MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 13-21

Distribution: Dentists and Dental Clinics

Issued: July 1, 2013

Subject: Endodontic Retreatment Codes and Clarification of Pre-Diagnostic Service Codes

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services

This bulletin provides information regarding the coverage of endodontic retreatment codes, and clarifies the appropriate use of pre-diagnostic procedure codes that became effective January 1, 2013. Providers should refer to the Code on Dental Procedures and Nomenclature (CDT) for complete code descriptions.

Information about covered procedure codes, fee screens, frequency limits and coverage parameters is maintained in the Dental database on the Michigan Department of Community Health (MDCH) website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

ENDODONTIC RETREAT CODES

Effective August 1, 2013, retreatment of previous root canal therapy is a covered benefit for beneficiaries under age 21 once per tooth per lifetime. Prior authorization is required. Retreatment requires the removal of all previous root canal materials and the necessary preparation of the canals for new root canal filling materials. It includes all procedures necessary for complete root canal therapy and should be considered prior to performing an apicoectomy.

Prior authorization requests must be submitted on the Dental Prior Approval Authorization Request form (MSA-1680-B), and include a periapical image and documentation of the reason for retreatment. The prior authorization and documentation requirements listed in this policy bulletin apply to beneficiaries served by fee-for-service Medicaid. Prior authorization requirements for Medicaid Health Plan (MHP) enrollees may differ. Providers should contact the individual health plans regarding their authorization and documentation requirements.

PRE-DIAGNOSTIC CODES

The following provides clarification for proper use of the pre-diagnostic codes that became effective January 1, 2013:

- **D0145-Oral Evaluation of a Patient < 3 years**

  An oral evaluation of a patient < 3 years of age is performed by a dentist, preferably within the first six months of the eruption of the first primary tooth. An oral evaluation includes a clinical examination to identify disease, malformation, injury and caries risk. Counseling with the primary caregiver and the development of an appropriate preventive oral health plan are required. The oral evaluation of a patient less than 3 years of age may be billed in conjunction with other dental services, but may not be billed on the same date of service as other oral evaluation services.

- **D0190-Screening of a Patient < 3 years**

  A screening of a patient < 3 years is an inspection of the oral cavity by a medical provider to determine the need for referral to a dentist for evaluation and diagnosis. This includes state or federally mandated screenings. Counseling with the primary caregiver and referral (as needed) is required. The screening of a patient less than three years of age may be billed in conjunction with topical fluoride varnish applications.

- **D0191-Assessment of a Patient**

  An assessment of a patient is a clinical evaluation performed by a dental hygienist operating in a public health setting or an approved Public Act 161 of 2005 (PA-161) program within the scope of dental hygiene practice to identify signs of disease, malformation or injury and the need for referral for diagnosis and treatment. An assessment must include written documentation of the beneficiary's dental and medical history. Written documentation of significant clinical findings and the appropriate referral is required. An assessment of a patient is a benefit for all ages. It can be billed in conjunction with other dental hygiene services, but may not be billed on the same date of service as an examination by a dentist.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

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