

Michigan Department of Community Health

Bulletin Number: MSA 05-49

Distribution: Dentists and Dental Clinics

Issued: September 23, 2005

Subject: Adult Dental Benefit Reinstatement

Effective: October 1, 2005

Programs Affected: Medicaid

Effective for dates of service on and after October 1, 2005, the Medicaid Program is reinstating the adult dental benefit for beneficiaries age 21 and older. The Michigan Legislature approved the FY 2006 budget for the Michigan Department of Community Health (MDCH) with the language that the adult dental benefit would be restored to the level of coverage that was available on October 1, 2002. Routine examinations, prophylaxis, restorations and dentures will now be covered. Some services may require prior authorization before treatment is rendered.

Information regarding the covered procedure codes for Medicaid beneficiaries age 21 and older may be found on the Dental Procedure Code database at http://www.michigan.gov/documents/Dental_Database_2005_111781_7.pdf

A \$3 co-payment is also required for each separately reimbursable visit. Some beneficiaries are excluded from paying co-payments, such as nursing facility residents. To review the criteria for charging a co-payment refer to the Co-payment Section in the Dental Chapter of the Medicaid Provider Manual. The manual may be accessed on the MDCH website at <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

The Dental Prior Approval Authorization Request (1680-B) form is now posted to the MDCH website at the Medicaid Provider Forms and Other Resources page. It is located at the website address http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-43782--,00.html

The form may also be faxed to the Dental Prior Authorization Unit. See the Directory Appendix of the Medicaid Manual for the phone number. The MDCH no longer distributes the 1680-B form.

Manual Maintenance

The provider should retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider 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



Paul Reinhart, Director
Medical Services Administration