 – Topical Application of Fluoride Varnish – will cover \$22.12, per treatment.
- D1354 – Interim Caries Arresting Medicament Application – will cover \$22.12, per tooth
- *Up to 4 times per year per tooth (initial, 3 months, 6 months and 1 year) No restoration or extraction on the tooth for up to 6 months following the last application. If so, then SDF reimbursement will be recouped from the restoration or extraction fee.*
- D1355 – Caries Preventive Medicament Application – will cover \$22.12, per tooth.

Arkansas

<https://humanservices.arkansas.gov/wp-content/uploads/DENTAL-fees.pdf>

<https://www.deltadentalsmilesforkids.com/uploads/pages/arsm.191010.cs.kids-handbook.pdf>

- D1206 - will cover \$19.95, per treatment.
- D1354 - Regular Medicaid will not cover. Delta Dental Smiles does \$15 up to 4 teeth 2x/ a year. Limited to 4 per lifetime of the tooth
- D1355 – no coverage

California

<https://www.dhcs.ca.gov/provgovpart/Documents/DTI/Domain%202/D2-Caries-Risk-Assessment-and-Disease-Management-Pilot-Fact-Sheet.pdf>

- D1206 – Medi-Cal will cover \$10.67 per treatment.
- D1354: now statewide for 0-6 yr olds and those in care facilities

The following CDT codes are global to the CRA, and shall be performed at the time of the CRA: CRA D0601, D0602, and D0603 (low, medium or high risk), nutritional counseling (D1310), and motivational interview (D9993). Additionally, Medi-Cal Dental providers may apply and submit claims for interim caries arresting medication (D1354) for children (high risk only) at the time of the visit, if appropriate for the child. Please refer to billing resources and toolkits on the Domain [webpage](#).

- High risk only, every 6 months
- CRA reimburses \$35

The 29 pilot counties are:

- | | | | |
|-----------------|----------------|-------------------|---------------|
| • Contra Costa* | • Lassen | • Riverside* | • Sonoma* |
| • Fresno* | • Los Angeles* | • Sacramento | • Stanislaus* |
| • Glenn | • Madera* | • San Bernardino* | • Tulare |
| • Humboldt | • Mendocino | • San Diego* | • Ventura* |
| • Imperial* | • Merced* | • San Joaquin* | • Yuba |
| • Inyo | • Monterey* | • Santa Barbara* | |
| • Kern* | • Orange* | • Santa Clara* | |
| • Kings | • Plumas | • Sierra | |

* New counties as of January 1, 2019

- D1354 is not a current benefit for Medi-Cal members except based on medical necessity for the EPSDT (child) population. As of January 1, 2016, the Department of Health Care Services initiated a five-year Dental Transformation Initiative (DTI), through an approved 1115 Waiver, which includes among the four efforts, Domain 2 – Caries Risk Assessment and Disease Management. Domain 2 is a four-year pilot and includes caries risk assessments and increased frequencies of services depending on the risk outcome for children 0-6 in select pilot counties. Through the DTI and Domain 2 specifically, D1354 is a benefit for children 0-6 deemed to be high risk based on their caries risk assessments. You can find more information on DTI Domain 2 [here](#).
- D1355 – no coverage

Colorado

<https://www.dentaquest.com/getattachment/State-Plans/Regions/Colorado/Health-First-Colorado/Provider-Page/CO-Medicaid-ORM.pdf/?lang=en-US>

- D1206-
 - Two of (D1206) per 1 Year(s) Per patient ages 0 to 4. Three of (D1206) per 1 Year(s) Per patient ages 5 to 72. Three of (D1206, D1208) per 1 Year(s) Per patient ages 6 and above. D1206 is only acceptable topical fluoride treatment for patients ages, 5 and under. Patients ages, 0 through 4 at High Risk of Caries, up to four (D1206) per year. May be provided by dental professional or qualified medical personnel.
 - Adults (age 21+) Six of (D1206, D1208) per 12 Month(s) Per patient
- D1354-
 - Age limitation: 0-20
 - Teeth covered: Teeth 1-32, A-T
 - No prior auth
 - Two D1354 per 12 months per patient per tooth. Not to exceed 4 times per lifetime. Cannot be billed on the same day as D3110 or D3120 or any D2000 series code (D2140-D2999).
 - Age 21 and older
 - Teeth 1 - 32, A – T
 - Two of (D1354) per 12 Month(s) Per patient per tooth for Primary and Permanent Teeth. not to exceed 4 times per lifetime. Cannot be billed on the same day as D3110 or D3120 or any D2000 series code (D2140-D2999)
 - No prior auth
 - Dental Hygienists may apply D1354- Silver Diamine Fluoride under the direct or indirect supervision of a dentist. RDH's must :
 - hold a license in good standing to practice dental hygiene;
 - completes an interactive training course offered by a dental board-approved CE entity that addresses the use and limitations of silver diamine fluoride; is covered by professional liability insurance; and
 - has a collaborative agreement with a dentist that outlines the protocol, any restrictions/limitations, follow-up and referral procedures for the use of silver diamine fluoride
 - maintain a copy of collaboration agreement with a licensed dentist on file for auditing purposes or possible investigation related to a complaint.

- D1355- no coverage

Connecticut

<https://www.ctdhp.com/documents/Adult%20and%20Children%20Fee%20Schedule%20combined%20Fee%20Schedule%2011-1-2022%20Revised%2011-1-2022.pdf>

- D1206:
 - effective 7/1/22
 - Child \$28.42
 - Adult \$18.85
 - PA required at FQHC
- D1354:
 - Effective January 1, 2018, Interim Caries Arresting Medicament is covered four times a year per arch in 3-month intervals.

Covered for children under 6 years of age; for children 6 years old and over and adults who have special healthcare needs.

- Child - \$28.42 per tooth
- Adult - \$15.08 per tooth

Effective September 1, 2018, the first tooth in the arch will be reimbursed at the HUSKY allowable fee for the arch. Indicate each tooth number that medicament will be applied to within the arch, and for each additional tooth to be treated, \$1 will be added to the final price.

PA is required for all provider types indicating the reasons for medical necessity.

- No HUSKY B Copay
 - - *Source: Provider Bulletin 06-103, 09-25 & Chapter 7 of the CT DSS Dental Provider Manual, Provider Bulletin 2016-45, Provider Bulletin 2017-95, Provider Bulletin 2018-51*
 - The service can only be performed in an FQHC or by a General Dentist or Pediatric dentist and is subject to prior authorization.
- D1355 – No coverage

Delaware

[ResGuide-fv-sdf.pdf \(mchoralhealth.org\)](#)

https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=1174&language=en-US&PortalId=0&TabId=94

- D1206
 - Adult coverage

- effective 10/1/20
 - Once every 6 months
 - Child coverage
 - Age 0-20
 - Once every 6 months
- D1354 –
 - Adult coverage
 - Once per tooth every six months for up to two years; submit narrative
 - Child coverage
 - Age 0-20: 1 in 6 months; 2 times per tooth
- D1355- No Coverage

District of Columbia

<https://www.amerihhealthcaritasdc.com/pdf/provider/dental-provider-supplement.pdf>

<https://www.dc-medicaid.com/dcwebportal/nonsecure/getFeeScheduleInquiry>

- D1206 –
 - 0-20 and 21 and older; once every 6 months
 - Topical Application of Fluoride Varnish – effective 1/1/13 - \$29.00 per treatment, for all ages.
- D1354
 - Interim caries arresting medicament application 21 and older A-T, 2-31 No Two applications per 12 months
 - Interim arresting medicament application 0 – 20 A-T, 2-31 No Two applications per 12 months
 - Interim caries arresting medicament application 21 and older A – T, 2 – 31 No Two (2) applications per 12 months
 - \$0.00
- D1355
 - No Coverage

Florida

https://www.libertydentalplan.com/Resources/Documents/ma_FL_Medicaid_Provider_Reference_Guide.pdf (page 51)

- D1206-\$16.42
- D1354-\$6.47
 - two applications may be placed in intervals at the discretion of the treating dentist, and the benefit will be allowed up to two services per tooth in a lifetime.
- D1355-\$6.47 can not be paid out on the same day as D1206 or D1354

Georgia

[public_notice_silver_diamine_fluoride_add_services.pdf](#)

<https://www.caresource.com/documents/ga-covered-dental-benefits-quick-reference-guide/>

- D1206
 - Topical fluoride treatments are limited to one application (one of D1206 or D1208) once every 180 days for patients under the age of 21. and D1208 twice a calendar year for Pregnant Women
- D1354
 - Effective for dates of service on and after January 1, 2021, dental providers will be reimbursed \$15.00 per application with a maximum of two (2) applications per tooth
 - Silver Fluoride Diamine is limited to a maximum of two applications per tooth.
- D1355 – No coverage

Hawaii

<https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

<https://medquest.hawaii.gov/content/medquest/en/archive/PDFs/Provider%20Manual/Chapter14-Dental-Rev.1215.pdf>

- D1206
 - \$14.16 on Oahu, Neighbor Island \$15.37
 - Limited to 2 times per service year and service dates no less than 4 months apart.
- D1354
 - \$6.33/tooth on Oahu, Neighbor Island \$6.96/tooth
- D1355
 - No coverage

Idaho

<https://www.insurekidsnow.gov/media/3131>

- D1206
 - Covered, 2x/year
- D1354
 - Covered with PA
- D1355
 - No coverage

Illinois

<03072022DentalFeeScheduleEffective04012022Final.pdf> (illinois.gov)

- D1206
 - 0-18 and 19-20 covered \$26.00
- D1354
 - Adults and Children \$14.85/tooth
- D1355
 - No coverage

- [Dental | HFS \(illinois.gov\)](#)

Indiana

provider.indianamedicaid.com/ihcp/Publications/MaxFee/reports/refw0401.txt

- D1206
 - -\$22.25 Ages 1-20 years
- D1354
 - Evolve
 - Ages 0-20
\$90 per tooth per lifetime
If restoration is done within 1 year the \$90 is subtracted from the restorative fee upon reimbursement for the restoration
 - DentaQuest
\$98.50 per tooth, unsure of frequency
1 tooth per arch can be billed out every 6 months, may be change to per quadrant
No restrictions on restorations as long as not done same day
- D1355- covered, no fee schedule listed

Iowa

<https://secureapp.dhs.state.ia.us/MedicaidFeeSched/X04.xml>

- D1206
 - \$14.33 Fluoride Varnish
- D1354
 - Reimbursement \$3.58 per tooth
 - Limit 4 teeth per date of service for dentists (does not apply to screening centers, maternal health, or public health)
 - No age limitations
 - Allowed twice per year per tooth (no required number of days between applications)
 - Restorations placed within 90 days of D1354 are denied if completed by the same dentist. However, a dentist that places a restoration after a different dentist has billed D1354
- D1355
 - No coverage

Kansas

[FeeSchedules \(kmap-state-ks.us\)](http://kmap-state-ks.us)

<https://www.aetnabetterhealth.com/kansas/assets/pdf/providers/Aetna%20Better%20Health%20of%20OKS%20Dental%20Provider%20Manual%20Final.pdf>

- D1206
 - \$19.64

- D1354
 - Age: 21- 999
 - Code limit: 2
 - Period length: 12 Months
 - Authorization review required: No
 - Document requirements: N/A
 - Adult value added: Yes -- Members 21+ have \$500 annual benefit for all Value Added services.
 - \$15
- D1355 No coverage

Kentucky

https://www.avesis.com/Government3/Provider/Secure/ViewPDF.aspx?id=ADP_Silver%20Diamine%20Fluoride%20Informed%20Consent_KY_01.01.18.pdf&type=1

2022 Dental Fee Schedule (ky.gov)

- D1206
 - 18.75 under age 21 rate/ Not covered 21 and over
- D1354
 - \$12 per tooth adult and children
 - Up to two times per tooth within six months if clinically indicated
- D1355
 - No coverage

Louisiana

https://ldh.la.gov/assets/medicaid/DBPMP/1.8.2020/MCNA_LA-P_PM1.14_01.05.21.pdf

- D1206
 - reimbursable for enrollees under six years of age only. Procedure code D1206 is reimbursable once per six-month period, for the same enrollee. In addition, reimbursement of fluoride treatment for enrollees under six years of age is limited to either of the following within a six-month period, per enrollee: D1206 (Topical Fluoride Varnish); or D1208 (Topical Application of Fluoride). NOTE: A combination of D1208 and D1206 are NOT reimbursable in the same six-month period.
- D1354
 - Updated 1/20: Silver Diamine Fluoride Treatment This pilot program covers the use of silver diamine fluoride (D1354) for adult members over the age of 21 with intellectual or developmental disabilities to arrest their dental disease and prevent further decay. The reimbursement rate for D1354 will be \$2.00 per tooth every 180 days.
 - 0-20 Teeth 1-32, 51-82, A- T, AS-TS. Four applications per tooth (limit 6 teeth per date of service) \$15.00
 - per tooth 21-99 Teeth 1-32 Reimbursed per tooth every 6 months. Total of four (4) times per lifetime of the tooth, which may be increased if the caries risk remains high or extremely high. Limited to Silver Diamine Fluoride. 15.00
 - D1206 are NOT reimbursable in the same six-month period.
- D1355

- No information
- Also: Caries Risk Assessment When a dentist sees a member over the age of 21 for their comprehensive oral exam (D0150) who is in need of a denture or partial denture, MCNA will reimburse the provider for the completion of a caries risk assessment. The provider must include the appropriate CDT code indicating the risk level on their claim with the examination: • D0601 (low risk) • D0602 (moderate risk) • D0603 (high risk) The reimbursement rate for these codes will be \$3.00

Maine

<https://www.fromthefirsttooth.org/by-state/maine/reimbursement-information/>

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%2025%20-%20Dental%20Services/Section%2025%20-%20Dental%20Services%20July%201,%202022.pdf>

- D1206
 - \$12 (twice per calendar year for children under age 3 years; twice per calendar year with at least 150 days between applications for children ages 3 and over. A third application in a calendar year can be reimbursed for children who have a high rate of caries or who have had new dental restorations placed in the previous 18 months. Fluoride varnish can be applied by: MD/DO, PA, NP, nurses and medical assistants (with appropriate supervision).
 - \$24.56
- D1354
 - \$25.70/tooth
- D1355
 - \$18.98

Maryland

[2022 Dental Fee Schedule and Procedure Codes.pdf \(maryland.gov\)](#)

- D1206
 - \$24.92
- D1354
 - No coverage
- D1355
 - No coverage

Massachusetts

<https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>

- D1206
 - Age 0-20
 - One of (D1206, D1208) per 90 Day(s) Per Provider OR Location. Cannot be billed with D1208 on same date of service by the same provider or location.
 - No PA
- D1354
 - Age 0-20
 - Two of (D1354) per 1 Lifetime Per patient per tooth.
 - Teeth 1 - 32, A - T
 - No PA
 - \$29/tooth
- D1355
 - No coverage

Michigan

<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

<https://www.michigan.gov/mdhhs/->

[/media/Project/Websites/mdhhs/Folder50/Folder8/Dental_01012022.pdf?rev=b6b5b27754b64587af6918bc65befba9](#)

- D1206
 - Age 0-3
 - \$9
 - Age 3-16
 - \$13.23
- D1354
 - Is billable once per date of service regardless of the number of teeth treated up to a maximum of five (5) teeth per visit. Providers are required to enter the tooth number(s)/letter(s) of all teeth treated in the comments section of the claim. There is a maximum of six applications per lifetime. Silver Diamine Fluoride can be billed on the same date of service as other fluoride applications.
 - \$13.23 per tooth
 - Each tooth be coded once per 6 months
 - D1354 cannot be performed on the same date-of-service as D1206 or D9910
 - Multiple teeth can be treated at the same appointment, individual tooth numbers are required.
- D1355
 - No coverage

Minnesota

- D1206
 - 1x/year
- D1354
 - age restrictions...none
 - \$14.50
 - 1x/6mos
 - D1354 cannot be performed on the same date-of-service as D1206, D1208 or D9910 Interim Caries Arresting Medication
- D1355
 - No coverage

Mississippi

<https://medicaid.ms.gov/wp-content/uploads/2022/10/Dental-Fee-Schedule-Print-Date-10-03-2022-FNL.pdf>

- D1206
 - \$27.62
- D1354
 - No coverage
- D1355
 - No coverage

Missouri

https://dss.mo.gov/mhd/providers/pdf/bulletin40-24_2017september28.pdf

- D1206
 - \$36.80
- D1354
 - \$59.20
- D1355
 - \$10.50

Montana

<https://medicaidprovider.mt.gov/docs/feeschedules/2022FS/January2022/January2022DentalServicesFeeSchedule03012022.pdf>

- D1206
 - \$21.04
- D1354
 - \$21.04
- D1355
 - No coverage

Nebraska

<https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/Dental%20Services%20July%201,%202022%20REVISED.pdf#search=D1354>

- D1206- Topical application of fluoride varnish, \$23.35
 - Covered for adults and children at the frequency determined appropriate by the treating dental provider
- D1354- Interim caries arresting medicament application per tooth, \$11.67
 - Covered for up to 3 times per year per tooth. Frequency limitation may be exceeded for up to four times per tooth per 12-month period for members with high caries risk. Providers are required to retain documentation demonstrating medical necessity. A prior authorization would be required for the fourth application. A permanent restoration is not payable on the same tooth for three (3) months from date of service of completed D1354 per patient by the same provider, facility, or group
- D1355- Caries preventive medicament application, \$11.67
 - Covered for up to 3 times per year per tooth. Frequency limitation may be exceeded for up to four times per tooth per 12-month period for members with high caries risk. Providers are required to retain documentation demonstrating medical necessity. A prior authorization would be required for the fourth application. A permanent restoration is not payable on the same tooth for three (3) months from date of service of completed D1354 per patient by the same provider, facility, or group
- No prior authorization required for D1354, D1355, or D1206

Nevada

<file:///C:/Users/hayle/AppData/Local/Microsoft/Windows/INetCache/IE/SLOV82FP/DRAFT%202019%20SDF%20Policy%20for%20Nevada.pdf>

- D1206
 - \$53.30
- D1354
 - \$12.30/tooth
 - Children 0-20
 - No Prior Authorization Required
 - 1 D1354 per tooth every 6 mo
 - April 2020: X-ray, Clinical Photo, or Narrative Required on first application to a tooth
 -
- D1355
 - \$61.50

New Hampshire

<https://nhmmis.nh.gov/portals/wps/wcm/connect/adca280041b52026af26ef7c86ce87b0/Dental+Procedure+Codes+2021.pdf?MOD=AJPERES>

- D1206- Topical fluoride varnish
 - Maximum unit amount- 1
 - Rate Effective January 1, 2021: \$19.14
 - Frequency: 2/calendar year
 - Age: 0-20y 11m
- D1354- Interim caries medicament application per tooth
 - Maximum unit amount- 16
 - Rate Effective January 1, 2021: \$31.89
 - Frequency: 2/tooth/life
 - Age- 0-20y 11m
- D1355
 - No coverage

New Jersey

https://www.state.nj.us/dobi/division_insurance/medfees/Exhibit2_FinalEO2Version.pdf

- D1206
 - 0-20 years
- D1354
 - Horizon Medicaid \$5
 - United Medicaid \$10
 - Metlife PPO \$16
 - Aetna PPO \$29
- D1355
 - No coverage

New Mexico

<https://api.realfile.rtsclients.com/PublicFiles/6c91aefc960e463485b3474662fd7fd2/e415dbc2-0f33-44d2-b0b5-cf01b5a45e4c/Dental%20Codes.pdf>

- D1206
 - Rate: \$18
- D1354
 - No coverage
- D1355
 - No coverage

New York

<https://www.emblemhealth.com/providers/resources/State-Sponsored-Programs/medicaid-dental-coverage-for-d1354--interim-caries-arresting-med>

- D1206
 - \$14 for both children and adults
- D1354
 - Starting Oct. 1, 2020, New York State Medicaid will cover silver diamine fluoride (SDF), a topical caries arresting or inhibiting medicament.
Member eligibility:
Benefit covers 0 - 20 years of age inclusive.
For individuals 21 years of age and older, D1354 is only approvable for those individuals identified with a recipient exception code of "RE 81" (TBI Eligible) or "RE 95" (OPWDD/Managed Care Exemption).
Criteria for reimbursement:
 - Covers 2 times per tooth within a 12-month period with a total of 4 times per lifetime of the tooth.
 - Covers with topical application of fluoride ("D1206" or "D1208") when they are performed on the same date of service if "D1354" is being used to treat caries and "D1206" or "D1208" is being used to prevent caries.
 - Covers the application of SDF to 5 teeth on the same date of service with more teeth considered in exceptional circumstances. Documentation supporting necessity must be submitted with the claim.
Providers are required to obtain written consent and fully disclose risks and benefits of silver diamine fluoride use and discuss treatment alternatives where appropriate.
- D1355- no information

North Carolina

https://files.nc.gov/ncdma/documents/files/Medicaid_Bulletin_2018_01_0.pdf

- **Effective 1/1/2022**
 - D1206- Topical Application of Fluoride Varnish
 - Rate- \$16.78

- **D1354**- Application of Caries Arresting Medicament- Per Tooth
 - Rate- \$11
- D1355- Caries Preventive Medicament Application – Per Tooth
 - Rate- \$11

North Dakota

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/fee-schedules/2022-adult-dental-fee-schedule.pdf>

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/fee-schedules/2022-child-dental-fee-schedule.pdf>

- D1206- Medicaid fee (adults) \$26.27, (child) \$27.61
- D1354- Medicaid fee (adults) \$12.41, (child) \$13.17
- D1355 – Medicaid fee (adults) \$12.41, (child) \$13.17

Ohio

<https://medicaid.ohio.gov/static/Providers/FeeScheduleRates/Dental/CDT-DentalCodes.pdf>

- D1206- Topical fluoride varnish
 - Current maximum payment- \$15
- D1354
 - \$15 per application (not per tooth)
 - Payment is limited to fixed amount one unit per patient per date of service
 - No payment is made in conjunction with restorative
 - 6 applications per lifetime
- D1355- Caries prevent medicant appl per arch
 - No coverage currently

Oklahoma

- D1206
 - No coverage, they cover D1208 for age 12 or under, \$15.75
- D1354
 - Children ages 0-20. Two applications per lifetime. One application per 6 months. \$25.21
- D1355
 - No coverage

Oregon

- D1206
 - Yes this is a covered service
- D1354
 - per tooth twice per year at about \$14 per tooth, but there appears to be a range of \$5-\$25/tooth. Limitations of 5 or 6 teeth per visit. Also, an interim therapeutic restoration or a permanent restoration will be covered with D1354 when dentally appropriate.

- D1355
 - No coverage

Pennsylvania:

- D1206
 - 4 per calendar year (under 21 years of age only), \$18
- D1354
 - Under 21 years of age only, 10 units per day, \$25
- D1355
 - No coverage

Rhode Island:

[Fee For Service Fee Schedule \(riproviderportal.org\)](http://riproviderportal.org)

- D1206
 - Age limit and frequency not stated, but approved at a rate of \$26
- D1354
 - Yes, 8 teeth per year but reimbursement rate is unclear
- D1355
 - No coverage

South Carolina

<https://www.scdhhs.gov/resource/fee-schedules>

- D1206
 - Children \$16.20
 - Adults not covered
- D1354
 - \$10
- D1355
 - No coverage

South Dakota

https://dss.sd.gov/docs/medicaid/providers/feeschedules/Dental_Services_Child_latest.pdf

https://dss.sd.gov/docs/medicaid/providers/feeschedules/Dental_Services_Adult_latest.pdf

- D1206
 - Covered in all children & adults with developmental disabilities only. \$26.89
- D1354
 - Children & all adults- (Silver diamine fluoride) Per tooth \$14.48
- D1355
 - No coverage

Tennessee

<https://dentaquest.com/getattachment/State-Plans/Regions/Tennessee/Dentist-Page/Provider-Resources/tn-tenncare-office-reference-manual.pdf/?lang=en-US>

<https://www.tn.gov/tenncare/members-applicants/dental-services.html>

- D1206
 - age 0-20, one per 6 month per patient.
- D1354
 - age 0-20. Teeth: 1-32, 51-82, A-T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS. Four of D1354 per 1 lifetime per patient per tooth. Limit of 6 teeth per DOS. Only 2 of the 4 per tooth applications can be done within 6 weeks of each other. Not allowed if had D2000 series code on same tooth in prior 12 months. D2000 series code on same tooth not allowed for 4 weeks after D1354 (with exception of D2941 on same DOS as 1354).
- D1355
 - No coverage

Texas

<https://public.tmhpc.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx>

<https://dentaquest.com/getattachment/State-Plans/Regions/texas/Dentists-Page/Provider-Resources/TX-Medicaid-CHIP-Fee-Schedules.pdf/?lang=en-US>

<https://dentaquest.com/getattachment/State-Plans/Regions/texas/Dentists-Page/Provider-Resources/Communications/tx-silver-diamine-fluoride-provider-letter-july-2020.pdf/?lang=en-US>

- D1206
 - \$14.70. 6-251 months of age.
- D1354
 - Children 14.12/tooth. All dentition with active cavitated caries lesions in high caries risk members ages 6 months – 6 years qualify for reimbursement. This benefit will be limited to 2 applications, per tooth, per lifetime, with 30 days minimum separation between application dates. Applications of SDF are not reimbursed on the same day as fluoride varnish (D1206) or fluoride (D1208). SDF is not reimbursed on teeth which have had a Restorative procedure (s) (D2000 series) in the prior 12 months. SDF must be deemed medically necessary by the Main Dental Home Provider. Provider must obtain informed consent from the head of household prior to SDF application. The SDF billing code is CDT code D1354: Interim caries arresting medication application – conservative treatment of an active non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure. Providers should submit code D1354 on a claim form as normal for reimbursement. The fee will be \$14.12 per tooth.
- D1355
 - No coverage

Utah

<https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php>

- D1206
 - \$17.87. For High risk patients. No age limitation for disabled patients, substance use disorder treatment verification, or Medicaid members 65+
- D1354
 - \$6.00 primary teeth only. Override age limitations for pregnant women.
- D1355
 - no coverage

Vermont

<http://www.vtmedicaid.com/assets/manuals/DentalSupplement.pdf>

- D1206
 - mod to high caries risk patients child & adult \$18, 1 per 180 days
- D1354
 - \$15 fee, child & adult, 2 per tooth per lifetime. Application must be at least 120 days apart.
- D1355
 - No coverage

Virginia

<https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes>

- D1206
 - coverage effective 1/1/2007 for ages 0-20. Max reimbursement \$20.79
- D1354
 - coverage effective 1/1/2016 for ages 0-999. Max reimbursement \$32.28
- D1355
 - coverage effective 1/1/2021 for ages 0-999. Max reimbursement \$0.00

Washington

<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>

- D1206
 - age 0-20 Max fee= \$13.25; age 21+ Max fee= \$24.64
- D1354
 - ages 0-20 \$3.00/per tooth; ages 21+ \$6.00/per tooth
- D1355
 - no coverage

West Virginia

<https://dhhr.wv.gov/bms/FEES/Documents/Dental%20Fees/Dental%20Fee%20CY%202022-effec%20-1-22%20to%203-31-23%20Rev%20%20-%20website.pdf>

- D1206
 - effective 1/7/2009 reimbursement rate - \$22
- D1354
 - effective 1/1/2018 reimbursement rate -\$56.10
- D1355
 - no coverage

Wisconsin

https://www.forwardhealth.wi.gov/kw/pdf/Targeted_Dental_Codes.pdf

- D1206
 - Pediatric patients only; reimbursement rate \$28.00
- D354
 - no coverage
- D1355
 - no coverage

Wyoming

https://www.google.com/search?q=wyoming+medicaid+dental+fee+schedule&rlz=1C1CHBF_enUS858US858&oq=wyoming+dental+medicaid+&aqs=chrome.2.69i57j0i22i30l2j0i390l4.10754j0j4&sourceid=chrome&ie=UTF-8

- D1206
 - age limit 0-14; fee \$34.13
- D1354
 - age limit 0-20; fee \$27.30
- D1355
 - no coverage