

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Elizabeth Pitts

**Phone Number:** 517-284-0842

Initial

Public Comment

Final

**Brief description of policy:**

Full mouth debridement may be performed the same day as a comprehensive or periodic oral evaluation when all the required components of the evaluation have been accomplished and documented in the beneficiary's record.

**Reason for policy (problem being addressed):**

The purpose of this bulletin is to announce changes to comprehensive and periodic exam coverage in conjunction with full mouth debridement to align with the American Dental Association (ADA) Current Dental Terminology (CDT) guidance.

**Budget implication:**

- budget neutral
- will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation
- will save MDHHS \$ \_\_\_\_\_

**Is this policy change mandated per federal requirements?**

No.

**Does policy have operational implications on other parts of MDHHS?**

Yes, Claims.

**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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date:                      Approval                      Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
--	--

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2348-Dental	<b>Date:</b> November 16, 2023

**Comments Due:** December 21, 2023  
**Proposed Effective Date:** February 1, 2024  
**Direct Comments To:** Elizabeth Pitts  
**Address:**  
**E-Mail Address:** [pittse@michigan.gov](mailto:pittse@michigan.gov)  
**Phone:** 517-284-0842 **Fax:**

**Policy Subject:** Debridement and Exam Coverage Update

**Affected Programs:** Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, MI Health Link, Program of All-Inclusive Care for the Elderly (PACE)

**Distribution:** Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Indian Health Centers, Local Health Departments, PACE Providers

**Summary:** The purpose of this bulletin is to announce changes to comprehensive and periodic exam coverage in conjunction with full mouth debridement to align with the American Dental Association (ADA) Current Dental Terminology (CDT) guidance.

**Purpose:** To announce that full mouth debridement may be performed the same day as a comprehensive or periodic oral evaluation when all the required components of the evaluation have been accomplished and documented in the beneficiary’s record.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** N/A

<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, date submitted:</b>	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Submitted date:</b>
---	--

**Tribal Notification:** Yes  No  - **Date:**

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
-------------------	---------------------

**Signature Printed:**

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
--	-------------

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Indian Health Centers, Local Health Departments, Program of All-Inclusive Care for the Elderly (PACE) Providers

**Issued:** January 1, 2024 (Proposed)

**Subject:** Debridement and Exam Coverage Update

**Effective:** February 1, 2024 (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, MI Health Link, PACE

The purpose of this bulletin is to announce changes to comprehensive and periodic exam coverage in conjunction with full mouth debridement to align with the American Dental Association (ADA) Current Dental Terminology (CDT) guidance.

## **Debridement and Exam Coverage**

Revisions are being made to the coverage of full mouth debridement, which is performed as a therapeutic, not a preventive, treatment for beneficiaries to aid in the evaluation and diagnosis of their oral condition. It involves the preliminary removal of subgingival and/or supragingival plaque and calculus that interferes with the ability of the dental provider to perform an oral evaluation.

Full mouth debridement is a benefit for beneficiaries aged 14 and over once every 365 days. It may be performed the same day as a comprehensive or periodic oral evaluation when all the required components of the evaluation have been accomplished and documented in the beneficiary's record.

Full mouth debridement is not a covered benefit when performed on the same date of service as a comprehensive periodontal evaluation (D0180) or when a prophylaxis is completed on the same day.