

Bulletin Number: MSA 13-41

Distribution: Dentists and Dental Clinics, Medicaid Health Plans

Issued: October 1, 2013

Subject: Dental Implants and Adjunctive Services

Effective: November 1, 2013

Programs Affected: Children's Special Health Care Services (CSHCS)

Effective for dates of service on or after November 1, 2013, the specialty dentistry benefit for Children's Special Health Care Services (CSHCS) includes specific dental implant, surgical guide and occlusal guard procedures. New prior authorization and billing instructions for implant services are also being implemented.

Dental implants and adjunctive services are covered for CSHCS beneficiaries who have a qualifying diagnosis of anodontia or traumatic injury to the dental arches when standard restorative treatment is contraindicated. Further information regarding CSHCS medical eligibility criteria and qualifying diagnoses for specialty dental services can be found in the CSHCS Chapter of the Medicaid Provider Manual available online at www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

Procedure codes and descriptions for surgical implants, custom or prefabricated abutments, implant supported crowns, occlusal guards and specialized prosthetics are found within the American Dental Association's Current Dental Technology (CDT) Manual. Information regarding the new procedure codes described in this bulletin will be maintained on the Dental database at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Dental.

Implant procedure codes that will be included in the database effective: November 1, 2013.

PROCEDURE CODE	DESCRIPTION
D5982	Surgical stent
D5988	Surgical splint
D6010	Surgical placement of endosteal implant. Includes 2 nd stage surgery and placement of healing cap
D6053	Implant/abutment supported denture for complete edentulous
D6054	Implant/abutment supported denture for partially edentulous
D6055	Connecting bar-implant or abutment supported
D6056	Prefabricated abutment-including modification and placement
D6057	Custom fabricated abutment—includes placement.
D6058	Crown-porcelain/ceramic supported by an abutment on an implant
D6059	Crown-porcelain/ noble metal supported by an abutment on an implant
D6062	Crown- cast noble metal supported by an abutment on an implant
D6065	Crown- porcelain/ceramic implant supported
D6066	Crown- porcelain/high noble metal implant supported
D6067	Crown- titanium/high noble metal implant supported
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture
D6069	Abutment supported retainer for porcelain fused to high noble metal fixed partial denture

PROCEDURE CODE	DESCRIPTION
D6072	Abutment supported retainer for cast high noble metal fixed partial denture
D6075	Implant supported retainer for ceramic fixed partial denture
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture
D6077	Implant supported retainer for cast metal fixed partial denture
D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6080	Implant maintenance/examination
D6090	Repair implant supported prosthesis, by report
D6091	Replacement of semi-precision or precision attachment of implant
D6092	Recent implant/abutment supported crown
D6093	Recent implant/abutment supported fixed partial denture
D6095	Repair implant abutment, by report
D6100	Implant removal, by report
D6194	Abutment supported retainer crown for titanium fixed partial denture
D6199	Unspecified implant procedure, by report
D9940	Occlusal guard, by report

Provider Approval/Authorization

Providers performing dental implant and adjunctive services must have specialized training in implant procedures (e.g., licensed maxillofacial surgeons or periodontists). Providers must be approved by CSHCS and authorized on the individual CSHCS client's authorized provider file to receive reimbursement. (Refer to the Medicaid Provider Manual, Children's Special Health Care Services Chapter for CSHCS provider approval/authorization information).

Prior Authorization

Dental implants require prior authorization. Requests for prior authorization are submitted using the Dental Prior Approval Authorization Request form MSA 1680-B, which can be found along with instructions at www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms >> MSA-1680-B.

All Prior Authorization requests for implant services must be approved before the initiation of treatment. Prior authorization requires the submission of the following information:

- Complete medical history;
- Complete dental history;
- Diagnosis;
- Treatment plan;
- Panoramic X-ray; and
- Medical justification for the implant services, including the reason alternative forms of prosthetics would not restore function effectively.

Billing and Reimbursement

When billing for implant procedures, the date of service is the date of completion. Claims for implant services can be submitted using either the ADA claim form or the Community Health Automated Medicaid Processing System (CHAMPS) Direct Data Entry (DDE). Instructions for using the CHAMPS DDE for dental claims can be found at: www.michigan.gov/medicaidproviders >> CHAMPS >> Quick Reference >> Dental DDE.

Note to providers: CSHCS coverage ends at age 21. The client cannot be billed for services completed after CSHCS eligibility ends.

Adjunctive Services

Adjunctive services, including surgical stents, surgical splints and occlusal guards, are covered only when necessary for the success of implant services. Adjunctive services require prior authorization. Written documentation must include the reason these services are necessary.

Manual Maintenance

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 "Stephen Fitton". The signature is written in a cursive style with a large initial 'S'.

Stephen Fitton, Director
Medical Services Administration