

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director and Medicaid Director

Transmittal 26-07

**TO:** DC Medicaid Dental Providers and EPSDT/HealthCheck Providers

**FROM:** Melisa Byrd *M.B.*  
Senior Deputy Director and Medicaid Director

**DATE:** February 12, 2026

**SUBJECT:** National Children's Dental Health Month, Dental Procedures and Billing Requirements

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**Purpose**

In celebration of National Children's Dental Health Month in February, the purpose of this transmittal is to inform dental and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) providers of the state of children's oral health in the District of Columbia (DC), and of Medicaid-covered oral health procedures administered in primary care and dental settings.

**Details**

All DC children eligible for the Medicaid program are entitled to receive the care described in the EPSDT services benefit. EPSDT, also known as HealthCheck in DC, is a mandatory Medicaid benefit that includes preventive and specialty care, including dental services.

Unfortunately, research indicates that many individuals and families have delayed necessary medical and dental health care due to a variety of issues.<sup>1</sup> Delays in care can exacerbate chronic conditions or delay diagnoses and treatment of health issues.<sup>2</sup> It remains critical that pediatric Medicaid beneficiaries receive necessary preventive services, including well-child visits and preventive dental screenings.

Preventive care rendered by EPSDT primary care providers during a well-child visit includes oral health assessments for all ages and fluoride varnish application for children under the age of three years old. Medicaid also covers comprehensive oral exams, dental sealants, and dental

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<sup>1</sup> Brenan, Megan. *Record High in U.S. Put Off Medical Care Due to Cost in 2022*. Gallup (Wellbeing). January 17, 2023. Retrieved from: [https://news.gallup.com/poll/468053/record-high-put-off-medical-care-due-cost-2022.aspx?utm\\_source=alert&utm\\_medium=email&utm\\_content=morelink&utm\\_campaign=syndication](https://news.gallup.com/poll/468053/record-high-put-off-medical-care-due-cost-2022.aspx?utm_source=alert&utm_medium=email&utm_content=morelink&utm_campaign=syndication)

<sup>2</sup> Czeisler ME, Marynak K, Clarke KE, et al. *Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns*. United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250-1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4>

cleanings, as well as any needed diagnostic or treatment services recommended by dental providers.

### **Dental Care for District Children – Current Statistics and Guidelines**

The American Academy of Pediatric Dentistry recommends that children visit a dentist at the time of the eruption of the first tooth, no later than 12 months of age, with subsequent appointments based on risk assessment.<sup>3</sup> In FY 2024, approximately 41% of DC children under age 21 enrolled in DC Medicaid received a preventive service from a dentist.<sup>4</sup>

Childhood cavities and decay are preventable with preventive measures, early detection, and treatment.<sup>5</sup> According to the American Academy of Pediatrics and the Centers for Disease Control and Prevention, tooth decay is the single most common chronic childhood disease (five times more common than asthma).<sup>6</sup>

In addition, applying dental sealants to the chewing surfaces of the back teeth is one effective way to prevent tooth decay. Studies show that dental sealants reduce decay in the permanent molars by 81% for 2 years after they are placed on the tooth and continue to be effective for 4 years after placement.<sup>7</sup> However, in FY 2024, 5% of children between the ages of 6-14 enrolled in DC Medicaid received dental sealants on a permanent molar tooth.<sup>8</sup>

### **Children’s Oral Health Initiative**

The DC Department of Health Care Finance (DHCF), through the Children’s Oral Health Initiative, is in active collaboration with the health care provider community, Managed Care Plans (MCPs), and the DC Department of Health (DC Health) to improve the oral health of the District’s Medicaid-enrolled children. DHCF convenes Children’s Oral Health Initiative meetings regularly to implement strategies aimed at increasing DC Medicaid-enrolled children’s access to and the utilization of oral health services.

### **Oral Health Assessments During Well-Child Visits**

Oral health assessments are a required part of every primary care well-child visit for young children so that primary care providers can assist in identifying children who need dental care. Every infant should receive an oral health risk assessment by 6 months of age that includes: (1) assessing the patient’s risk of developing oral disease using the American Academy of Pediatrics’ Oral Health Risk Assessment Tool ([https://downloads.aap.org/AAP/PDF/oralhealth\\_RiskAssessmentTool.pdf](https://downloads.aap.org/AAP/PDF/oralhealth_RiskAssessmentTool.pdf)); (2) providing education on infant oral health; and (3) evaluating and optimizing fluoride exposure.

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<sup>3</sup> American Academy of Pediatric Dentistry. Policy on the dental home. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:38-40.

<sup>4</sup> District of Columbia CMS-416 Form, Line 12b, FY 2024.

<sup>5</sup> U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

<sup>6</sup> Ibid.

<sup>7</sup> Ahovuo-Saloranta A, Forss H, Walsh T, Hiiri A, Nordblad A, Mäkelä M, Worthington HV. Sealants for preventing dental decay in the permanent teeth. *Cochrane Database of Systematic Reviews*. 2013; Issue 3. Art. No.: CD001830. DOI: 10.1002/14651858.CD001830.pub4.

<sup>8</sup>District of Columbia CMS-416 Form, Line 12d, FY 2024.

Children at risk for dental caries should be referred to a dentist as early as 6 months after the first tooth erupts, or 12 months of age for establishment of a dental home. Children at risk are defined as:

- Children with Special Health Care Needs;
- Children of mothers with high caries rate;
- Children with demonstrable caries, plaque, demineralization, and/or staining;
- Children who sleep with a bottle or breastfeed throughout the night, later-order offspring, or;
- Children in families of low socio-economic status.<sup>9</sup>

Primary care providers should advise parents to establish a dental home for their child by 12 months of age. Every Medicaid-enrolled child has a primary dental provider available through their MCP. The child's primary dental provider will provide dental examinations, render any indicated treatment services, as well as anticipatory guidance in managing long-term oral health conditions. At a minimum, all children should have an established dental home with a primary dental provider by 3 years of age.

### **Reimbursable Oral Health Procedures in Primary Care Setting**

In addition to regular oral health assessments, the application of fluoride varnishes every three to six months has been proven to decrease the incidence of early childhood caries (ECC). A child is considered to have ECC when there is one or more decayed, missing (due to caries), or filled tooth surface in any primary tooth before the child turns 6 years of age. Primary care providers may bill DC Medicaid for oral health assessments using Current Dental Terminology (CDT) code D0191. CDT code D0191 is reimbursable at a rate of \$31.83 per assessment.

Children at high risk for ECC benefit from quarterly applications of fluoride varnish, while those with low to moderate risk should receive fluoride varnish applications every 6 months. The application of fluoride varnish for children under the age of 3 by a trained primary care provider is a reimbursable oral health procedure. To receive Medicaid reimbursement, primary care providers must complete the fluoride varnish training offered through [DC HealthCheck](#). Once trained, primary care providers may bill DC Medicaid for the fluoride varnish application on a child less than 3 years of age using the Current Procedural Terminology (CPT) code 99188. **CPT code 99188 is reimbursable once every 3 months per beneficiary at a rate of \$10.09 per application.**

### **Reimbursable Dental Procedures in Dental Office**

According to the American Academy of Pediatrics, early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness.<sup>10</sup> A child's first dental examination should occur at the time of the eruption of the first

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<sup>8,9</sup> American Academy of Pediatric Dentistry. Caries-risk assessment and management for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:306-7.

<sup>10</sup> Bright futures Guidelines for Health Supervision of Infants, Children, and Adolescents (4th ed.). (2017). American Academy of Pediatrics.

tooth and no later than 12 months of age.<sup>11</sup> Comprehensive oral exams, dental sealants, and dental cleanings, as well as any needed diagnostic or treatment services identified by dental providers, are covered by DC Medicaid.<sup>12</sup>

Caries risk assessment is an essential component of preventive oral health care for infants, children, and adolescents. The caries risk assessment evaluates a patient's risk for developing dental caries and supports the development of individualized preventive and targeted treatment plans based on the patient's assessed risk level. Dental providers may bill for a caries risk assessment using CDT Codes D0601 (Low Caries Risk), D0602 (Moderate Caries Risk), or D0603 (High Caries Risk); only one assessment may be billed per patient annually, and the CDT code submitted must reflect the patient's caries risk assessment. **Each caries risk assessment is reimbursed at \$10.61 per evaluation, regardless of risk level.** Documentation supporting the completed caries risk assessment must be maintained in the patient's record and made available upon request. Children at high risk for caries benefit from quarterly applications of fluoride varnish, while those with low to moderate risk should receive fluoride varnish applications every six months. The application of fluoride varnish is a reimbursable dental procedure. Dental providers may bill DC Medicaid for fluoride varnish application using CDT code D1206. **CDT code D1206 is reimbursable once every 3 months per beneficiary at a rate of \$30.77 per application.**

The application of dental sealants to the chewing surfaces of the back teeth is another method to prevent tooth decay. The American Academy of Pediatric Dentistry recommends the application of dental sealants on caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and/or fissures on children ages 24 months and older. **Dental providers may bill DC Medicaid for dental sealants on children ages 24 months and older using CDT code D1351. CDT code D1351 is reimbursable at a rate of \$44.52 per tooth.** An exhaustive copy of DHCF's fee schedule is available [online](#).

### Provider Resources

The DC HealthCheck Periodicity schedules reflect the Bright Futures/American Academy of Pediatrics and the American Academy of Pediatric Dentistry guidelines. Both the dental and primary care DC HealthCheck periodicity schedules are available on [www.dchealthcheck.net](http://www.dchealthcheck.net). DHCF requires all pediatric primary care providers to complete EPSDT training and strongly encourages training in the application of fluoride varnish, both of which are available through the DC HealthCheck website. DHCF also strongly encourages all EPSDT and dental providers to display the DC Medicaid Dental Benefits brochure in their waiting rooms.

### Contact

If you have any questions about the information contained in this transmittal, or need additional information, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services via e-mail at [colleen.sonosky@dc.gov](mailto:colleen.sonosky@dc.gov) or Dr. Antonio Lacey, Program Analyst,

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<sup>11</sup> American Academy of Pediatric Dentistry. Policy on the dental home. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:38-40.

<sup>12</sup> There are no limitations on the scope or frequency of EPSDT services (including dental services) so long as they meet medical necessity criteria under federal law. 42 USC 1396d(r)(5); 42 CFR 440.230(b) ("Each service must be sufficient in amount, duration and scope to reasonably achieve its purpose").

Division of Clinician, Pharmacy and Acute Provider Services at [antonio.lacey@dc.gov](mailto:antonio.lacey@dc.gov).

Thank you for providing oral health services to pediatric beneficiaries to improve the health outcomes for Medicaid-enrolled children in the District.

**Cc:** DC Behavioral Health Association  
DC Chapter of American Academy of Pediatrics  
DC Chapter of American Academy of Pediatric Dentistry  
DC Coalition of Disability Service Providers  
DC Dental Society  
DC Health Care Association  
DC Home Health Association  
DC Hospital Association  
DC Primary Care Association  
Medical Society of the District of Columbia  
Robert T. Freeman Dental Society