







DECEMBER 2024

KMAP GENERAL BULLETIN 24242

Applications of Topical Fluoride Benefit Limits

Effective with the dates of service on and after January 1, 2025, applications of topical fluoride treatment benefit limits language will change to **1 application every 120 days** and will no longer be 3 applications per year, for medical and dental providers. This is to ensure members have appropriate spacing between applications. Members will still be able to receive a total of 6 applications per year, 3 for medical providers and 3 for dental providers.

Members in need of medical necessity for less than 120 days between each topical fluoride application will require documentation.

The following are the applicable codes:

99188 D1206 D1208

Note: The current coverage criteria, billing instructions, and the Medicaid rate amounts will remain the same. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Note: The effective date of the policy is January 1, 2025. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the bulletins. The **KanCare Open Claims Resolution Log** on the KMAP <u>Bulletins</u> page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For the changes resulting from this provider bulletin, view the updated *Dental Fee-for-Service Provider Manual*, page EA-6; and *Kan Be Healthy Early Periodic*. *Screening, Diagnostic, and Treatment Fee-for-Service Provider Manual*, page 17.

KMAP

Kansas Medical Assistance Program

- <u>Bulletins</u>
- Manuals
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Customer Service

- 1-800-933-6593
- 7:30 a.m. 5:30 p.m. Monday - Friday