

Michigan Department of Community Health

Bulletin Number: MSA 05-54
Distribution: Dentists and Dental Clinics
Issued: October 3, 2005
Subject: Adult Dental Benefit Reinstatement Clarification
Effective: Upon Receipt
Programs Affected: Medicaid, Children's Special Health Care Services

The purpose of this bulletin is to clarify information transmitted in bulletin MSA 05-49, issued September 23, 2005, that announced the reinstatement of the Medicaid adult dental benefit for beneficiaries age 21 and older.

Affected Programs

MSA 05-49 indicated the reinstatement of adult dental services applied only to the Medicaid program. Dental services for qualifying CSHCS beneficiaries ages 21 and over were also reinstated.

Covered Services

Inclusion of language from the approved FY 2006 budget bill for the Michigan Department of Community Health appears to have created some confusion regarding the actual dental benefit available to adult beneficiaries effective October 1, 2005. The adult dental benefit implemented is based on current published dental policy. The policy is contained in the Dental Chapter of the October 1, 2005 online version of the Medicaid Provider Manual. The manual is available on the MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers.

Information regarding the covered procedure codes for Medicaid beneficiaries age 21 and older may be found on the Dental Procedure Code database at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information>>Dental Database 2005 October.

Prior Authorization

MSA 05-49 indicated Dental Prior Approval Authorization Request (MSA-1680-B) forms may be faxed to Dental Prior Authorization. A prior authorization form may only be faxed if radiographs are **not** required for processing the request. If radiographs are required, the form must be mailed with the radiographs to the address noted in the Directory Appendix of the Medicaid Provider Manual.

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

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration