MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF FAMILY AND COMMUNITY HEALTH

MICHIGAN DENTAL PROGRAM

Provider Manual

For Information Contact:

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www.Michigan.gov/MDCH

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All of the above forms may be copied and used for this program. If you need additional sample forms or provider manuals, please call our office at 888-826-6565.

PROGRAM OVERVIEW

The Michigan Dental Program (MDP) is a comprehensive dental access program for persons living with HIV/AIDS, funded under TITLE II of the Federal Ryan White CARE Act. The MDP was initiated to enhance the continuum of care for individuals living with HIV/AIDS disease and to ensure they can obtain optimum oral health. Details of client eligibility criteria can be found in Appendix B.

SCOPE OF SERVICES AND REIMBURSEMENT

A revised listing of allowable services and fees can be found in Appendix F, Dental Fee Schedule. This listing should serve as a guideline to the scope of treatment services. However, the nature of a patient's illness may indicate treatment beyond those services listed in the fee schedule. Any additional services will be reviewed on an individual basis, and must have approval prior to treatment. Prior approval is not necessary for routine services such as diagnostic or preventative. Prior authorization is required for restorative, crowns, endodontics, limited oral surgery, periodontics, and prosthodontics. The MDP will cover fluoride treatments, and four month prophylaxis treatment, which other programs or private insurance may not cover.

Cosmetic or elective procedures including orthodontics and/or implants are not covered. MDP stresses the importance of periodontal services, but limit quadrant scaling to once in 24 months and in the interim consider full mouth debridement once in 12 months and/or periodontal maintenance three times a year or once every 4 months. Services covered under this fund are fairly comprehensive from first molar to first molar. Endodontics/crown procedures are limited to two full procedures per patient in 12 months. Endodontics/crowns are not covered for second and third molars.

Only services within the scope of the program will be reimbursed. Reimbursement for all services is based on the MDP fee schedule or the provider's usual and customary fee, whichever is less. The MDP reimbursement amount is considered payment in full. Balance billing and/or patient co-pays are not allowed. For clients that have full Medicaid coverage and Healthy MI plan, please see Appendix A & B.

Please feel free to contact our office with any questions regarding services not listed in this manual.

EMERGENCY SERVICES

Emergency services, provided for the relief of pain or infection, will be covered for eligible clients within the program guidelines. Same day emergency approval for RCT TX is limited to relief of pain. This would include an x-ray and exam. Extractions do not need pre-authorization. Root canal TX is limited to two teeth per client in a 12 month period. Root canals are a covered benefit between teeth numbers 3 to 14, and teeth numbers 19 to 30. Root canal TX is **not** a benefit for 2nd or 3rd molars.

PROVIDER ENROLLMENT

Dentist should submit a completed Attachment 1, **Dentist Participation Letter** which indicates their willingness to accept the MDP fee schedule, accept the terms outlined in this manual and participate in the program. A **W – 9** form is also required. Each provider can determine their own level of participation, ranging from billing for a single existing patient of record to receiving referrals from the MDP itself. All provider and patient information is kept confidential. No list of provider or client participants is ever distributed. Completed Dentist Participation Letter and the W-9 should be sent to the address on page one of this manual. License number and TIN/SSN are needed to establish a vendor code for payment purposes.

PRESCRIPTIONS

In the event a client requires prescription medications in connection with their dental care, please contact the MDP office. If the patient is enrolled in the Michigan Drug Assistance Program (MIDAP), the dental prescription may be covered under those funds.

PATIENT CONFIDENTIALITY

The Michigan Dental Program is for clients who are living with HIV/AIDS disease. Under Michigan Law MCLA 333.5131 confidentiality of HIV/AIDS status must be maintained in a confidential manner and the forms must not indicate or imply a patient's HIV/AIDS status. These forms should be handled with discretion to protect the patient's confidentiality. All documents are treated in a confidential manner by the MDP. See Appendix C – E for more information on confidentiality.

TREATMENT PLANS

For new clients a proposed treatment plan MUST be submitted for prior authorization before providing additional restorative treatment. Any ADA dental claim form is acceptable for use as a pre-authorization. The request should indicate the dentist's usual fee, missing teeth crossed off, perio charts and x-rays. In order for the MDP to monitor cost; **restorative treatment must be submitted for prior approval.** Complex or unusual treatment plans requiring review may take up to four weeks to be approved.

Once a treatment plan has been reviewed and approved, the office will receive a letter stating the approved services and approved fee for those services. Fees approved will be the lesser of the MDP fees or the provider's usual fee. The treatment plan is entered in the automated MDP system, and the money to pay for the services is reserved in the dentist's name to guarantee payment. **Services rendered without prior MDP approval are not guaranteed for payment.** In the course of treatment, if additional services are necessary, a revised treatment plan must be submitted for approval by the MDP as any services that are billed but not reflected in a treatment plan may not be paid. If there are questions, please feel free to call the MDP office for clarification at 888-826-6565.

If a referral for specialist is required, the same participation and treatment plan process should be followed with the specialist. Treatment plans and all other information should be submitted to the address on page one of this manual.

POLICIES AND PROCEDURES

All restorative treatment must be pre-authorized prior to starting treatment. Submit entire care plan **with x-rays,** periodontal charting, and missing teeth crossed off to MDP for review. Prior-authorizations are approved for one year from the date of MDP approval beginning January 2014. The rates listed in Appendix F go into effect August 1, 2014.

Services not covered:

- Bridge work on the mandibular arch
- Cosmetic dentistry including bleaching
- Crowns on second or third molars
- Hospital dentistry
- Implants
- Inlays and onlays
- Interim Prosthesis
- Occlusal guards
- Orthodontics
- Root canals on second or third molars
- Treatment of Temporomandibular joint disorders (TMJ or TMD)

Diagnostic services: Examinations, diagnostic radiographs and photos. Suggested guidelines are as follows:

- Caries/periodontal risk assessment.
- Client should be examined by a dentist 2 times a year for rate of decay, home care including use of prescription fluoride and any new treatment needs. Periodic oral evaluation is a benefit 2 times a year.
- Full mouth radiographs/Panorex every 5 years or as needed. Clients with rapidly advancing dental decay or periodontal disease may need a complete set of dental radiographs more frequently. Prior-authorization is required in these cases. Clients in need of oral surgery who require a panorex even though they have had a complete set of diagnostic radiographs within the 5 year time-frame will have this service covered.
- Bitewing radiographs (4 films) every 12 months.
- Panoramic films and 4 bitewing x-ray series must use a FMX code for reimbursement. Not a Panorex and 4 bitewing codes listed individually.

Preventive services: dental prophylaxis and fluoride treatments are covered services.

- Dental prophylaxis is a covered benefit once every 4 months or 3 times a year.
- In office fluoride treatment is a covered expense once every 4 months.
- Additional services based on consultant review of client history and treatment plan.

Restorative services (fillings): Amalgam and composite fillings for posterior teeth, and composite resin fillings for anterior teeth are payable once in 24 months. Posterior composites are reimbursed at the amalgam rate. Inlays and onlays are not covered services.

- **Crowns:** Single unit crowns are a covered benefit for <u>first molars forward</u> under the following criterion:
  - **Anterior single unit crowns**
    - Good 5 year prognosis
    - Teeth are no more involved than periodontal case type II
    - The involvement of 4 or more surfaces, including at least one incisal angle. The facial or lingual surface shall not be considered as involved for a mesial or distal proximal restoration unless the proximal restoration wraps around the tooth to at least the midline
    - The loss of an incisal angle involving a minimum area of ½ the incisal width and ½ the height of the anatomical crown.
    - An incisal angle may not be involved, but more than 50 percent of the clinical crown appears to be involved.
    - Teeth having root canal treatment.
  - **Posterior single unit crowns**
    - Good 5 year prognosis
    - Teeth are no more involved than periodontal case type II
    - Posterior teeth used as partial denture abutments
    - Premolars: involvement of one cusp and 3 surfaces
    - First molars: (#3, #14, #19, #30) involvement of 2 cusps and 4 surfaces

- **Limitations and exclusions**
  - Crowns will not be covered for cosmetic purposes.
  - One crown per tooth shall be allowed per 5 year period, unless justified by extenuating circumstances.
  - Crowns on second and third molars will not be covered.
  - Limited to **two** teeth in 12 months.
- **Bridgework:**
  - Maxillary anterior **three** unit fixed bridges will only be covered between teeth numbers 5 to 12 as long as <u>no other teeth</u> are missing in the maxillary arch.
  - This benefit is to replace **one single** missing tooth in the anterior portion of the maxillary arch inclusive of tooth number 5 or 12.
- **Limitations and exclusions**
  - There is no bridge coverage for the mandibular arch.
  - Removable prosthetics shall be offered if more than one anterior tooth is missing in the <u>maxillary</u> arch upon review of x-rays.

Removable prosthetics (removable partial or complete dentures): To qualify for a cast or flexible base partial denture, a client must have x-ray evidence of:

- Less than 6 occluding teeth posterior from pre molar to molar (not counting 3rd molars).
- Missing 4 or more anterior teeth.
- Repairs to dentures and partials are covered expenses.
- Complete or partial dentures may be replaced after 5 years on case-by-case basis.
- Reimbursement for a complete or partial denture includes all necessary adjustments, relines, repairs, and duplications within 6 months of insertion. This includes such services for an immediate denture.

Periodontal (gum) treatment:

- Scaling and Root Planing is a benefit. It is limited to once in 24 months.
- Gingivectomy is a covered benefit.
- Full mouth debridement is limited to once in 12 months. It is performed as therapeutic, not preventive, treatment for clients to aid in the evaluation and diagnosis of their oral condition. It is not covered when a prophylaxis is completed on the same day.
- Periodontal maintenance is a covered benefit 3 times a year or once every 4 months after history of disease.

- **Limitations and exclusions**
  - Periodontal surgery of all other types **are not covered** (osseous surgery, mucogingival surgery, bone grafts, tissue grafts, implants, etc.)
  - Crown lengthening is not a covered benefit

Endodontics (Root canal therapy): is a covered benefit for:

- Anterior teeth
- Premolars

        - First molars (#3, #14, #19, #30)
        - Teeth must have a good 5 year prognosis
        - Teeth are no more involved than periodontal case type II
    - **Limitations and exclusions**
        - Not a benefit for second or third molars
        - Limited to two teeth in 12 months

Oral Surgery: Simple or surgical extractions, incision and drainage, and other minor surgical procedures including biopsies are covered benefits. Surgical removals of complete or partially impacted wisdom teeth are covered. Alveoloplasty to prepare an arch for a removable prosthetic is covered. IV sedation is a benefit upon the approval of the MDP.

Adjunctive General Services:

- Code 9630, other drugs and/or medicaments, Rx toothpaste/take home fluoride, limit of 1 tube w/ 4 month recall.

Medicaid Eligible Clients: All Medicaid eligible MDP clients must seek service from a Medicaid participating provider. The MDP does not replace the client's Medicaid as the primary payer of services; however the program **may** cover services not covered by Medicaid. The MDP will consider authorizing payment for non-Medicaid payable services, including periodontal treatment, root canals, cores, and crowns for teeth 3-14, and 19-30, if the proposed treatment is the best care option for the patient, **and** if the patient has demonstrated improved oral health, maintenance of care and MDP resources allow.

If your office participates with Medicaid, balance billing to the MDP for services covered by Medicaid is **not allowed**. The Medicaid reimbursement is to be considered payment in full.

In all cases, the MDP reimbursement amount is considered payment in full, **balance billing and/or client co-pays are not allowed.**

Please submit all dental claims within 30 days to guarantee payment.

Please send pre-authorizations and claims to:

Michigan Dental Program
109 W. Michigan Ave, 8th Floor
Lansing, MI 48913

CLAIMS SUBMISSION

After each client visit, claims should be submitted to MDP for payment. The ADA universal dental claim form **must** be used for billing. Payment will be based on the lower of the MDP fee or the provider's usual and customary fee. Please complete all the information on the claim form in its entirety. Fees will be adjusted according to the MDP fee schedule to reflect actual payment.

Payment will be sent directly to dental offices from the State Of Michigan for services rendered. Payment cannot be made to clients. The check remittance will contain: client eligibility number, dates of service, and dental codes. Ryan White CARE Act Title II resources are considered payment in full. **Balance billing and/or patient co-payments are not allowed.** Claims should be sent to the address on page one of this manual.

DIRECT DEPOSIT / CLAIM INQUIRIES

Inquiries regarding direct deposit payments or direct deposit enrollment may be found on the **www.michigan.gov/budget** website using the link for **Contract & Payment Express**.

To enroll in direct deposit, click on the link for Contract & Payment Express, find new user. Complete the appropriate registration pages until you reach the "Add Direct Deposit Details" page then skip to Step 6.

Inquiries for claims over 90 days from the date sent, may email the accounting office at: InvoiceMDCH@Michigan.gov.

RETURN CHECK PROCESS

To return funds to the Michigan Dental Program, checks should be made payable to *The State of Michigan.* Please mail check directly to the accounting department at the address below:

DCH Accounting/Cash Room
Attn: Dental Payments/Pam Manning
P.O. Box 30437
Lansing, MI 48909

Appendix A

INFORMATION FOR MEDICAID PROVIDERS AND PATIENTS

All Medicaid eligible MDP clients must seek service from a Medicaid participating provider. The MDP does not replace the client's Medicaid as the primary payer of services; however the program **may** cover services not covered by Medicaid. The MDP will consider authorizing payment for non-Medicaid payable services, including periodontal treatment, root canals, cores, and crowns for teeth 3-14, and 19-30, if the proposed treatment is the best care option for the patient, **and** if the patient has demonstrated improved oral health, maintenance of care and MDP resources allow.

If your office participates with Medicaid, balance billing to the MDP for services covered by Medicaid is **not allowed.** The Medicaid reimbursement is to be considered payment in full.

In all cases, the MDP reimbursement amount is considered payment in full, **balance billing and/or client co-pays are not allowed.**

Appendix B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN DENTAL PROGRAM
ELIGIBILITY CRITERIA – FY 2014

To receive assistance from the Michigan Dental Program (MDP), applicants must meet the following criteria:

A. Applicant must provide documentation of HIV disease.

B. Applicant must be a resident of the State of Michigan.

C. Applicant must have applied for public assistance (Medicaid and the Healthy Michigan Plan) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. Members renewing by April 21, 2014, must have applied with DHS after October 1, 2013.

D. Applicant's gross income cannot exceed 450% of the Federal Poverty Level (F.P.L.) and will be evaluated based on FPL guidelines (see chart below) in effect when MDP receives your completed application. Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)

Federal Poverty Guidelines 2014	
Persons in Household	**2014 Federal Poverty Level- Annual Income**
1	$11,670
2	$15,730
3	$19,790
4	$23,850
5	$27,910
6	$31,970
7	$36,030
8	$40,090
For families/households with more than 8 persons, add $4,060 for each additional person. ASPE.hhs.gov *Federal Register* Notice, January 24, 2013	

In all instances, MDP is to be considered the payer of last resort, therefore as other programs become available that provide dental assistance, MDP reserves the right to require potentially eligible persons to apply for and pursue those other programs.

- Any individual eligible for or receiving benefits from **Medicaid** and wish to receive additional assistance from the MDP must access dental care from a Medicaid dental provider.

- Any person that is eligible for private dental insurance (Delta Dental, BC/BS, etc.) is **NOT** eligible for MDP.

Appendix C

IMPORTANT INFORMATION ON PATIENT CONFIDENTIALITY

The MDP is for clients who are living with HIV/AIDS. Under Michigan Law MCLA 333.5131, confidentiality of HIV/AIDS status must be maintained in a dental setting.

The phrase "maintaining confidentiality" is very broad and inclusive. In order to maintain confidentiality, staff at a dentist's office should not be permitted to divulge the names of people living with HIV/AIDS unless that disclosure is required to provide services and divulged only to authorized persons as necessary or as authorized by each client by signing the Patient Release of Information found in the back of this manual.

If your office does not have a specific policy or procedure in place to guarantee confidentiality of HIV/AIDS and/or other medical information, you are strongly encouraged to develop one. A discussion of confidentiality and a sample employer/employee agreement can be found in Appendix E: Confidentiality Statement. The MDP office will be glad to assist you if you have any questions regarding confidentiality. Written informed consent by the client is necessary before releasing any information relative to their status. A completed Patient Release of Information must be completed by each client and serves as written informed consent for billing purposes. Please send a copy of this form the first time with your care plan to the address on page one.

Dental claim forms must be completed and submitted in a confidential manner and the forms must not indicate or imply a client's HIV/AIDS status. These forms should be handled with discretion to protect the client's confidentiality. All documents are treated in a confidential manner by MDP.

Appendix D

REGARDING THE CONFIDENTIALITY OF HIV STATUS INFORMATION FOR DENTAL PROVIDERS

Kendra S. Kleber*
Attorney at Law

Information about anyone's HIV/AIDS status is confidential information in Michigan, and is protected by state law. (MCL 333.5131) A person living with HIV/AIDS may choose to disclose their status to their dental care provider, but that disclosure should not be considered to be permission to tell every person employed by the practice. Also, if an employee learns someone's HIV/AIDS status in the course of their work, and then they disclose that HIV/AIDS status inappropriately, the employer will be held liable for the illegal disclosure. The employer's only defense is if there is an express employment policy that forbids employees from releasing information about HIV/AIDS status.

Michigan law provides for the following penalties regarding the improper disclosure of confidential information concerning HIV infection in its various stages including AIDS:

> "(8) A person who violates this section is guilty of a misdemeanor, punishable by imprisonment for not more than 1 year or a fine of not more than $5,000 or both, and is liable in a civil action for actual damages or $1,000 whichever is greater, and costs and reasonable attorney fees. This subsection also applies to the employer of a person who violates this section, unless the employer had in effect at the time of the violation reasonable precautions designed to prevent the violation." MCL 333.5131(8).

Because there is a real chance that people living with HIV/AIDS may seek services in your office, your practice may be at risk of liability if one of your employees improperly discloses the HIV/AIDS status of a patient (or a co-worker, for that matter).

Discrimination on the basis of HIV/AIDS status is prohibited by state law (*Michigan's Persons with Disabilities Civil Rights Act*) and federal law (*Americans with Disabilities Act*). If a business learns the HIV/AIDS status of an employee or customer and subsequently makes adverse decisions about that person's employment or access to the business' services, a reasonable jury could easily conclude that the action was the result of illegal discrimination on the basis of HIV/AIDS status. The safest way to operate a business that may employ or serve people living with HIV/AIDS is to assure the confidentiality of all people living with HIV/AIDS through an express, enforced employment policy.

The phrase "maintaining confidentiality" is very broad and inclusive. It is important to write, adopt and enforce and HIV/AIDS policy for your work place to explain the law and your obligations to your employees. An example policy is supplied in Appendix E.

*Kendra S. Kleber is an attorney with extensive experience in HIV related legal issues. This article is offered as general legal information and not legal advice. If you have additional questions and need legal advice specific to your situation, contact the author at (248) 613-8633 or retain an attorney to evaluate your needs and advise you.

Appendix E

CONFIDENTIALITY STATEMENT

As a dental office engaged in the care of members of the public who may or may not be living with HIV/AIDS, we are committed to protecting the confidentiality of HIV/AIDS status of all of our clients as required by Michigan Law. Employees of this office are not permitted to divulge the names of people living with HIV/AIDS unless that disclosure is (a) medically required and made in the performance of a duty related to the dental care being provided, and (b) divulged only to authorized personnel of this office only as necessary. Under normal circumstances, the HIV status of any of our patients is information that should be shared only with the patient's dentist and hygienist. Administrative staff does not normally have need for this information.

The misuse or removal of confidential information from the premises of this office, written or unwritten, except with prior written authorization and as necessary in the performance of a duty directly related to patient care, shall be grounds for immediate discharge and subjects the employee to the individual criminal and civil liability that may be pursued by the affected patient(s).

This form has been developed to ensure that employees of this office are informed of the importance of maintaining confidentiality of HIV/AIDS status, and of the requirement that information pertaining to any person's HIV/AIDS status will be protected. Please read the following statement and sign below, indicating your understanding.

> I have read this Confidentiality Statement and understand my obligation to protect the confidentiality of any person whose HIV/AIDS status I may learn or become aware of during the course of my employment.

_____

Employee Signature Date

_____

Employer Signature Date

Appendix F

DENTAL FEE SCHEDULE

Effective Date August 1, 2014

CODE	FEE	Description of Services
		DIAGNOSTIC
D0120	$28	Periodic Oral Exam-established patient
D0140	$45	Limited Oral Evaluation - problem focused
D0150	$45	Comprehensive Oral Evaluation - new patient
D0160	$45	Detailed & Extensive oral eval - problem focused by report
D0210	$81	Intraoral - complete series of radiographic images
D0220	$17	Intraoral - periapical first radiographic image
D0230	$10	Intraoral - periapical each additional radiographic image
D0240	$13	Intraoral - occlusal radiographic image
D0270	$15	Bitewing - single radiographic image
D0272	$25	Bitewing - 2 radiographic images
D0273	$30	Bitewing - 3 radiographic images
D0274	$37	Bitewing - 4 films
D0277	$55	Vertical bitewings - 7 to 8 radiographic images
D0330	$72	Panoramic Radiographic Image
		PREVENTIVE
D1110	$70	Prophylaxis - Adult
D1206	$25	Topical application of Fluoride Varnish
D1208	$24	Topical application of Fluoride
D1351	$30	sealant - per tooth
		RESTORATIVE
D2140	$70	Amalgam - 1 surface, primary or permanent
D2150	$88	Amalgam - 2 surfaces, primary or permanent
D2160	$103	Amalgam - 3 surfaces, primary or permanent
D2161	$122	Amalgam - 4 or > surfaces, primary or permanent
D2330	$85	Resin-based composite - 1 surface, anterior
D2331	$105	Resin-based composite - 2 surfaces, anterior
D2332	$127	Resin-based composite - 3 surfaces, anterior
D2335	$162	Resin-based composite - 4 or > surfaces or involving incisal angle (ant)
D2390	$170	Resin-based composite - crown, anterior
D2391	$70	Resin-based composite - 1 surface, posterior
D2392	$88	Resin-based composite - 2 surfaces, posterior
D2393	$103	Resin-based composite - 3 surfaces, posterior

D2394	$122	Resin-based composite - 4 or > surfaces, posterior
D2710	$630	Crown - resin based composite (indirect)
D2720	$685	Crown - resin with high noble metal
D2722	$660	Crown - resin with noble metal
D2740	$630	Crown - porcelain/ceramic substrate
D2750	$687	Crown - porcelain fused to high noble metal
D2751	$630	Crown - porcelain fused to predominantly base metal
D2752	$669	Crown - porcelain fused to noble metal
D2790	$683	Crown - full cast high noble metal
D2791	$620	Crown - full cast predominantly base metal
D2792	$651	Crown - full cast noble metal
D2920	$64	Recement crown
D2930	$171	Prefabricated stainless steel crown - primary tooth
D2931	$171	Prefabricated stainless steel crown - permanent tooth
D2932	$180	Prefabricated resin crown
D2940	$54	Protective restoration
D2950	$175	Core buildup, including any pins
D2951	$32	Pin retention - per tooth, in addition to restoration
D2952	$237	Post & Core in addition to crown, indirectly fabricated
D2954	$200	Prefabricated post & core in addition to crown
D2980	$126	Crown repair necessitated by restorative material failure
D2999	Review	Unspecified restorative procedure, by report
		ENDODONTICS
D3110	$37	Pulp cap - direct
D3120	$29	Pulp cap - indirect
D3220	$80	Therapeutic pulpotomy
D3310	$424	Endodontic therapy, anterior tooth
D3320	$497	Endodontic therapy, bicuspid tooth
D3330	$606	Endodontic therapy, molar
D3346	$483	Retreatment of previous RCT - anterior
D3347	$555	Retreatment of previous RCT - bicuspid
D3348	$651	Retreatment of previous RCT - molar
D3430	$133	Retrograde filling - per root
D3450	$258	Root amputation - per root
D3999	Review	Unspecified endodontic procedure by report
		PERIODONTICS
D4210	$273	Gingivectomy or gingivoplasty - 4 or > contiguous teeth
D4211	$155	Gingivectomy or gingivoplasty - 1-3 contiguous teeth
D4240	$357	Gingival flap procedure, including root planing - 4 or > teeth/quad
D4241	$254	Gingival flap procedure, including root planing - 1-3 teeth/quad
D4249	$300	Clinical crown lengthening - hard tissue

D4341	$152	Periodontal scaling and root planing - 4 or > teeth per quadrant
D4342	$100	Periodontal scaling and root planing -1-3 teeth per quadrant
D4355	$111	Full mouth debridement to enable comprehensive eval & diagnosis
D4381	$7	Localized delivery of antimicrobial agents (sulcus)/per tooth
D4910	$100	Periodontal maintenance
D4999	Review	Unspecified periodontal procedure, by report
		PROSTHODONTICS
D5110	$870	Complete denture - Maxillary
D5120	$870	Complete denture - Mandibular
D5130	$950	Immediate denture - Maxillary
D5140	$950	Immediate denture - Mandibular
D5211	$651	Maxillary partial denture - resin base
D5212	$651	Mandibular partial denture - resin base
D5213	$985	Maxillary partial denture - cast metal framework w/ resin base
D5214	$985	Mandibular partial denture - cast metal framework w/ resin base
D5225	$851	Maxillary partial denture - flexible base
D5226	$851	Mandibular partial denture - flexible base
D5410	$56	Adjust complete denture - maxillary
D5411	$56	Adjust complete denture - mandibular
D5421	$56	Adjust partial denture - maxillary
D5422	$56	Adjust partial denture - mandibular
D5510	$115	Repair broken complete denture base
D5520	$99	Replace missing or broken teeth - complete denture per tooth
D5610	$115	Repair resin denture base
D5620	$161	Repair cast framework
D5630	$156	Repair or replace broken clasp
D5640	$99	Replace broken teeth - per tooth
D5650	$132	Add tooth to existing partial denture
D5660	$163	Add clasp to existing partial denture
D5710	$335	Rebase complete maxillary denture
D5711	$335	Rebase complete mandibular denture
D5720	$335	Rebase maxillary partial denture
D5721	$335	Rebase mandibular partial denture
D5730	$214	Reline complete maxillary denture (chair side)
D5731	$214	Reline complete mandibular denture (chair side)
D5740	$191	Reline maxillary partial denture (chair side)
D5741	$191	Reline mandibular partial denture (chair side)
D5750	$276	Reline complete maxillary denture (laboratory)
D5751	$276	Reline complete mandibular denture (laboratory)
D5760	$269	Reline maxillary partial denture (laboratory)
D5761	$269	Reline mandibular partial denture (laboratory)

D5820	$320	Interim partial denture (maxillary) Flipper
D5850	$145	Tissue conditioning, maxillary
D5851	$145	Tissue conditioning, mandibular
D5899	Review	Unspecified removable prosthodontic procedure, by report
		PROSTHODONTICS FIXED
D6210	$645	Pontic - cast high noble metal
D6211	$565	Pontic - cast predominantly base metal
D6212	$615	Pontic - cast noble metal
D6240	$661	Pontic - porcelain fused to high noble metal
D6241	$585	Pontic - porcelain fused to predominantly base metal
D6242	$631	Pontic - porcelain fused to noble metal
D6250	$653	Pontic - resin with high noble metal
D6251	$575	Pontic - resin with predominantly base metal
D6252	$625	Pontic - resin with noble metal
D6720	$669	Crown - resin with high noble metal
D6721	$614	Crown - resin with predominantly base metal
D6722	$644	Crown - resin with noble metal
D6750	$671	Crown - porcelain fused to high noble metal
D6751	$630	Crown - porcelain fused to predominantly base metal
D6752	$645	Crown - porcelain fused to noble metal
D6780	$667	Crown - 3/4 cast high noble metal
D6790	$667	Crown - full cast high noble metal
D6791	$600	Crown - full cast predominantly base metal
D6792	$635	Crown - full cast noble metal
D6930	$97	Recement fixed partial denture
D6980	$180	Fixed partial denture repair necessitated by restorative material failure
D6999	Review	Unspecified fixed prosthodontic procedure, by report
		ORAL & MAXILLOFACIAL SURGERY
D7140	$85	Extraction, erupted tooth or exposed root
D7210	$161	Surgical removal of erupted tooth/elevation of mucoperiosteal flap
D7220	$191	Removal of impacted tooth - soft tissue
D7230	$254	Removal of impacted tooth - partially bony
D7240	$287	Removal of impacted tooth - completely bony
D7241	$330	Removal of impacted tooth - completely bony w/ unusual surgical comp.
D7250	$170	Surgical removal of residual tooth roots
D7260	$320	Oroantral fistula closure
D7285	$150	Biopsy of oral tissue - hard
D7286	$150	Biopsy of oral tissue - soft
D7310	$155	Alveoloplasty in conjunction w/ extractions - 4 or > teeth spaces/quad
D7320	$190	Alveoloplasty not in conjunction w/ extractions - 1-3 teeth spaces/quad
D7410	$130	Excision of benign lesion up to 1.25 cm

D7471	$274	Removal of lateral exostosis
D7473	$373	Removal of torus mandibularis
D7485	$274	Surgical reduction of osseous tuberosity
D7510	$117	Incision and drainage of abscess - intraoral soft tissue
D7970	$186	Excision of hyperplastic tissue - per arch
D7999	Review	Unspecified oral surgery procedure, by report
		ADJUNCTIVE GENERAL SERVICES
D9110	$50	Palliative (ER) TX of dental pain - minor procedure
D9220	$160	Deep sedation/general anesthesia-first 30 minutes
D9221	$60	Deep sedation/general anesthesia-each additional 15 minutes
D9241	$208	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	$66	Intravenous conscious sedation/analgesia -each additional 15 minutes
D9248	Review	Non - Intravenous conscious sedation
D9630	$11	Other drugs and/or medicaments
D9999	Review	Unspecified adjunctive procedure, by report

Attachment 1

IMPORTANT FORMS TO RETURN TO MDP

Michigan Dental Program
109 W. Michigan Ave 8th Floor
Lansing, MI 48913
Fax 517-335-7723

1. Dentist Participation Letter (First time only)

2. Patient Release of Information (First time only for each client)

3. Vendor/Payee Registration (First time only, or use with address change)

4. W – 9 Form (First time only)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN DENTAL PROGRAM

DENTIST PARTICIPATION LETTER

I, _____ (Dentist's Full Name) have read the Michigan Dental Program's (MDP) Provider Manual and I am willing to participate in this program. I understand that reimbursement for dental services provided to program patients, beyond the initial exam, cleaning and x-rays, is only on a prior approval basis, at the lesser of the MDP's fee or my usual and customary fee. As a participant in this program, I agree to accept amounts received from the MDP as payment in full for services so that no amount is collected from the patient. I also understand that the MDP is the payer of last resort. Medicaid eligible clients must seek services from a Medicaid participating provider and considered payment in full. Balance billing to the MDP is **not allowed.** I also understand my obligation to protect the confidentiality of any program participant as described in this manual and its appendices.

Signed _____ Date _____

Dentist's License Number _____

Tax Identification Number _____

Specialty (If Applicable) _____

Practice Name _____

Address _____

City _____Zip_____

County _____

Phone Number (_____) _____ Fax Number (_____) _____

E-mail _____

Please indicate if you are a Medicaid Provider (yes or no) _____

Please indicate if you are willing to accept additional patient referrals from the MDP

(yes or no) _____, # in calendar year _____

Please Return To:
Michigan Dental Program
109 Michigan Avenue, 8th Floor
Lansing, Michigan 48913

Please Affix Business Card Here:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN DENTAL PROGRAM

PATIENT RELEASE OF INFORMATION

I, _____ (client name) authorize the:

Michigan Dental Program and the referring dental provider,

Dr. _____ (Dentist/Office Staff) to release information in order to provide dental services to me. This may include information relating to serious medical conditions including my HIV/AIDS status and or treatment (MCLA 333.5131). This authorization is granted on the condition that due care must be exercised with respect to my rights to privacy and confidentiality. My consent is valid so long as I am an active client of the MDP. I understand that I may revoke this authorization in writing at any time.

I understand my rights are protected under the Health Information Portability and Accountability Act.

_____

Signed Date

_____

Print signature

_____

Witness Signature Date

Please return to:

Michigan Dental Program
109 W. Michigan Ave, 8th Floor
Lansing, MI 48913