

**Bulletin Number:** MSA 07-14

**Distribution:** All Providers

**Issued:** March 1, 2007

**Subject:** Updates to the Medicaid Provider Manual

**Effective:** April 1, 2007

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

The Michigan Department of Community Health (MDCH) has completed the April 2007 update of the online version of the Medicaid Provider Manual.

The tables attached to this bulletin describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change.

The second table describes changes made to incorporate information from recently issued Medicaid Bulletins. These changes appear in blue in the online version of the manual.

If changes were made in a chapter, a note will appear in the affected section/subsection title of that chapter's table of contents.

When utilizing the January 2007 Compact Disc (CD) version of the manual, refer to this bulletin in addition to the CD to assure you have the most current policy information available.

### Manual Maintenance

If using the January 2007 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](http://www.michigan.gov/mdch) >> Providers >> Information for Medicaid Providers >> Medicaid Provider Manual, this bulletin and those referenced in this bulletin may be discarded.

### 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



Paul Reinhart, Director  
Medical Services Administration



# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Dental Providers	3.1.A. Authorized Billing Agents	The first paragraph of the subsection was changed to read: ... must become an authorized billing agent. A description of the steps required to become an authorized billing agent is available on the MDCH website. (Refer to the Directory Appendix for website information.)	Update
Billing & Reimbursement for Dental Providers	3.1.B. Electronic Claims with Attachments	The subsection was changed to read: ... of the electronic record. If an operative report or other paper attachment is required, a paper claim must be submitted.	Correction
Billing & Reimbursement for Dental Providers	6.2 Claim Replacement and Void/Cancel Claims	The last paragraph of the subsection was changed to read: Replacement and void/cancel claims must be sent to the address noted in the Directory Appendix for that purpose. They are not to be sent to the address utilized for initial claims.	Clarification
Billing & Reimbursement for Institutional Providers	2.1.A. Authorized Electronic Billing Agents	The first paragraph of the subsection was changed to read: ... must become an authorized billing agent. A description of the steps required to become an authorized billing agent is available on the MDCH website. (Refer to the Directory Appendix for website information.)	Update
Billing & Reimbursement for Institutional Providers	2.1.B. Electronic Claims with Attachments	The last two sentences of the first paragraph were deleted.	Incorrect information.
Billing & Reimbursement for Institutional Providers	8.13 Medicare Part B Coinsurance and Deductible Amounts	Revenue code 0780 was added to the list of allowed revenue codes.	Update

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



# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	2.1.A. Authorized Electronic Billing Agents	The first paragraph of the subsection was changed to read: . . . must become an authorized billing agent. A description of the steps required to become an authorized billing agent is available on the MDCH website. (Refer to the Directory Appendix for website information.)	Update
Billing & Reimbursement for Professionals	2.1.B. Electronic Claims with Attachments	The subsection was changed to read: . . . of the electronic record. If an operative report or other paper attachment is required, a paper claim must be submitted.	Correction
Billing & Reimbursement for Professionals	6.1 General Information	A new category labeled Place of Service Codes was added to the table with the following instructions:  Use CMS approved two-digit place of service codes to report location for provision of covered services.  MDCH does not recognize the following place of service codes for reimbursement by the program: <ul style="list-style-type: none"> <li>• 05 – Indian Health Service Freestanding Facility</li> <li>• 06 – Indian Health Service Provider-Based Facility</li> <li>• 08 – Tribal 638 Provider-Based Facility</li> <li>• 09 – Prison Correctional Facility</li> <li>• 26 – Military Treatment Facility</li> <li>• 60 – Mass Immunization Center</li> </ul> Additionally, some locations may be covered only for select providers. Refer to the appropriate provider-specific chapters of this manual for more information.	Update
Beneficiary Eligibility	2.1 Scope/Coverage Codes	The reference to M PLUS CARE was deleted.	Obsolete Information

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# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	2.5 Special Programs – Beneficiary Identification	The reference to Wayne County PLUS CARE was deleted.	Obsolete Information
Beneficiary Eligibility	3.1 Eligibility Verification System	<p><i>Plan First!</i> Family Planning Waiver was added to the list of programs for which eligibility information is available.</p> <p>The following bullet was added:</p> <ul style="list-style-type: none"> <li>Medicaid Health Plan (MHP) Primary Care Physician (PCP) information: PCP name and phone number. If there is no PCP record on file for a beneficiary the following message will be displayed:</li> </ul> <p>"PCP information not available, contact the MHP"</p>	Update
Coordination of Benefits	2.6.D. Medicare Buy-In	<p>The subsection title was changed to Medicare Buy-In/Medicare Savings Program and the first paragraph was changed to read:</p> <p>If a beneficiary is eligible for Medicare but has not enrolled, he can do so at any time throughout the year by applying with SSA. If the beneficiary is unable to pay the Medicare premiums, Medicaid may pay the premiums through a contractual agreement (called the Medicare Buy-In Agreement) with the SSA. However, Medicaid cannot buy-in for the beneficiary until he applies for Medicare and the SSA is aware that he is Medicaid-eligible, and the beneficiary has applied for the Medicare Savings Program through the local his DHS office.</p>	Update/Clarification
Dental	6.7 Oral Surgery	<p>The first sentence of the second paragraph was changed to read:</p> <p>The extraction of <b>teeth</b> for orthodontic purposes is not a benefit.</p>	Correction

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# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Hospital Reimbursement Appendix	2.1 Diagnosis Related Group Assignment 2.6 Episode File	The following text was removed from 2.6 and added to the end of the second paragraph in 2.1:  In order to receive the alternative weights, a hospital must have a Certificate of Need (CON) to operate a NICU or a special newborn nursery unit (SNNU), or the hospital must have previously received alternate weight reimbursement by Medicaid for its SNNU.	Clarification
Hospital Reimbursement Appendix	7.2.A. \$45 Million Pool	The first sentence of the third paragraph was changed to read:  . . . Title XIX charges and Title XIX <b>MCO</b> charges from hospital IV Reports . . .	Update
Hospital Reimbursement Appendix	7.7.B. Public Hospital Adjuster Pool	This subsection was deleted.	Removal of obsolete information.
Hospital Reimbursement Appendix	8.3 Distribution of GME Funds	The last paragraph of the subsection was deleted.	Removal of incorrect information.
Hospital Reimbursement Appendix	8.7 Payment Schedule	The first paragraph of the subsection was changed to read:  Payments from the GME Funds and the Primary Care Pools will be made in <b>four quarterly</b> amounts by gross adjustment.	Update
Hospital Reimbursement Appendix	8.8 GME Innovations Grants	The text of this subsection was changed to read:  The GME Innovations Pool is to support innovative GME programs that emphasize the importance of coordinated care, health promotions and psychiatric care in integrated systems. The purpose of this training is to develop the skills and experience necessary to provide psychiatric services utilized by Michigan Medicaid patient groups. Pool size is \$10,947,878 per fiscal year.  MDCH will approve two agreements statewide each fiscal year. To be eligible for the pool, a hospital must meet the following criteria:	Update

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# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
		<ul style="list-style-type: none"> <li>Be a Michigan Medicaid enrolled provider</li> <li>Have in place an approved agreement between itself, a university psychiatric residency training program and one or more community mental health services programs to provide accredited psychiatric residency training.</li> <li>Provide assurances that all training will take place in Michigan and prepare health care professionals to provide care to populations with the special characteristics of Michigan Medicaid patient groups.</li> </ul>	
Local Health Department	2.1 Covered Services	<p>The following footnote related to Immunizations was restored:</p> <p>*An immunization administered for travel to a foreign country is not a covered benefit.</p>	Inadvertantly deleted information restored.
Medical Supplier	1.7.I. Hospital Discharge Waiver Services	Procedure code E180 was replaced by E0181.	Update
Medical Supplier	2.16 Home Intravenous Infusion Therapy	<p>The first sentence in the third box in the Payment Rules portion of the table was changed to read:</p> <p>Heparin lock flush syringes will be reimbursed to a medical supplier by reporting the appropriate HCPCS "J" code.</p>	Update
Medical Supplier	2.19 Incontinent Supplies	<p>The following was added to the list of covered items:</p> <p>T4543 Bariatric Disposable Incontinent Brief/Diaper (Mandatory for Medicaid/Medicare)</p>	Update
Medical Supplier	2.31 Oxygen, Oxygen Equipment and Accessories	<p>The following were added to the diagnosis description list:</p> <p>Primary Central Sleep Apnea            Obstructive Sleep Apnea (adult) (pediatric)            Idiopathic Sleep Related Nonobstructive Alveolar Hypoventilation            Congenital Central Alveolar Hypoventilation Syndrome            Sleep Related Hypoventilation Hypoxemia in Conditions Classified Elsewhere</p>	Update

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Medical Supplier	2.37 Prosthetics (Lower Extremities)	The third sub-bullet under Below Knee Prosthesis in the PA Requirements portion of the table was changed to read:  Suspension system (e.g. L5666 or L5670)	Update
Medical Supplier	2.40 Support Surfaces – Group 1	Procedure code E0180 was deleted from the first line in the PA Requirements portion of the table.	Update
Mental Health/ Substance Abuse	1.7 Definition of Terms	The definition of Certified Addictions Counselor was modified to read:  An individual who has a Michigan-specific or International Certification and Reciprocity Consortium (IC&RC) credential as a certified addictions counselor, certified clinical supervisor, or certified criminal justice professional.  The definition of Substance Abuse Treatment Specialist was changed to read:  <ul style="list-style-type: none"> <li>An individual who is licensed by the state of Michigan as a physician, psychologist, registered nurse, masters social worker or counselor and is working within their specified scope of practice and has specialized training or one year of experience in treating or working with a person who has a substance use disorder; or</li> <li>A certified Addictions Counselor (CAC); or</li> </ul> An individual who has completed and passed the Fundamentals of Alcohol and Other Drug Problems (FAODP) exam and has three years of relevant experience in the provision of substance abuse treatment services.	Clarification
Mental Health/ Substance Abuse	2.3.A. Day Program Sites	The third bullet was changed to read:  By staff under the immediate and on-site supervision of a professional possessing at least a bachelor's degree in a human service field, and at least two years work experience providing services to beneficiaries with serious mental illness and developmental disabilities.	Clarification

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/ Substance Abuse	6.4 Qualified Staff	The first sentence of the second paragraph was changed to read: Treatment activities may be carried out by <b>paraprofessional</b> staff who have at	Clarification
Mental Health/ Substance Abuse	6.5 Location of Services	The textbox in this subsection was deleted.	Update
Mental Health/ Substance Abuse	6.8 Individual Plan of Service	The last sentence of the first paragraph was changed to read: If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible, and must also be involved in follow-up services.  The first sentence in the third paragraph was changed to read:  If the <b>length of stay in the crisis residential program</b> exceeds 14 days, an interdisciplinary team must develop a subsequent plan based on comprehensive assessments.	Clarification
Mental Health/ Substance Abuse	9.5 Location of Services	The following was added after the first sentence of the first paragraph:  Intensive crisis stabilization services must not be provided exclusively or predominantly at residential programs.	Clarification
Mental Health/ Substance Abuse	17.3.E. Crisis Observation Care	The first paragraph was replaced with the following:  Utilization of a crisis observation bed in a hospital-based, medically-staffed and psychiatrically-supervised inpatient care setting may be justified for persons who, as a result of a psychiatric disorder, are deemed likely to need protective, skilled medical observation, and supervision for the purpose of additional evaluation and stabilization of a mental disorder, prior to determination of an alternative disposition or movement to a different, clinically appropriate, level of care.	Update

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CHAPTER	SECTION	CHANGE	COMMENT
		<p>The following sentence was added after the first sentence of the first bullet:</p> <p>This service could also be provided in a screening center or a crisis center that is secure, protected, medically staffed, and psychiatrically supervised with an on-site psychiatrist available 24 hours a day.</p> <p>The second sentence in the third bullet was changed to read:</p> <p>. . . treatment plan is developed <b>through a person-centered planning process.</b></p> <p>The fifth bullet was changed to read:</p> <p>. . . that the individual <b>is</b> under the care . . .</p>	
Mental Health/ Substance Abuse	18.1 Sub-Acute Detoxification	<p>The third sentence of the first paragraph was changed to read:</p> <p>The program must be supervised by a licensed physician.</p> <p>The fourth sentence of the first paragraph was deleted.</p>	Update
Mental Health/ Substance Abuse	18.2 Residential Treatment	<p>The last two sentences of the first paragraph were changed to read:</p> <p>The clinical program must be provided under the supervision of a substance abuse treatment specialist with licensure as a psychologist, masters social worker, professional counselor or physician. Services may be provided by a substance abuse treatment specialist or a non-degreed staff.</p>	Update
Nursing Facility Coverages	10.2.A. Hospital Leave Days	<p>The first paragraph was modified to read:</p> <p>. . . only when the facility's total available bed occupancy<sup>1</sup> is at 98 percent or more on the day the beneficiary leaves the facility. "One the day" is defined as the facility census at midnight (i.e., 12:01 a.m. – the first minute of the day).</p> <p><sup>1</sup>Calculation of available bed occupancy for purposes of Medicaid reimbursement for hospital leave days is different than calculation of occupancy for cost reporting purposes.</p>	Clarification

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# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Pharmacy	Section 1 – General Information	<i>Plan First!</i> was added to the list of programs administered by MDCH.	Update
Pharmacy	1.6.B. Products Not Related to the Terminal Illness	The third sentence was corrected to read: Products related to the diabetes can be separately billed <b>by</b> a pharmacy provider	Correction
School Based Services	2.1 Individuals with Disabilities Education Act Assessment and IEP/IFSP Development, Review and Revision	The description for procedure code 92506 was updated to read: Evaluation of speech, language, voice, communication, and/or auditory processing.	Update
School Based Services	2.5 Assistive Technology Device Services	The following changes were made to the Procedure Codes portion of the table:  97504 was replaced by 97760 with the following description: Orthotic(s) Management and training (including assessment and fitting when not otherwise reported), upper extremity(s) and/or trunk, each 15 minutes.  97520 was replaced by 97761 with the following description: Prosthetic training, upper and/or lower extremity(s), each 15 minutes.	Update
School Based Services	2.6 Psychological, Counseling and Social Work Services	The following changes were made to the Procedure Codes portion of the table:  96100 was replaced by 96101 with the following description: Psychological Testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's time or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.	Update

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# Medicaid Provider Manual April 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
		<p>96115 was replaced by 96116 with the following description: Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's time or physician's time, both face-to-face with the patient, and time interpreting test results and preparing the report.</p> <p>96117 was replaced by 96118 with the following description: Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's time or physician's time, both face-to-face with the patient, and time interpreting test results and preparing the report.</p>	
Special Programs	3.1.B. Covered Services	The last sentence of the subsection was deleted.	Obsolete Information
Directory Appendix	Eligibility Verification	References to Medifax were changed to: Emdeon (formerly Medifax) The contact information remains unchanged.	Update
Directory Appendix	Eligibility Verification	The telephone number for out-of-state providers to verify beneficiary eligibility was changed to: 1-800-292-2550	Update
Directory Appendix	Prior Authorization	ABW was deleted from the Information Available/Purpose column for PACER inpatient authorizations.	Correction
Directory Appendix	Provider Resources	The telephone number for assistance in transmitting OASIS data to the state repository was changed to: 888-324-2647 or 517-241-2628	Update

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# Medicaid Provider Manual April 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-12	2/16/07	Hospital	Section 1 – Outpatient	Section updated to reflect implementation of the Outpatient Prospective Payment System (OPPS) reimbursement methodology. All previous section content was deleted.
MSA 07-10	2/15/07	Hearing Aid Dealers	Section 1- Coverage Overview	Removed references to American Speech, Language and Hearing Association certification (ASHA-CCC-A).
		Hearing Services	Section 1 - Coverage Overview Section 2 - Standards of Coverage and Limitations	
		Hospital	Section 3 - Covered Services	
		Mental Health/Substance Abuse	Section 2 - Program Requirements Section 3 - Covered Services	
		School Based Services	Section 1 - General Information Section 2 - Covered Services	
MSA 07-09	2/1/07	Billing & Reimbursement for Professionals		Throughout this chapter, instructions and references were updated to reflect the new Health Insurance Claim Form (CMS-1500 dated 08/05). The new version of the CMS-1500 was inserted.
MSA 07-08	2/1/07	Special Programs	5.1 Eligible Beneficiaries	Monthly premium updated to reflect new rate.

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



# Medicaid Provider Manual April 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-07	2/1/07	Hospital		Modifications were made throughout this chapter to incorporate/update policy related to Observation Care Services.
MSA 07-06	1/07	Medical Supplier	2.19 Incontinent Supplies	Addition of HCPCS code S5199 to "Services Covered Through the Contract".
MSA 07-05	2/1/07	Hospital	6.8 Nursing Facility	4 <sup>th</sup> bullet revised to include "or having a related condition"
		Nursing Facility – Coverages	6.4 Preadmission Screening/Annual Resident Review (PASARR) Section 7 - PASARR Process	Text revised to include "or having a related condition". Corrections to form names (DCH-3877 and DCH-3878). Revision of staff reference. Clarification of "legal" representative.
		Forms Appendix		New versions of DCH-3877 and DCH-3878 inserted.
MSA 07-03	1/1/07	General Information for Providers	Section 9 - Billing Beneficiaries	Section was reformatted: Information previously under Billing Beneficiaries has been re-located to new subsection (9.1 General Information); a new subsection (9.2 Beneficiary Co-Payment Requirements) was created to accommodate new policy.
		Chiropractor	1.2 Beneficiary Co-Payment	Policy updated regarding beneficiary co-payment requirements.
		Dental	Section 3 - Co-Payment	
		Federally Qualified Health Centers	4.3 Co-Payments	
		Hearing Aid Dealers	1.6 Co-Payments	

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# Medicaid Provider Manual April 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
		Hospital	1.6 Co-Payments	
		Pharmacy	13.6 Beneficiary Co-Payments	
		Practitioner	1.4 Co-Payments	
		Rural Health Clinics	7.7 Co-Payments	
		Tribal Health Centers	7.4 Co-Payments	
		Vision	1.1 Beneficiary Eligibility and Co-Payments	
MSA 07-02	1/1/07	Billing & Reimbursement for Dental Providers	Section 1 - General Information 3.2 Paper Claims Section 4 - ADA Completion Instructions	Throughout these chapters, references and completion instructions were modified to correspond to the new 2006 version of the ADA Dental Claim Form. A copy of the new form was inserted.
		Medicaid Provider Manual Overview	1.1 Organization	
		Directory Appendix		
MSA 06-85	12/28/06	Hospital – Reimbursement Appendix	8.4 GME Funds Pool 8.5 Primary Care Pool 8.6 Definitions/Notes	Formulas updated to reflect new amounts. Removed reference to managed care days.

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# Medicaid Provider Manual April 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-84	12/06	Medical Supplier	2.3 Blood Glucose Monitoring Equipment and Supplies	Documentation requirement changed from "one month" to "30-90 days". Payment rules changed from "one month" to "90 days".
MSA 06-82	12/8/06	Ambulance		Modifications have been made throughout these chapters to incorporate/update policy regarding the Outpatient Prospective Payment System (OPPS). Changes were made related to services provided by hospital-owned ambulance.
		Billing & Reimbursement for Institutional Providers		
		Hospital		
MSA 06-80	12/1/06	Hospital – Reimbursement Appendix	2.6 Episode File 2.9.A. Freestanding Rehabilitation Hospitals/Distinct Part Rehabilitation Units	IME formula updated.
MSA 06-47	7/1/06	Billing & Reimbursement for Institutional Providers		Modifications were made throughout these chapters to incorporate/update policy relating to the Outpatient Prospective Payment System (OPPS). Due to the extent of the changes needed, some sections and subsections of the Billing & Reimbursement and Hospital chapters were reorganized/renumbered.
		Hospital		
		Laboratory		
		Outpatient Therapy		
		Acronym Appendix		

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Michigan Department of Community Health

# Medicaid Provider Manual April 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
		Directory Appendix		
		Glossary		

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## Supplemental Bulletin List

The following is a list of Medicaid policy bulletins that supplement the *January 2007* 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
3/01/07	MSA 07-13	MDCH Claim Editing For Type of Bill Codes, Implementation of the UB 04, MDCH Clarification of UB 04 Data Elements (Including NPI), Guidelines for Submitting Paper Test Claims, and Revisions to the Billing and Reimbursement for Institutional Providers Chapter	Hospitals, Nursing Facilities, Home Health Agencies, Hospice, Outpatient Therapy Providers, Private Duty Nursing Agencies	
2/16/07	MSA 07-12	Outpatient Prospective Payment System (OPPS) - Financial/Reimbursement	Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers and Hospital-Owned Ambulance (Provider Type 40)	4/1/07 Information incorporated into the Hospital Chapter Reimbursement Appendix and added to the website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a>
2/15/07	MSA 07-11	Private Duty Nursing Accreditation	Private Duty Nursing	



# Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/15/07	MSA 07-10	Licensure of Audiologists; Hearing Aid Dealer Enrollment Requirements	Outpatient Hospitals, Audiology Providers, Hearing Aid Dealers, Medicaid Health Plans, Practitioners, School-Based Services, Mental Health/Substance Abuse, Nursing Facilities	4/1/07 Information incorporated into the Hearing Aid Dealers, Hearing Services, Hospital, Mental Health/Substance Abuse, and School Based Services Chapters.
2/1/07	MSA 07-09	Implementation of the CMS-1500 (Version 08/05); New Claim Completion Instructions (Including NPI); Guidelines for Submitting Paper Test Claims; Revisions to the Billing & Reimbursement for Professionals Chapter of the Medicaid Provider Manual	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FOHCs/RHCs/THCs, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses (Individually Enrolled), School Based Services, Medicaid Health Plans, Local Health Departments	4/1/07 Information incorporated into the Billing & Reimbursement for Professionals Chapter.



Michigan Department of Community Health



## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/1/07	MSA 07-08	Increase in Cost of Premium for MICHild Enrollment	MICHild Manual Holders, Local Health Departments, MICHild Administrative Contractor (MAXIMUS), MICHild Health and Dental Plans, DHS Central Office	4/1/07 Information incorporated into the Special Programs Chapter of the Michigan Medicaid Provider Manual in addition to inclusion in the MICHild Eligibility Manual.
2/1/07	MSA 07-07	Observation Care Services	Outpatient Hospitals	4/1/07 Information incorporated into the Hospital Chapter.
1/07	MSA 07-06	HCPCS Code and Reimbursement for Incontinent Wipes	Medical Suppliers	4/1/07 Information incorporated into the Medical Supplier Chapter, and added to the Medical Supplier database at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers >> Provider Specific Information



Michigan Department of Community Health



## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/1/07	MSA 07-05	Revision of PASARR Forms (DCH-3877 and DCH-2878)	County Medical Care Facilities, Hospice, Hospital Long Term Care Units, Hospital Swing Beds, Inpatient Hospitals, Nursing Facilities, Nursing Facilities for the Mentally Ill, Ventilator Dependent Units	4/1/07 Information incorporated into the Hospital and the Nursing Facility Coverages Chapters and the Forms Appendix  Forms updated on website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers >> Medicaid Provider Forms and Other Resources
1/07	MSA 07-04	Sanctioned Providers Update	All Providers	



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
1/1/07	MSA 07-03	Denial of Care or Services for Failure to Pay Co-Payments	All Providers	<p>4/1/07 Information incorporated into the following chapters: General Information for Providers, Chiropractor, Dental, Federally Qualified Health Centers, Hearing Aid Dealers, Hospital, Pharmacy, Practitioner, Rural Health Clinics, Tribal Health Centers, Vision.</p> <p>Information added to the website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt; Providers &gt;&gt; Information for Medicaid Providers</p>
1/1/07	MSA 07-02	Implementation of the ADA 2006 Claim Form; Implementation and Use of National Provider Identifier (NPI) on Claim Form	Dental Clinics, Dentists	<p>4/1/07 Information incorporated into the following chapters: Billing &amp; Reimbursement for Dental Providers, Medicaid Provider Manual Overview, and Directory Appendix.</p> <p>Updated information in the 837 Dental Companion Guide on the website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a></p>



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
1/07	MSA 07-01	2007 Medicaid Provider Manual	All Providers	Bulletin transmitted with the January 2007 CD version of the Michigan Medicaid Provider Manual. Bulletin can be discarded.
12/28/06	MSA 06-85	Graduate Medical Education (GME) Pools Size Reduction and Adjusted FTEs Methodological Update	Hospitals	4/1/07 Information incorporated into the Hospital Chapter Reimbursement Appendix.
12/06	MSA 06-84	Billing Time Span Revision for Lancets, Blood Glucose Strips, and Calibrator Solution/Chips	Medical Suppliers	4/1/07 Information incorporated into the Medical Supplier Chapter.  Information added to the Medical Supplier database at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers >> Provider Specific Information
12/15/06	MSA 06-83	Adjustments to Public Physicians	Dentists, Hospitals (Inpatient, Outpatient), Optometrists, Practitioners	



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/08/06	MSA 06-82	Outpatient Prospective Payment System (OPPS) and Hospital-Owned Ambulance Services	Outpatient Hospitals	4/1/07 Information incorporated into the following chapters: Billing & Reimbursement for Institutional Providers, Ambulance, and Hospital.  Information added to the website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a>
12/01/06	MSA 06-81	January 1, 2007 Procedure Code Updates; New Coverage of Existing HCPCS Code 76514	Ambulance, Chiropractor, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies, Dental Clinics, Dentists, Family Planning Clinics, Hearing Centers, Hospitals, Laboratory, Local Health Departments, Medicaid Health Plans, Medical Suppliers, Nursing Facilities, Orthotists, Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHCs/RHCs/THCs, Oral Surgeons, Podiatrists), Prepaid Inpatient Health Plans, Private Duty Nursing, Prosthetists, Vision	Information added to January 2007 databases at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers >> Provider Specific Information



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/01/06	MSA 06-80	DRG Grouper, DRG Rate, and Per Diem Rate Updates	Hospitals, Medicaid Health Plans	4/1/07 Information incorporated into the Hospital Chapter Reimbursement Appendix.  Information added to databases at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers >> Provider Specific Information >> Hospital DRG Groupers
10/06	MSA 06-74	Sanctioned Provider List	All Providers	The list is available on the MDCH website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers.
10/16/06	MSA 06-73	NPI Transition Plans for Medicaid FFS Providers; Reporting Type of Bill Codes, Taxonomy Codes, and 9-Digit Zip Codes; 835 Remittance Advice and NPI	All Providers	



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
07/01/06	MSA 06-47	Outpatient Prospective Payment System	Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies and Freestanding Dialysis Centers	4/1/07 Information incorporated into the following chapters: Billing & Reimbursement for Institutional Providers, Hospital, Laboratory, Outpatient Therapy, Acronym Appendix, Directory Appendix, Glossary.  Additional information is available on the MDCH website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a>