

Bulletin: MSA 10-47

Distribution: All Providers

Issued: October 5, 2010

Subject: Reinstatement of Medicaid Coverage for the Adult Dental Benefit, Podiatry, and Low-Vision Services; and Reinstatement of Children's Special Health Care Services (CSHCS) Coverage for Transportation Services

Effective: October 1, 2010

Programs Affected: Medicaid, CSHCS

Pursuant to Public Act 187 of 2010, the Michigan Department of Community Health (MDCH) is reinstating coverage for the adult dental benefit, podiatry, and low-vision eyeglasses and associated services for beneficiaries age 21 years and older. In addition, MDCH is also reinstating transportation services for the CSHCS program beneficiaries.

1. ADULT DENTAL BENEFIT

Effective for dates of service on and after October 1, 2010, MDCH is reinstating the adult dental benefit for Medicaid beneficiaries age 21 and older. The Michigan Legislature approved the MDCH fiscal year 2011 budget with language that restores adult dental benefit services 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 covered procedure codes for Medicaid beneficiaries age 21 and older may be found on the dental procedure code database at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Dental.

A \$3.00 co-pay is required for each separately reimbursable visit. Some beneficiaries are excluded from paying co-pays, e.g., such as nursing facility residents. To review the criteria for charging a co-pay 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 www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

Prior Authorization (PA)

Dental providers can begin submitting PA requests for dates of service on and after October 1, 2010. Due to the fact that these services were recently reinstated, MDCH is currently in the process of reallocating staff resources to handle the potential influx of newly requested PA services. MDCH will make every attempt to review and provide a response to each PA request within the current 15-day PA requirement. However, until staffing resources can be properly adjusted, MDCH may not be able to meet the 15-day requirement initially.

2. PODIATRY

Effective for dates of service on and after October 1, 2010, MDCH is reinstating podiatry coverage for Medicaid beneficiaries age 21 and older. A \$2.00 co-payment is required for each visit.

3. LOW-VISION SERVICES

Effective for dates of service on and after October 1, 2010, MDCH is reinstating coverage of low-vision services. This includes: low-vision eyeglasses, contact lenses, optical devices, and other related low-vision supplies and services for Medicaid beneficiaries age 21 and older.

Routine eye exams, eyeglasses, contact lenses and other vision supplies and services will **not** be covered. Vision services relating to eye trauma and eye disease will continue to be covered.

A \$2.00 co-pay may be required for Medicaid beneficiaries age 21 and older for:

- each separately reimbursable vision service performed by an optometrist.
- each dispensing service for glasses or contact lenses billed by a dispensing ophthalmologist or optometrist.

Claims for low-vision services must be supported by a diagnosis code from Table 1. When billing the codes for low-vision services (as listed in Table 2) one of the diagnosis codes (as listed in Table 1) must be designated as the primary diagnosis code on the claim service line.

Table 1 – Diagnosis Codes

Diagnosis Codes for Low-Vision							
368.46	368.47	369.01	369.04	369.06	369.07	369.08	369.12
369.13	369.14	369.16	369.17	369.18	369.22	369.24	369.25

Table 2 – Current Procedural Terminology (CPT) Codes

CPT Codes for Low-Vision				
92081	92082	92083	97112	97530

4. CSHCS TRANSPORTATION

In-state and out-of-state travel assistance is restored to the CSHCS Benefit Plan for dates of service on and after October 1, 2010. The travel assistance benefit includes non-emergency medical transportation (Ambulance, Ambucab, Medivan, etc.), mileage and lodging reimbursement, air travel, and miscellaneous travel expenses as described in the CSHCS Chapter of the Medicaid Provider Manual. Travel assistance may be approved for CSHCS clients when the service is related to the CSHCS qualifying diagnosis. Ambulance providers must be authorized by CSHCS to be reimbursed for services rendered to a CSHCS client. (Refer to CSHCS Authorized Providers Section).

CSHCS clients who are not covered by Medicaid must request in-state travel assistance from the local health department (LHD). Travel assistance may also be authorized for individuals who do not have CSHCS coverage, but need travel assistance to participate in a diagnostic evaluation for the purpose of determining CSHCS eligibility.

CSHCS clients who are not covered by Medicaid must request out-of-state travel assistance from the LHD, or by calling the CSHCS Family Phone Line.

Claim Submission

Due to the fact that these services were recently reinstated, MDCH is in the process of making system edits in order to pay claims with dates of service on and after October 1, 2010, for the reinstated services described in this bulletin. MDCH is requesting that providers hold claims for the reinstated services that were provided on and after October 1, 2010, and submit them after November 1, 2010. Claims for reinstated services will continue to reject as non-covered until systems changes have been implemented on November 1, 2010.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Jackie Prokop
Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: msadraftpolicy@michigan.gov

If responding by e-mail, please include "Services Reinstatement" in the subject line. Comments received will be considered for revisions to the bulletin.

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual. The October 1, 2010 version of the Manual has been updated to reflect the reinstatement of these services.

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, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



Stephen Fitton, Director
Medical Services Administration