

## Fluoride Varnishing Program Reimbursement Guide for Pediatricians

### Program Objective

The overall goal of the program is to provide oral health exams and age appropriate anticipatory guidance to every child enrolled in New Jersey Family Care and referral to a dentist by **age one**.

Effective, July 2012, pediatricians participating in New Jersey Family Care Program are eligible for fluoride varnishing application reimbursement. Please follow this guide below for more information on Medicaid-MCO claims procedures for each of the insurance plans

After completing the fluoride varnish procedure the office should provide a referral to a dental home for a follow-up visit can be made. Primary Care Providers will be provided with a list of participating dentists along with contact information. For a copy of NJ Smiles Directory follow this link: <http://www.aapnj.org/showcontent.aspx?MenuID=1536>

### Benefits

All children aged 6-months to 7-years are eligible to receive two fluoride treatments per year from primary care providers and an additional two treatments per year from dentists.

### Billing Procedure

To record and report the topical application of fluoride varnish:

Procedure Code:

**United HealthCare Community Plan** – 99420-DA-25 with ICD-9 Code: V07.31

*\*New code in effect 9/1/15: 99188- DA-25 with ICD-9 Code: V07.31*

**Amerigroup** - 99188 DA and diagnosis code V07.31

**Horizon NJ Health** - \*Billing Procedure CPT 99188 (effective July 1, 2015)-DA, ICD-10 Z41.8 submitted on a medical claim

**Wellcare** – 99188 and diagnosis code Z41.8

**Aetna:** Pending

**Blue Cross Blue Shields (Commercial) CPT® code 99188**

**Note:** The Medicaid Managed care organizations allows network providers to negotiate their reimbursement rates. The Medicaid-MCO contract does not include guidelines for reimbursement rates by the MCO to their network providers.

<b>Medicaid Managed Care Organizations</b>		
<b>Name</b>	<b>Claims Information</b>	<b>Clearinghouse Contact Information</b>
<p><b>United HealthCare Community Plan</b></p> <p>Average reimbursement rate: \$25</p> <p><b><u>Supplies:</u></b></p> <p>To order fluoride varnish contact: Henry Schein Inc. 800-472-4346</p> <p>Order item code: 112-4869 50/box</p>	<p><i>Electronic Claims</i> <a href="http://www.uhccommunity.com">www.uhccommunity.com</a> (portal)</p> <p><b>OR</b></p> <p>Via a Clearing House Vendor</p> <p><i>Paper Claims</i> UnitedHealthcare Community Plan PO Box 5250 Kingston, NY 12402-5250</p>	<p><i>Use Payer ID number when submitting electronic claims:</i> 86047 – UHC Community Plan 86001 – UHC Dual Complete</p> <p>Emdeon – 1-800-845-6592 UHC EDI Support Group – 1-800-210-8315</p> <p><b>Use Payer ID number when submitting electronic claims:</b></p>

<p>Acclean fluoride varnish "bubble gum"</p>		<p><b>86047</b> UHC Community Plan <b>86001</b> UHC Dual Complete</p>
<p><b>Medicaid Managed Care Organization</b></p>	<p><b>Claims Information</b></p>	<p><b>Clearinghouse Contact Information</b></p>
<p><b>Amerigroup</b></p> <p>A one-time training activity is all that is required! The fluoride varnish training module is recommended by the American Academy of Pediatricians, which refers providers to Smiles for Life, a national oral health curriculum.</p> <p>After completing courses 2, 6 and 7, you will be able to print your certificate. Please email your certificate, full provider name and NPI to Amerigroup at providerdataspeci@amerigroup.com, or mail your certificate to: Amerigroup Attn: Provider Data Services 101 Wood Ave. S., 8th Floor Iselin, NJ 08830 Average reimbursement rate: \$19.50</p>	<p>Procedure allowed 4x per calendar year for pediatricians and PCPs who treat children under age six.</p> <p><b>Electronic Claims</b> <a href="https://providers.amerigroup.com/pages/nj-2012.aspx">https://providers.amerigroup.com/pages/nj-2012.aspx</a></p> <p><b>Fax</b> 888-393-8994</p> <p><b>Email</b> <a href="mailto:dgrpeditclaims@amerigroup.com">dgrpeditclaims@amerigroup.com</a></p> <p><b>Paper Claims</b> EDI Claims PO Box 62509 Virginia Beach, VA 23466-2509</p>	<p>Emdeon – 800-845-6592 Payer ID – 27514</p> <p>Carario – 800-586-6870 Payer ID – 28804</p> <p>Availity – 877-334-8446 Payer ID - 26375</p>
<p><b>Horizon NJ Health</b></p> <p>Once a Pediatric office receives training either online or in person through NJAAP Oral Health training, on the management of ECC and Fluoride varnish application must inform Horizon NJ Health Provider Department and submit via</p>	<p><b>Electronic Claims:</b></p> <p>Electronic Data Interchange (EDI) Technical Support Hotline at 1-877-234-4273 or send an e-mail to <a href="mailto:edi.hm@kmhp.com">edi.hm@kmhp.com</a> to obtain more information</p> <p>Physician Claim Services phone # 1.800.682.9091</p>	<p>Same as Medical Claims</p>

<p>fax an “attestation form”. PAR Providers will receive reimbursement at \$15 per qualified application of fluoride. Providers will also receive a quarterly supplement of \$5 if a member sees the dentist in the calendar year within 31- 60 days of fluoride application and \$10 if the member sees the dentist within 30 days of the application. The fluoride varnishing bill comes separately from claims' checks.</p> <p>Benefits Limitations ages 0.5 - 6 years every 3 months</p>	<p><b>Referral Forms, Claims and other billing forms should be submitted to:</b> Horizon NJ Health  Claims Processing Department  P.O. Box 7117  London, KY 40742</p> <p><b>Corrected Claims:</b> Horizon NJ Health  Claims Processing Department  P.O. Box 7117  London, KY 40742</p> <p>To download an attestation form:</p> <p>Go to: <a href="http://www.HorizonNJHealth.com">www.HorizonNJHealth.com</a> , click on Providers and then Programs. <b>Fax form to Dr. Di Orio at 609-583-3024</b></p>	
<p><b>WellCare Health Plans</b></p> <p>Reimbursement: \$33  Includes oral evaluation, caries risk assessment, application of fluoride varnish and referral to a dental home.</p> <p>Allowed every 3 months for children under the age of six.</p> <p>Training and additional information located at:  <a href="https://www.wellcare.com/New-Jersey/Providers/Medicaid/Training">https://www.wellcare.com/New-Jersey/Providers/Medicaid/Training</a></p>	<p><b>Electronic Claims</b></p> <p>Electronic Data Interchange (EDI) is the preferred method of claims submission.</p> <p>For more information on EDI implementation with WellCare, refer to the Claims/Encounter Companion guides located at <a href="http://www.wellcare.com/New-Jersey/Providers">www.wellcare.com/New-Jersey/Providers</a>.</p> <p><b>Paper Claims</b></p> <p>WellCare encourages electronic (EDI) claim submissions; however, we also accept paper Please visit <a href="http://www.wellcare.com/New-Jersey/Providers">www.wellcare.com/New-Jersey/Providers</a> for complete paper claims submission guidelines.</p>	<p>WellCare has partnered with RelayHealth, a division of McKesson, as our preferred EDI clearinghouse.</p> <p>If you have any questions regarding submission of EDI transactions directly through RelayHealth, please call 1-866-855-4723.</p>
<b>Commercial Managed Care Organizations</b>		
<b>Name</b>	<b>Claims Information</b>	<b>Clearinghouse Contact Information</b>

<p><b>Horizon Blue Cross Blue Shield of NJ</b></p>	<p><b>Payment Rate for Fluoride Varnish</b></p> <p>Horizon BCBSNJ fee information is available online through NaviNet’s Fee Schedule Inquiry tool. Registered NaviNet users may log on to NaviNet.net, access the Horizon BCBSNJ Plan Central page, mouse over Claim Management and click Fee Schedule Inquiry.</p> <p><i>Claims:</i></p> <p>Electronic or paper (provide portal link/ address) Claims may be submitted electronically through NaviNet or a variety of vendors/clearing houses. Please refer to your patient’s Horizon BCBSNJ ID card for information if submitting paper claims.</p> <p><b>Supplies to Order From</b></p> <p>No supplies are reimbursed as part of this service (application of fluoride varnish to the primary teeth of infants and children).</p>	<p>While Horizon BCBSNJ exchanges data with several vendors and clearinghouses, we have a preferred relationship with Emdeon.</p> <p>If you have questions about Electronic Data Interchange (EDI) transactions, or for more information, call the eService Desk’s EDI team toll-free at 1-888-334-9242, Monday through Friday, between 7 a.m. and 6 p.m., ET, or email at <a href="mailto:HorizonEDI@Horizonblue.com">HorizonEDI@Horizonblue.com</a></p>
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