

# BULLETIN

**Bulletin Number:** MMP 23-04

**Distribution:** Hospitals, Ambulatory Surgical Centers, Dentists, Dental Clinics, Dental Health Plans, Federally Qualified Health Centers, Local Health Departments, Medicaid Health Plans, Tribal Health Centers

**Issued:** December 29, 2022

**Subject:** Outpatient Hospital and Ambulatory Surgical Center Reimbursement Increase

**Effective:** As Indicated

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

The purpose of this policy is to increase the Medicaid reimbursement rate for covered dental services provided under general anesthesia in ambulatory surgical centers (ASCs) and outpatient hospitals. Effective October 1, 2022, this policy increases the minimum facility rate for covered dental services provided in ambulatory surgical centers to \$1,495.00 and increases the minimum rate for covered dental services provided in outpatient hospitals to \$2,300.00. Additionally, this policy modifies the reimbursement methodology for dental services in these settings from the Outpatient Prospective Payment System (OPPS) to a Medicaid fee schedule.

In accordance with existing ASC and outpatient hospital reimbursement policy, services listed in the Michigan Department of Health and Human Services (MDHHS) Wrap Around Code Lists are paid based on an MDHHS-specific fee schedule. The Wrap Around Code List includes the Centers for Medicare & Medicaid Services (CMS) OPPS procedure codes that Michigan Medicaid pays or covers differently than Medicare. Payment will be made in accordance with the Medicaid fee schedule in effect on the date of service for the procedure code(s) billed. Outpatient hospital and ASC fee schedules are available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information.

## Manual Maintenance

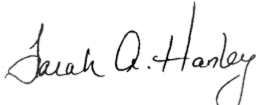
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved



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