

Bulletin Number: MMP 22-24

Distribution: Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments

Issued: August 31, 2022

Subject: Program Enrollment of Dental Therapists

Effective: October 1, 2022

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

This bulletin provides information related to the enrollment and coverage of dental services of licensed dental therapists. The bulletin also provides information related to the written practice agreement, a program requirement for dental therapists. The information in this bulletin is effective for dates of service on and after October 1, 2022.

General Information for Services Provided by the Dental Therapist

The Medicaid program covers medically necessary dental services provided by a Medicaid-enrolled dental therapist, as defined in §16656 of Public Act (PA) 368 of 1978 as amended, when all the following requirements are met:

- The services are performed by a person who is licensed as a dental therapist under state law;
- The dental therapist is legally authorized to perform services in compliance with state law;
- The services are performed under the supervision of a Medicaid-enrolled dentist within the terms of the written practice agreement;
- The services are not restricted to dentists or otherwise excluded by Medicaid program policy or by federal and state statutes; and
- The services are performed in health settings as defined in PA 368 of 1978 as amended.

Dental services are only covered when the dental therapist has personally performed the service and no other provider or entity has billed or been paid for the service.

Enrollment of Dental Therapists

A dental therapist who provides dental services to Medicaid beneficiaries is required to be a Medicaid-enrolled provider and uniquely identified on claims. To enroll as a Medicaid provider, the dental therapist must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) and enroll with an Individual (Type 1) National Provider Identifier (NPI).

During the enrollment and enrollment revalidation processes, the dental therapist must report the NPI of their Medicaid-enrolled supervising dentist(s) by including the supervising dentist's NPI on the checklist and associating to the supervising dentist in the "Associate to Billing Provider/Other Association" step in CHAMPS. Disenrollment of the supervising dentist from the Medicaid program may prompt disenrollment of the dental therapist. To avoid interruption in enrollment, the dental therapist must ensure their CHAMPS enrollment information reflects current supervising dentist information. (Refer to the Michigan Department of Health and Human Services [MDHHS] website at www.michigan.gov/medicaidproviders >> CHAMPS >> Resources for additional provider enrollment information.)

Dental therapists who wish to provide services to Medicaid Health Plan (MHP) enrollees, Dental Health Plan (DHP) enrollees or Integrated Care Organization (ICO) enrollees are encouraged to contact the individual MHP, DHP or ICO for additional enrollment, credentialing, and contract requirements.

Billing and Reimbursement for Dental Therapists

A dental therapist is required to have a Type 1 (Individual) NPI number to enroll. The dental therapist is considered a rendering/servicing-only provider. Rendering Provider is a Type 1 (Individual) NPI who renders services strictly on behalf of an organization, clinic or group practice. They are required to affiliate with a Type 2 (Group) NPI such as a Federally Qualified Health Center (FQHC), Local Health Department, clinic, sole dentist or dental group in CHAMPS. Direct payment for services is issued to the Type 2 entity only and not to the individual. A Type 2 (Group) NPI is the number required for organizations under one tax identification (ID) number. Payment for dental therapist services is made to the entity to which the dental therapist provider is associated with.

MHPs, DHPs and ICOs are responsible for reimbursing contracted providers or subcontractors for their services according to the conditions stated in the subcontract established between the dental provider and the MHP, DHP or ICO. Noncontracted providers must comply with all applicable authorization requirements of the MHP, DHP, ICO and uniform billing requirements.

FQHC and IHC Reimbursement

Services provided by dental therapists at FQHCs, within their scope of practice, are eligible to receive the Prospective Payment System (PPS) rate if that procedure is considered a clinic qualifying visit. Additionally, Indian Health Centers are eligible to receive the All-Inclusive Rate

(AIR) for clinic qualifying visits provided by dental therapists. (Refer to the clinic qualifying visit list on the Michigan Department of Health and Human Services [MDHHS] website at [Clinic Institutional Billing \(michigan.gov\)](#)). Clinics are limited to one dental qualifying visit per beneficiary, per day.

Dental Therapist Written Practice Agreement

As part of the enrollment and enrollment revalidation processes, the dental therapist must attest to having a valid written practice agreement with a Medicaid-enrolled dentist(s). Determination of medical necessity and appropriateness of services is the responsibility of the dental therapist and the dentist(s) based on the terms of their written practice agreement. The supervising dentist(s) does not have to be physically on the premises where the services are provided.

The written practice agreement is a written document that the dental therapist and dentist utilize to outline the performance of dental care services. The agreement shall not include an act, task, or function that the dental therapist is not qualified to perform by education, training, or experience and that is not within the scope of the license held by the dentist. The agreement must meet the requirements within §16655 of Public Act (PA) 368 of 1978 as amended and include the effective date of delegation and subsequent review dates. A written practice agreement is valid for three years. The dental therapist must maintain the written practice agreement at their primary place of practice and provide the agreement to MDHHS upon request.

The dental therapist must notify MDHHS if their written practice agreement is terminated. Termination or suspension of the agreement by the supervising dentist(s) may lead to disenrollment of the dental therapist from the Medicaid program. (Refer to the [MDHHS Medicaid Provider Manual](#) for additional guidelines and information regarding coverage of services, program enrollment, billing and reimbursement.)

Manual Maintenance

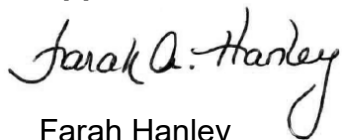
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

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, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >>
Policy, Letters & Forms.

Approved

A handwritten signature in black ink that reads "Farah A. Hanley". The signature is written in a cursive style with a large, looping initial "F".

Farah Hanley
Chief Deputy for Health