MEDICAID POLICY INFORMATION SHEET

| Policy Analyst: Heather Beavers | | | |
|---|--|--|--|
| Phone Number: beaversh1@michigan.gov | | | |
| Initial ☐ Public Comment ⊠ Final ☐ | | | |
| Brief description of policy: | | | |
| This policy removes the requirement to submit radiographs with prior authorization (PA) requests for partial dentures. | | | |
| Reason for policy (problem being addressed): | | | |
| This policy streamlines the PA process and aligns with the way PA requests are reviewed for other Medicaid programs, which is consistent with processes used by commercial payers. | | | |
| Budget implication: | | | |
| Is this policy change mandated per federal requirements? | | | |
| No | | | |
| Does policy have operational implications on other parts of MDHHS? Yes. Program Review Division operations will be streamlined. | | | |
| Does policy have operational implications on other departments? | | | |
| No | | | |
| Summary of input: controversial (Explain) acceptable to most/all groups limited public interest/comment | | | |
| Supporting Documentation: | | | |
| State Plan Amendment Required: ☐ Yes ☐ No Public Notice Required: ☐ Yes ☐ No If Yes, please provide status: ☐ Approved ☐ Pending ☐ Denied ☐ Denied ☐ If yes, ☐ Submission Date: | | | |

1/18 Policy Info Sheet

| DRAFT FOR PUBLIC COMMENT | | | |
|---|-------------------|--|--|
| Michigan Department of | | | |
| Health and Human Services | s Project Number: | : 2135-Dental | |
| Comments Due: October 21, 2021 Proposed Effective Date: December 1, 2021 Direct Comments To: Heather Beavers Address: E-Mail Address: beaversh1@michigan.gov Phone: 517-284-1208 Fax: | | | |
| | 17-204-1200 | T ux. | |
| Policy Subject: Removal of Radiograph Requirement for Partial Dentures | | | |
| Affected Programs: Medicaid, MIChild, Healthy Michigan Plan, Children's Special Health Care Services | | | |
| Distribution: Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments | | | |
| Summary: This policy removes the requirement to submit radiographs with prior authorization (PA) requests for partial dentures. | | | |
| Purpose: This policy streamlines the PA process and aligns with the way PA requests are reviewed for other Medicaid programs, which is consistent with processes used by commercial payers. | | | |
| Cost Implications: None. | | | |
| Potential Hearings & Appeal Issues: None. | | | |
| State Plan Amendment Requ If yes, date submitted: | uired: Yes 🗌 No 🛚 | Public Notice Required: Yes \(\text{No } \text{\text{Submitted date:}} \) | |
| Tribal Notification: Yes ☐ No ☑ - Date: | | | |
| THIS SECTION COMPLETED BY RECEIVER | | | |
| ☐ Approved | | No Comments | |
| ☐ Disapproved | | See Comments Below See Comments in Text | |
| Signature: | | Phone Number | |
| Signature Printed: | | | |

Comment001 Revised 6/16

Date

Bureau/Administration (please print)

Proposed Policy Draft

Michigan Department of Health and Human Services Medical Services Administration

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

Integrated Care Organizations, Federally Qualified Health Centers,

Tribal Health Centers, Local Health Departments

Issued: November 1, 2021 (Proposed)

Subject: Removal of Radiograph Requirement for Partial Dentures

Effective: December 1, 2021 (Proposed)

Programs Affected: Medicaid, MIChild, Healthy Michigan Plan, Children's Special Health

Care Services

This policy applies to Medicaid Fee-for-Service. Dental Health Plans (DHPs), Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in a DHP, MHP, or ICO, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

The purpose of this bulletin is to inform providers of changes to Medicaid policy regarding the radiograph requirement for partial dentures. The term of radiograph used in this policy applies to both digital images and traditional film. The changes in this policy are effective for PA requests received on or after December 1, 2021.

Radiographs are no longer required to be submitted with PA requests for partial dentures. The dentist should provide additional detailed information in the Other Pertinent Dental or Medical History section of MSA-1680-B to document occlusion, pertinent medical information, etc. when the services requested may leave unresolved questions. The dentist is responsible for ensuring the completeness and accuracy of all documentation and tooth charting submitted with a PA request. (Refer to the Dental chapter of the Medicaid Provider Manual for additional policy and coverage information.)

Reminder: Providers should not send radiographs with PA requests for complete or partial dentures. Radiographs that are not specifically requested by the Michigan Department of Health and Human Services may not be returned to the provider. (Refer to the Dental chapter Medicaid Provider Manual for additional information regarding return of radiographs.)