

**Bulletin Number:** MSA 15-04

**Distribution:** Dentists and Dental Clinics, Medicaid Health Plans

**Issued:** March 2, 2015

**Subject:** Mobile Dental Facilities

**Effective:** April 1, 2015

**Programs Affected:** Medicaid, Healthy Michigan Plan

The purpose of this bulletin is to inform providers of the Michigan Department of Community Health (MDCH) policy specific to mobile dental facilities in compliance with Public Act 100 of 2014. This policy will be effective April 1, 2015.

A mobile dental facility is defined as a self-contained, intact facility in which dentistry or dental hygiene is practiced that may be transported from one location to another; or a site used on a temporary basis to provide dental services using portable equipment. The operator of a mobile dental facility and the operator's agents and employees are expected to comply with all federal, state and local laws, administrative rules, regulations and ordinances applicable to the mobile dental facility. It is expected that mobile dental operators have knowledge and understanding of Public Act 100 of 2014. Public Act 100 of 2014 can be accessed through the MDCH website at [www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth) >> Mobile Dentistry >> Mobile Dentistry Law.

All mobile dental facilities will be required to obtain a permit from the MDCH Oral Health Program to operate as a mobile dental provider in Michigan. Compliance with all requirements of the Mobile Dental Facility Permit is required to provide services to Medicaid beneficiaries.

### **Mobile Dental Facility Permit**

A mobile dental permit must be obtained by an operator before providing dental services. Requirements include completion of the application, submission of the appropriate documents, and submission of the administrative fee. The permit requires license and contact information for all dentists, dental hygienists and dental assistants who provide care at the mobile dental facility. The operator agreement requires proof of liability insurance covering the mobile facility, issued by a licensed insurance carrier authorized to do business in Michigan. A written plan and procedure for providing emergency follow-up care for each patient, patient registration, health history, Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice, consent forms, and treatment plan protocol must be established.

Operators of a mobile dental facility are required to notify the MDCH Oral Health Program of any changes to the original application, such as a change in the operator or contact information, or modifications to the Memorandum of Agreement (MOA) (as described below) within 30 days of the change. A permit issued to the operator of a mobile facility is not transferable. The new operator must complete a new application to continue providing dental services at a mobile facility. Upon approval, a Mobile Dental Facility Permit will be issued for a period of three years from the date of approval. An application for renewal may be submitted no later than the last day of the month in which the permit expires. A renewal application submitted late is subject to a late fee in an amount determined by MDCH for additional processing costs.

### **Memorandum of Agreement**

Mobile dental providers who do not provide follow-up dental services at the facility, or who only provide preventive services, are required to have a MOA with at least one dentist or party who agrees to accept referrals and arrange for or provide follow-up services at a site within a reasonable distance for the patient. If the operator of a mobile facility has a MOA due to its status as a State of Michigan designated or funded oral health prevention program with oversight from MDCH, the operator is exempt from this MOA requirement.

### **Provider Enrollment and Billing**

A mobile dental operator must complete an application and receive the approval for a Mobile Dental Facility Permit. Operators can access the Mobile Dental Facility Application on the MDCH website at [www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth) >> Mobile Dentistry.

To provide dental services and bill Medicaid, a provider must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). Instructions for provider enrollment, as well as updating enrollment, can be found on the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Provider Enrollment.

Enrollment as a mobile dental provider is required within 30 days of the Mobile Dental Facility Permit approval. Both current Medicaid dental providers and new mobile dental providers will be required to enroll (or update enrollment) as a mobile provider.

Dental Groups will need to enroll (or update their current enrollment) to reflect Mobile Dental. A new specialty has been added for Mobile Dental. If this specialty is selected, the provider will be required to enter the Mobile Dental Facility Permit number and the expiration date under board certification. Groups may select more than one specialty. They may be enrolled as Dental-Office Based and Dental-Mobile.

Dental Hygienists will need to enroll (or update their current enrollment) to reflect Mobile Dental. Two new subspecialties have been added. They are PA 161 Program Mobile and PA 161 Program Office Based. If the subspecialty of PA 161 Program Mobile is selected the provider will be required to enter the Mobile Dental Facility Permit number and the expiration date under board certification. Dental Hygienists may select more than one subspecialty.

Claims submitted by the mobile dental facility must include the appropriate two-digit place of service code (mobile) on the ASC X12N 837D 5010 electronic dental format. Failure to include the appropriate code and information could impact claims payment. All claims submitted are subject to post-payment review.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the 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](mailto: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**



Stephen Fitton, Director  
Medical Services Administration