

Bulletin Number: MSA 18-38

Distribution: Dentists and Dental Clinics

Issued: October 1, 2018

Subject: Return of Dental Radiographs; Maxillary Partial Denture Update

Effective: November 1, 2018

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services

The purpose of this bulletin is to modify policy related to the return of radiographs submitted with dental prior authorization (PA) requests, and to remove the requirement of six sound maxillary teeth for placement of a maxillary partial denture.

Return of Radiographs Submitted with Dental PA Requests

Effective November 1, 2018, radiographs submitted with the Dental Prior Approval Authorization Request form (MSA-1680-B) will be returned **only upon provider request**. The MSA-1680-B will include a checkbox that offers providers the option of having radiographs returned. Providers must complete the checkbox in field 17 on MSA-1680-B to request the return of submitted radiographs. Radiographs that are not returned to providers will be destroyed four (4) months following the PA determination notice. Refer to the Dental chapter of the Medicaid Provider Manual, Prior Authorization section, for additional information. The Medicaid Provider Manual can be accessed on the Michigan Department of Health and Human Services (MDHHS) website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Maxillary Partial Dentures

Effective for PA requests submitted on and after November 1, 2018, maxillary partial dentures will no longer require the presence of six sound maxillary teeth for authorization. The remaining maxillary teeth must be structurally and periodontally sound, with good distribution to support a maxillary partial denture for five years. Providers must assess the beneficiary's general oral health and provide a five-year prognosis for the prosthesis requested. The provider is responsible for discussing the treatment plan with the beneficiary, including any applicable frequency limits and other pertinent information related to the proposed services. Documentation of the beneficiary's agreement with the proposed treatment plan must be retained in the beneficiary's dental record. Refer to the Dental chapter of the Medicaid Provider Manual, Prosthodontics (Removable) subsection, for additional information.

Manual Maintenance

Providers should retain this bulletin until applicable information has been incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to 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 1-800-979-4662.

Approved

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive style with a large initial "K".

Kathy Stiffler, Acting Director
Medical Services Administration