

Bulletin Number: MSA 10-06

Distribution: All Providers

Issued: March 1, 2010

Subject: Updates to the Medicaid Provider Manual; Healthcare Common Procedure Coding System (HCPCS) Code Changes

Effective: As indicated

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

Updates to the Medicaid Provider Manual

The Michigan Department of Community Health (MDCH) has completed the April 2010 update of the online version of the Medicaid Provider Manual. Attachments to this bulletin describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change. Attachment II describes changes made to incorporate information from recently issued Medicaid Bulletins. These changes appear in blue in the online version of the manual. The April 2010 version of the Manual will be available on the MDCH website on April 1, 2010.

If changes were made in a chapter, a note will appear in the affected section/subsection title of that chapter's table of contents. If both technical and bulletin incorporation changes apply to the section/subsection, color coding will be limited to reflect a bulletin-related change.

HCPCS Code Changes

Providers are being notified of four HCPCS code changes implemented by MDCH. Please note that this notice is distributed to a broad range of providers and not all or any of the codes listed may apply to your scope of practice. The coding information provided is based on the most recent file from the Centers for Medicare & Medicaid Services (CMS).

Coverage is effective for dates of service on and after January 1, 2010, for physicians and the MDCH Outpatient Prospective Payment System (OPPS).

Code	Code Description
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg
J0834	Injection, cosyntropin (Cortrosyn), 0.25 mg
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular
J9155	Injection, degarelix, 1 mg

Information regarding fee screens and coverage parameters is located in the appropriate databases available on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

Public Comment

This bulletin is being issued for public comment of the policy promulgation process concurrently with the implementation of the changes noted in this bulletin. Any interested party wishing to comment on the changes may do so by submitting comments in writing to:

Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: MSADraftPolicy@michigan.gov

If responding by e-mail, please include "Technical Changes Comment" and/or "Code Changes Comment" in the subject line. Comments should be submitted no later than March 30, 2010.

Comments received will be considered for revisions to the changes implemented by this bulletin.

NOTE: Future technical changes to the Michigan Medicaid Provider Manual will not be subject to the public comment process. Providers will continue to be notified of manual maintenance issues through quarterly manual update bulletins.

Manual Maintenance

If using a CD version of the Medicaid Provider Manual, providers should retain all quarterly manual update bulletins, with their attachments, in addition to bulletins issued since the version date of the CD. Providers are encouraged to use the Michigan Medicaid Provider Manual on the MDCH website; the online version of the manual is updated on a quarterly basis. If utilizing the online version of the manual at 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. 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



Stephen Fitton, Director
Medical Services Administration



Medicaid Provider Manual April 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	5.2.F. Medicare	In the 4 th paragraph, the 1 st sentence was revised to read: ..., Medicaid pays up to the beneficiary's financial obligation to pay or the Medicaid DRG (or per diem rate) less the total amount paid by all other payers, whichever is less.	Remove obsolete information
Billing & Reimbursement for Institutional Providers	5.2.H. Newborn Eligibility	Information after the 7 th sentence was revised to read: If the newborn does not yet have a Medicaid ID number and a readmission occurs within 15 days, providers must request a retroactive PACER number when a newborn Medicaid ID number is available.	Clarification
Billing & Reimbursement for Institutional Providers	6.20 Therapies (Occupational, Physical and Speech-Language)	The following was added as a 2 nd paragraph: Refer to the CMS website for a list of HCPCS therapy codes and their respective designations used for therapy services (i.e., "always therapy" and "sometimes therapy"). HCPCS codes assigned as "sometimes therapy" services may be reimbursed as non-therapy services if billed appropriately. (Refer to the Directory Appendix for website information.)	Information
Billing & Reimbursement for Professionals	6.4 Ancillary Medical Services	Under "Immunizations", the following sentence was deleted from the end of the 1 st paragraph: The cost of the vaccine (including 340B price) must be reflected in the charge submitted to Medicaid.	Obsolete information
Adult Benefits Waiver	Section 1 – General Information	In the 2 nd paragraph, the 1 st sentence was revised to read: ... (ages 19 through 64) ...	Maintain consistency with eligibility policy

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



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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Adult Benefits Waiver	Section 2 – Coverage and Limitations	In the table under "Service", information for "Coverage" for "Dental" was revised to read: Noncovered	Clarification
Adult Benefits Waiver	Section 2 – Coverage and Limitations	In the table under "Service", information for "Coverage" for "Pharmacy", the following information was deleted from the 1 st bullet point: "type 10-enrolled"	Obsolete information
Adult Benefits Waiver	Section 2 – Coverage and Limitations	In the table under "Physician, Nurse Practitioner (NP), Oral Surgeon, Medical Clinic", a 6 th bullet point was added to "Coverage" information and reads as follows: <ul style="list-style-type: none"> Services performed by oral-maxillofacial surgeons are covered under the current Medicaid physician benefit. Limited emergent/urgent dental procedures, as identified on the Oral-Maxillofacial Surgeon database, performed by oral-maxillofacial surgeons are only covered for the relief of pain and/or infection. 	Clarification
Adult Benefits Waiver	Section 2 – Coverage and Limitations	In the table under "Substance Abuse", the 1 st sentence was revised to read: Covered through the Prepaid Inpatient Health Plan (PIHP).	Update
Adult Benefits Waiver	3.2 Substance Abuse Services	The 1 st sentence was revised to read: The Prepaid Inpatient Health Plan (PIHP) is responsible for ... The 5 th bullet point was revised to read: <ul style="list-style-type: none"> ... at the discretion of the PIHP, ... 	Update
Children's Special Health Care Services	Section 3 – Medical Eligibility	In the 1 st paragraph, the 3 rd bullet point was revised to read: <ul style="list-style-type: none"> ... as determined by a MDCH medical consultant regarding the level ... 	Clarification -- not all medical consultants are subspecialists

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Children's Special Health Care Services	6.2 Residency	<p>In the 1st paragraph, the 3rd bullet point was revised to read:</p> <ul style="list-style-type: none"> ... make Michigan their home. <p>The 4th bullet point was re-formatted as a separate paragraph and revised to read:</p> <p>A Michigan resident who is temporarily absent from the state (e.g., out-of-state college attendance, member of a family stationed out-of-state for military service, or other extenuating circumstances allowed by MDCH) and agrees to return to Michigan at least annually for subspecialty medical treatment of the qualifying diagnosis(es) meets the criteria for residency.</p>	Clarification
Hearing Aid Dealers	1.12 Prior Authorization	<p>In the 2nd paragraph, the following bullet points were added:</p> <ul style="list-style-type: none"> Conventional analog and digital/programmable hearing aids when the bilateral standards of coverage are not met. Conventional analog and digital/programmable hearing aids for unilateral hearing loss. 	Relocation of information; Return information removed previously in error
Hearing Aid Dealers	2.2.D. Prior Authorization Requirements	<p>In the 2nd paragraph, the 3rd bullet point was revised to read:</p> <ul style="list-style-type: none"> Conventional analog and digital/programmable hearing aids for unilateral hearing loss. 	Information previously in this bullet point was re-located to Prior Authorization subsection; Return information removed previously in error
Home Health	Section 6 – Nursing Services	<p>The following information was added as a last paragraph:</p> <p>Intermittent nurse visits are not covered for a beneficiary receiving Private Duty Nursing Services.</p>	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospital	3.23.B. Transportation and Lodging	The following sentence was deleted (3 rd sentence in paragraph): If the beneficiary has CSHCS coverage only, they must contact the CSHCS office in the LHD of the county where they reside to make travel arrangements.	Obsolete information (per bulletin MSA 09-57)
Hospital	3.28 Occupational Therapy	The following was added to the 2 nd paragraph: The MDCH OPPS aligns as closely as possible with Medicare's billing and coverage guidelines for "sometimes therapy" services that may be reimbursed as non-therapy services for hospital outpatients. Refer to the therapy codes and their respective designations used for therapy services (i.e., "always therapy" and "sometimes therapy") found on the CMS website. (Refer to the Directory Appendix for website information.)	Information
Hospital	3.29 Physical Therapy	The following was added as a 2 nd paragraph: The MDCH OPPS aligns as closely as possible with Medicare's billing and coverage guidelines for "sometimes therapy" services that may be reimbursed as non-therapy services for hospital outpatients. Refer to the therapy codes and their respective designations used for therapy services (i.e., "always therapy" and "sometimes therapy") found on the CMS website. (Refer to the Directory Appendix for website information.)	Information
Hospital	3.30 Therapy, Speech-Language Pathology	The following was added to the 2 nd paragraph: The MDCH OPPS aligns as closely as possible with Medicare's billing and coverage guidelines for "sometimes therapy" services that may be reimbursed as non-therapy services for hospital outpatients. Refer to the therapy codes and their respective designations used for therapy services (i.e., "always therapy" and "sometimes therapy") found on the CMS website. (Refer to the Directory Appendix for website information.)	Information
Hospital	Section 4 – Non Covered Services	The following bullet point (4 th bullet) was deleted: <ul style="list-style-type: none"> • Cardiac and pulmonary disease rehabilitation in the outpatient hospital setting 	Obsolete information

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	1.7 Definition of Terms	Information for "Certified Addictions Counselor" was removed from the table.	Obsolete information
Mental Health/Substance Abuse	4.3 Essential Elements	<p>Under "Team Composition and Size", 1st paragraph, the 1st bullet point was revised to read:</p> <ul style="list-style-type: none"> A physician who provides psychiatric coverage for all beneficiaries served by the team. The physician is considered a part of the team, but is not counted in the staff-to-beneficiary ratio. The physician meets with the team in the team meeting at least weekly and is assigned to the ACT team at least 15 minutes per beneficiary per week in a capacity that provides immediate access to the physician for individuals on the team to address emergency, urgent or emergent situations. The expectation is that some beneficiaries will need more physician time; some beneficiaries will need less physician time during any given week. Typically, though not exclusively, physician activities include team meetings, beneficiary appointments during regular office hours, psychiatric evaluations, psychiatric meetings/consultations, medication reviews, home visits, staging beneficiaries, phone consultations, and telemedicine. The physician may delegate psychiatric activities to a nurse practitioner but they must be supervised by that physician. The physician (MD or DO) must possess a valid license to practice medicine in Michigan, a Michigan Controlled Substance License, and a DEA registration. The physician must attend a MDCH-approved ACT training for physicians and nurse practitioners within at least one year of hire. Additional ACT training for physicians is voluntary. <p>Under "Team Composition and Size", 2nd paragraph, 2nd bullet point, the word "only" was removed from the 5th sub-bullet point (... Michigan only ...)</p>	Clarification and correction of "beneficiary-to-staff" to read "staff-to-beneficiary"

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	4.3 Essential Elements	<p>Under "Team Composition and Size", the following was added as the 2nd bullet point:</p> <ul style="list-style-type: none"> A nurse practitioner may perform clinical tasks delegated by and under the supervision of the physician. The nurse practitioner must hold a specialty certification as a nurse practitioner in Michigan, a current license to practice nursing in Michigan, and a master's degree in psychiatric mental health nursing. If the ACT team includes a nurse practitioner, he/she may substitute for a portion of the physician time but may not substitute for the ACT RN. The nurse practitioner is not counted in the staff-to-beneficiary ratio. Typically, although not exclusively, nurse practitioner activities may include team meetings, beneficiary appointments during regular office hours, psychiatric evaluations, psychiatric meetings/consultations, medication reviews, home visits, staging beneficiaries, telephone consultations, and telemedicine. Nurse practitioners must attend an MDCH-approved ACT training for physicians and nurse practitioners at least once within at least one year of hire. Additional ACT training for nurse practitioners is voluntary. 	Clarification
Mental Health/Substance Abuse	4.3 Essential Elements	<p>Under "Team Composition and Size", the 2nd paragraph, the following was added as the 1st bullet point:</p> <ul style="list-style-type: none"> Paraprofessional staff hired before July 1, 2008 to work with ACT teams may be counted in the staff-to-beneficiary ratio. 	Clarification
Mental Health/Substance Abuse	18.1 Sub-Acute Detoxification	In the 4 th paragraph, references to "Certified Addictions Counselor" and "certified addictions counselor" were revised to read "Substance Abuse Treatment Specialist".	Consistency in use of terminology in chapter

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse Children's Serious Emotional Disturbance Home and Community Based Services Waiver, Appendix	1.3 Coverage Area	The 1st sentence was revised to read: Waiver services are limited to eligible children (up to the federally-approved maximums) living in the counties whose CMHSPs have: The 4th bullet point was revised to read: <ul style="list-style-type: none"> The fiscal capacity to manage interagency funding appropriately, or have been approved to participate in the Michigan Department of Human Services (MDHS) SED Waiver Pilot program. 	General update
Mental Health/Substance Abuse Children's Serious Emotional Disturbance Home and Community Based Services Waiver, Appendix	2.3 Respite Care	In the 2nd paragraph, the 3rd bullet point was revised to read: <ul style="list-style-type: none"> Licensed Therapeutic Foster Home 	Clarification
Directory Appendix	Provider Assistance	Under "MDCH PBM Pharmacy Enrollment", the following information was revised: Hours: M-F 8:00 a.m. – 5:00 p.m. (EST) Phone: 888-868-9219 Information Available/Purpose: Pharmacy enrollment, EFT requests, and other services or inquiries	New hours and phone number effective April 1, 2010.

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Medicaid Provider Manual April 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Pharmacy Resources	Under "MAC Pricing Information", the following information was revised: Phone: 800-327-6226 Fax: 877-888-6370 Mailing Address: First Health Services Corporation Attn: MAC Department 4300 Cox Road Glenn Allen, VA 23060 E-mail: StateMacProgram@magellanhealth.com Website: www.michigan.fhsc.com	MAC Manager vendor change effective April 1, 2010.
Directory Appendix	Pharmacy Resources	Under "Drug Rebate Specialist", the following information was added E-mail address: MDCHPharmacyServices@michigan.gov Fax number: (517) 335-7959	Additional contact information

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Medicaid Provider Manual April 2010 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 09-65	1/1/10	Outpatient Therapy	1.1 Service Provision	<p>The 1st sentence was revised to read: ... when performed by properly credentialed professionals in the following settings:</p> <p>In the 1st bullet point, the following sub-bullet was added: ➤ Physician's Office</p>
		Outpatient Therapy	Section 2 – Provider Requirements	<p>A new subsection was added to read: 2.6 Physician's Office or Clinic OT and PT services may be provided to beneficiaries of all ages in a physician's office.</p>

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



Michigan Department of Community Health



Supplemental Bulletin List

January – March 2010

The following is a list of Medicaid policy bulletins that supplement the online version of the Medicaid Provider Manual. The list is updated as additional policy bulletins are issued. The updated list is 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 using a CD version of the Medicaid Provider Manual should retain all quarterly manual update bulletins, with their attachments, in addition to bulletins issued since the version date of the CD.

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/10	MSA 10-08	Medicaid Health Plan Pharmacy Carve-Out	Federally Qualified Health Centers (FQHC), Hospitals, Local Health Departments (LHD), Medicaid Health Plans (MHP), Mental Health/Substance Abuse, Pharmacies, Practitioners, Rural Health Clinics (RHC) and Tribal Health Centers (THC)	
3/1/10	MSA 10-07	Citizenship Verification for MICHild Eligibility	All Providers	
3/1/10	MSA 10-06	Updates to the Medicaid Provider Manual; Healthcare Common Procedure Coding System (HCPCS) Code Changes	All Providers	
1/22/10	MSA 10-04	Provider Registration Requirements	Adult Foster Care Homes (AFC), Homes for the Aged (HFA), and Home Help Agency Providers	



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Supplemental Bulletin List



January – March 2010

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
1/21/10	MSA 10-02	Human Papillomavirus Vaccine (HPV) Coverage Update	Practitioners, Federally Qualified Health Centers, Hospitals, Local Health Departments, Rural Health Clinics, Tribal Health Centers, Medical Clinics and Medicaid Health Plans	
1/19/10	MSA 10-03	Use of Occurrence Span Code 70 – "Qualifying Stay Dates for Skilled Nursing Facility (SNF)"	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units	N/A; issued for clarification
1/1/10	MSA 10-01	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
12/30/09	MSA 09-59	Home Help Provider Wage Increase	Home Help Providers	
12/21/09	MSA 09-66	Citizenship Verification for Medical Assistance	Bridges Eligibility Manual Holders	
12/15/09	MSA 09-64	January 1, 2010 Healthcare Common Procedure Coding System (HCPCS) Code Updates	All Providers	
12/8/09	MSA 09-63	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	



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Supplemental Bulletin List



January – March 2010

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/8/09	MSA 09-62	Public Act 131 of 2009 Medicaid Provider Rate Reductions	All Providers	
12/8/09	MSA 09-58	Change in Standard Dispensing Fee Reimbursement	Pharmacies	
12/1/09	MSA 09-61	Diagnosis Related Group (DRG) Grouper Update, DRG Rate Update and Per Diem Rate Rebasing	Hospitals, Medicaid Health Plans	
10/5/09	MSA 09-51	Community Health Automated Medicaid Processing System (CHAMPS) National Provider Identifier (NPI) Editing for Fee-for-Service (FFS) Billing and Rendering/Service Providers	All Providers	
8/18/09	MSA 09-46	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update	All Providers	
8/1/09	MSA 09-43	Special Payments to County Medical Care Facilities	County Medical Care Facilities	
6/1/09	MSA 09-30	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update	All Providers	