# Dental

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"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

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# Dental Overview

- Dental Services
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## Dental Overview

- Resources
  - [MDHHS Dental providers website](#)
  - [MDHHS Fluoride Varnish Training Certificates](#)
  - [Oral Health and Medical Professionals](#)
  - [Points of Light](#)

- Tools
  - Prior Authorization form [MSA 1680-B](#)

- Programs
  - [Michigan Dental Program (a program for HIV+ persons only)](#)
  - [State Loan Repayment Program](#)
  - [PA 161: Public Dental Prevention Program](#)

- Dental Services
  - Emergency
  - Diagnostic
  - Preventive
  - Therapeutic service for dental disease which, if left untreated, would become acute dental problems or cause irreversible damage to teeth or supportive structures.

- Programs
  - Medicaid Fee-for-Service (FFS)
  - Medicaid Health Plan (MHP)
  - Pregnant Women Dental
  - Healthy Michigan Plan (HMP)
  - Program of All-Inclusive Care for the Elderly (PACE)
  - MI Health Link
  - Healthy Kids Dental Benefit
  - Children's Special Health Care Services (CSHCS)

- Claims Submission
  - Electronic claims via ASC X12N 837D 5010 dental format or
  - Direct Data Entry (DDE) through the Community Health Automated Medicaid Processing System (CHAMPS)

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# Beneficiary Eligibility

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# Dental Program Coverage

## Adult Dental Program

Medicaid Fee-for-Service (FFS) and Medicaid Health Plan (MHP) Beneficiaries aged 21 and older receive their dental benefits through Medicaid FFS program.

## Pregnant Woman Dental

Pregnant Medicaid beneficiaries will receive their dental services through the MHP for the duration of their pregnancy and the 3-month postpartum period.

## Healthy Michigan Plan (HMP)

HMP beneficiaries enrolled in a MHP will receive benefits through the MHP. MHP becomes responsible for dental services on the beneficiary's enrollment effective date.

## Healthy Kids Dental (HKD)

HKD beneficiaries access dental services through their Dental Health Plan (DHP).

## Children's Special Health Care Services (CSHCS)

CSHCS beneficiaries are eligible for medically necessary services that are related to the beneficiary's CSHCS qualifying diagnosis. Not all CSHCS beneficiaries automatically qualify for dental services.

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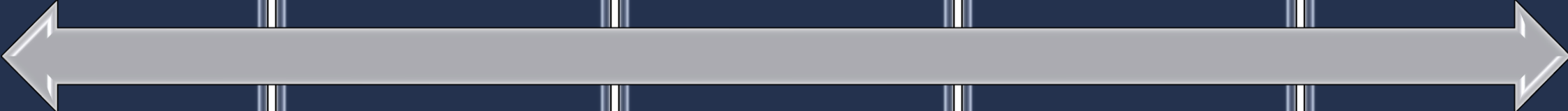
## Additional Dental Program Coverage

- Resources:
  - [Verify Beneficiary Eligibility](#)
  - [Dental Responsibility at a Glance](#)
  - [CHAMPS Eligibility Pregnancy Verification Tip](#)
  - [CHAMPS Eligibility and Enrollment](#)

- **Program of All-Inclusive Care for the Elderly (PACE) -** PACE is responsible for the coverage of dental benefits for PACE enrollees.

- **MI Health Link -** MI Health Link is responsible for coverage of dental benefits for MI Health Link enrollees.

## Coverage Details

- [Provider Alert](#)
  - 9/4/2019

- **Pregnant Women Dental** - Pregnant beneficiaries enrolled in the HKD program will receive dental services through HKD. Pregnant beneficiaries in Medicaid FFS not enrolled in an MHP will receive dental services through FFS.

- **Healthy Michigan Plan** - Dental services for HMP beneficiaries who are not enrolled in an MHP will be provided through the Medicaid FFS program.
  - Questions regarding eligibility, prior authorization (PA), or the provider network should be directed to the beneficiary's MHP.
    - [HMP Provider Information](#)

- **Healthy Kids Dental** - HKD benefit plan covers, at a minimum, all codes on the [MDHHS Dental Fee Schedule.](#)
  - Beneficiaries will be placed in one of two Dental Health Plans upon enrollment:
    - Delta Dental
    - BCBS Dental

- **Children's Special Health Care Services -** Physicians and Hospitals serving beneficiaries must meet criteria to serve as a CSHCS specialty care provider. The criteria are detailed in the CSHCS Approved Providers subsection of the [Michigan Medicaid Provider Manual](#), Chapter Children's Special Health Care Services, Section 2 – CSHCS Providers: Approved / Authorized.
  - [CSHCS Provider Information Page](#)

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# Loss or Change in Eligibility

Resources:
[Michigan Medicaid Provider Manual](#)
>>>> Billing and Reimbursement for Dental Providers >> Section 5.2- Loss or Change in Eligibility

Billing reminder:
The date of service on a claim for endodontic therapy is the date the therapy was started or the date of the initial impressions for complete or partial dentures and laboratory-processed crowns.

| Exceptions for reimbursement after loss of eligibility: | Conditions not eligible for reimbursement after loss of coverage: |
|---|---|
| • Endodontic Therapy<br><br>• Complete and Partial Dentures<br><br>• Laboratory-Processed Crowns<br><br>• Services are allowed as long as:<br> • Services were started prior to the loss of eligibility<br> • Impressions were taken prior to the loss of eligibility for complete or partial dentures and laboratory-processed crowns.<br> • Services must be completed within 30 days of change and/or loss of eligibility. | • Extractions were performed, but prior to the initial impressions. The extractions alone do not qualify the beneficiary for dentures.<br><br>• Immediate dentures |

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# Tips for Billing Fee-For-Service (FFS) Claims

- Claim Submission
- Provider Enrollment
- Beneficiary Information
- Provider Alerts

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## Claims Submission

- CHAMPS will deny claims either entirely at the header level or at the individual service line(s) level.

- Only paid status claims can be adjusted or replaced.

- Claim Adjustment Reason Codes - Claim Adjustment Reason Codes | X12

- Remittance Advice Remark Codes - Remittance Advice Remark Codes | X12

- Providers are encouraged to submit claims electronically through a third-party Billing Agent (i.e., 837D) or directly into CHAMPS via Direct Data Entry (DDE).
  - Claims submitted electronically have a faster turn around time
  - Claims submitted with other insurance process efficiently
    - To learn how to submit claims via DDE reference the resource - Direct Data Entry Dental Claim Submission
    - For additional information on submitting claims electronically utilizing a billing agent reference the Trading Partners Website.

- Provider utilizing claim submission through a third-party Billing Agent must be associated to the Billing Agent within their CHAMPS Enrollment information.
  - Providers not associated to a billing agent submitting claims on their behalf will see claims deny with CARC 96 / RARC N55.
  - For instructions on how to associate to a billing agent in CHAMPS, and to authorize them to receive the 835, please reference CHAMPS Associate a New Billing Agent & Authorize the 835/ERA.

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## Provider Enrollment

- Providers can visit the [Provider Enrollment website](#) for tools and resources on how to enroll in the Community Health Automated Medicaid Payments System (CHAMPS).

- Policies supporting provider enrollment requirement:
  - MSA [12-55](#)
  - MSA [13-17](#)
  - MSA [17-48](#) >> MSA [18-07](#) >> MSA [18-47](#)

- Resources:
  - [Michigan Medicaid Provider Manual](#)
  - [Provider Enrollment Website](#)
  - [CHAMPS >> Provider Enrollment webpage](#)

- All providers who serve Michigan Medicaid beneficiaries, including providers participating in a Managed Care Organization's provider network, must be screened and enrolled in the Michigan Medicaid program.
  - Federal regulations prohibit payment to providers who are not appropriately screened and enrolled.

- Providers must have their enrollment approved through Michigan's online Medicaid provider enrollment system, the Community Health Automated Medicaid Processing System (CHAMPS).

- Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to accept Medicaid Fee-for-Service beneficiaries.

## Provider Enrollment

- Need help determining CHAMPS Enrollment type?
  - Reference Step 2: Determine CHAMPS Enrollment Type from the Provider Enrollment website.

**Referring - Nursing Facility Beneficiaries:**

- All dental services provided to a nursing home beneficiary require the written order of a licensed referring physician (MD, DO), regardless of the place of service. - MSA 13-17
  - Claims will deny without a referring NPI with a CARC 206 / RARC N286.
  - Ensure there is a referring NPI in the referring claim field that is actively enrolled in CHAMPS when submitting a claim for a nursing facility beneficiary.

**Rendering**

- A Rendering/Servicing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The rendering NPI cannot be reported in the billing provider loop or field of the claim for payment.
  - Claims will deny with a rendering only NPI in the Billing NPI claim field with CARC 96 / RARC N198.
  - When a rendering only NPI is in the billing NPI field of the claim header the claim will deny.

- Rendering providers should ensure their referral sources is actively enrolled in CHAMPS prior to providing beneficiary services. Reference the Provider Verification Tool within CHAMPS.

## Beneficiary Information

- The Medicaid Beneficiary ID is required when submitting all HIPAA compliant Health Care claims.

- Claims will deny for an invalid or missing Medicaid Beneficiary ID with a CARC 16 / RARC N382.

- To identify or validate a Medicaid beneficiary's ID, you will need:
  - Last Name, First Name and SSN or
  - SSN and Date of Birth
  - Additional search options (Use if needed with one of the search options above to obtain a unique member match):
    - Gender
    - Zip Code
    - Case Number

- It is also important to include any leading zeros when reporting a Medicaid ID, as these are part of the ten-digit Medicaid ID number.
  - For help in verifying beneficiary ID reference - Verify Beneficiary Eligibility

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## Provider Alerts

- [Provider Alerts](#)
  - 8/25/2020 – Telehealth Recoveries
  - 9/4/2019 – Pregnant Woman
  - 8/23/2018 – Full Mouth Debridement

**Telehealth Recoveries -** For those providers who received telehealth recoveries where the place of service of 02-Telemedicine was submitted without the appropriate modifier(s). Please refer to MSA 20- 13 for billing requirements and if necessary, rebill these claims with the appropriate place of service and modifier(s). For those dental providers who also received takebacks, please rebill these claims to allow for proper claims processing to occur.

**Pregnant Woman -** Per [MSA 18-18](#) and Letter [L 19-05](#), dental services rendered to a pregnant woman during the pregnancy and three months postpartum are the responsibility of the Medicaid Health Plan (MHP), when the beneficiary has MA-MC coverage. When verifying eligibility within CHAMPS during this timeframe please disregard the banner indicating: "Info: Fee for Service Dental Coverage (Note: Refer to the Medicaid Provider Manual/ MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered)". All eligibility being checked should be verified within the Benefit Plans section within the Member tab, to ensure the correct payor is being billed.

**Full Mouth Debridement -** Per ADA guidelines and Current Dental Terminology (CDT) procedure code descriptions, MDHHS no longer reimburses claims where a full mouth debridement (D4355) is completed on the same day as a comprehensive oral evaluation (D0150).

- Dentists must report procedures using the appropriate dental procedure codes and descriptions defined in the CDT manual. Dentists are expected to maintain documentation in the beneficiary's file that supports the requirements of the procedure code billed.

# Prior Authorization (PA)

For step-by-step instructions on how to enter a PA into CHAMPS via Direct Data Entry (DDE) reference - [CHAMPS Prior Authorization](#) presentation

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## Prior Authorization (PA)

- Resources:
  - [Michigan Medicaid Provider Manual](#) >> Dental Chapter >> Section 2.1 Prior Authorization Requirements in Cases of Misutilization
  - Dental Prior Approval Authorization Request form - [MSA 1680-B](#)
  - Medicaid Code and Rate Reference tool
    - [PDF](#)
    - [Quick Reference Guide](#)
  - Initial Prior Authorization Fax Number: 517-335-0075

- Prior Authorization is only required for services identified within the Dental Chapter of the Michigan Medicaid Provider Manual, and the Medicaid Code and Rate Reference tool.
  - MDHHS may require a dentist found to be improperly utilizing services to obtain a PA for all or selected dental services separate from those generally requiring authorization.
    - MDHHS is required to send an explanation to the dentist, in writing, the reasons for applying this requirement.

- When requesting an authorization for certain procedures, dentists may be required to send additional information and materials.
  - Additional information can be sent via fax or mail.
    - Additional documentation must have the Medicaid ID number and date of birth and include additional requested information.

- Approved requests are assigned a Prior Authorization (PA) number (also known as a tracking number when inquiring on the PA submitted) and notification is sent to the provider.
  - This PA number is required when billing for the approved services.
  - Claims will deny for invalid or missing PA number with a CARC 15 / RARC N54.
    - When billing for services that require a PA, the PA information must match what is on the claim including the NPI, beneficiary ID, date range, procedure code, and modifier.

## Prior Authorization (PA)

- For help in entering a PA into CHAMPS via Direct Data Entry (DDE) reference CHAMPS Prior Authorization

- Look up PA Correspondence from Archived Documents – My Inbox Resource

- Prior Authorization Inquiry

- Prior Authorization Change Request Fax Number: 517-241-7813

- PA is approved under the NPI requesting the PA form.
  - Provided it is the group NPI, it may be transferred or used by any dentist within the same organization without contacting the MDHHS Dental Prior Authorization Unit.

- All authorized treatments must be completed within one year from the date of authorization.
  - If treatment is not completed within one year, the PA request must be updated before continuing treatment.
  - A provider has 15 days prior to the end of the prior authorization period to request a one-time 180-day extension.
  - If treatment is not completed within that year a new prior authorization request must be submitted for existing PA.

- If a change in the treatment plan is necessary, dentists should submit a new MSA 1680-B with appropriate radiographs and information to the Dental Prior Authorization Unit.

- Radiographs submitted are returned only upon provider request.
  - There is a spot on the PA form now with a check mark that needs to be marked for x-rays to be sent back
    - If the spot is left unchecked, original films will be shredded.

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## Prior Authorization (PA)

- [Provider Tip](#)
  - 4/28/2020 – Request of PA

- Providers requesting authorization for services typically reviewed by Michigan Peer Review Organization (MPRO) should continue to follow normal telephonic procedures. Consistent with public health emergency conditions at both the state and federal level related to COVID19, MHDDS has instituted some temporary changes in how to submit prior authorization (PA) requests to our office. These changes were effective 3/23/2020.

**Changes are time-limited. MDHHS will notify providers of their termination.**

- Providers are to submit PA requests electronically through the CHAMPS system to help minimize delays in authorization.

- Review of requests will be done electronically, and determination letters will be available in CHAMPS for providers to access through Archived Documents by tracking number or beneficiary ID.

- For electronic submissions, all supporting documentation, the Prior Authorization Request Form, and signatures required (as outlined in the Michigan Medicaid Provider Manual chapter correlating with the program area for services being requested) must be uploaded in CHAMPS via the Additional Documentation section.
  - Avoid faxing documents. If you are unable to upload the supporting documentation to your electronic request, you may fax the supporting documents using only the fax cover sheet that is generated by CHAMPS when the fax option is chosen in the Additional Document section. In this case, please make a notation in your procedure code comments that supporting documentation has been faxed
  - During this period of time only, dental providers without digital radiography may submit requests without film.
  - Please be aware that faxing or mailing may result in a delay authorization of your request.

# Coronavirus (COVID-19) Resources

Visit [Michigan.gov/COVIDVaccine](Michigan.gov/COVIDVaccine) for the most recent information on the vaccine in Michigan

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# Coronavirus (COVID-19) Resources

MDHHS resources to keep providers informed about the Coronavirus (COVID-19) pandemic and the State of Michigan's response.

- Learn about our responses to Coronavirus (COVID-19) and find the latest program guidance. www.michigan.gov/coronavirus >> Resources >> For Health Professionals

- Additional Information:
  - COVID-19 Response Database
  - Telemedicine Database
  - COVID-19 Response MSA Policy Bulletins

- Questions About COVID-19?
  - Visit our Frequently Asked Questions page
    - Our most commonly answered questions can be found there and are updated often.
  - Call the COVID-19 Hotline at 1-888-535-6136
  - Email COVID19@michigan.gov

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# Provider Resources

**MDHHS website:**
www.michigan.gov/medicaidproviders

**We continue to update our Provider Resources:**

CHAMPS Resources

Listserv Instructions

Medicaid Provider Training Sessions

Provider Alerts

Provider Enrollment Website

**Provider Support:**

ProviderSupport@Michigan.gov

1-800-292-2550

Thank you for participating in the Michigan Medicaid Program