

**Bulletin Number:** MSA 08-26

**Distribution:** All Providers

**Issued:** June 1, 2008

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

**Effective:** July 1, 2008

**Programs Affected:** Medicaid, Adult Benefits Waiver, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MIChoice Waiver, *Plan First!*

The Michigan Department of Community Health (MDCH) has completed the July 2008 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 pink 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 2008 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 2008 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/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms, 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 July 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
General Information for Providers	Section 2 – Provider Enrollment	<p>The second sentence of the first paragraph was changed to read: Out-of-state providers must be licensed and/or certified by the appropriate standard-setting authority <b>in the state they are practicing</b>.</p> <p>The second sentence of the second paragraph was changed to read: Refer to the Directory Appendix for contact information related to the on-line application process <b>including a CHAMPS Preparation Checklist of required information</b>.</p>	Clarification
General Information for Providers	10.8 Billing Agents	<p>The second sentence was changed to read: Once the billing agent <b>has completed the business-to-business (B2B) testing requirements</b> and is authorized. . .</p>	Clarification
General Information for Providers	13.4 Availability of Records	<p>The second sentence of the first paragraph was changed to read: This access does not require an authorization from the beneficiary because the purpose for the disclosure is permitted under the HIPAA Privacy rule.</p> <p>The third sentence of the second paragraph was changed to read: Records may only be released to other individuals if they have a release signed by the beneficiary authorizing access to his records or if the disclosure is for a permitted purpose under all applicable confidentiality laws.</p>	Correction
General Information for Providers	13.5 Confidentiality	<p>The first paragraph was modified to read: . . . and protects this relationship using the minimum amount of information necessary for purposes directly related to the administration of Medicaid.</p> <p>The first sentence of the second paragraph was modified to read: . . . unless the provider has a signed release from the beneficiary or the disclosure is for a permitted purpose under all applicable confidentiality laws (refer to the Availability of Records subsection of this chapter for additional information).</p>	Correction

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# Medicaid Provider Manual July 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
		<p>The first and second sentences of the third paragraph were modified to read:</p> <p>If the provider receives a court order, a subpoena, beneficiary request, or other authorized request for medical bills, payment, or claims adjudication information, the information should be released. At the same time, copies of the court order, subpoena, beneficiary request, other authorized request, and any additional information should be faxed to the MDCH TPL Section.</p>	
Beneficiary Eligibility	2.1 Scope/Coverage Codes	<p>Coverage Codes "D" and "K" were added to the qualifying information column when used in conjunction with Scope "1" of the Medicaid Program:</p> <p>Coverage Codes D, E, F, K, P, Q, T, U, or V</p> <p>Coverage Codes "M" and "R" were removed and replaced with "E" within the qualifying information column for Scope "3" of the Adult Benefits Waiver Program to read:</p> <p>. . . in conjunction with Coverage Codes E or G</p>	Correction
Beneficiary Eligibility	3.1 Eligibility Verification System	<p>The third sub-bullet of the first paragraph was changed to read:</p> <p>CSHCS (Refer to the Identifying CSHCS on the EVS subsection of this chapter for more information.)</p>	Clarification
Beneficiary Eligibility	Section 8 – Beneficiary Monitoring Program	<p>The first paragraph was modified to read:</p> <p>The Beneficiary Monitoring Program (BMP) applies to any program administered by MDCH. The objectives of the BMP . . .</p>	Clarification
Billing & Reimbursement for Dental Providers	3.1.A. Authorized Billing Agents	<p>The subsection was modified to reflect changes related to enrollment of authorized billing agents as described in MSA 08-13.</p>	Update

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# Medicaid Provider Manual July 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	2.1.A. Authorized Billing Agents	The subsection was modified to reflect changes related to enrollment of authorized billing agents as described in MSA 08-13.	Update
Billing & Reimbursement for Institutional Providers	6.12 Injections	The first sentence of the third paragraph was changed to read: Coverage of a physician administered drug ( <b>except an immunization</b> ) is limited to a drug product . . . .	Clarification
Billing & Reimbursement for Institutional Providers	7.10 Daily Care	Provider type 72 for Nursing Facilities for the Mentally Ill was deleted from the table.	Update
Billing & Reimbursement for Institutional Providers	7.11 Ancillary Physical and Occupational Therapy, Speech Pathology	Provider type 72 for Nursing Facilities for the Mentally Ill was deleted from the table.	Update
Billing & Reimbursement for Institutional Providers	7.13 Medicare Part B Coinsurance and Deductible Amounts	Provider type 72 for Nursing Facilities for the Mentally Ill was deleted from the table.	Update
Billing & Reimbursement for Professionals	2.1.A. Authorized Billing Agents	The subsection was modified to reflect changes related to enrollment of authorized billing agents as described in MSA 08-13.	Update

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# Medicaid Provider Manual July 2008 Updates



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CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	6.4 Ancillary Medical Services	The second sentence in the Physician Administered Drugs (Injectables and Non-Injectables) portion of the table was changed to read:  Coverage of a physician administered drug ( <b>except an immunization</b> ) is limited to a drug product . . .	Clarification
Billing & Reimbursement for Professionals	7.6.H. Infusion Therapy	The description for "SH" modifier was changed to read: Second concurrently administered <b>infusion</b> therapy  The description for "SJ" modifier was changed to read: Third or more concurrently administered <b>infusion</b> therapy	Correction
Adult Benefits Waiver	1.2 ABW Eligibility Determination and Verification	Reference to Coverage Code of "M" was removed from the sentence of the first paragraph.	Correction
Federally Qualified Health Centers	5.2 Documenting Encounters	The following bullet was added after the second paragraph: <ul style="list-style-type: none"><li>• Provider Rendering NPI</li></ul>	Correction
Hearing Aid Dealers	Section 1 – Coverage Overview	The reference to Provider Type 90 was deleted from the first sentence.	Correction
Hearing Services	Section 1 – Coverage Overview	The reference to Provider Types 40 and 80 were deleted from the first sentence.	Correction
Hospital Reimbursement Appendix	Section 2 - Inpatient	Throughout the Section, references to "Data Resources, Inc." were removed and replaced with "Global Insight".	Correction
Laboratory	Section 1 – Coverage Overview	The reference to Provider Type 16 was deleted from the first sentence.	Correction

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# Medicaid Provider Manual July 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Local Health Departments	2.2.A. Initial Blood Lead Testing	The following sentence was deleted from the fifth paragraph: (Refer to the Billing & Reimbursement for Professionals Chapter of this manual for additional information.)	Correction
Maternity Outpatient Medical Services Program	3.1 Submitting Medical Claims	Letter "I" was added to the third sentence of the first paragraph to read as follows: The "M" or "I" number that may appear in the upper right-hand corner . . .	Correction
Medical Supplier	Section 1 – Program Overview	The fifth paragraph was changed to read: Medicaid covers the least costly alternative that meets the beneficiary's medical need <b>for medical supplies, durable medical equipment, or orthotics/prosthetics.</b>	Clarification
Medical Supplier	1.3 Place of Service	The following sentences were added to the second paragraph: Wheelchair requests for the primary purpose of meeting resident nursing care needs that are the responsibility of the nursing facility such as positioning and transferring are not covered. Wheelchairs for social or recreational purposes are not covered. The Nursing Facility Chapter further describes coverage policy in the nursing facility.  The third bullet following the second paragraph was changed to read: <ul style="list-style-type: none"><li>• Custom-made wheelchairs may be covered when standard DME does not meet the functional needs of the beneficiary, is required for independence (<b>i.e., the item will allow the resident to be mobile without the assistance of an aide, nurse, or other staff</b>), and if it can only. . .</li></ul>	Clarification
Medical Supplier	1.7.G. Reimbursement Amounts	The following sentence was added to the first paragraph: Manufacturer quotes or dealer list prices are not accepted as documentation of cost. If the quote or dealer list is the actual cost, the provider must write on the quote or dealer list, "This amount is the actual acquisition cost", and sign and date the statement.	Update

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Medical Supplier	1.10 Noncovered Items	The following new bullet was added after the sixth bullet following first paragraph: <ul style="list-style-type: none"> <li>Equipment for social or recreational purposes</li> </ul>	Update
Medical Supplier	2.16 Home Intravenous Infusion Therapy	The following sentences were deleted from the Payment Rules portion of the table: Heparin lock flush syringes will be reimbursed to a medical supplier by reporting the appropriate HCPCS "J" code. Only medical suppliers designated as licensed pharmacies will be able to bill MDCH for these pre-filled syringes.	Correction
Medical Supplier	2.47 Wheelchairs, Pediatric Mobility Items and Seating Systems	The first sentence within the Standards of Coverage – Wheelchairs portion of the table was changed to read: <b>For beneficiaries residing in their own home, AFC or /Assisted Living</b> , manual wheelchairs will be covered if the beneficiary demonstrates all of the following: . . . The third bullet under Power Wheelchairs or Power Operated Vehicles was changed to read: <ul style="list-style-type: none"> <li>Able to safely control a wheelchair through doorways and over thresholds up to one-and-one-half inches <b>(e.g., the beneficiary's cognitive and physical abilities to safely operate the wheelchair.)</b></li> </ul> The third bullet within Standards of Coverage – Wheelchair Modifications (power driven recline mechanism or tilt-in-space) section of the table was changed to read: <ul style="list-style-type: none"> <li>Beneficiary resides in a nursing facility and use of a power tilt-in-space will permit movement to a less restrictive setting <b>(i.e., the resident being discharge to their own home or other assisted living option available in the community).</b></li> </ul> The Wheelchair Modifications (beneficiaries residing in a nursing facility) portion of the table was moved from the Payment Rules to the Standards of Coverage area.	Update

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Medical Supplier	2.47 Wheelchairs, Pediatric Mobility Items and Seating Systems	<p>The second sentence of this text was changed to read:</p> <p>The custom made DME must offer physical/restorative function to the beneficiary and allow for independence in the nursing facility setting that is not possible with standard DME (i.e., <b>the item will allow the resident to be mobile without the assistance of an aide, nurse or other staff</b>).</p> <p>The following was added as a last bullet to the Noncovered Items:</p> <p>For social or recreational purposes. The following sentences were added to the second bullet for Documentation:</p> <ul style="list-style-type: none"> <li>Professional scope of practice standards do not allow an evaluation performed by a Certified Occupational Therapy Assistant (COTA), Physical Therapy Assistant (PTA), or other assistant and is not accepted as documentation. An evaluation co-signed by a Michigan Registered Occupational Therapist or a Michigan Licensed Physical Therapist is not accepted as documentation.</li> </ul> <p>Information related to wheelchair modifications for beneficiaries residing in a nursing facility in the Payment Rules portion of the table was moved to the Standards of Coverage - Wheelchair Modifications area.</p>	Update
Mental Health/Substance Abuse	1.7 Definition of Terms	<p>The definition of Qualified Mental Health Professional was changed to read:</p> <p>. . . licensed or <b>limited licensed</b> master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, rehabilitation counselor...</p> <p>The definition of Qualified Mental Retardation Professional was changed to read:</p> <p>. . . licensed or <b>limited licensed</b> master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, rehabilitation counselor...</p>	Correction

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# Medicaid Provider Manual July 2008 Updates



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CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	4.2 Target Population	The first sentence of the first paragraph was changed to read:  ACT services are targeted to beneficiaries with serious mental illness, <b>which may include personality disorders</b> , who require intensive services and supports and who, without ACT, would require more restrictive services and/or settings.	Clarification
Mental Health/Substance Abuse	4.3 Essential Elements	Team-Based Service Delivery – The third sentence was replaced with the following sentences:  ACT teams are expected to address co-occurring substance use disorder needs of beneficiaries within the team service. Provider agencies of ACT services must have a substance abuse outpatient treatment license with the additional integrated treatment service category.  Team Composition – The last sentence of the last paragraph was replaced with the following:  <ul style="list-style-type: none"> <li>... Each individual on the team who provides integrated mental health and substance use disorder treatment must meet at least one of the following: (1) be certified through the Michigan Certification Board of Addiction Professions (MCBAP) and have one or more of the following credentials: Certified Addictions Counselor – Level 1 (CAC-1), Michigan (CAC-M), Level II (CAC-II), or IC and RC (CAC-R), or Certified Advanced Addictions Counselor (CAAC-M), Certified Clinical Supervisor (CCS), Certified Clinical Supervisor – IC and RC (CCS-R), Certified Clinical Supervisor – Michigan (CCS-M) Certified Criminal Justice Professional; or (2) have 6,000 hours (three years) of experience in treatment or working with individuals who have substance use disorders.</li> </ul> Individual Plan of Services – The last sentence was deleted:	Clarification
Mental Health/Substance Abuse	Section 6 – Crisis Residential Services	The last sentence in the first paragraph was changed to read:  Services may only be used to avert <b>an inpatient</b> psychiatric admission, or to shorten the length of an inpatient stay.	Clarification

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	6.1 Population	The following sentence was added at the end of the paragraph:  The goal of crisis residential services is to facilitate reduction in the intensity of those factors that lead to crisis residential admission through a person-centered and recovery/resiliency-oriented approach.	Clarification
Mental Health/Substance Abuse	6.2 Covered Services	The following was added after the bulleted information:  Individuals who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about crises, substance abuse, identity, values, choices and choice-making, recovery and recovery planning. Recovery and recovery planning is inclusive of all aspects of life including relationships, where to live, training, employment, daily activities, and physical well-being.	Clarification
Mental Health/Substance Abuse	6.3 Provider Criteria	The paragraph was changed to read:  The PIHP must seek and maintain MDCH approval for the crisis residential program in order to use Medicaid funds for program services.	Clarification
Mental Health/Substance Abuse	6.4 Qualified Staff	The third sentence of the first paragraph was changed to read:  The psychiatrist must provide psychiatric evaluation <b>or</b> assessments at the crisis residential home.  The following was added after the second paragraph:  Peer support specialists may be part of the multidisciplinary team and can facilitate some of the activities based on their scope of practice, such as facilitating peer support groups, assisting in transitioning individuals to less intensive services, and by mentoring towards recovery.	Clarification

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	Section 9 – Intensive Crisis Stabilization Services	The first sentence of the first paragraph was changed to read:  Intensive/crisis stabilization services are structured treatment and support activities provided by a <b>multidisciplinary</b> team and designed to provide a short-term alternative to inpatient psychiatric services.	Clarification
Mental Health/Substance Abuse	9.1 Enrollment	The sub-section title was renamed "Approval".  The paragraph was changed to read:  The PIHP must seek and maintain MDCH approval for the intensive crisis stabilization services in order to use Medicaid funds for program services.	Clarification
Mental Health/Substance Abuse	9.2 Population	The second paragraph was changed to read:  Beneficiaries must have a diagnosis of mental illness or mental illness with a co-occurring substance <b>use</b> disorder or developmental disability.	Correction
Mental Health/Substance Abuse	9.3 Services	The first sentence of the first paragraph was changed to read:  Intensive/crisis services are intensive treatment interventions delivered by an intensive/crisis stabilization treatment team <b>under the supervision of a psychiatrist.</b>	Clarification
Mental Health/Substance Abuse	9.4 Qualified Staff	The third sentence of the first paragraph was changed to read:  The <b>treatment team</b> providing intensive/crisis stabilization services must be mental health professionals.  The first sentence of the second paragraph was changed to read:  The <b>treatment team</b> may be assisted by trained paraprofessionals under appropriate supervision.  The following sentence was added at the end of the second paragraph:  In addition, the team may include one or more peer support specialists.	Clarification

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CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	17.3.E. Crisis Observation Care	<p>The first sentence of the first paragraph was changed to read:</p> <p>Utilization of a crisis observation bed (23-hour observation) in a medically-staffed and psychiatrically-supervised inpatient care setting, a screening center, or a crisis center that 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.</p> <p>The following was inserted as a new paragraph following the first paragraph:</p> <p><b>Approval</b> - The PIHP must seek and maintain MDCH approval for the crisis observation care program in order to use Medicaid funds for program services.</p> <p>The first sentence of the first bullet was changed to read:</p> <ul style="list-style-type: none"> <li>Services must be provided in a 24-hour secure, protected, medically-staffed, psychiatrically supervised inpatient unit, screening center, or a crisis center that includes an on-site and/or on-call physician.</li> </ul> <p>The following final paragraph was deleted from this subsection:</p> <p>Formal MDCH approval is not required for this service; however, MDCH should be notified (through the service agency profile) that this service is being utilized by the PIHP prior to providing this service.</p>	Clarification
Nursing Facility – Certification, Survey & Enforcement Appendix	2.3 Criteria for Evaluation of Medicaid Bed Certification Requests	<p>The eleventh sub-bullet following the first paragraph was changed to read:</p> <ul style="list-style-type: none"> <li>. . . (i.e., cost settlement, civil money penalty [CMP] fine, provider <b>assessment</b>, licensing fees).</li> </ul>	Correction
Nursing Facility – Cost Reporting & Reimbursement Appendix	Section 3 - Definitions	<p>The definition of Net Quality Assurance Supplement was changed to read:</p> <p>The Quality Assurance Supplement minus the assessment, <b>based on non-Medicare nursing facility days</b>.</p>	Clarification

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CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility – Cost Reporting & Reimbursement Appendix	8.28 Taxes and Fees	The second sentence of the first paragraph was changed to read: The Michigan Business Tax is an allowable variable support cost.	Correction
Nursing Facility – Cost Reporting & Reimbursement Appendix	9.9.C. Nurse Aide Reimbursement	The following sentence was added to the end of the third paragraph: The reimbursement should be requested within the first six months of employment or work as a certified CNA. The second sentence of the sixth paragraph was changed to read: . . . must be prorated based on their dates of employment in the facility <b>if employed for less than six months.</b>	Clarification
Nursing Facility – Cost Reporting & Reimbursement Appendix	10.7 Nursing Facility Quality Assurance Assessment Program	The fifth sentence of the paragraph was changed to read: If the provider quits the business, the provider is responsible for all QAAP assessments billed and prorated as of the date <b>MDCH determines the facility closed.</b>	Clarification
Nursing Facility – Cost Reporting & Reimbursement Appendix	10.7.A. Class I and Class III Nursing Facilities	The first sentence of the third paragraph was changed to read: . . . assurance assessment tax <b>as well</b> as the projected number of Medicaid nursing facility days for the fiscal year. The second sentence of the third paragraph was changed to read: In aggregate, the quality assurance assessment fee may not exceed <b>5.5</b> percent of total industry revenue for the fiscal year.	Correction
Nursing Facility – Cost Reporting & Reimbursement Appendix	10.7.B. Class V Nursing Facilities – Ventilator Dependent Care (VDC) Units	The last sentence of the third paragraph was changed to read: In aggregate, the quality assurance assessment tax may not exceed <b>5.5</b> percent of total industry revenue for the fiscal year.	Correction

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CHAPTER	SECTION	CHANGE	COMMENT
Rural Health Clinic	Section 8 – Reconciliation Reporting	The following was added to the list of bullets after the third paragraph: <ul style="list-style-type: none"> <li>• Provider Rendering NPI</li> </ul>	Correction
Tribal Health Centers	8.4 Appeals	The second sentence of the first paragraph was changed to read: The appeals process is outlined in MDCH's Medicaid Provider Reviews and Hearings rules R400.3401 through R400.3424, filed with the Secretary of State on March 7, 1978.	Correction
Directory Appendix	Provider Assistance	The Children's Special Health Care Services (CSHCS) web address was changed: <a href="http://www.michigan.gov/cshcs">www.michigan.gov/cshcs</a>	Update
Directory Appendix	Beneficiary Assistance	An incorrect telephone contact number for MICHild/Healthy Kids/ MOMS/Plan First! information was deleted. The correct phone number is: 888-988-6300	Correction
Directory Appendix	Eligibility Verification	The MDCH web address for Eligibility Verification System (EVS) – Automated Voice Response System (AVRS) information was changed: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Eligibility Verification System. The MDCH web address for Web-DENIS information was changed: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Eligibility Verification System.	Update
Directory Appendix	Billing Resources	The Automated Billing Unit/Electronic Billing Resources web address was changed: <a href="http://www.michigan.gov/tradingpartners">www.michigan.gov/tradingpartners</a> The MDCH Procedure Code Databases/Fee Screens, and Documentation Requirements web address was changed: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Billing & Reimbursement>>Provider Specific Information	Update

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CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Billing Resources	<p>The MDCH Sanctioned Providers List web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing &amp; Reimbursement&gt;&gt;List of Sanctioned Providers</p> <p>The Other Insurance Carrier List web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing &amp; Reimbursement&gt;&gt;Third Party Liability</p>	Update
Directory Appendix	Claim Submission/Payment	<p>The Sterilization &amp; Hysterectomy Forms web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Policy &amp; Forms&gt;&gt;Forms</p>	Update
Directory Appendix	Policy/Forms/ Publications	<p>The draft Medicaid policy web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Policy &amp; Forms&gt;&gt;Michigan Medicaid Proposed Policy</p> <p>The Medicaid Forms web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Policy &amp; Forms&gt;&gt;Forms</p> <p>The Medicaid Policy Manual and Bulletins web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Policy &amp; Forms</p> <p>The Medicaid Publications web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Policy &amp; Forms&gt;&gt;MDCH Brochures</p> <p>The Medicaid Numbered Letters web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Communication &amp; Training</p>	Update
Directory Appendix	Appeals	<p>The title of the DCH Provider Appeals area was changed:            State Office of Administrative Hearings &amp; Rules for the DCH</p>	Update

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CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Health Plan Information	<p>The Pre-paid Inpatient Health Plan Contract Managers web address was changed:  <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt;Mental Health &amp; Substance Abuse&gt;&gt;Mental Health &amp; Developmental Disability&gt;&gt;Community Mental Health Services</p> <p>The MHP &amp; PIHP Contact Information web address was changed:  <a href="http://www.michigan.gov/managedcare">www.michigan.gov/managedcare</a> &gt;&gt;PIHP</p>	Update
Directory Appendix	Provider Resources	<p>The MDCH Hospital 15-Day Readmission Guidelines web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing &amp; Reimbursement&gt;&gt;Provider Specific Information&gt;&gt;Inpatient Hospital</p> <p>The Nursing Facility Level of Care Determination web address was changed:  <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Prior Authorization</p>	Update
Directory Appendix	Nursing Facility Resources	<p>The Certificate of Need Commission web address was changed:  <a href="http://www.michigan.gov/providers">www.michigan.gov/providers</a> &gt;&gt;Certificate of Need</p> <p>The Nursing Facility Best Practices web address was changed:  <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt;Health Systems &amp; Health Profession Licensing &gt;&gt;Health Care Facilities &amp; Programs &gt;&gt;Nursing Homes &amp; Hospital Long Term Units</p> <p>The Nurse Aide Customer Service web address was changed:  <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt;Health Systems &amp; Health Profession Licensing &gt;&gt;Licensing for Health Care Professionals &gt;&gt;Nurse Aide</p> <p>The Nurse Aide Registry web address was changed:  <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt;Health Systems &amp; Health Profession Licensing &gt;&gt;Licensing for Health Care Professionals &gt;&gt;Nurse Aide</p>	Update

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
		<p>The Informal Deficiency Dispute Resolution (IDR)/Enforcement Unit web address was changed:</p> <p><a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> &gt;&gt;Health Systems &amp; Health Profession Licensing &gt;&gt;Bureau of Health Systems &gt;&gt;Nursing Homes &amp; Long Term Care Units</p>	
Directory Appendix	Pharmacy Resources	<p>The MDCH Pharmacy Dispensing Fees name was changed to: MDCH Drug Dispensing Fees</p> <p>The web address was changed: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing &amp; Reimbursement&gt;&gt;Provider Specific Information&gt;&gt;Pharmacy</p> <p>The List of Rebate-Participating Labelers web address was changed: <a href="http://cms.hhs.gov/MedicaidDrugRebateProgram/">http://cms.hhs.gov/MedicaidDrugRebateProgram/</a> &gt;&gt; Drug Company Contact Information &gt;&gt; Participating Drug Companies</p> <p>The Information Available/Purpose Box was changed to read: List of approved labelers who have signed rebate agreements with CMS.</p>	Update
Directory Appendix	Private Duty Nursing Resources	<p>The MI AuthentiCare web address was changed: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> &gt;&gt;Billing &amp; Reimbursement&gt;&gt;MI AuthentiCare</p>	Update
Directory Appendix	Other Health Care Resources/Programs	<p>The Program of All-Inclusive Care for the Elderly (PACE) web address was changed: <a href="http://www.michigan.gov/providers">www.michigan.gov/providers</a> &gt;&gt;Providers&gt;&gt;Other Healthcare Programs &gt;&gt;Program of All-Inclusive Care for the Elderly</p>	Update

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



Michigan Department of Community Health

# Medicaid Provider Manual July 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Miscellaneous Contact Information	The MI Choice Waiver - regional maps web address was changed: <a href="http://www.michigan.gov/providers">www.michigan.gov/providers</a> >>Providers>>Other Healthcare Programs The MDCH Provider Liaison Meetings website location was changed: <a href="http://www.michigan.gov/providers">www.michigan.gov/providers</a> >>Communication & Training>>Provider Liaison Meetings	Update
Forms Appendix	Dental Prior Approval Request Authorization Form	The Dental Prior Approval Request Authorization Form (MSA-1680-B) was revised 1/08.	Update

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



# Medicaid Provider Manual July 2008 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-23	5/22/08	School Based Services		The pre-existing School Based Services and School Based Services Administrative Outreach Program Chapters were replaced in their entirety.
		School Based Services Random Moment Time Study		
		Forms Appendix		Addition of "Certification of Public Expenditure" (form CMS-10231).
MSA 08-21	5/1/08	Dental	9.1 Coverage and Service Area Information 9.2 Enrollment Information	The number of counties was changed to 61; Genesee and Saginaw were added to the list of counties.
		Tribal Health Centers	3.2 Dental Coverages and Limitations	The number of counties was changed to 61.
MSA 08-19	4/1/08	Children's Special Health Care Services	11.4 Non-emergency Medical Transportation	Language incorporated/revised to address the need for prior approval and the use of form MSA-0709 (Non-Emergent Medical Transportation Authorization and Verification).
MSA 08-18	4/1/08	Hospital Reimbursement Appendix	7.1.A. Indigent Volume Report and Disproportionate Share Hospital Eligibility Form	Language revised to reflect updates to DSH eligibility status reporting requirements.

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



# Supplemental Bulletin List



The following is a list of Medicaid policy bulletins that supplement the *January 2008* 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
6/1/08	MSA 08-26	Updates to the Medicaid Provider Manual	All Providers	7/1/08 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
5/22/08	MSA 08-23	Elimination of School Based Services Administrative Outreach and Transportation Programs	School Based Services Providers and Billing Agents	7/1/08 The School Based Services chapter was replaced in its entirety; the School Based Services Administrative Outreach Program chapter was removed; and a new chapter, School Based Services Random Moment Time Study, was added. Form was added to Forms Appendix.
5/08	MSA 08-22	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
5/1/08	MSA 08-21	<b>Healthy Kids Dental</b> Contract Expansion	Dentists and Dental Clinics	7/1/08 Information incorporated into the Dental and the Tribal Health Center chapters.
4/08	MSA 08-20	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
4/1/08	MSA 08-19	CSHCS Non-Emergency Medical Transportation	Local Health Departments	7/1/08 Information incorporated into the Children's Special Health Care Services chapter.
4/1/08	MSA 08-18	Disproportionate Share Hospital Eligibility Update	Hospitals	7/1/08 Information incorporated into the Hospital chapter - Hospital Reimbursement Appendix.



# Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/31/08	MSA 08-17	Delay in Reporting Prescription Origin Code and Unit of Measure by Medicaid Health Plans	Medicaid Health Plans	
3/1/08	MSA 08-16	Update to the Medicaid Access to Care Initiative (MACI) Payment Schedule	Hospitals, Medicaid Health Plans	
3/1/08	MSA 08-15	Updates to the Medicaid Provider Manual	All Providers	4/1/08 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
3/1/08	MSA 08-14	Sanctioned Provider List	All Providers	4/1/08 Information incorporated into the General Information for Providers chapter.  Revised Sanctioned Providers List posted to MDCH website.
3/1/08	MSA 08-13	Provider Enrollment Changes	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHC/RHC/THC, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Dentists, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses, School Based Services, Hospitals, Home Health, Hospice, Nursing Facilities, Local Health Departments	4/1/08 Information incorporated throughout the Manual, as appropriate.
3/1/08	MSA 08-12	MDCH CHAMPS Web Page Re-Design	All Providers	4/1/08 Information incorporated into the Directory Appendix.
3/1/08	MSA 08-11	New Place of Service Code for Temporary Lodging; Clarification of Claim Completion for Service Facility Location; Claim Reporting Requirements for the Provider Tax Identification Number	All Providers	4/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers, the Billing & Reimbursement for Institutional Providers, and the Billing & Reimbursement for Professionals chapters.



# Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/08	MSA 08-10	Clarification of Medicaid Wheelchair Coverage Policy for Nursing Facility Residents	Medical Suppliers	Bulletin issued for clarification purposes; no changes to manual required.
2/22/08	MSA 08-09	Adult Benefits Waiver Enrollment	All Providers	4/1/08 Notation regarding enrollment freeze made in Adult Benefits Waiver chapter.
3/1/08	MSA 08-08	Policy Revision for Osteogenesis Stimulators	Medical Suppliers	4/1/08 Information incorporated into the Medical Suppliers chapter.
3/1/08	MSA 08-07	Elimination of Unit Dose Fee Reimbursement	Pharmacies	4/1/08 Information incorporated into the Pharmacy chapter.
2/1/08	MSA 08-05	Changes to Pharmacy Claim Submission Requirements	Pharmacy	4/1/08 Information incorporated into the Pharmacy chapter.
2/1/08	MSA 08-04	Elimination of Dispensing Fees for Medical Supplies Covered Under the Pharmacy Benefit	Pharmacy	4/1/08 Information incorporated into the Pharmacy chapter.
2/1/08	MSA 08-03	Tamper Resistant Prescription Pad Policy	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Hospice, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	Bulletin issued as reminder; no changes to manual required. Refer to bulletins MSA 07-56 and MSA 07-51 for additional information.
1/10/08	MSA 08-02	Six-Month Extension in Reporting National Drug Codes by Outpatient Hospital Providers	Hospitals	4/1/08 Information incorporated into the Billing & Reimbursement for Institutional Providers chapter.
1/08	MSA 08-01	2008 Medicaid Provider Manual	All Providers	Bulletin transmitted with the January 2008 CD version of the Michigan Medicaid Provider Manual. Bulletin can be discarded.



# Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/21/07	MSA 07-68	Accreditation Commission for Health Care	Private Duty Nursing	4/1/08 Information incorporated into the Private Duty Nursing chapter and the Acronym Appendix.
12/1/07	MSA 07-66	Outpatient Prospective Payment System Reduction Factor	Hospitals, Hospital-Owned Ambulance, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers, Medicaid Health Plans, County Health Plans	Manual incorporation not required. Providers should refer to the MDCH website <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Provider Specific Information >> OPPS Reduction Factor History
12/1/07	MSA 07-65	Rebasing DRG Rates; DRG Grouper Update; Per Diem Rates Update	Hospitals, Medicaid Health Plans	4/1/08 Information incorporated into the Hospital/Hospital Reimbursement Appendix chapter.  Information added to databases at <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Provider Specific Information >> Hospital DRG Grouper Implementation Schedule
12/1/07	MSA 07-62	Quality Assurance Assessment Program (QAAP) Collections	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units, Hospice	4/1/08 Information incorporated into the Nursing Facility Cost Reporting & Reimbursement Appendix.
12/1/07	MSA 07-60	Graduate Medical Education (GME) and Disproportionate Share Hospital (DSH) Payment Delays	Hospitals	4/1/08 Information incorporated into the Hospital/Hospital Reimbursement Appendix chapter.
11/8/07	MSA 07-59	Beneficiary Identification Numbers	All Providers	4/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers chapter and the Forms Appendix.  Form updated on website at <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Medicaid Provider Forms and Other Resources



# Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
10/1/07	MSA 07-56	Delayed Implementation and Clarification of Tamper Resistant Prescription Pad Requirement; NPI Pharmacy Compliance Plan	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Hospice, Medical Suppliers, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	4/1/08 Information incorporated into the Nursing Facility Coverages chapter.
9/1/07	MSA 07-51	Clarification on Use of Tamper Resistant Prescription Pads	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	4/1/08 Information incorporated into the Pharmacy, Dental, and Vision chapters.
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	All policy in this bulletin has been implemented and information has been incorporated throughout the Medicaid Provider Manual as appropriate.