

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 25-13

Distribution: Hospitals, Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments, Program of All-Inclusive Care for the Elderly (PACE) Providers

Issued: May 30, 2025

Subject: Medicare Physician Fee Schedule Final Rule 2025 – Dental Service Billing Requirements

Effective: July 1, 2025

Programs Affected: Medicaid, Healthy Michigan Plan, MI Health Link, PACE

In compliance with the Medicare Physician Fee Schedule Final Rule 2025, this bulletin announces billing changes for select dental services provided to Medicare/Medicaid dually eligible beneficiaries and is only applicable to Medicare enrolled dental providers. Effective July 1, 2025, secondary claims submitted on the 837D, 837P, or 837I electronic form for Medicare/Medicaid dually eligible beneficiaries only, must include the submission of the KX modifier and ICD-10 diagnosis on claims for dental services that are inextricably linked to covered Medicare Part A or B medical services.

Refer to 42 CFR § 411.15(i)(3) for examples of dental services inextricably linked to covered medical services furnished in the inpatient or outpatient setting. The valid ICD-10 diagnosis is not required to be the diagnosis for the covered medical service; it may be a diagnosis reflective of the dental treatment. Providers must be enrolled in Medicare to bill for Medicare-covered dental services. The beneficiary's medical record must include appropriate documentation to support the medical necessity of the service and its linkage to a Medicare-covered medical service.

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 800-292-2550. Atypical Providers may phone toll-free 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 "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Chief Deputy Director
Health Services