

Michigan Department of Community Health

Bulletin Number: MSA 05-42

Distribution: All Providers

Issued: September 1, 2005

Subject: Updates to the Medicaid Provider Manual

Effective: October 1, 2005

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS

The Michigan Department of Community Health (MDCH) has completed the October 2005 update of the online version of the Medicaid Provider Manual.

Three tables are attached to this bulletin detailing the changes made to the manual. The first table describes the technical changes being made, the location of the changes within the manual and, when appropriate, the reason for the change. These changes appear in yellow in the online version of the manual. The second table describes changes made to incorporate information from recently issued Medicaid Bulletins. These changes appear in pink in the online manual. The third table lists all Medicaid Bulletins not included in the January 2005 compact disc (CD) version of the manual that providers need to retain for reference.

If a change is made to a chapter of the online manual, a note will appear in the affected section/subsection title of that chapter's table of contents.

When utilizing the January 2005 CD version of the manual, refer to this bulletin in addition to the CD to assure you have all current policy information.

Manual Maintenance

If using the January 2005 CD version of the Medicaid Provider Manual, retain this bulletin and those referenced in this bulletin. If utilizing the online version of the manual at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Medicaid Provider Manual, this bulletin and those referenced in this bulletin as being incorporated into the manual text may be discarded.

Questions

If you have questions about the manual, or problems locating information, you may contact Provider Inquiry at 1-800-292-2550 or providersupport@michigan.gov. If you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary.

Approved



Paul Reinhart, Director
Medical Services Administration



Medicaid Provider Manual October 2005 Updates



TECHNICAL CHANGES*

| CHAPTER | SECTION | CHANGE | COMMENT |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| General Information for Providers | 6.2 Nonenrolled Michigan and Borderland Providers 6.3 Beyond Borderland Area | References to the Miscellaneous Transactions Unit (MTU) were changed to Provider Inquiry. | Update |
| Beneficiary Eligibility | 3.1 Eligibility Verification System | MiChild was added to the list of programs for which eligibility information may be obtained from EVS. The first bullet of this subsection was changed to read: <ul style="list-style-type: none"> Program code, scope/coverage code, and patient-pay amount. (MOMS, CSHCS, and MiChild program beneficiaries are identified separately and do not use scope/coverage codes.) The second bullet was changed to read: <ul style="list-style-type: none"> Current county of residence, DHS case number, DHS worker load number, and DHS local office phone number. The following was added after the third bullet: <ul style="list-style-type: none"> Dental program information | Update |
| Billing & Reimbursement for Institutional Providers | 5.10 Pre-Admission and Certification Evaluation Review | The following was added as the third bullet: <ul style="list-style-type: none"> Admissions for beneficiaries that are dually eligible for CSHCS and Medicaid, and the admission is related to the CSHCS qualifying condition. | Clarification |
| Billing & Reimbursement for Professionals | 3.1 CMS 1500 Claim Completion Instructions | The following was added to the list of Place of Service Codes under Box 24B in the table: 01 – Pharmacy: A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. MDCH only recognizes place of service 01 for pharmacies dually enrolled as medical suppliers. | Update |

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



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TECHNICAL CHANGES*

| CHAPTER | SECTION | CHANGE | COMMENT |
|-------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Billing & Reimbursement for Professionals | 6.4 Ancillary Medical Services | <p>The following sentence was added to the text in the Injectable Drug and Chemotherapy Drug portions of the table:</p> <p>"The cost of the drug must be reflected in the charge submitted to Medicaid. For example, if the drug is obtained at a lower than normal cost through the 340B Program, that lower cost must be reflected in the charge."</p> <p>The second sentence was deleted from the second paragraph of the chemotherapy portion of the table.</p> | Clarification |
| Adult Benefits Waiver | Table of Contents | A textbox indicating an ABW enrollment freeze is in place was added above the Table of Contents. | Update |
| Adult Benefits Waiver | 1.3 Reimbursement | Information regarding billing the beneficiary was copied from the General Information for Providers Chapter, Section 9 – Billing Beneficiaries, and inserted in this subsection. | Clarification |
| Ambulance | 3.8 Out of State Nonborderland Transports | Reference to the Miscellaneous Transactions Unit (MTU) was changed to Provider Inquiry. | Update |
| Federally Qualified Health Centers | 3.2 Medicaid Health Plans or Children's Special Health Care Services Special Health Plans | Reference to the CSHCS Special Health Plans was removed from the title. | Update |
| Hospital | 5.2.A. Admissions That Do Not Require ACRC Approval | <p>The fourth bullet was changed to read:</p> <ul style="list-style-type: none"> Admissions of beneficiaries that are eligible for CSHCS only. <p>The following was added as the fifth bullet:</p> <ul style="list-style-type: none"> Admissions for beneficiaries that are dually eligible for CSHCS and Medicaid, and the admission is related to the CSHCS qualifying condition. | Clarification |

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|-----------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Hospital | 5.2.A. Admissions That Do Not Require ACRC Approval | The second text box in the subsection was changed to read: When Medicaid eligibility is determined retroactively, "Retroactive Eligibility" must be entered in the Remarks section of the claim. | Updated for consistency with Billing & Reimbursement for Institutional Providers Chapter. |
| Hospital (Reimbursement Appendix) | 2.6 Episode File | The following bullet was deleted from the subsection: Eliminate episodes where the beneficiary was enrolled in a Michigan Medicaid clinic plan. | Obsolete |
| Hospital (Reimbursement Appendix) | 2.7.D. Summary of DRG Price Calculations | Item #17 was corrected to read: 17. Hospital's final DRG price (line 14 x line 15 x line 16). The DRG price is rounded to the nearest whole dollar amount. | Correction |
| Hospital (Reimbursement Appendix) | 7.1 Disproportionate Share Hospital Payments | The following was added after the second paragraph of this subsection: No Medicare charges and no Medicaid obligation to cover premiums, co-payments, coinsurance and/or deductibles for beneficiaries who are dually eligible for both Medicaid and Medicare are to be included as a charge for the purposes of calculating the amount of indigent volume to be reported on any line of a hospital's Indigent Volume Report. Also excluded are charges for Medicaid patients who have other insurance coverage and for whom the full payment, except for co-payment, coinsurance and/or deductible, comes from the insurance payer. | Clarification |
| Medical Supplier | Section 1 – Program Overview | The first sentence of the fourth paragraph was changed to read: This chapter describes policy coverage for the Medicaid Fee-for-Service (FFS) population and the CSHCS population . | Update |
| Medical Supplier | 2.19 Incontinent Supplies | The third sentence in the Pull-On Briefs portion of the table was changed to read: Pull-on briefs covered as a long-term item requires a reassessment once a year or less frequently as determined by MDCH . | Update |

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TECHNICAL CHANGES*

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|--------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Practitioner | 11.2 Pre-Admission and Certification Evaluation Review | <p>The fifth bullet was changed to read:</p> <ul style="list-style-type: none">• Admissions of beneficiaries that are eligible for CSHCS only. <p>The following was added as the sixth bullet:</p> <p>Admissions for beneficiaries that are dually eligible for CSHCS and Medicaid, and the admission is related to the CSHCS qualifying condition.</p> | Clarification |
| Directory Appendix | Eligibility Verification [Eligibility Verification System (EVS) – Automated Voice Response System (AVRS)] | MiChild was added to the list of programs under the Information Available/Purpose column. | Update |
| Directory Appendix | Eligibility Verification [MediFax Electronic Data Interchange (EDI) – EVS Products Eligibility Verification] | MiChild was added to the list of programs, and the following statement was added under the Information Available/Purpose column: MediFax also offers magnetic swipe technology. | Update |

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TECHNICAL CHANGES*

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|--------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Directory Appendix | Eligibility Verification [WebDENIS (new listing)] | <p>The following information was added under the new WebDENIS listing:</p> <p>Phone # Fax #: 1-877-BLUE-WEB (1-877-258-3932) Fax 248-486-2214</p> <p>MAILING/EMAIL/WEB ADDRESS: Blue Cross Blue Shield of MI Electronic Business Interchange Group, L830 53200 Grand River New Hudson, MI 48165 www.bcbsm.com</p> <p>INFORMATION AVAILABLE/PURPOSE: Web-DENIS is BCBSM's secure browser-based internet site for eligibility verification.</p> <p>Medicaid providers can verify Medicaid, ABW, MOMS, CSHCS, and MICHild eligibility via the internet within 12 months of the date of query. Users can submit single request, or roster request (up to 10 requests at one time). If a single date of service is entered, the user receives eligibility for the entire month.</p> <p>For more information, including access information, refer to the MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Michigan Eligibility Verification System.</p> | Update |

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| CHAPTER | SECTION | CHANGE | COMMENT |
|--------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Directory Appendix | Eligibility Verification [Healthcare Data Exchange (new listing)] | <p>The following information was added under the Healthcare Data Exchange (HDX) listing:</p> <p>Phone# Fax #: 1-866-HDX-EDI1 (1-866-439-3341) Fax 610-219-1384 For General Information: 610-219-1600</p> <p>MAILING/EMAIL/WEB ADDRESS:</p> <p>Healthcare Data Exchange 65 Valley Stream Parkway Malvern, PA 19355</p> <p>webmaster@hdx.com www.hdx.com</p> <p>INFORMATION AVAILABLE/PURPOSE: HDX offers integrated EDI eligibility verification services. There is a charge to the provider for these EDI services.</p> | Update |
| Directory Appendix | Claim Submission/ Payment | Reference to the Miscellaneous Transactions Unit (MTU) was removed. | Update |
| Directory Appendix | Claim Submission/ Payment | The fax number for the Third Party Liability Section was corrected to read: 517-346-9817 | Correction |
| Glossary Appendix | | <p>The following definition of "Provider" was added:</p> <p>An individual, firm, corporation, association, agency, institution, or other legal entity which is providing, has formerly provided, or has been approved to provide medical assistance to a beneficiary pursuant to the medical assistance program.</p> | Clarification |

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| Forms Appendix | | A sample letter labeled "Notice of Non-Coverage" was added to the appendix. The letter relates to a hospital notifying a beneficiary when its utilization review committee has determined an admission or continued stay is not medically necessary. Refer to the Termination of Benefits subsection of the Hospital Chapter for additional information. | Additional sample provided. |

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Medicaid Provider Manual October 2005 Updates



BULLETINS INCORPORATED*

| BULLETIN NUMBER | DATE ISSUED | CHAPTER | SECTION | CHANGE |
|-----------------|-------------|-----------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MSA 05-30 | 6/1/05 | Hearing & Speech Centers | 2.3.D. Replacement of the Speech Processor | Added clarification that payment for the speech processor includes an initial supply of rechargeable batteries. |
| MSA 05-34 | 7/1/05 | Children's Special Health Care Services | 11.1 In-State Travel 11.3 Travel Reimbursement for CSHCS Only Clients | Sections were updated to reflect policy changes related to the CSHCS travel assistance policy. |
| MSA 05-35 | 7/1/05 | Billing & Reimbursement for Institutional Providers | 8.3 Hospital Leave Days | Instructions modified for clarification. |
| | | Nursing Facilities (Coverages) | 10.2.A. Hospital Leave Days | Text and table modified to clarify policy. |
| MSA 05-36 | 7/1/05 | Outpatient Therapy | Section 1 – General Information | Four new subsections were added related to the outpatient therapy database, aquatic therapy, outpatient therapy provided to school-aged children during summer months, and group therapy. |
| | | | Section 3 – CSHCS Requirements | Clarification added to indicate CSHCS diagnostic evaluations authorized by the local health department do not require a referral by the pediatric sub-specialist and CSHCS-covered outpatient therapy services must be directly related to the CSHCS-eligible diagnosis. |
| | | Billing & Reimbursement for Institutional Providers | 6.36 Therapies (Occupational, Physical and Speech-Language) | Information related to dual-use codes was updated. |
| | | | 8.11 Ancillary Physical and Occupational Therapy, Speech Pathology | Information related to dual-use codes was updated. |

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



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BULLETINS INCORPORATED*

| BULLETIN NUMBER | DATE ISSUED | CHAPTER | SECTION | CHANGE |
|-----------------|-------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| MSA 05-39 | 8/15/05 | Hospice | 6.3.E. Patient-Pay Amount | Added clarification regarding application of the patient-pay amount. |
| | | Billing & Reimbursement for Institutional Providers | 11.2 Application of the Patient-Pay Amount (new subsection, subsequent subsections renumbered) | Examples of the application of the patient-pay amount added. |
| MSA 05-41 | 9/1/05 | Billing & Reimbursement for Professionals | 6.7.E. Place of Service Codes | 01- Pharmacy was added to the list of acceptable Place of Service codes in the DMEPOS portion of the table. |
| MSA 05-43 | 9/1/05 | Billing & Reimbursement for Dental Providers | Section 6 – Replacement Claims | Instructions for submission of dental replacement claims were updated to reflect new process. |
| | | Directory Appendix | | Directory updated to reflect new submittal information. |

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Supplemental Bulletin List

The following is a list of Medicaid policy bulletins that supplement the *January 2005* electronic Medicaid Provider Manual. The list will be updated as additional policy bulletins are issued. The updated list will be posted on the MDCH website along with the Medicaid Provider Manual.

Providers affected by a bulletin should retain it until it is incorporated into the quarterly update of the online version of the manual unless instructed otherwise. Providers utilizing the CD version of the manual should retain bulletins until the next CD version is issued.

| DATE ISSUED | BULLETIN NUMBER | TOPIC | AFFECTED PROVIDERS | DATE IN ONLINE MANUAL/COMMENTS |
|-------------|-----------------|------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 9/1/05 | MSA 05-43 | New Dental Replacement and Void/Cancel Claim Instructions | Dentists, Dental Clinics | 10/1/05 Information incorporated into the Billing & Reimbursement for Dental Providers Chapter and the Directory Appendix. |
| 9/1/05 | MSA 05-42 | Updates to the Medicaid Provider Manual | All Providers | 10/1/05 Information incorporated into appropriate chapters of the online manual. |
| 9/1/05 | MSA 05-41 | Update to Place of Service (POS) Code Set – Pharmacy POS | Medical Suppliers | 10/1/05 Information incorporated into the Billing & Reimbursement for Professionals Chapter. |
| 8/05 | MSA 05-40 | Sanctioned Providers (Monthly Update) | All Providers | |
| 8/15/05 | MSA 05-39 | Clarification of Application of Patient Pay Amount | Nursing Facilities, Hospice | 10/1/05 Information incorporated into the Billing & Reimbursement for Institutional Providers and Hospice Chapters. |
| 7/22/05 | MSA 05-38 | Reduction in Hospital Payments, Executive Order Reductions and Graduate Medical Education Reductions | Hospitals | |



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| 7/05 | MSA 05-37 | Sanctioned Providers (Monthly Update) | All Providers | |
| 7/1/05 | MSA 05-36 | New Outpatient Therapy Database; Clarifications and Reminders of Outpatient Therapy Policies | Outpatient Hospitals, Rehabilitation Facilities, Nursing Facilities | 10/1/05 Information incorporated into the Billing & Reimbursement for Institutional Providers and Outpatient Therapies chapters. |
| 7/1/05 | MSA 05-35 | Clarification on Hospital Leave Days | Nursing Facilities | 10/1/05 Information incorporated into the Billing & Reimbursement for Institutional Providers and Nursing Facilities (Coverages) chapters. |
| 7/1/05 | MSA 05-34 | Changes to CSHCS Travel Assistance Policy | Local Health Departments, Hospitals | 10/1/05 Information incorporated into the Children's Special Health Care Services Chapter. |
| 6/05 | MSA 05-32 | Sanctioned Providers (Monthly Update) | All Providers | |
| 6/1/05 | MSA 05-31 | Updates to the Medicaid Provider Manual | All Providers | 7/1/05 Information incorporated into appropriate chapters of the online manual. |
| 6/1/05 | MSA 05-30 | HCPCS Coding Changes | Cochlear Implant Manufacturers, Hospitals, Practitioners | Information regarding current fees/rates is available at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information. |
| 6/1/05 | MSA 05-29 | Local Health Department Outreach Activities | Local Health Departments | 7/1/05 Information added as a new section in the Local Health Department Chapter. |



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|-------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/1/05 | MSA 05-28 | Rate Revision for Oxygen Concentrator | Medical Suppliers | Information regarding current fees/rates is available at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information. |
| 6/1/05 | MSA 05-27 | Electronic Remittance Advice and Electronic Funds Transfer | Pharmacy | |
| 5/15/05 | MSA 05-26 | Elimination of Job Categories from List of Allowed Time Study Participants for School Based Services Administrative Outreach Activities | Intermediate School Districts/Detroit Public Schools | 7/1/05 Changes made to the SBS Administrative Outreach Program Chapter. |
| 5/05 | MSA 05-25 | Sanctioned Providers (Monthly Update) | All Providers | |
| 5/1/05 | MSA 05-24 | Change to Coordination of Benefits Edit Exception (Section 13.10B in Pharmacy Chapter) | Pharmacy | 7/1/05 Changes made to the Pharmacy Chapter. |
| 4/1/05 | MSA 05-23 | Changes in CSHCS Payment Agreement Refund | Local Health Departments | 7/1/05 Information added to the Children's Special Health Care Services Chapter. |
| 4/1/05 | MSA 05-22 | FY 05 Fee Reductions (EO) | All Providers | Information regarding current fees/rates is available at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information. |
| 4/1/05 | MSA 05-21 | MI Choice Program Nursing Facility Transition Services and Waiting List Policy | Nursing Facilities, MI Choice Waiver Program | No changed required in Nursing Facility Chapter. NFs may discard this bulletin after review. |



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|-------------|-----------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/1/05 | MSA 05-20 | Sanctioned Providers | All Providers | The list of sanctioned providers is available on the MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers >>List of Sanctioned Providers. Providers without access to the internet should retain this bulletin. |
| 4/1/05 | MSA 05-19 | Prior Authorization Number for Ventilator Dependent Care Unit (VDCU) Services (MSA-1635) | Hospital, Hospice, Medicaid Health Plans, Nursing Facility | 7/1/05 Information added to the Coverages portion of the Nursing Facilities Chapter. |
| 3/1/05 | MSA 05-18 | April 2005 Medicaid Provider Manual Updates | All Providers | 4/1/05 Information incorporated into appropriate chapters of the online manual. |
| 3/1/05 | MSA 05-17 | Rebasing DRG Rates, DRG Groups Update, Per Diem Update | Hospitals, Medicaid Health Plans | 7/1/05 Information added to the Hospital Chapter Reimbursement Appendix. |
| 3/1/05 | MSA 05-15 | Place of Service | Maternal/Infant Support Services | 4/1/05 Information added to Maternal and Infant Support Services Chapter, Section 2.10. |
| 3/1/05 | MSA 05-14 | Revised Nursing Facility Coverages & Limitations and Reimbursement Chapters | Nursing Facilities | 4/1/05 New Nursing Facility Chapter added to manual. |



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|-------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3/15/05 | MSA 05-13 | Update to Medicaid Access to Care Initiative (MACI) | Hospitals, Medicaid Health Plans | 7/1/05 Information added to the Hospital Chapter Reimbursement Appendix. Chart detailing MACI pools added to MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information. |
| 3/1/05 | MSA 05-12 | New Coverage Criteria for Pull-On Briefs and Home Infusion Anti-Emetic Drugs; Clarification of Coverage Criteria for Glucose Monitoring Equipment/Supplies, High Frequency Chest Wall Oscillation (HFCWO) Device, and Pressure Gradient Garments/Surgical Stockings; and Clarification of Payment Rules for a Pulse Oximeter | Medical Suppliers | 4/1/05 Information added to Medical Supplier Chapter, Section 2. |
| 2/1/05 | MSA 05-10 | School-Based Services Administrative Outreach Claiming Methodology Changes | Intermediate School Districts/Detroit Public Schools | 4/1/05 Information added to SBS Administrative Outreach Program Chapter, subsection 6.2. |
| 3/1/05 | MSA 05-09 | Clarification to Nursing Facility Level of Care Determination Policy (MSA 04-15 and MSA 04-17) | Nursing Facilities, MI Choice, PACE, Hospitals, Hospice, MHP, Mental Health/Substance Abuse | 4/1/05 Information added to Hospital, Nursing Facility (new), and PACE (new) chapters. |
| 2/1/05 | MSA 05-07 | Program of All-Inclusive Care for the Elderly (PACE) | All Providers | 4/1/05 New PACE Chapter added to the manual. |
| 2/1/05 | MSA 05-06 | Adult Benefits Waiver Changes | All Providers | 4/1/05 Information added to the Adult Benefits Waiver Chapter. |



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| 1/1/05 | MSA 05-05 | Payments to Hospice Providers for Nursing Facility QAS | Hospice, Nursing Facilities | 4/1/05 Information added to Hospice Chapter, subsection 6.3.H. |
| 1/1/05 | MSA 05-04 | Optional Mail Order Pharmacy Benefit | Pharmacy, Practitioners, Mental Health/Substance Abuse, FQHCs, Local Health Departments, Rural Health Clinics, Tribal Health Centers | 4/1/05 Information added to Pharmacy Chapter, subsections 5.1 and 13.6. |
| 1/1/05 | MSA 05-03 | Expansion of Covered Services for Certified Nurse Midwives | Certified Nurse Midwives, Practitioner | 4/1/05 Information added to the Practitioner Chapter, subsections 24.3 and 24.4. |
| 1/1/05 | MSA 05-02 | Medicare Crossover Claims with AdminaStar | Practitioners, FQHCs, Medical Suppliers, Vision, Rural Health Clinics, Local Health Departments | 7/1/05 Information related to crossover claims added as new section in the Coordination of Benefits Chapter. |
| 10/1/04 | Nursing Facilities 04-07 | Nursing Facility Certification, Survey and Enforcement | Nursing Facilities | 4/1/05 New Nursing Facility Chapter added to manual. |
| 6/1/04 | All Provider 04-05 | New editing, explanation code crosswalk, and crossover claims. | All Providers | 7/1/05 Information added to Coordination of Benefits Chapter. |