



January 27, 2015

Dear Medical Director:

The American Academy of Pediatrics (AAP), representing over 62,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults, is advocating for coverage and payment for oral health care, particularly topical application of fluoride varnish by pediatricians.

Under the Affordable Care Act, payers are required to cover without cost sharing preventive services recommended by the United States Preventive Services Task Force (USPSTF) and Bright Futures Guidelines. The USPSTF recommendations issued May 2014 regarding oral health care in the primary care setting for children under the age of 5 years including the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. Where recommendations are new or revised, payers have 12 months from the announced policy statement to implement a new or revised preventive service. Also, effective January 1, 2015, CPT code 99188 is used to report the application of topical fluoride varnish by a physician or other qualified health professional.

Per CPT “ Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. (CPT Professional Edition, 2015, pg. 36). This language exists because CPT recognizes that these separately identifiable procedures are not included under the preventive medicine service code and therefore need to be reported and paid for separately.

Therefore, payers are required to provide coverage benefits and are urged to pay appropriately for fluoride varnish application as a separately reported service, apart from the reported office visit. Further, while the Centers for Medicare and Medicaid Services (CMS) failed to publish the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) recommended value for CPT code 99188 of 0.20 work relative value units (wRVUs), payers are urged to pay appropriately for this service.

141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1019  
Phone: 847/434-4000  
Fax: 847/434-8000  
E-mail: kidsdocs@aap.org  
www.aap.org

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January 27, 2015

Page 2

For the 2015 Medicare RBRVS physician fee schedule, CMS assigned CPT code 99188 a status indicator of “N” (non-covered) and did not publish RUC recommended values stating “that since 99188 is a code that describes a service that involves the care of teeth, it is excluded from coverage under Medicare.” The AAP is on record of urging CMS to publish the RUC-recommended values for code 99188 with status indicator “A” (Active). Most Medicaid programs already pay for fluoride varnish application using dental codes or unlisted CPT codes and the AAP is urging private, commercial payers to cover and pay for fluoride varnish application either at the value of the RUC recommended RVUs (0.20) or at the rate of the beneficiary’s state Medicaid rate.

As one of the most efficacious interventions against dental caries, fluoride varnish application is a critical preventive intervention with substantial health and cost implications. Carriers are urged to pay appropriately for this cost effective service. To assist your plan in providing appropriate benefits coverage for recommended oral health services, the AAP has a large library of resources about oral health implementation in the primary care setting, which can be accessed at [www.aap.org/oralhealth](http://www.aap.org/oralhealth).

We look forward to your response on your coverage and payment policy for CPT code 99188. If you have questions or need additional information, please contact Lou Terranova, Senior Health Policy Analyst at [lterranova@aap.org](mailto:lterranova@aap.org) or 847-434-7633.

Sincerely,

/S/

Sandra G. Hassink, MD, FAAP  
President

SGH/lt